



DATE: June 17, 2015

TO: 2015 White House Conference on Aging

FROM: Jean Wood, Executive Director

SUBJECT: Minnesota's Recommendations

On behalf of the Minnesota White House Conference on Aging Planning Committee (member list attached), I am pleased to submit our recommendations related to federal policies and programs that impact older adults and their families. These recommendations are a culmination of the 12 listening sessions we held around the state of Minnesota at which we received input from nearly 500 older adults, family caregivers, providers, advocates and other concerned citizens.

Elder Justice

Priority Issue #1: Funding for elder abuse prevention and response is minimal and the number of older adults exploited or abused grows every day. In 2010 Federal dollars, only \$.89 was spent per elder abuse victim. This pales in comparison to what is spent per domestic abuse victim (\$240) and for each child abuse victim (\$5,920).

Barriers: There are significant and important competing priorities for funding in this area. In addition, there is a lack of awareness of the prevalence of elder abuse and the many forms that it takes.

Solution: Increase funding for elder abuse prevention and response.

- At the federal level, fully fund the Elder Justice Roadmap. Implementation of the Roadmap will result in multi-sector efforts at the federal and state levels that bring together direct service, public policy, research and education to prevent and respond to elder abuse, neglect and exploitation.
- Increase funding for Adult Protective Services to expand staff capacity for investigations and prevention efforts.
- Increase funding for Older Americans Act Title III-B Legal Services and Advocacy Projects to expand staff capacity to assist older adults and for education efforts.

Priority Issue #2: There is a lack of awareness and understanding about elder abuse among the general public. Shame and stigma are experienced by victims of elder abuse. This leads to limited action being taken to prevent and respond to it.

Barriers: Often it is a family member committing the abuse against an older adult, sometimes as a result of caregiver burn-out. Older adults may be reluctant to report an incident or to talk about it with anyone. Older adults who are isolated may not have connections in the community to call on for help, they may not know where to turn. Tension exists between the rights of the individual (to keep their

personal and financial information private, to make their own decisions) with the desire of family members and service professionals to quickly stop a scam or other type of elder abuse, including self-neglect.

Solution: Implement a nationwide public awareness campaign about elder abuse that includes real-life stories and steps that individuals can take to prevent, identify, report and respond. Key messages include: (1) everyone has a role to play and (2) there is a need to balance self-determination and risk.

Components of the campaign should include:

- Provide resource materials to communities to facilitate local discussions about elder abuse that include the identification of action steps that community members and organizations can take to prevent and respond to elder abuse.
- Provide trainings for service providers (informal support networks, mail carriers, clergy, etc.), law enforcement, financial services industry, and health care industry (medical, dental, mental health, etc.) to recognize signs of abuse and dementia and to report.
- Change federal law to allow health care providers to share personal medical information with an Adult Protection worker regarding an investigation of suspected maltreatment of a vulnerable adult.

Priority Issue #3: Financial scams against older adults are becoming more prevalent.

Barriers: An increasing number of older adults are isolated and as a result do not have as many connections to their community. This increases their susceptibility to scams and financial exploitation. Older adults and family members do not know who to call to report a scam. The perpetrator could be the guardian or the person identified as power of attorney.

Solutions:

- Launch a nationwide “scam alert” similar to private sector product recall notifications. Amber Alerts. Educate people of all ages on how to detect, report and prevent scams.
- Encourage law enforcement to present TRIAD and conduct programs on fraud and scams at locations where older adults gather. Provide education on the different types of fraud beyond financial. Educate professionals, pastors, parish nurses and care teams.
- Establish bank protection practices for older customers such as notification of unusual or large transactions.
- Provide education on the role and responsibilities of individuals serving as guardians, powers of attorney or health care agents. Require training and certification of individuals to serve as powers of attorney.
- Establish a single office at the federal level to receive and respond to reports of financial scams.
- Require pictures on Medicare and Medicaid identification cards to help prevent fraud and abuse.

Healthy Aging

Priority Issue #1: Individuals experience challenges in taking action to be healthy at any age, including when they are older.

Barriers:

- Access to food is not universal. There is a lack of healthy eating options in rural areas. Lower income people cannot afford to eat as healthfully as they should.

- People often wait until a health crisis occurs before changing their diet and exercise habits.
- There is a lot of confusing information out there about what a person should do to live healthy.
- There is a widely held misconception that prevention activities are not effective at older ages.
- Oral health, vision and hearing are important facets of overall health but are often overlooked.
- Many older adults fear new physical activity because they are afraid of falling.
- Providers do not offer preventive care or chronic care management services (such as foot care) to older adults even though it is covered by Medicare because the administrative burden (e.g. multiple procedure codes) is too high.
- Physicians lack knowledge and buy-in regarding healthy aging and don't make referrals to programs.

Solutions:

- Educate older adults about the preventive care and screenings that are available through Medicare. Address the misconception that prevention does not have a benefit at older ages. Include oral health, vision and hearing in the scope of healthy aging awareness and education campaigns.
- Bundle payment for preventive care and chronic care management services through Medicare to reduce administrative burden on providers and expand the availability of these services, particularly for dental, vision and hearing.
- Health insurance payers and government should continue and/or increase recognition of the health care cost savings of healthy aging by providing financial incentives such as paying for regular exercise, weight loss, reduced number of medications and improvements in other key health outcomes.
- Widely disseminate evidence-based health promotion programs proven to help older adults address their risk for falls and better manage their chronic conditions.
- Make it easier for people to participate in exercise classes by reducing the health insurance paperwork that they have to complete.

Priority Issue #2: The physical, social and service infrastructures of many communities do not support older adults to live healthy and age in their community.

Barriers:

- Assisted transportation options are limited within and between communities and as a result keep people isolated. The expense to volunteer drivers (liability insurance, gas) can prevent individuals from taking on that valuable community role. Volunteer drivers are themselves aging, thus exacerbating shortages in rural areas where volunteer pools may already be limited.
- There is a lack of community gathering places in rural and suburban communities.
- Additional housing options are needed to allow older adults to age in their community. These include one level, one bedroom housing options.
- There is limited access to geriatric health care providers, particularly those who can provide culturally competent services.

Solutions:

- Offer more communities the opportunity to be a "Blue Zone" community as supported by good prevention concepts and research.
- Encourage communities to make changes to their physical infrastructure to support older adults. Encourage communities to do a Health Impact Assessment of their current community design.

- Increase the number of communities that become dementia-ready through dissemination of the Act on Alzheimer's Dementia Competent Communities Toolkit.
- Improve access to community services and supports such as transportation, health care and housing.
- Co-locate a wellness coach and system navigator at clinics and senior organizations to promote healthy living and help older adults and family caregivers navigate the health and long-term service systems.
- Tap the time, expertise and wisdom of older adults through a Peace Corps model for aging. Redeploy retirees' knowledge and skills.

Priority Issue #3: There is a significant and growing need for mental health services for older adults (including substance abuse treatment) and currently the capacity is quite limited, especially in rural areas. Approximately 25 percent of people over the age of 65 have a mental health issue and this can lead to or include suicide. Older people who are severely depressed are at risk of suicide.

Barriers:

- There is a lack of recognition of depression and other mental health issues for older adults. Depression at older ages is common and is exacerbated by the losses associated with the death of a life partner, other family members and friends.
- Older people with life-long serious mental illness may be protected and sheltered by their partners and other relatives and when these relatives die or become incapacitated, the problems may then become apparent. This is true with schizophrenia, bi-polar-depressive illness, and serious phobias that keep people homebound.
- Older people are particularly vulnerable to becoming dependent on prescription drugs originally given to them for pain or other purposes.
- Older people, now in their 80s and 90s, are less likely to be part of a culture that talks about and seeks treatment for mental illness and are less likely than younger generations to seek help.
- Professionals are prone to dismiss many mental health problems of older adults as part of aging, Alzheimer's disease and similar dementias.

Solutions:

- Launch an education campaign at all levels to identify and assist older adults with serious mental illnesses and/or dementia. This includes professionals of all disciplines who are not specializing in mental health, unlicensed health workers like personal attendants and nursing assistants, and the general public.
- Develop tools to help physicians and nurse practitioners working in all settings to identify and assess mental health issues and to better prescribe and monitor psychoactive medications.
- Promote the training of more geriatric mental health professionals to meet the growing need. Scholarships could be targeted for advanced training of nurses, social workers, psychologists and psychiatrists for mental health treatment of older persons.
- Identify ways to provide housing and related LTSS to older adults with mental illnesses and disseminate practices that have worked.

Long Term Services and Supports (LTSS)

Priority Issue #1: Unpaid, informal caregivers provide an average of 75 hours per month of vital support to older adults at an annual estimated cost of \$234 billion, but often lack supports to maintain their health and income while fulfilling this important role.

Barriers:

- Caregivers do not often identify as being a “caregiver” and do not seek out services to support their role.
- As the population continues to age, it will be increasingly difficult for caregivers to meet the demands.
- Caregivers that leave the workplace to care for others do not receive financial incentives or credit for their work.

Solutions:

- Establish Social Security working credits for individuals that leave the workforce to care for others.
- Elevate the role of caregivers – both paid and unpaid. Expand the consumer directed model through which family caregivers can receive reimbursement for providing services.

Priority Issue #2: LTSS are crucial services designed to support older adults to live independently in their own homes and communities, but can be too costly, too confusing to access, low in quality or not available.

Barriers:

- Payment for LTSS is based often on units delivered rather than the outcome of the service or on the quality of services provided.
- LTSS requires housing, personal care services, and related health and mental health services over time. It crosses both health and social service sectors, and includes components that may be insurable products and some that are not.
- Long term care insurance is affordable to only a narrow swath of the population, its benefits may be limited to forms the older person does not prefer, and it is often not indexed for inflation. LTC insurance benefits often require going through agencies, rendering the service more expensive and thus less frequent without putting more money in the hands of the actual personal care workers.
- Wages for those who provide personal care to older people in their own homes are extremely low, reducing quality and making LTSS an undesirable career.

Solutions:

- Explore adding a new part to Medicare that pays for LTSS. Support the Own Your Future initiative that is researching this and other LTSS financing alternatives.
- Establish ways of measuring quality in LTSS and explore ways to align quality indicators with incentives and payment.
- Support and expand evidence based models and programs that have been shown to be effective.
- Expand pay-for-performance models such as accountable care projects.

Priority Issue #3: The delivery of LTSS involves multiple providers offering services in multiple settings. This can result in difficult care transitions for older adults with complex needs.

Barriers:

- LTSS models were developed many decades ago and resulted in fragmented, specialized services offered by a wide range of separate providers with separate in-take and assessment processes, funding streams, and eligibility requirements.
- Multiple levels of government are involved in the development and regulation of LTSS. This can create conflicting or unclear policies in implementation.
- Health care and home and community-based services are independent service sectors now attempting to work together under changing policies such as the Affordable Care Act.

Solutions:

- Support innovations in health care and home and community-based services to better serve older adults across these sectors.
- Create care transition and coordination models that are person directed and includes caregivers in the decision making process.
- Increase the availability of options counseling and the Aging & Disability Resource Centers (ADRCs) so individuals understand services and can make informed decisions about care.
- Include end-of-life planning in long-term care planning that all individuals should do.
- Appoint a Commission to review LTSS rules (including reporting requirements) across the spectrum from home and community based services to skilled care with the goal of achieving efficiency and streamlining administrative requirements.

Priority Issue #4: As the demographics continue to shift to an older society, the LTSS workforce will face unprecedented pressures.

Barrier:

- The Baby Boom Generation is moving into the retirement phase of their life and there are fewer adults to replace them in the workforce.
- LTSS providers must compete for workers with other sectors, such as health care, which are able to offer higher wages and more lucrative benefits.
- The growth in demand for direct care workers has outpaced supply. This is particularly true for diverse populations.

Solutions:

- Pay direct care workers a livable wage and benefits. Ensure that companions and live-in workers are fairly compensated by restoring the rules developed but stalled by a district court.
- Explore greater use of and investment in technology to meet needs more effectively.
- Consider strategies to leverage immigration to address workforce shortages. This might include pathways to permanent immigration status.
- Support further workforce development in aging services including incentives for working in the field and particularly in rural areas.
- Encourage and incent older workers to remain in the workforce.
- Consider Peace Corp and Vista-like initiatives to foster caregiving experiences for youth like Care for America Program.

Retirement Security

Priority Issue #1: Social Security is a crucial source of income and changes must be critically considered so as to not threaten the retirement security of current and future older adults.

Barriers:

- While the “three-legged stool” model of retirement income consisting of Social Security, pensions and savings provides a strong foundation for later life financial security, it is not attainable for many. For example, 28% of older Minnesotans rely solely on Social Security for their retirement income and 1 in 7 older adults live in poverty.
- Caregivers that leave the workplace to care for others do not receive financial incentives or credit for their work.

Solutions:

- Increase the Social Security tax to support future retirees.
- Remove the Social Security tax cap so that wages above \$118,500 are taxable.
- Do not increase the eligibility age for retirement benefits, which disproportionately affects workers in labor intensive jobs that oftentimes must retire early due to health reasons (unless there is a clear path to Social Security Disability coverage for people whose health prohibits employment).
- Offer incentives to individuals for delaying receipt of Social Security benefits.
- Establish Social Security working credits for individuals that leave the workforce to care for others.
- Exempt Social Security from income taxes.

Priority Issue #2: Traditional defined benefit pensions are being replaced with defined contribution plans.

Barriers:

- Relying solely on Social Security can lead to financial insecurity or poverty in old age and access to defined benefit pensions, which provided additional income, is decreasing.
- An estimated 40% of Minnesota’s workforce (1 million people) does not have access to a retirement savings plan at their work.
- Private savings took a significant hit during the financial crisis, for many baby boomers this occurred during their important pre-retirement investment years.

Solutions:

- Utilize “opt out” rather than “opt in” strategies for investing. These techniques have proven to increase investment rates.
- Support the implementation of the “Secure Choice” model which provides access to a portable defined contribution pension.

Priority Issue #3: Many older adults need to continue to work to ensure their financial security.

Barrier: The job market is not flexible for older workers and is often biased towards younger workers.

Solutions:

- Provide incentives to employers to hire older workers and to develop flexible employment options for retirees to continue working.
- Train employers and employees to recognize the benefit of hiring older workers.

- Expand the use of technology and environmental modifications to make more workplaces safe and supportive of older workers.

Priority Issue #4: Many people of all ages lack a general understanding about finances, saving, LTSS costs and retirement planning. Parents who assist children with college education expenses are less able to save for their retirement and LTSS costs.

Barrier: Too often people are not provided the education and tools to make informed decisions about the long term impact of investing early and other aspects of their finances. Retirement brokers are held to a lower fiduciary standard than financial advisors. As a result, they do not always recommend products that are in the client's best interest. These bad recommendations often come with higher fees, riskier features, and lower returns yet earn more money for the broker.

Solutions:

- Teach and encourage young people to begin planning earlier for retirement security and long-term services and support costs. Provide tax incentives for planning and saving.
- Partner with banks and other financial institutions to educate customers of all ages on the value of simple savings strategies such as the impact of compounding.
- The fiduciary standard rule currently recommended by the Department of Labor must be adopted to prevent workers and retirees from losing their hard earned money.
- Base federal student education support on the student's financial status rather than the parents.

Priority Issue #5: Health care and housing costs are a leading cause of financial insecurity among older Minnesotans, particularly for those who have high LTSS expenses.

Barriers: Some health care services that are widely needed by older adults (oral health, vision and hearing services) are not covered by Medicare and LTSS is not covered at all by Medicare. High costs of LTSS generate financial insecurity and impoverish older adults. Affordable housing options are unavailable in many communities.

Solutions:

- Cover dental, vision and hearing services under Medicare.
- Increase the number of Housing Choice Vouchers and affordable housing units.
- Encourage the development of alternative, lower cost housing options that are geared to older adults that use a strengths based approach to allow for creative living arrangements (e.g., co-housing models).
- Provide tax incentives for home modifications of current housing to support aging in place and enable caregivers and care receivers to live together.

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