

OREGON'S WHITE HOUSE CONFERENCE ON AGING 2015

Recommendations





2015 Oregon White House Conference on Aging Recommendations:

Introduction

The Oregon White House Conference on Aging on May 20, 2015 materialized as a result of Oregonians' desire to contribute input related to both state and federal aging policy as a part of the national White House Conference on Aging.

Spearheaded by the Governor's Commission on Senior Services, the Oregon WHCoA offered an opportunity for Oregonians to provide their unique perspectives on policy issues that impact older adults, their families, and their communities.

The Conference attracted over 200 advocates, consumers, providers, and policymakers and featured 20 expert panelists and moderators. Keynote speakers included Nora Super, Executive Director of the 2015 White House Conference on Aging; Ted Wheeler, Oregon State Treasurer; and Dr. Bill Thomas, founder of The Eden Alternative and the Greenhouse Project.

Attendees heard moderated panels on each of the four topic areas (Elder Justice, Retirement security, LTSS, and Healthy Aging) during the morning portion of the conference, with the afternoon portion dedicated to facilitated recommendation break out sessions. The attached recommendations are the product of those break out sessions and feature ideas from diverse stakeholders throughout the state.

A great deal of time and thought was put into these recommendations, and we appreciate the serious consideration of this work as a part of the White House Conference on Aging feedback process.

Thank you very much!

2015 Oregon White House Conference on Aging Recommendations:

Elder Justice

Issues

- Elder abuse
- Neglect
- Exploitation

Recommendations

- Provide enhanced federal funding for protective services work.
- Increase national coordination to combat elder abuse, neglect, and exploitation:
 - Expand national Elder Justice Coordinating Council (EJCC) implementation of [recommendations](#) among its national partner agencies.¹
 - Build coordinated database to track cases/trends for abuse investigations, law enforcement criminal abuse actions, and related data points.
- Initiate a public awareness campaign:
 - Implement Recommendation five of EJCC recommendations to: “Develop a comprehensive, strategic, and broad-based national public awareness campaign, with clear and consistent messaging to raise awareness and understanding of elder abuse, neglect, and exploitation.”
 - Secure spokesperson to be the “face” of the issue.
 - Use database trends to support campaign efforts.
- Improve supports for law enforcement efforts at both national and local levels:
 - Establish capacity assessments and guidelines specifically for law enforcement use.
 - Establish more emergency shelters for potential elder abuse victims, so law enforcement has a solution when they respond to such calls.
- Implement reforms at national and state level:

¹ http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/EJCC/docs/Eight_Recommendations_for_Increased_Federal_Involvement.pdf

- Representative payee confidentiality protections must be reformed to allow for Social Security Administration coordination with Adult Protective Services and the courts.
- Infrastructure for guardian education and monitoring is desperately needed.
- Evaluate Power of Attorney reform, and support appropriate revisions.
- Establish a national living will/advance directive for consistency and portability between states.
- Establish more supports for community approaches to abuse prevention:
 - Encourage more inter-disciplinary coordination for prevention.
 - Consider community health approaches for abuse prevention efforts.
 - Re-assess all confidentiality protections that result in limitations to coordinating across disciplines.
 - Ensure sustainability and growth of Gatekeeper programs.

2015 Oregon White House Conference on Aging:
Retirement Security Recommendations

Issues

A variety of factors impact individuals' ability to save adequately for retirement. These include:

- Social Security Issues, including
 - Adequacy of individual benefits
 - Need for expansion/protection of Supplemental Security Income (SSI) and the Old Age Survivors and Disability Insurance (OASDI) programs
 - Future fiscal health of programs
- Lack of financial education
- Cost of living
 - Housing
 - Transportation
- Impact of family caregiving on personal finances
- Lack of retirement savings
- Rapid decline in employer-provided pension plans, especially defined benefit plans

Recommendations

- Remove the cap on income that is subject to the Federal Insurance Contribution Act (FICA).
 - Currently no income above \$118, 500 is subject to FICA
- Use the Consumer Price Index for the Elderly (CPI-E) to calculate Cost of Living Adjustments (COLAs) for benefits.
 - This index reflects the spending patterns of older adults (more on health care, housing, etc.) more accurately than the general Consumer Price Index (CPI) that is currently used.
- Increase minimum benefits to at least 120% of the Federal Poverty Level (FPL).

- With this increase, Supplemental Security Income (SSI) would increase from \$980.83 to \$1,177 a month for a single person.²
- Create positive media attention around retirement security in general.
- Provide fiscal education/awareness and continuing education in schools and throughout the lifespan.
 - Use evidence-based approaches – conduct a pilot study over a long period of time to determine levels of success of different approaches with different groups.
 - Ensure there are intergenerational approaches:
 - Older co-workers talking to younger co-workers about the importance of participation early in employer-sponsored retirement plans, etc.
- Eliminate wage inequality related to gender, race, ethnicity, and age discrimination and increase employment opportunities.
- Support the Oregon Retirement Saving Plan, which will auto-enroll employees in the state's retirement savings plan but allow them to opt out if they choose.
- Rebuild defined benefit (DB) plans and strengthen defined contribution (DC) plans:
 - Remove incentives that encourage conversion of a DB plan to a DC plan.
 - Make both types of plans more portable between jobs – similar to what Canada has done.
 - Encourage long-term savings.
 - Examine the penalty structure in DC plans:
 - Does the 10 percent penalty really deter people from cashing out?
 - Educate people about staying in tax advantaged plans.
- Strengthen unions, which negotiate pensions and income sufficient to save.
- Create innovative ways to save:

² <https://www.federalregister.gov/articles/2015/01/22/2015-01120/annual-update-of-the-hhs-poverty-guidelines#t-1>

- For example a smart phone app that transfers change to a retirement savings plan.
- Address housing as a human right.
- Create national action around increased revenue where all entities pay a fair share.
- Consider new ways of government budgeting that:
 - Capture future savings related to current expenditures/policies/investments in preventative efforts and
 - Show how these efforts pay off over longer periods of time than our current budget cycle takes into account.

2015 Oregon White House Conference on Aging Recommendations: Long Term Services and Supports (LTSS)

Issue 1: Transportation

Transportation is vital, not only for health, but for quality of life. Medical transportation is needed to get consumers to and from health care appointments, but transportation to and from pharmacies, stores, and other businesses can also impact a person's health. Transportation is also necessary in order for consumers to maintain social ties, which have been shown to impact physical health, cognitive health, and emotional well-being. Finally, the act of getting from one place to another may provide a positive social outlet for many consumers who have an opportunity to interact with other riders or with service providers. Unfortunately, transportation options are particularly sparse in many rural and frontier communities, making it difficult for consumers in these areas who no longer drive to remain in their homes and communities.

Recommendations

- Increase funding, at both federal and state levels:
 - Offer incentives for rural outreach for public transportation.
- Share resources and overcome legal barriers:
 - Investigate the pooling of resources of schools, Veterans' groups, and other organizations, to provide transportation within the community.
- Ensure safety of services to build trust among older adults:
 - Drivers (both paid and volunteer) should undergo background checks and participate in training related to building trust within interactions with older adult consumers.
 - Educate drivers to promote safety.
- Use technology to make use of resources more efficient and reduce some need for transportation services:
 - Create central hubs for transportation using technology.
- Increase awareness of how transportation impacts quality of life and ability to maintain social interactions (as function of health and well-being):

- Transportation is not simply a ride to and from places; it can provide a means of social interaction.
- Establish a hierarchy based on needs:
 - Ensure rides are offered equitably among consumers.
- Create user-friendly access and services:
 - Address needs of consumers who need special assistance with transportation (such as accommodations for language for deaf consumers).
 - When an individual does not have access, he or she becomes marginalized.
 - Consider implementing/enhancing volunteer driver/escort programs.
- Address the particular challenges faced by many rural and frontier communities in providing transportation services.

Issue 2: Person-Centered/Person-Directed Services and Supports

Person-centered services and supports take into account an individual's needs, and preferences, rather than providing the same service for all consumers.

Providing person-centered services and supports requires consideration of one's culture and language, age and disability, sexual preference and gender identity, geographic location (urban vs. rural), and available natural supports among other considerations. Systems must be flexible and responsive in order to serve consumers equitably and in person-centered ways.

Recommendations

- Implement consumer surveys to learn about needs and preferences.
- Ensure that services and supports are culturally and linguistically responsive and reflect true service equity:
 - Ensure that diverse aging and disabled consumers are involved in a dialogue that helps to define the meaning of cultural responsiveness in terms of long term services and supports design and delivery.
 - Focus on peer-to-peer relationships and consider use of traditional health workers as cultural "guides" to assist in determining needs within a given community.

- Ensure services are designed with community engagement and that providers and staff maintain cultural humility.
- Focus on consumer-driven design and delivery of services:
 - Implement Age-Friendly tenets within service design and delivery.
- Create greater continuity between modes of service/providers:
 - Need for trusted care provider/advocate to assist consumer as he or she moves between care settings:
 - In-home
 - Congregate settings
 - Medical facilities
- Develop a larger cadre of well-trained providers throughout the state:
 - Increase training for both paid and unpaid providers.
- Increase responsiveness to care/service recipient/consumer:
 - Care that goes beyond tasks and recognizes a person's history, preferences, expectations, and personal identity.

Issue 3: Changing the Societal Paradigm around Aging

Aging in the United States is often portrayed negatively, with older adults being characterized as confused, frail, incompetent, and extraneous. We must combat these images with those of aging as an asset, focusing on the strengths and experience that older adults can offer, as well as the benefits of multi-generational communities and how generations can support one another.

Recommendations

- Recognize that the universal design (for housing and communities) that meets the needs of older adults also meets the needs of children and families.
- Break down barriers through increased opportunities for intergenerational activities and co-location:
 - Invest in more intergenerational housing, intergenerational day services, and intergenerational education and strengths-based collaboration.

- Recognize that though some older adults may prefer age-segregated housing and programs, many prefer intergenerational housing and programs.
- Adopt tenets of Age-Friendly service design.
- Consider implementing additional requirements related to universal design in new housing projects.
- Increase collaboration between for-profit, non-profit, and government agencies and organizations.

Issue 4: Provider Professional Development

Demand for caregivers is expected to greatly increase as baby Boomers age. In Oregon, demand is expected to increase by 49% between 2014 and 2022.³ In order to meet the growing need for caregivers of older adults, caregiving must be seen as a more desirable occupation. Increased wages and improved social status of caregiving as a profession can aid in this effort.

Recommendations

- Create career ladder/lattice for direct care workers.
- Provide/require adequate training for direct care workers that helps to professionalize the occupation:
 - Include cultural sensitivity and responsiveness training.
- Focus on achieving living wage jobs.
- Focus on changing attitudes about caregivers within society:
 - Increase respect for the work.
 - Examine how sexism and attitudes about caregiving intersect.
 - Does the fact that caregiving has traditionally been a largely female profession make it more difficult to increase its status and wages?

³ <http://www.bls.gov/ooh/healthcare/personal-care-aides.htm>

Issue 5: Awareness and Accessibility of Resources

It is crucial that consumers and caregivers are aware and able to access resources in their areas quickly and easily. Both Medicaid-eligible consumers and private pay consumers need a central location for information and assistance that provides resources specific to particular areas of the state. The Aging and Disability Resource Connection (ADRC) has been a major step in this direction; however, ADRC programs and services need continued publicity to reach consumers who may benefit from its programs and services, as well as continued investment in order to build capacity in communities throughout the state.

Recommendations

- Increase awareness of consumers and caregivers about resources available in their areas.
- Continue to strive for resources and information that are culturally and linguistically responsive to all consumers.
- Increase resource development and coordination.
- Continue to work toward implementing a central database to avoid duplication of informational services:
 - Strengthen and build upon current Aging and Disability Resource Connection (ADRC) service database by connecting and collaborating with other organizations to provide access or links to specialized databases and/or information providers.

2015 Oregon White House Conference on Aging Recommendations:

Healthy Aging

Issue 1: Medicare/Medicaid Reimbursement

The Medicare and Medicaid systems currently operate based on a traditional medical model in which individual (patient) engagement in the health care process is not necessarily encouraged. A more person-centered model would require a change in federal policy that would allow payment for improved health outcomes utilizing person-centered and evidence-based health promotion and chronic disease prevention interventions. This new model would also be culturally responsive, require health care providers and partners to work together using a team approach rather than a silo approach, and involve partnerships between communities and health systems.

Recommendations

- Focus on prevention and helping people take care of themselves so they can actively engage in their health.
- Incentivize care coordination and person-centered care through increased reimbursement rates.
 - Engage all types of clinicians including geriatric specialists, dental, mental health, ophthalmology and audiology.
- Require interdisciplinary continuing education credits for health care providers.
 - Require medical students to learn about other medical disciplines and care coordination.
- Allow standard reimbursement for evidence- and community-based chronic disease (pain) self-management programs, such as [Stanford's Chronic Disease Self-Management Program](#), [Diabetes Prevention Program](#), [Weight Watchers](#), [Tobacco Cessation \(Quit Line\)](#), or [Walk With Ease](#).
- Collect, analyze and report data on disease and disability prevention.
 - Build on current public health efforts.
- Increase community awareness of programs and resources.

Issue 2: Building Communities for All Ages

The Age-Friendly community is an initiative of the World Health Organization (WHO), with AARP as an institutional affiliate in the United States. Age-Friendly communities are places in which people of all ages can live together and actively participate in community activities, and everyone is treated with respect, regardless of age. These communities make it easy for people to stay connected to those around them and to stay health healthy and active, even at the oldest of ages.

Working toward Age-Friendly cities and rural communities is an effective local policy approach for responding to a population that is aging. Physical and social environments are key determinants of whether people can maintain their health, independence and autonomy into their old age.

The Age-Friendly communities initiative addresses eight domains in order to improve infrastructure and services to meet the needs of community members of all ages:

1. Outdoor spaces and buildings
2. Transportation
 - This is not limited to buses and cars, but to how communities actually move people around to their appointments and to activities that keep them engaged in the community and maintaining their independence
3. Housing
 - This should include opportunities for multiple generations to live together, interact, and create communities in vibrant and supportive environments
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services
 - This especially relates to programs and practices that encourage people of all ages to live tobacco-free, eat well and move more

The following are some key tenants of this work specific to Oregon:

- Aspirational and inspirational and includes goals aligned with what health looks like in the state and for each community
- Broad in scope and able to meet the needs of Oregon's many diverse rural and urban communities
- Multi-sectorial and includes culturally relevant partners; using a collective impact approach to achieving health throughout Oregon. Partners include traditional senior and aging advocates, health and service delivery, faith- and community- based organizations, government, businesses and schools.
- Reinforces intergenerational approaches
- Leverages the experiences of current Age-Friendly initiatives in Oregon, Including:
 - [Portland State University's global leadership role](#)
 - [AARP's statewide catalyst role](#)
 - [Age-Friendly Portland](#)
 - [Multnomah County](#)
 - [City of Springfield](#)
- Aligns with the [Healthiest State Initiative](#) and builds on the regional and local public health and AAA infrastructure
- Maintains commitment to empower communities to prioritize what health means to them

Recommendations

- Support from high-level leadership:
 - Governor verbally supports building a community for all ages and signs onto the WHO's and AARP's networks to make Oregon an Age-Friendly State
 - Governor hires a policy advisor on aging
 - Governor establishes a Commission on Age-Friendly Communities (because this initiative is broad in scope and impacts all ages, it is different from the Governor's Commission on Senior Services)

- Governor commits to outreach and to building trust between community members and government services and actions both statewide and locally

Issue 3: Caregiver Mental Health

Mental health is one area in which both paid and unpaid caregivers often lack awareness and access. Many caregivers are not trained to take care of themselves and may not recognize when they need assistance. Those who do recognize the need for assistance may put off seeking that assistance because they feel as though they should be strong enough to handle the challenges on their own. Further, when caregivers do attempt to access mental health services, they may be stigmatized by others for needing assistance.

Recommendations

- Fund evidence-based caregiver support and training programs such as [Powerful Tools for Caregivers](#) and [STAR-C](#).
- Offer self-care and self-advocacy training for caregivers, as well as accessible mental health services and supports.
- Offer training on mental health first-aid for all types of caregivers and all age groups.
- Expand treatment options to greater accessibility:
 - Consider options a person can access from home or in the community, versus having to travel to a provider's office.
 - These resources should be available statewide.