

n4a

Policy Platform





Advocacy. Action. Answers on Aging.

The National Association of Area Agencies on Aging (n4a) is the umbrella organization for the 629 Area Agencies on Aging (AAAs) and a voice in the nation's capital for the 246 Title VI Native American aging programs in the U.S. The fundamental mission of the AAAs and Title VI aging programs is to provide services that make it possible for older individuals to remain in their homes, thereby preserving their independence and dignity. These agencies coordinate and support a wide range of home and community-based services, including information and referral, home-delivered and congregate meals, transportation, employment services, senior centers, adult day care and a long-term care ombudsman program. For more information, go to www.n4a.org.

n4a Vision: n4a works to enhance the capacity of our members in building a society that values and supports people as they age.

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PREFACE

Over the next 25 years, the proportion of the U.S. population over the age of 60 will dramatically increase, as 77 million baby boomers reach retirement age. By 2030, 72 million Americans—twice the number in 2000—will be 65 and older.¹ At that point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans.

The well-established system of federal, state, and local entities that comprise the Aging Services Network is committed to, and, with adequate resources, capable of meeting the service demands of this nation's increasing aging population. As the local component of the Aging Services Network—which also includes the U.S. Administration on Aging and 53 State Units on Aging—the 629 Area Agencies on Aging (AAAs) and 244 Title VI Native American aging programs nationwide have successfully delivered aging services in every community for more than 30 years.

The **n4a Policy Platform** represents the first-ever comprehensive collection of our organizational principles and positions on public policy. It is intended to

- express the ongoing public policy goals and aspirations of n4a and our members;
- represent the wide range of federal aging policy issues important to our members;
- establish parameters for determining n4a's future policy positions;
- provide the foundation upon which we build our policy thinking, policy development, advocacy action, and organizational priorities; and
- offer advocates and policymakers a context for n4a's policy approach and beliefs.

The Policy Platform will become the foundation for our annual policy papers which provide the details and strategies on how we will reach the principles defined in our Platform. The Platform will also be used in our work with our partners in addressing common public policy issues. And finally the Platform will help guide our work on special legislation, such as *Project 2020*.

The Policy Platform was developed over the course of three years by the n4a Board of Directors and staff. Led by the Board's Public Policy Committee, the project ultimately involved dozens of other Board leaders and n4a members. Released for the first time in July 2009, the Platform is intended to be a **living document**—subject to changes as our organization and nation moves to embrace the challenges and opportunities provided by an aging population. The **n4a Policy Platform** serves to help n4a consistently follow the principles we believe are necessary in public policy to create an aging services system that meets the needs of older adults.

¹ U.S. Census Bureau, National Population Projections, 2008,
<http://www.census.gov/population/www/projections/summarytables.html>

HEALTH AND WELLNESS

Vision

All Americans should have access to basic, affordable, high-quality health care, including prevention services, acute care, chronic disease management and long-term care options. Financing of such systems must be adequate and sustainable and reflect a balance of responsibility between government, private industry and individuals.

Medicare

The primary health care delivery system to 43 million older Americans and persons with disabilities, Medicare was a recommendation from the 1961 White House Conference on Aging several years before it was enacted by Congress. n4a believes that Medicare is a strong and effective federal program, but that careful changes to this flagship are in order.

n4a supports the following recommendations.

- Develop a coordinated system of care between Medicare and Medicaid under home and community-based care waiver programs that encompasses all state plans, to ensure access to quality health care by dual-eligible individuals served by these programs. Individuals eligible for both Medicare and Medicaid should be covered appropriately by these programs, allowing them to live independently as long as possible while maintaining choice, control and dignity.
- Strengthen the partnership between the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging and their efforts to engage Area Agencies on Aging (AAAs) and Title VI Native American aging programs in educating beneficiaries about new Medicare changes and benefits. Allocate additional and adequate resources through the AAAs, State Health Insurance Counseling Programs (SHIPs), Title VI aging programs to meet the rise in demand for quality information and one-on-one assistance regarding the Medicare Part D prescription drug benefit and other Medicare-related benefits.
- Update Medicare to place greater emphasis on establishing cost-effective linkages to home and community-based options through AAAs (for example, promoting chronic disease management and increasing evidence-based health promotion and disease prevention activities).
- Continue to offer a fundamental choice of Medicare delivery modes to include either traditional Medicare or managed care products. For some, traditional Medicare will remain the best choice for meeting their individual health care needs, and must continue to be available as an option.
- Provide coverage for all Medicare beneficiaries for the following preventative health services: physical exams once a year; dental exams and cleanings at least once per year; routine eye exams including glaucoma screening and one pair of glasses/contacts per year; bone density exams for all women over age 60; hearing aids; and easy access to geriatric mental health services. Preventative services allow for the prevention and early detection of diseases that may cause extensive disability, chronic illness and the

need for expensive nursing home care, thereby increasing health care costs and limiting consumer choice to live independently in the home.

- Build in consumer protections to all Medicare products, including managed care plans. For example, consumers enrolled in Medicare Advantage plans or prescription medication plans should not be locked in to unacceptable plans, but rather should be given flexibility, allowing them to change plans at any time.

Medicaid

Medicaid is the largest public funding source for all long-term care, regardless of setting. The Older Americans Act (OAA) forms the basis of the nation's infrastructure for non-Medicaid long-term care services and supports for persons over age 60. These two systems must be better coordinated to achieve a consistent and comprehensive approach to long-term care for our nation's aging population.

While several states—such as Washington and Oregon—have developed proven models of optimal coordination between Medicaid and the OAA, their models have not achieved widespread replication. This is in part due to the following factors:

- Long-term care is inherently non-medical. Medicaid—given its origin as health insurance—is based on a medical model of service. This frequently results in overemphasizing a medicalized system of care, which reduces funds to the many less costly providers nurtured through the OAA.
- OAA and Medicaid policy at the federal, state and legislative levels is crafted separately.
- CMS, state policymakers and legislators grappling with Medicaid reform frequently are not fully aware of the significance or breadth of the service system coordinated by AAAs.

To begin to address this disconnect, ***n4a supports the following recommendations.***

- Protect the full long-term care population, both private pay and Medicaid-eligible, by building on the non-Medicaid community-based care system embodied in the Older Americans Act and the work of Area Agencies on Aging and the Aging Services Network.
- Expand home and community-based services (HCBS) under Medicaid state plans and waivers by requiring provisions that focus on consumer choice—allowing money to follow the person—and that build on the Aging Services Network to ensure a seamless non-medical system.
- All state Medicaid reforms and/or community-based long-term care initiatives should recognize the role of AAAs as coordinators and service-delivery resources.
- Increase the matching rate for HCBS as an incentive to rebalance Medicaid long-term care spending.
- Enforce state plans required by the Supreme Court's Olmstead decision with measurable timelines to ensure adequate, least-restrictive HCBS services are available within each state. Financial incentives should be put into place to reward states that maintain and/or expand HCBS programs and reduce institutional alternatives.

- Establish acceptable rate corridors based on market analysis for reimbursement of Medicaid health and dental services.

n4a also believes that any Medicaid reform measures must, at a minimum:

- Retain the open-ended federal match funding structure that allows Medicaid to be responsive to fluctuations in the economy and state-specific changes in health care needs.
- Guarantee consumer protections under the current Medicaid program that require equitable coverage and benefits and prevent co-payments that would make Medicaid cost-prohibitive to the population it serves.
- Retain the entitlement to health and long-term care services provided through Medicaid for all currently eligible low-income seniors and persons with disabilities and support state flexibility to expand eligibility and services.

Mental Health

One in five Americans has a diagnosable mental illness, but less than one-quarter of older adults with mental illness get any type of mental health attention, let alone appropriate treatment. Persons 85 and older have become the most rapidly growing segment of the population. This age group also has the highest rate of suicide.

By 2030, there will be more adults age 65 and older with neurological diseases and psychiatric disorders than those in the 18-64 population, who are the current focus of public sector mental health services. Unfortunately, state mental health service delivery systems are inadequate and unprepared to accommodate the emergence of older adults as the primary population in need of services.

In 2006, the reauthorization of the OAA included increased coordination between state agencies—including state mental health authorities—and AAAs. New provisions also authorize competitive grants addressing the development and operation of state systems to provide older adult mental health services.

To improve the recognition, assessment, and treatment of mental illness and depression among older Americans, ***n4a supports the following recommendations.***

- Enact mental health parity laws to ensure that older adults have access to mental health treatment services.
- Grant authority and funding to the U.S. Administration on Aging for states and local agencies to develop and test model mental health delivery systems. Using evidence-based protocols for the identification and treatment of mental illness in the older population, these demonstration projects would provide screening and treatment referrals for mental illness targeted to the most at-risk older adults. The grants should require collaboration with other providers of aging, health, mental health and/or social services in the state or community.

- Support the integration of evidence-based mental health services by geriatric mental health specialists in primary care settings, and support the establishment of community-based mental health treatment outreach teams in settings where older adults reside and/or receive social services from HHS's Substance Abuse and Mental Health Services Administration (SAMHSA) and Indian Health Service (IHS).
- Require appointment of representatives of older Americans, their families, and geriatric mental health specialists to the Advisory Council for the Center for Mental Health Services (CMHS). Include substance abuse in older adults in CMHS's projects of national significance through SAMHSA.
- Require state plans under the Community Mental Health Services Block Grants to include descriptions of states' outreach to and services for older adults.

Evidence-Based Health Promotion and Disease Prevention

Compelling data show that increased physical activity, improved eating habits and minimizing the risk of falls can lead to older adults living longer and healthier lives. Adults who exercise regularly, avoid using tobacco, and adopt healthy eating habits have a lower risk of chronic disease, lower rates of disability, better mental health and cognitive function, and lower health care costs.

Unfortunately, many older adults do not engage in healthy behaviors because of multiple barriers and, as a result, suffer increased negative health consequences. In fact, falls are the leading cause of injury and injury deaths among older adults, and death rates from falls increase with age across all ethnic groups. The prevalence of obesity among older adults increased from about 12 percent in 1990 to 19 percent in 2002, according to the Centers for Disease Control (CDC). Obesity often leads to increased risk of cardiovascular disease, diabetes, high blood pressure, and arthritis-related disabilities.

A variety of evidence-based non-medical interventions have proven to help older adults make healthier choices. With sufficient evidenced-based health promotion funding, AAAs and Title VI aging programs can provide effective intervention programs to help older adults prevent and manage chronic diseases.

n4a supports the following recommendations.

- Establish a permanent, fully funded program of specific evidenced-based prevention programs within the OAA to be implemented by AAAs, Title VI aging programs, and their community partners.
- Expand the collaborative efforts—with measurable defined expectations—of CDC, CMS, AoA, IHS, the Veterans Administration and the Aging Services Network to implement and evaluate evidence-based prevention programming.
- Adopt legislation that would encourage private and public health insurance programs to cover participation in evidence-based health promotion/disease prevention programs.

Dental Health

Oral health is fundamental to general health, but access to dental health care tends to become less attainable for people as they age. Increasingly, oral diseases (from tooth decay to mouth cancer) threaten the health of older adults. This increased risk is caused by a number of factors, such as:

- Chronic health conditions can exacerbate or trigger dental health problems.
- People in retirement often lack the money to pay for dental care.
- Medicare rarely pays for dental care.
- Medicaid offers dental care in some states, but beneficiaries may face obstacles to finding participating providers.
- The cost and availability of transportation and the need for an accompanying companion may prevent an older adult from going to a dental care provider.
- Public awareness of and education about both the benefits of regular dental visits for older adults and the diagnostic benefits of dental care to health problems (e.g., heart disease, rheumatoid arthritis, diabetes and certain cancers) is limited.

To address the barriers to quality dental care for older adults, ***n4a supports the following recommendations.***

- Add a voluntary Medicare supplement offering oral health coverage at a reasonable monthly premium.
- Expand Medicaid or Medicare oral health coverage for older adults. For example, include oral health screenings.
- Ensure adequate reimbursement rates for oral health services under Medicaid.
- Simplify Medicaid administrative procedures for enrollment and claims processing to encourage greater participation by dental providers and eligible beneficiaries.
- Increase funding for established oral health programs and clinics and for the creation of new clinics where need exists.
- Address primary prevention strategies at the local level (for example, water fluoridation where lacking).
- Increase the number of geriatric dental care professionals and geriatric training for all dental professionals.
- Encourage the use and reimbursement of hygienists for dental care prevention and monitoring in underserved populations.

LONG-TERM SERVICES AND SUPPORTS

Vision

All Americans have the right to receive long-term care services and supports that allow them to remain independent for as long as possible in the environment of their choice. Consumers should have access to a broad array of options along a continuum of care that includes home and community-based services as well as residential options such as foster care, assisted living and nursing homes. Families and those assisting consumers should have support for their efforts to provide care. Long-term care services and supports should be financed by a combination of private funds, private and public insurance and government assistance programs.

The State of Long-Term Care

More than 12 million Americans of all ages need long-term care as a result of chronic physical or cognitive limitations. Two-thirds are over the age of 65 and require assistance with activities of daily life, such as eating, bathing, dressing or getting around.

More than 80 percent of people who need long-term care supports rely on family members and friends to provide most of their care—the value of this service was estimated in 2007 to be \$375 billion annually. These people live either in their own homes, with or without a spouse, or in the home of a close relative or friend.

Other long-term care options are limited and can be costly unless home and community-based services are available. The OAA, through its network of AAAs, provides the only national system of long-term care information and services outside of Medicaid. Medicare does not cover long-term care services. The annual cost of care in a nursing home averaged \$75,190 in 2006. A majority of individuals paying privately for this care are forced to turn to Medicaid for financial support within one year. Before individuals can qualify for Medicaid, they are required to “spend down” their assets to a very low level.

Current long-term care insurance is confusing to shop for and cost-prohibitive for older Americans with modest incomes. Its benefits are limited in scope and duration. It is estimated that if all the people who could afford and benefit from long-term care insurance actually purchased and used the product, only 20 percent of the population needing long-term care would be covered.

Home and Community-Based Services

Home and community-based services, such as home-delivered meals, homemaker services, and respite care, enable people to remain independent in their own homes and communities, allow seniors to age in place and are the preference of most seniors and caregivers. For more than 30 years, AAAs and Title VI aging programs have planned, developed, and provided access to home and community-based services for older adults and their caregivers through the Older Americans Act and a variety of local funding sources. Many states have implemented Medicaid waiver services to expand these supports and services.

Despite strong evidence that individuals prefer home and community-based services, Medicaid's basic long-term care entitlement is directed to covering the cost of nursing home care. During the last several years, Medicaid waiver funding for home and community-based services has increased; however, Medicaid long-term care expenditures are still predominantly institutional. More than 60 percent of Medicaid's spending for long-term care continues to go to nursing homes,² even though it may cost considerably less to provide care for individuals in their own home or community.

n4a supports the following recommendations.

- Home and community-based services that reflect the "continuum of care" provided by family caregivers should be available and accessible to seniors and caregivers in every community, and should be sufficiently flexible enough to support these individuals in their homes. They should include:

Access to Services

- information and assistance
- gatekeeping/outreach
- transportation
- consultation
- case or care management/service coordination

Health, Nutrition and Wellness

- home-delivered meals
- congregate meals
- nutrition counseling
- evidence-based health promotion and disease prevention
- mental health screening

In-Home Services

- personal attendant services
- homemaker services

Community Services

- adult day programs and respite care
 - socialization programs to reduce isolation, such as senior center programs
 - senior employment and older worker programs
- Make improvements to the Deficit Reduction Act of 2005 (DRA) provisions that allow states to include HCBS in the Medicaid state plan, rather than being restricted to using a waiver. These provisions address Medicaid's institutional bias and expand access to cost-effective home and community-based services. These improvements would encourage more states to participate in the state plan option; provide additional protections against spousal impoverishment; offer more flexibility in the types of services states can offer; and expand eligibility to allow more individuals to access these services and supports.

² Policy Institute, Georgetown University, based on data from B. Burwell, S. Eiken, and K. Sredl, "Medicaid long-term care expenditures in FY2005" (Cambridge, MA: Medstat, July 5, 2006, memorandum).

- Enact legislation to save Medicare and Medicaid dollars while rebalancing the long-term care system by building on the non-Medicaid community-based services system embodied in the OAA. Provide the Aging Services Network greater flexibility and resources to offer a proven three-pronged strategy encompassing person-centered access to information on aging and disability long-term services and supports; evidence-based health promotion and disease prevention activities; and enhanced nursing home diversion services.

Financing Long-Term Services and Supports

Our nation faces an impending increase in the use of long-term services and supports in the foreseeable future as the population over age 60 nearly doubles and younger individuals with a disability add to the demand for such services. These demographics bring to the forefront the question, how our nation will address the need for additional resources to support long-term care services for this expanding population? Studies suggest that a combination of financial resources will need to be available, including both private and public sources.

In recent years, emphasis has been placed on developing private-pay options for long-term care. In states where private pay options are being evaluated, encouraged, and supported, however, it is becoming increasingly clear that private-pay options will not be available to most middle and low-income families. At best, private-pay options are expected to be possible for less than 10 percent of the people that need long-term care. Government must continue to have a major role in financing a safety net of long-term care options.

AAAs that offer consultation services on a private-pay basis and that have encouraged providers to offer private-pay services see a potential for developing a system of access that reaches from private pay to Medicaid. Such a system would use OAA and other resources to bridge private pay and Medicaid with cost-sharing alternatives. However, only scattered models exist.

Some policymakers have started to analyze a social insurance approach to funding long-term care services. Unlike current public and private options, social insurance would provide a broad risk pool for individuals needing long-term care and provide support for those who qualify without a means test. Under a social insurance model, everyone pays some amount into a fund and then has a right to benefits under specified conditions without a test for financial need. Other countries, such as Germany and Japan, have developed a social insurance approach to long-term care support services.

Regarding financing of the nation's long-term care services and supports system, ***n4a supports the following recommendations.***

- A national long-term care insurance plan, based on a social insurance model and financially supported by government and individuals, should be explored.
- Federal and state attempts to reform Medicaid long-term care practice should require that such efforts build upon and/or coordinate extensively with the work of AAAs in planning, developing and providing access to long-term care supports and services.
- New partnerships between public and private funding sources for long-term care should be encouraged, explored and evaluated.

- Private funding sources for long-term care services should be encouraged.
- Governments at federal, state and local levels should develop regulations to provide the public with accurate information, to offer businesses guidance on ethical practices, and to provide public and private mechanisms by which citizens can seek timely redress for complaints and grievances.
- Governments at federal, state and local levels has a responsibility to provide a financial safety net for all persons who cannot access private funding for all or part of their long-term care needs.

Informal/Family Caregiving

Family care of older adults is an important and valued role in our society and one that is important to family preservation and well-being. Most long-term care is provided by family and, to a lesser extent, other unpaid, informal caregivers. The overwhelming majority of non-institutionalized older adults with disabilities—about 95 percent—receive at least some assistance from relatives, friends and neighbors. Almost 67 percent rely solely on unpaid help, primarily from wives or daughters.

Long-term care of older adults by family members is central to the functioning of current social and health care systems and is, therefore, a critical policy issue. Informal caregiving has always been the dominant source of care for most individuals in need. Nearly one out of every four households is involved in caregiving to persons age 50 or older. In fact, the 34 million family caregivers now provide \$375 billion in unpaid care annually. Without this essential component of care, the long-term care system and the Medicare and Medicaid programs would not be able to meet the needs of our older population. With the current system facing growing demands for support services, it is essential to provide family caregivers with the resources they need to provide this valuable care.

Research on family caregiving has not only consistently validated its significance in long-term care but has also illuminated problems and needs experienced by informal caregivers of increasing concern to both aging advocates and policymakers. The caregiver role frequently results in enormous emotional, physical and financial hardship, even though it is willingly undertaken and often is a source of great personal satisfaction. Family caregivers commonly experience a sense of burden, fair-to-poor physical health, and high rates of depression.

More than half of family caregivers juggle work, family and caregiving responsibilities, resulting in work disruptions and lost productivity. The cost in lost wages and benefits to family caregivers has been estimated to be \$109 per day, according to a report by the American Council of Life Insurers in March 2000.

n4a supports the following recommendations.

- Fund the National Family Caregiver Support Program (NFCSP) at a significantly increased level. The NFCSP, enacted in 2000 and administered by AAAs at the local level, was a first step toward acknowledging the valuable role of caregivers of older adults and persons with disabilities and their need for community-based support. These funds enable local communities to connect families with information on caregiver

resources—counseling, training, and peer support—and local services, such as respite care, in-home services, and adult day care.

- Support initiatives that ensure caregivers have affordable health insurance and guaranteed retirement security.
- Encourage employers to implement benefit packages that support family caregivers of frail elders.
- Develop an awareness program to educate and encourage employers to support family caregivers through benefit packages, personnel policy and flexible work hours.

LIVABLE COMMUNITIES FOR ALL AGES

Vision

America's communities should be good places to grow up and grow old. The physical and social infrastructures of livable communities must support the ability of older persons to age in place and adults with disabilities to maintain independence in the community. Communities that promote inclusiveness, integrated systems and shared resources to ensure access to housing, goods and services, transportation, health care, community long-term care, safe living, lifelong learning, employment, volunteerism and civic engagement will foster high quality of life for all citizens. Older persons can actively shape and help ensure the vital future of their communities.

Unprecedented Demographic Shift

The U.S. is facing the aging of the largest demographic cohort in its history. The leading edge of the baby boom wave begins to turn 65 in 2011. The aging of the boomers over the next three decades will have a direct and dramatic impact on communities across the nation. By 2030, 71.5 million Americans—twice the number in 2000—will be 65 and older. Older Americans will comprise 20 percent of the U.S. population, representing one in every five Americans. Life expectancy is also rising, and older adults will live longer than their predecessors. With a high percentage of baby boomers expected to live beyond 85, forecasters expect a 60 percent surge in the age 85 and older population between 2030 and 2040.

Impact on Communities

The aging of the population is unprecedented, and no experiences or “touchstones” from other times guide the way. The sheer number of older persons will affect the social, physical and fiscal fabric of our nation's cities and counties, dramatically impacting local

- aging, health, and human services;
- land use, housing, and transportation;
- public safety and recreation/cultural amenities;
- workforce and economic development;
- academic institutions; and
- volunteerism/civic engagement.

While communities will be challenged, the aging of America also presents opportunities to realize the contributions of the largest pool of educated and skilled older adults ever. Baby boomers will redefine retirement, and their potential contributions of time and effort to community life have great potential. Communities will have opportunities to pursue “solutions of scope” that ensure the well-being of persons of all ages within a framework of sound environmental practices and cross-population, intergenerational considerations.

Community Planning

In a recent survey of 10,000 local governments to determine their preparedness for an older population, only 46 percent had *begun* to address the needs of a rapidly increasing older

population³. Survey findings indicate that local governments generally offer some basic programs, such as nutrition services, but do not have the policies, infrastructure, or services in place that will be needed to ensure overall quality of life in communities with a significantly older population.

State and local governments currently develop and implement plans in a variety of arenas, but these plans are often developed without consideration of these changing demographics. To better address the overall vitality of their communities, local planners must identify and optimize “solutions of scope” that meet the needs of all community members, including children and families, persons with disabilities, family caregivers, grandparents and other relatives raising children, and older persons.

To build and strengthen livable communities for all ages, ***n4a supports the following recommendations.***

- Establish a federally funded national resource center on livable communities to help local governments and community organizations prepare for a significantly older population. This center will provide guidance, training and technical assistance; identify promising and best practices; and make information about them available to community-based agencies through the Internet and other venues.
- Support AAAs and Title VI aging programs, in partnership with regional and local governmental planning entities, to champion planning and partnerships that prepare communities for a dramatically older population. Ensure that Congress, states and local governments invest adequate funding for this critical work over the next ten years. AAAs and Title VI aging programs will offer expert assistance in raising awareness, conducting community assessments, convening stakeholders, developing action plans, and engaging older adults in community processes.
- Tap existing resources more effectively by better coordinating services across different population groups and modify local government planning processes to incorporate the needs of all ages when making policy and designing and implementing programs and services.
- Direct significant new funding to the National Center on Senior Transportation in order to award a larger number of community seed grants to demonstrate creative, unduplicated and effective solutions to increasing mobility for older adults. These demonstration grants will help provide communities with the resources and assistance to start addressing the mobility needs of a rapidly growing senior population.
- Invest in local senior transportation programs by increasing funding for OAA Title III B supportive services and Federal Transit Administration (FTA) Section 5310 formula grants targeted to the elderly and disabled populations and expand the use of these formula grant funds to cover program operating costs as well as capital expenditures.

³ *Maturing of America – Getting Communities on Track for an Aging Population*, National Association of Area Agencies on Aging, 2006. Participating organizations in the study included the International City/County Management Association, National Association of Counties, National League of Cities and Partners for Livable Communities. MetLife Foundation provided funding for the project.

- Increase federal and state investment in home and community-based services to encourage aging in place for the majority of older adults who want to stay in their own homes.
- Develop new residential models of housing that meet universal design standards, including new housing that is accessible, adaptable and affordable for the increasingly diverse older adult population.
- Support the conversion of public housing for older adults into supportive housing and increase the number of service coordinators provided in housing facilities.
- Encourage household arrangements conducive to aging in place through incentives for making home modifications that help older adults remain independent in their homes.
- Support enactment of the Elder Justice Act to institute a comprehensive system of policies and programs to prevent elder abuse, neglect and exploitation, and to provide a dedicated funding stream for adult protective services. Fund and implement new provisions under Title VII of OAA that authorize the Assistant Secretary of Aging to award grants to states and tribes to support the development of coordinated state systems to detect and prevent elder abuse and neglect.
- Support the Aging Services Network's role in meeting the special needs of the aging population during emergencies by providing funds to these agencies to support the development of long-range emergency preparedness and disaster relief plans with local emergency agencies. Provide additional guidance, in the form of technical assistance, training, and other resources, to support AAAs and Title VI aging programs' role in emergency planning and preparedness.
- Encourage lifelong learning through foreign language classes, cultural programs, computer training, and other intellectually stimulating opportunities to promote mental activity, intergenerational social connectedness, personal growth and an engaged older population.
- Increase the ability of nonprofit agencies to recruit and retain volunteer drivers for their programs by excluding mileage reimbursements from taxable income at the same rate as businesses and by increasing the charitable deduction that can be claimed by volunteer drivers who are not reimbursed for their expenses.

SECURING A WORKFORCE FOR THE FUTURE

Vision

A healthy economy depends upon a strong workforce. The demographic changes ahead will demand that the workforce of the future be particularly prepared to address the unique needs of older workers, informal caregivers, and workers in health care and long-term care. Government and/or employer policies should provide access to training and re-training; prevent age discrimination; take into account the realities of and need for family caregiving; provide flexible benefits and work hours; promote the value of older workers; and otherwise remove barriers for all people to participate in the workforce.

Workforce and Leadership Development Within the Aging Services Network and Health Care Field

To ensure the best possible leaders and workers for the aging services and health care fields, ***n4a supports the following recommendations.***

Educating the Aging Leaders of the Future

- Establish a national education and training program to reinforce and broaden the capacity of Aging Services Network leaders to meet the needs of a growing and diverse older population.
- Attain adequate numbers of health care and social sciences personnel in all professions who are skilled, culturally competent and specialize in geriatrics.
- Support geriatric education and training for all health care professionals, paraprofessionals, health profession and social sciences students and direct care workers.

Addressing the Unique Needs of Culturally Diverse Older Persons

- Recognize and address the unique needs of culturally diverse older persons, including racial minorities; ethnic groups; persons with disabilities; the lesbian, gay, bisexual and transgender (LGBT) community; and others. Remove communication and cultural barriers in planning and service delivery.
- Fund a national education and training program for the Aging Services Network under Title IV of the OAA that would reinforce and broaden the capacity of Aging Services Network leaders to meet the needs of a diverse older population.
- Increase availability of culturally and linguistically appropriate educational materials to ensure awareness of and access to services for older adults and their caregivers.

Responding to Health and Long-Term Care Workforce Shortages

- Establish a national strategy to integrate federal, state and local policy to address the underlying causes of the workforce shortage in long-term care.
- Create incentives in federal, state and local labor policies for individuals to participate in training and seek employment within the long-term care industry.
- Formulate and implement strategies that reduce the workforce shortage to ensure that direct care workers have “self-sufficient” wages; health insurance and other benefits; balanced and safe workloads; opportunity for advancement; employee support; and more appropriate training standards to encourage workers of all ages, both men and women, to enter and remain in the field.
- Encourage cross-departmental dialogue among the Department of Health and Human Services, the Department of Labor, and the Department of Education to address long-term care workforce shortage strategies through coordination of federal policy, funding and other programmatic efforts.

Supporting Older Workers

Surveys indicate that 65 percent of Americans over age 65 believe that not enough job opportunities are available to them to achieve or maintain economic independence. The majority of workers age 50 to 70 say that they intend to work during retirement or never retire at all. The U.S. Census Bureau predicts the number of Americans 50 and over will increase by 31 million by 2020 to a total of 118 million. Given the importance that older workers will play in the workforce and the need to support a growing older population, the nation needs to take a comprehensive look at the impact of aging demographics on the workforce.

The reality of retirement, once the hallmark of aging, is changing. According to AARP, in 2007, more than one quarter of older adults age 65 and older were in the labor force.⁴

Older workers are valuable resources and help to maintain an experienced, skilled, and competitive workforce, but may require work skills training or retraining and more flexible work options and employee benefits. Currently only two leading federally supported programs provide assistance to older workers, Title V of the OAA and the Workforce Investment Act (WIA), although WIA now tends to focus on younger workers.

n4a believes that all Americans have the right to receive the appropriate education and training they need to actively participate in the workforce. This vision includes opportunities for older individuals to use their lifelong skills and/or to access second-career training in order to continue to contribute to the workforce, the economy, and their communities.

Changes in economic and social policy and business practices must be made. Educational opportunities, including those to address our nation’s increased cultural diversity, must also be made available to ensure the greatest contribution from this rapidly maturing workforce.

⁴ AARP Public Policy Institute, Update on the Aged 55+ Worker: 2007, http://assets.aarp.org/rgcenter/econ/fs142_worker.pdf

n4a supports the following recommendations.

- Enact federal, state and local policies that support the costs of training, retraining and retention of older adults to ensure older worker participation in a variety of employment and training programs.
- Identify and remove barriers to the hiring and retention of older workers, including age discrimination.
- Promote incentives for older workers to continue working.
- Promote employment options—such as part- and flex-time work options—to attract and retain an aging workforce.
- Capitalize on the existing expertise within the Aging Services Network by expanding its capacity to assist policymakers and communities in maximizing the economic potential of older workers.

Disabled Workers: Barriers to Success

National studies indicate people with disabilities have higher levels of unemployment than people without disabilities. Accessibility often presents difficult obstacles to gainful employment—for example, securing appropriate transportation to a job location.

n4a supports the following recommendations.

- Encourage research that jointly examines a wide variety of approaches to promoting employment (financial incentive, rehabilitation, training, employer accommodations, assistive technologies, personal assistance services, etc.) and their relative cost-effectiveness.
- Continue to advocate against discrimination aimed at qualified individuals with disabilities with respect to recruitment, the application process, hiring, advancement and other terms and conditions, and privileges of employment.
- Remove the barriers to employment for persons with disabilities, such as high health care costs and lack of access to public health insurance.
- Support careful selection of appropriate assistive technology (AT) and training in its use. For AT to be most useful, careful communication between workers with disabilities, their employers, and AT professionals to define the requirements of each job, the abilities and limitations of each worker, and appropriate AT and related services is essential to allow workers with disabilities to meet their job requirements. To ensure success, workers with disabilities need training in the use of AT and periodic reassessments of the needs of workers with disabilities.

Civic Engagement

Civic engagement provides the opportunity for older adults to participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community. The aging network depends on volunteers to supplement paid staff, and the increasing demand for services and supports will only intensify this need. The aging of America presents opportunities to realize the contributions of the largest pool of educated and skilled older adults in history and to apply their experiences of a lifetime to the unique issues of local communities. Baby boomers will redefine retirement, and their potential contributions of time and effort to community life have great potential.

n4a supports the following recommendations.

- Create and expand opportunities for the effective and purposeful participation of older adults on community boards and commissions, as well as create and expand meaningful opportunities in local government and nonprofit organizations.
- Make a priority and fund “asset approaches” to aging, which affirm what all older adults have to offer in building quality of life for themselves and their communities. These approaches include relation and spirituality, creative aging, lifelong learning and civic engagement. Promoting such practices supports livable communities that are intergenerationally enriching and nurtured.

INCOME SECURITY

Vision

All Americans shall have adequate income to afford the basics of food, clothing, shelter, and access to health care in order to live as independently as possible, for as long as possible.

Social Security

Social Security has been the cornerstone of the nation's income protection system for 70 years. To ensure that appropriate and responsible changes are made today to secure a sound Social Security for tomorrow, n4a supports efforts to have an open dialogue with all Americans, including the nation's most frail and vulnerable, regarding any reforms to Social Security. To that end, any Social Security measures must, at minimum, include certain tenets.

Therefore, ***n4a supports the following recommendations.***

- ***Address the long-term solvency issue responsibly.*** While Social Security requires continual evaluation of its long and short-term needs, it is not currently in crisis. The program is fiscally sound and efficiently managed and continues to ensure disability, survivor and retirement benefits for millions of Americans. Even if no steps are taken to alter the current program, the system could pay full benefits until 2037 and 76 percent thereafter. The challenge is to avoid making radical changes based on misperceptions of an impending crisis and, instead, to focus on making responsible changes in the short-term to address the system's projected shortfall after 2037. Responsible changes, including possible changes in revenues and/or benefits, will ensure the program's long-term solvency. Social Security has successfully adapted to changing demographic and economic circumstances in the past, and can do so again.
- ***Maintain the social insurance structure of the program.*** Social Security was never intended to be an individual savings or investment program subject to economic shifts or fluctuations in the stock market, but rather an income protection program tied directly to earnings. Since its inception, Social Security has pooled resources to protect millions of working Americans against the possibility of catastrophic income loss due to death, disability or retirement. Because it is a contributory "pay-as-you go" system based on workers' earnings, Social Security has helped foster a sense of inter-generational community with each generation in effect helping to support the benefits for the preceding generation. In contrast, proposals that include the diversion of payroll taxes to personal investment accounts would change the fundamental qualities that have marked Social Security's success: universality, efficiency, earned rights, progressivity, equity and generational solidarity.
- ***Strengthen Social Security's ability to respond to the needs and rights of all Americans.*** Social Security must respond to the needs of all Americans, particularly those who are the most vulnerable to poverty in their retirement years, in a fair and equitable fashion. The program has served as a safety net against poverty for vulnerable members of society, including women, minorities and low-income Americans. The system must continue to provide benefits geared toward meeting family income needs by covering dependent and surviving children and spouses as well as disabled and retired workers.

Retirement Planning

To have an adequate quality of life, older adults need to have sufficient income to meet basic needs of safe housing, nutrition, transportation, and access to health care, including long-term care. For too many older adults and the aging baby boom generation, reduction or elimination of pensions and savings have shattered their opportunity to leave the workforce. Already our nation is seeing greater numbers of older adults working beyond retirement age—for some, this is merely one aspect of a vibrant older age, but for others, it represents stark financial realities that prevent any reduction or stoppage of work. A great percentage of boomers unable to meet basic needs will eventually place an enormous burden on government and the taxpayers who fund it.

n4a is concerned about the financial security of future generations of older Americans. While n4a is optimistic that Social Security will be able to correct its long-range shortfall and continue to be the foundation of retirement income for nearly all Americans, n4a recognizes that Social Security was never meant to be the sole source of support. It works best when complemented by employer-sponsored pensions, personal savings, and thorough financial planning that may include provision for long-term care services, legal documents, life insurance or other vehicles to prepare the consumer for retirement.

Responsibility for older Americans' financial security in retirement falls on individuals, employers, and government. Individuals must take advantage of all retirement savings and investment plans available to them, set aside as much income as possible during their working life, especially by starting to save at a young age, and prepare for how they will manage their assets during retirement.

Employers have responsibilities to provide retirement pensions and/or savings plans for workers and encourage participation. Government must create policies that encourage all parties—employers; workers; and investment, life insurance and other private companies—to contribute to the larger national goal of encouraging retirement savings. Government must also act as a safeguard to protect investors and workers.

n4a supports the following recommendations.

- Encourage legislation that educates the public and provides for prevention and protection of vulnerable elders from financial scams, abuse and similar attempts to perpetrate fraud on older adults.
- Preserve defined-benefit pension plans whenever possible, as they are the gold standard of pensions and yet are rapidly becoming available only to a small segment of workers. The rights of workers currently in defined-benefit pension plans must be protected.
- Broadly educate investors as to the merits and limitations of defined-contribution pension plans, provide strong oversight by the federal government, and encourage cooperation among employers to help employees use these types of retirement plans properly and fully. Defined-contribution pension plans are growing in number and popularity but do not offer the stability or guarantees of a traditional defined-benefit pension.

- Formulate and implement public policy that will eventually lead to retirement-plan coverage for all workers.
- Monitor and, where appropriate, promote various insurance products, such as private long-term care insurance, life insurance, or other savings/planning vehicles, which can play an important role in retirement planning to further strengthen America's retirement planning system for all Americans.
- Make available creative but well-regulated tools, such as reverse mortgages, to provide a wealth of options for managing their finances.
- Encourage legislation that requires companies to offer retirement planning as an employee benefit.

Safety Net

All older Americans should be assured access to a basic level of nutrition, safety, shelter and transportation in order to prevent them from falling into poverty and social isolation. Governments at all levels should establish and support a social safety net of programs that provide affordable housing and transportation, prevent hunger, foster community participation, and promote a safe and secure environment for its citizens.

To ensure adequate safety net programs for those in need, ***n4a supports the following recommendations.***

- **Nutrition:** Provide access to nutritious meals, which include fresh fruits and vegetables, to all older Americans, regardless of income.
- **Personal Safety:** Ensure all older Americans can live free from physical or mental abuse, neglect and exploitation in communities of their choice.
- **Shelter:** Make available affordable, accessible housing options in all communities for older Americans, regardless of income. These options should promote aging in place and prevent premature institutionalization of older individuals with chronic illnesses. Rental assistance and property tax relief programs sufficient to meet the needs of older Americans should be available in each community. Energy assistance programs that provide financial assistance with heating and cooling costs and promote increased energy conservation should be available with sufficient levels of funding to help individuals and families with very limited incomes.
- **Transportation:** Make available affordable, accessible public transportation to ensure access to medical care and to enhance social interaction in the community for all older adults and others lacking adequate transportation. For frail individuals with chronic illnesses, affordable van and volunteer escort transportation services should be available to provide access to health care and social services.

TAX AND BUDGET POLICY

Vision

Sound fiscal and federal budget decision-making that values key domestic programs to support our growing aging population is in the best interest of all Americans.

Our Values

The federal budget process should be driven by the nation's foremost public policy goals, as well as rational economic analysis. The budget-making process itself should be as free as possible from political gimmicks and allow for open public debate over national revenue and spending priorities.

To this end, n4a believes it is unnecessary and unfair to isolate vital entitlement support and critical discretionary programs for the purpose of deficit reduction, while calling for extension of tax cuts and expanded tax entitlements that overwhelmingly benefit the highest income brackets in our nation.

n4a opposes one-sided proposals to apply spending caps, sequestration rules, and pay-as-you-go procedures to discretionary and entitlement programs while exempting new tax entitlements from the same restrictions. We support taking steps to close the deficit by revisiting and selectively repealing several of the tax cuts adopted over the past several years, as well as other responsible methods that do not jeopardize the health and safety of older Americans. Additionally, we believe no new tax cuts should be added that increase the budget deficit and that are not targeted to those most in need.

The nation faces a number of tax and budget policy challenges with a federal budget deficit in excess of \$1.3 trillion for fiscal year 2010 and the expected growth of the needs of seniors as the baby boom generation retires. This current fiscal reality, coupled with the anticipated growth of the cost of federal entitlement programs over the next 20 years, will place tremendous pressures on policymakers. Options open to policymakers are to cut vital programs, mortgage the future of the next generation, or close the deficits by enhancing revenues under the federal budget.

To ensure sound fiscal and federal budget decision-making that values key domestic programs to support our growing aging population, ***n4a supports the following recommendations.***

- Provide annual funding adjustments—based on both inflation and the growth of the population age 60 and older—for key domestic programs that benefit older adults, in particular OAA programs and services.
- Offer a range of financial and other incentives, such as tax credits/deductions and cash vouchers to all family caregivers, affordable health and long-term care insurance, and guaranteed retirement security, for individuals who leave the workforce to provide care to a family member.
- Maintain the social insurance structure of the Social Security program and ensure that any changes to address the long-term Social Security shortfall are given thorough

consideration and do not weaken the program through a diversion of any portion of payroll taxes into private investment accounts.

- Ensure that any new responsibilities given to the Aging Services Network are fully funded.