

**PUBLIC INPUT ON
CREATING A POLICY AGENDA
FOR AGING IN MICHIGAN**

A Report On Public Forums Held
Throughout Michigan On Important Aging
Topics

Caregiving, Economics, Community, Health

State of Michigan
Office of Services to the Aging
Sharon L. Gire, MSW, Director

August 2005

IN APPRECIATION...

The Office of Services to the Aging extends its heartfelt thanks to the Content Committee members who met several times to design proposals for consideration by the public in the conduct of this project. This group of some 60 people was reconvened after the five public forums to review and refine the outcomes, and to help the Office of Services to the Aging identify common themes and overlapping issues discussed among the forums. Our appreciation, as well, to the 606 people – interested Michigan citizens – who participated in the forums. Without their suggestions, ideas, and constructive criticism, this project would have been nothing more than a meaningless exercise. And finally, a special thank you to a special group of people – the Office of Services to the Aging staff. As always, they were the glue that held this project together, and should be commended for their hard work and dedication to the older citizens of Michigan.

No one shall be excluded from participation in any service or activity because of race, age, sex, national origin, or disability, in compliance with Title VII of the Civil Rights Act of 1964.

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**STATE OF MICHIGAN
OFFICE OF SERVICES TO THE AGING**
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Peggy J. Brey, MSW, Deputy Director

MISSION

**To promote independence and enhance the dignity of
Michigan's older persons and their families through
advocacy, leadership, and innovation.**

P.O. Box 30676, Lansing, MI 48909-8176
www.miseniors.net
Phone: (517) 373.8230 Fax: (517) 373.4092
TDD: (517) 373.4096

The contents contained herein represent the outcomes of five public policy forums held throughout the state, and do not necessarily represent the views, policy positions, or opinions of the State of Michigan.

These "independent aging agenda events" were designed, in part, to provide input to the Policy Committee of the 2005 White House Conference on Aging. They were not sponsored, nor endorsed by the White House, and do not in any way represent policies, positions, or opinions of the 2005 White House Conference on Aging or the federal government.

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INTRODUCTION

This report documents the outcomes of five public forums held in Spring 2005 to examine issues of an aging demographic characterized as the “Baby Boom” generation. The first wave of Baby Boomers will celebrate their 60th birthdays in 2006. This will, indeed, be a milestone, as some 76 million Americans born between 1946 and 1964 begin to enter the world of aging.

Not only will the Baby Boom generation age in unprecedented numbers, they will do so with vastly different attitudes, experiences, preferences, and lifestyle choices. It has been said that this generation has the potential to redefine aging. Under the leadership of the Office of Services to the Aging (OSA), five public forums were held throughout the state to embrace what this dynamic means for our society and our world...for government...for the public and private sectors...for families...for individuals.

The Office of Services to the Aging sees its mission as one of being proactive by “starting the conversation” within the state government policy arena, and ultimately facilitating a plan for how Michigan will help manage the needs of this large cohort. Through five public forums, the OSA chose to hear from those who matter most – Michigan citizens. From Grand Rapids, to Troy, to Detroit, to Saginaw, to St. Ignace – over 600 people offered their ideas and suggestions on issues important to their health care and economic security; to being a caregiver and being cared for; and to what their communities can bring to bear on well being. The depth and breadth of insight of the hundreds who participated was impressive, to be sure.

As you read this report, you will note that some issues have implications for state public policy, and others require action at the federal level. Those having national implications have been forwarded to the December 2005 White House Conference on Aging, and will be presented this fall to Michigan delegates attending the conference. White House Conferences on Aging, held every ten years, offer unique opportunities to renew the nation’s commitment to Older Americans through important debate on shaping long term national aging policy. The White House Conference on Aging was, in large part, the catalyst for this public policy project spearheaded by OSA.

Public input received on state policy issues will be part of the public comment used in developing the next State Plan on Services to Michigan Citizens; in intra-government activities that focus on older adult issues; and in advocacy efforts for potential state legislation. Through this report, the public can be assured that its voice matters and has been heard.

BACKGROUND

Work began in December 2004 on organizing a series of public forums to gather ideas and suggestions on public policies affecting the aging of the Baby Boom generation. The White House Conference on Aging, scheduled for 2005, was a driving force behind this project.

The work plan called for gathering groups of content experts to develop draft policy proposals for the public to consider as a starting point for discussion at each forum. Four groups of content experts representing a variety of aging interests each met a minimum of three times between late January and early March 2005 to conduct their work. The proposals developed by these groups became the basis for booklets prepared for each of the policy forums. A Commission on Services to the Aging member served as chair of each content committee, and was assisted by a team of OSA staff.

IMPLEMENTATION

Five public forums were held on four topics relevant to Michigan's older adults – health, economic security, caregiving, and community. Forums were held in Grand Rapids, Troy, Detroit, Saginaw, and St. Ignace, permitting input from a broad cross section of people, interests, and geography (urban, suburban, rural). A total of 606 people participated in the events statewide; at least one-third of the participants were older citizens. Participants were provided opportunities to express opinions, be educated on issues, debate issues if needed, provide innovative solutions, and describe what was important in their daily lives.

Evaluations of the public forums indicated a high degree of satisfaction with these events, with 92% ranking as above average all aspects of the forums (meeting sites, program, small group work, food services, etc.). The following points are also noteworthy:

- ❑ 98% of participants felt there was sufficient opportunity to speak out,
- ❑ 97% of attendees felt their voices were heard,
- ❑ 94% believed the goals of the public forums were met, and
- ❑ 96% felt they left with a better understanding of issues presented.

The comments below are representative of those expressed by attendees:

"I enjoyed the format design, inclusiveness, and group sharing."

"The facilitators and recorders were great!"

"Thanks for the grassroots involvement and opportunity to speak out."

"Participants were enthusiastic and vocal."

PUBLIC FORUM TOPICS

Topics discussed at the five public forums were defined by these issues:

Economic Security ~ Grand Rapids

Social Security, Older Workers, Health and Long Term Care Insurances, Pensions, Investments and Savings, and Consumer Protection

Community ~ Troy and Saginaw

Elder Friendly-Livable Communities, Information and Assistance, Resource Centers, Transportation, Mobility, and Housing

Health ~ Detroit

Culture in Nursing Homes, Consumer Access to Information, Healthy Lifestyles, Informed Medical Decisions, Provider Education, Medical Records, Long Term Care Information, Health Care, and Long Term Care

Caregiving ~ St. Ignace

Quality of Care Provided by Caregivers, Employer Support for Working Informal Caregivers, Support for Caregivers of Persons with Dementia, Public Awareness of Caregiving/Education/Access to Services, Elder Abuse, Elder Justice, Support from Health Systems, Financial Incentives for Informal Caregivers, Support for Kinship Care Families, Supportive Services for Caregivers

PROCESS

To help frame the event, each day-long program began with a description of the event's purpose and goals, followed by a presentation on the characteristics of the Baby Boom generation. Participants spent most of their day working in smaller groups discussing the issue(s) of their choice within the context of the public forum topic. The process used to manage the small group process was the same at each forum. Trained facilitators and recorders guided the discussion against a set of meeting ground rules agreed upon by all. Each group:

- ❑ reviewed the proposed solutions as presented in the booklets prepared by content committees,
- ❑ reacted to what was missing in the booklets,
- ❑ brainstormed new topics, issues and proposed solutions, and recorded all comments on flipcharts, and
- ❑ ranked their top preferences.

Within each section of this report, the top vote getters are presented in rank order.

RESOURCES/FUNDING

These public forums were provided at no cost to the public; the Office of Services to the Aging assumed responsibility for all costs incurred by this project. Unlike past White House Conferences on Aging, no federal funds were provided to state governments nationwide to host events such as these.

Twenty Office of Services to the Aging staff were involved in this project. Likewise, the content committee members contributed their time and invaluable expertise, as well as travel costs, to participate in meetings aimed at developing proposed solutions to be presented at the forums.

OFFICE OF SERVICES TO THE AGING PLANNING COMMITTEE

Peggy J. Brey, Deputy Director

Cindy Albrecht
Shirley K. Bentsen
Karen Carroll
Bonnie Graham
Wendi Middleton
Terri Simon

CONTENT COMMITTEE ~ ECONOMIC SECURITY

Chairperson

Sonia Harb, MI Commission on Services to the Aging, Dearborn

Office of Services to the Aging Team

Lauren Swanson, Team Leader, Lansing

Eric Berke, Big Rapids

Morgan Gable, Student Intern, Ann Arbor

Cherie Mollison, Lansing

Shana Strauss, Lansing

Julia Thomas, Lansing

Owen Bieber, MI Commission on Services to the Aging, Byron Center

Roger Budzynski, CFP Securities America, East Lansing

Diana Carpenter, Bureau of Workforce Programs, MI Dept. of Labor and
Economic Growth, Lansing

Tom Czerwinski, Area Agency on Aging of Western MI, Inc., Grand Rapids

Steve Gools, AARP, Lansing

Judith Karandjeff, MI Women's Commission, Lansing

Karen Kosniewski, Operation ABLE of Michigan, Southfield

Hollis Turnham, Paraprofessional Healthcare Institute, Lansing

Kate White, Elder Law of Michigan, Lansing

CONTENT COMMITTEE ~ HEALTH

Chairperson

Jerutha Kennedy, MI Commission on Services to the Aging, Detroit

Office of Services to the Aging Team

Sherri King, Team Leader, Lansing

Karen Carroll, Lansing

Jane Church, Lansing

Chris Korloch, Lansing

Holliace Spencer, Lansing

Kristi Walton, Student Intern, Ann Arbor

Stephen Bachleda, Medicaid Actuarial Division, MI Dept. of Community Health,
Lansing

Paul Bridgewater (Gloria Long), Detroit Area Agency on Aging, Detroit

Denise Cyzman, Chronic Disease Division, MI Dept. of Community Health,
Lansing

John Davis, PhD, Alma College, Alma

Frederick (Rob) Deane, MD, Consumer, East Grand Rapids

Phyllis Easton, Michigan Enrolls/MI Child Maximus, East Lansing

Mary Gear, Policy Division, MI Dept. of Community Health, Lansing

Dave Herbel, MI Association of Homes and Services to the Aging, Lansing

Jill Kind, RSVP/Older Adult Services, Catholic Social Services of Washtenaw
County, Ann Arbor

Sarah Slocum (Pricilla Cheever), State Long Term Care Ombudsman, Lansing

CONTENT COMMITTEE ~ COMMUNITY

Chairperson

Liana Bachand, MI Commission on Services to the Aging, Midland

Office Of Services to the Aging Team

Dan Doezema, Team Leader, Traverse City

Chris Korloch, Lansing

Pamela Hall, Lansing

Sally Steiner, Lansing

Wendi Middleton, Lansing

Vendela M. Collins, MI Developmental Disabilities Council, Lansing

Terry DeRocher Lerma, PhD, Wayne State University, Ferndale

Thomas Hartwig, PhD, Gerontology Network, Grand Rapids

Bob Johnson, MI Dept. of Labor & Economic Growth, Lansing

Viola Johnson, State Advisory Council on Aging/Consumer, Battle Creek

Kimberly Lariviere, MI Dept. of Transportation, Traffic & Safety Support, Lansing

Nancy Lindman, Michigan 211, Inc., East Lansing

Stuart Lindsay, MI Department of Transportation, Lansing

Jim McGuire, Area Agency on Aging 1-B, Southfield

Perry Ohren, Community Support Services, Jewish Family Service, West Bloomfield

Susan Steinke, MI Quality Community Care Council, Lansing

Ramesh Verma, MI Commission on Services to the Aging, Novi

Kim Walsh, Alzheimer's Association - MI Great Lakes Chapter, Ann Arbor

Dan Young, UP Area Agency on Aging, UPCAP Services, Inc., Escanaba

CONTENT COMMITTEE ~ CAREGIVING

Chairperson

Dona Wishart, MI Commission on Services to the Aging, Gaylord

Office of Services to the Aging Team

Bonnie Graham, Team Leader, Lansing

Cindy Albrecht, Lansing

Lynne McCollum, Lansing

Laura McMurtry, Lansing

Ama Agyemang, Kinship Care Resource Center, Michigan State University, East Lansing

Susan Butterwick, Attorney-at-Law, Caregiver Mediation, Ann Arbor

Doug Chalgain, Chalgain & Tripp Law Offices, East Lansing

Shela Dubenion-Smith, Catholic Social Services of Lansing/St. Vincent Home, Lansing

Doug Durand, Catholic Human Services, Traverse City

Patrice Eller, Bureau of Adult & Family Services, MI Dept. of Human Services, Lansing

Sara Holmes, MI Alzheimers Disease Research Center, Ann Arbor

Kara Lamarre, Region 9 Area Agency on Aging, Alpena

Sheryl Lowe, Blue Cross & Blue Shield of MI, Southfield

Mary Cay Sengstock, PhD, Department of Sociology, Wayne State University, Detroit

2005 WHITE HOUSE CONFERENCE ON AGING

The 2005 White House Conference on Aging will be held in Washington, D.C. on December 11-14, 2005. As with past national conferences, this will be a time for debate on how best to address current and future issues facing an aging population.

The people listed below have been named as delegates to the 2005 White House Conference on Aging. In this role, they are responsible for carrying Michigan's voice to the national stage. According to conference policy, The Honorable Jennifer M. Granholm, Governor, State of Michigan, named five delegates to this important meeting, while each member of Congress named one each. Alternate delegates were also appointed in the event a delegate is unable to attend. Here are the confirmed names as of this printing:

DELEGATES APPOINTED BY GOVERNOR JENNIFER M. GRANHOLM

Owen Bieber, Member, Michigan Commission on Services to the Aging
Deborah Cherry, Senator, Michigan Senate
Sharon L. Gire, Director, Michigan Office of Services to the Aging
Jerutha Kennedy, Chair, Michigan Commission on Services to the Aging
Aldo Vagnozzi, Representative, Michigan House of Representatives

ALTERNATES

Irma Clark-Coleman, Senator, Michigan Senate
Frances Diaz-Plets, Commission on Spanish Speaking Affairs, Clinton Township
Alison Hirschel, Michigan Poverty Law Program, East Lansing
Radwan Mardini, Dearborn Heights
Gino Polidori, Representative, Michigan House of Representatives

CONGRESSIONAL & SENATORIAL APPOINTMENTS

Congressman Dave Camp
Georgia Durga, Traverse City

Congressman John Conyers, Jr.
Willie Felder, Detroit

Congressman John Dingell
Aaron Simonton, Monroe

Congressman Vernon J. Ehlers
Dr. Susan Ogland-Hand, Grand Rapids
Louise Thomas, Kentwood (Alt)

Congressman Peter Hoekstra
Larry Erlandson, Holland
Gail Ringelberg, Grand Haven (Alt)

Congressman Dale Kildee
Lori Offenbecher, Caro
Renee J. Wood, Caro (Alt)

Congresswoman Carolyn Kilpatrick
Paul Bridgewater, Detroit
Tene Ramsey, Detroit (Alt)

Congressman Joe Knollenberg
Marye Miller, Rochester

Senator Carl Levin
Norman Abeles, East Lansing

Congressman Sander Levin
Nick Ciaramitaro, Roseville
Barry Lepler, Huntington Woods (Alt)

Congressman Thaddeus McCotter
Kathy Crawford, Novi

Congresswoman Candice Miller
Kathryn Lawter, Columbiaville

Congressman Michael Rogers
Roscoe Stuber, Howell

Congressman Joe Schwarz
Ginny Wood-Bailey, Onsted
Kate White, Lansing (Alt)

Senator Debbie Stabenow
Ed Scribner, St. Clair Shores

Congressman Bart Stupak
Jonathan S. Mead, Escanaba

Congressman Fred Upton
Lynn Kellogg, St. Joseph

PUBLIC FORUM REPORTS AND THEMES

This section contains individual reports on four important aging topics – economic security, caregiving, health, and community (the forum on community was held in two locations). Each report contains an overview of one topic and multiple issues, presented in the following format:

- Issue statement(s)
- Rationale
- Barriers
- Proposed solution(s)

Each proposed solution has implications for federal public policy, state public policy, or both. You will find this italicized in parentheses after each proposed solution.

THEMES

Common themes emerged during the Office of Services to the Aging's (OSA) review of the volumes of information gathered during the course of this project, regardless of forum topic.

INFORMATION

The foremost overarching issue was the need for information to help people identify services available in their community; to learn more about options available to address their specific concerns; and to learn how to access programs to assist them. Accurate, updated information is one vehicle through which older adults, families and caregivers are empowered to make informed choices about the type and level of care needed. For long term care services, many forum participants believed this issue would best be addressed through establishing “single points of entry” at the community level - a system of providing information in one place that screens applicants and educates them on care options suited to their needs. For general aging services, it was recommended that a 211-like system would be helpful as a source of information.

TRAINING AND EDUCATION

The need for training and/or education surfaced at every public forum – of older consumers, caregivers, medical professionals, and service providers alike. One example cited was the need for specialty geriatric education for medical personnel on how functionality changes with age, as well as how to relate to an aging population. The need to educate caregivers, both paid and unpaid, was also a priority. Further, it was felt that educating consumers on preventing or managing chronic illness would go a long way toward keeping people healthy in their later years. You will see in these reports that the need for training and education on a multitude of topics was deemed highly important to forum participants.

PARTNERSHIPS

There was a general sense by forum attendees that the most constructive change in programs and policies comes when people, organizations, and entities work in tandem to advance a shared mission. In the interest of creating a society where people age with dignity and independence, partnerships between the public and private sectors must continue to be forged and strengthened, with regard to health care, employment of older workers, and forming livable communities, for example. The idea of partnerships also surfaced in the notion of “we’re all in this together” – citizens, government, private sector. Whether person-to-person, organization to organization, or government to business, partnerships are not only desired, but vital to the well being of society in general, and to an aging society, in particular.

DIVERSITY

The Office of Services to the Aging shares a value voiced over and over again during the public hearing process – that of being sensitive to “difference” - difference as a result of race, ethnicity, culture, physical and mental ability, sexual orientation, spiritual practice, etc. There are both opportunities and challenges in accounting for differences in shaping how programs are designed, planned for, delivered, and received in our communities.

ADEQUATE FUNDING

With the aging of the Baby Boomers creating an unprecedented demographic, many expressed that funding as usual for aging programs is both inadequate and unacceptable. Our society is aging as never before in our history, and institutional change within government may only be made when public policy makers understand and accept this reality. At the same time, services must be delivered in the most cost effective manner possible to stretch the existing limited resources.

SELF-DETERMINATION

There was general consensus that any public policy for older persons be driven by an individual’s needs, particularly in the delivery of long term care services. A “money follows the person” approach is in keeping with this philosophy. Systems and those working within them must be flexible to accommodate a person’s preferences, needs, circumstances, background, and other resources available to them when providing needed help.

QUALITY OF LIFE

There was strong agreement on the importance of one’s quality of life, both for current and future generations. It was repeatedly expressed that those things that improve an older person’s life quality, in reality, improve everyone’s life quality. Whether it’s affordable and accessible health care for all, or creating communities that meet everyone’s needs, such worthy goals can best be accomplished by generations working together for meaningful impact.

CAREGIVING

The Caregiving Public Forum took place on May 10, 2005 at Little Bear East in St. Ignace, Michigan, and was attended by 96 people.

OVERVIEW

Gather any group of adults, and chances are, each and every one can relate at least one story of being a caregiver to an older adult. For some it is a story of caring for a family member; for others amazing stories are told of caring for extended family members, friends, or neighbors. Still others are involved in the work force providing care to older adults as professional caregivers, most often in health care or community care settings.

The stories always show the strength of the human capacity to care. The stories also speak of the challenges faced by caregivers, the need for resources, and the real, and too often frustrating, impact on lives - both those of the caregiver and those being cared for by others.

This section examines caregiving issues in the context of the needs of Baby Boomers, and the sheer impact this very large cohort will have on society as they age. In doing so, it is prudent to consider the voice of experts:

“Baby boomers present the potential to redefine aging. They may become the healthiest, most productive, and most innovative group of older people that the world has ever seen. However, for the potential to be realized, prevention of disease and disability must be understood and practiced, and access to healthcare services must be assured. Boomers as a group are aggressive and well informed, and will expect information and performance from their care providers. They are unlikely to be satisfied with the fragmented and underinsured long term care services that exist today. They are likely to be attracted to healthcare systems that run efficiently, provide access to information, and include well-organized aging programs.”

*~Taken from Generations – Health and Aging Among Baby Boomers,
Patricia Lanoie Blanchette and Victor G. Valcour*

With the needs of current and future older adults in mind, these proposed solutions:

- *recognize and support diverse patterns of caregiving,*
- *address risk factors identified with abuse and neglect and establish remedies,*
- *support the professionalism of paid and family caregiving,*
- *help society recognize and support the economic and social value of caregiving, and*

- *clarify the respective rights and responsibilities of individuals, families, communities, and government in regard to care of the elderly.*

CAREGIVING ISSUE #1

*Society's failure to recognize the importance and value of caregiving results in inadequate **education and training of informal and professional caregivers**. As a result, early caregiver burnout that can lead to the potential for abuse, and increased long term care costs often occurs. To ensure high quality and culturally-sensitive long term care services, it is critical to provide adequate education and training to informal and professional caregivers.*

Rationale

Informal caregivers are often thrust into caregiver roles without adequate education and training to sustain their efforts. Low wages, lack of benefits, and inadequate training often result in high turnover rates among professional caregivers. Since long term care is expensive and quality of care is a concern, approaches to sustain and support informal and professional caregivers through improved education and training programs are critical.

Barriers

- ❑ Many believe the ability to give care comes naturally, and do not recognize the value of training to ease stress, minimize physical harm, extend functioning, and enhance the caregiving experience for caregivers and those dependent upon care provided.
- ❑ Gender, ethnicity, and culture affect how care is provided. Failure to recognize these differences often results in resistance from those who require care, high caregiver turnover, and systems that are unresponsive.
- ❑ Service needs differ significantly for certain populations, and caregivers of persons with disease-specific conditions require specialized training and attention.
- ❑ Low wages and lack of benefits result in high turnover and low satisfaction among paid caregivers.
- ❑ Grandparents and children's services are spread over disparate social service systems. There is currently no bridge to services for the elderly and children.

Proposed Solutions

Informal Caregivers

- a) Increase the availability of funding for caregiver education and training through expansion of the National Family Caregiver Support Program. Respite must be accessible for informal caregivers during training. (*Federal and State*)

Professional Caregivers

- b) Increase the availability of funding for training professional caregivers through expansion of Department of Labor apprenticeship programs, and incentives through health insurance plans. (*Federal and State*)
- c) Expand Michigan's current culture change efforts in long term care settings (i.e. Eden Alternative, Gentle Care, Greenhouses, Well Spring) to ensure respect for those needing care and professional caregivers; evaluate and monitor initiatives to assess change and impact. (*State*)
- d) Implement competency testing and certification of professional caregivers for consistency in training, and reward them with competitive compensation. (*State*)
- e) Increase awareness and public education to reduce potential for abuse by professional caregivers and service providers who have direct access to those needing care. (*State*)
- f) Adjust the rate structure for reimbursement in the Home Help Program to increase supervision and accountability of professional and paid family caregivers to help ensure that high quality care is provided. (*State*)

CAREGIVING ISSUE #2

Employed caregivers face increased stress and health problems, in addition to caregiving responsibilities. As caregiver stress often manifests itself first in the work place, employers need assistance in helping caregivers access information and support to prevent employee absenteeism, lost wages for the employee, and lost productivity costs for the employer.

Rationale

More than 14 million workers - 25% of all workers - are estimated to be balancing work responsibilities and caring for older family members. The majority of these caregivers - 52% - are employed full-time. The impact of caregiving is costly to businesses, as lost productivity costs businesses between \$11 and \$29 billion annually. The major effects of caregiving on employee productivity fall into six categories: replacing workers, absenteeism, partial absenteeism, workday interruptions, eldercare crisis, and supervisors' time.

Barriers

- ❑ Many employers do not feel it their responsibility to be concerned with issues that workers face outside the work place.

- Many employers lack knowledge of community resources and supports available to assist their workers, and do not know how to assess that help in the community.

Proposed Solutions

- a) Develop and implement an education and awareness program that helps private and public sector employers understand issues surrounding employed caregivers and the impact of caregiving on the work place. (*Federal and State*)
- b) Develop public/private partnerships, as well as model programs and supports, to assist employers in providing information on caregiving and resources available in local communities to informal, working caregivers. (*Federal and State*)

CAREGIVING ISSUE #3

Caregivers of persons with dementia need greater choice and access to affordable long term care in the setting that is most appropriate for the person needing care and best meets family needs.

Rationale

Compared with other caregivers, caregivers of persons with dementia, including Alzheimer's disease and other dementing illnesses, face particularly difficult challenges. The care recipient's cognitive deficits interfere with his/her ability to take medications correctly, manage money, remember medical symptoms, respond to patient education materials, manage in-home helpers, and make appointments. Eventually, as the needs of persons with dementia change over time and the disease progresses, they become increasingly dependent and need constant care.

Currently over 70% of people with Alzheimer's disease live at home where family and friends provide their care. However, there are growing risks for caregivers of persons with dementia. More than one in ten caregivers become physically ill or injured as a direct result of caregiving, and approximately 45% of caregivers suffer from depression.

An estimated 4.5 million Americans have Alzheimer's disease, the most common cause of dementia. Increasing age is the greatest risk factor for Alzheimer's disease. One in ten individuals over age 65, and nearly half of the population over 85, are affected. The number of Americans with Alzheimer's disease will continue to grow as our population ages and as life expectancy rates soar. By 2050, Alzheimer's disease could affect anywhere from 11.3 to 16 million people.

Barriers

- Our current system of long term care reimbursement does not support access to less restrictive settings that are more appropriate for persons with dementia.
- Our current solutions – the National Family Caregiver Support Program (NFCSP) and \$3,000 caregiver tax credit – are inadequate to meet the ongoing financial needs of caregivers caring for persons with dementia.

Proposed Solutions

- a) Increase the availability of publicly-funded, community-based support services for informal caregivers of persons with dementia through expansion of the National Family Caregiver Support Program; develop volunteer, faith-based and employer-based support programs that include dementia-specific components. Core NFCSP services should be available statewide. *(Federal and State)*
- b) Revise Medicaid/Medicare reimbursement guidelines, and increase funding to allow reimbursement for expanded community-based support services, assisted living facilities, and adult day programs. *(Federal and State)*

CAREGIVING ISSUE #4

*Society inadequately prepares people to take on the role of family caregiver, and does not appropriately value or respect the caregiver. To adequately fulfill their role as caregivers, family members need to know how **to identify needs and seek support early in the caregiving process.***

Rationale

Most people - nearly 79% - in need of long term care live at home or in community settings. About two-thirds, or 64%, of older persons who live in the community and are in need of long term care depend on family and friends as their only source of help. However, our society is youth-oriented, and there is a general lack of awareness about aging issues. This is complicated by the fact that many Baby Boomers have enjoyed independent lifestyles with many commitments and expectations in their personal lives. As loved ones demand a significant amount of their time and care, Baby Boomers are unprepared to take on the commitment of informal caregiving. Smaller family size and families living at far distances also contribute to caregiver stress. As a result, caregivers often report difficulty in accessing needed information. Many are unaware of what services are available, how to find out about them, or how to pay for them.

Barriers

- ❑ Many informal caregivers are merely trying to be “good daughters, sons or spouses,” and do not identify themselves as caregivers until very late in the caregiving process or when they are at risk of burnout.
- ❑ Many fear the “woodwork effect” of public awareness and education around the issue of caregiving, in that increased demand for services will result and systems will be unable to respond to expressed need.
- ❑ There is a lack of knowledge among grandparents of what services and resources are available.

Proposed Solutions

- a) Support a statewide single point of entry (SPE) for long term care and a 211 system that would help people become aware of services and supports available, assist them in accessing services, and promote making informed choices about long term care options. (*State*)
- b) Develop a curriculum for K-12 students on the aging process to promote awareness and expose youth to the aging network. (*State*)
- c) Support funding for a national 211 system for information and assistance. (*Federal*)

CAREGIVING ISSUE #5

*Efforts to understand, recognize, and address **elder abuse, neglect, and financial exploitation** have not kept pace with a burgeoning aging population, thereby placing older adults at increased risk of victimization.*

Rationale

While elder abuse awareness, recognition, and prevention services have increased over the last 20 years, the systemic social remedies necessary to properly address, prevent, and hopefully eradicate elder abuse is in its infancy as a movement, compared with child abuse and domestic violence.

Based on available research, approximately five percent of older adults will be victims of abuse, neglect, or exploitation. This means 80,000 victims in Michigan in 2005, with a potential increase to 100,000 victims in 2010 as the aged 60 and older population reaches two million in our state.

National research into the incidence and prevalence of elder abuse highlights the disturbing reality that older adults are at greatest risk for abuse, neglect, and exploitation at the hands of an adult relative and/or caretaker. While the extent to which caregiver stress may evolve into abuse, neglect, or exploitation is unknown, it

is clear that stress and strain experienced by caregivers, and unpaid family caregivers in particular, present a clear and obvious danger to both the caregiver and care recipient. As with other relationship-abuse syndromes, prevention, assistance, and protection strategies need to include direct service to victims, and identification and support of at-risk older adults.

Barriers

- ❑ Most older persons who are frail or living with abusive persons are isolated from outside agencies that could provide assistance.
- ❑ Older adults are often unaware of alternative living arrangements or other resources available to assist them. There is a fear of being removed from their homes.
- ❑ Social service agencies, including mental health, adult protective services, and aging service providers, have no legal ability to assist older adults who are legally competent with limited capacity.
- ❑ Community agencies have limited resources and ability to fully integrate elder abuse identification, prevention, and intervention strategies.
- ❑ Our current system of funding and staffing for older adult services is a mere fraction of that for children and domestic violence.

Proposed Solutions

- a) Increase funding and resources for community agencies, both public and private, to use best practice models (i.e. child abuse) to better identify, prevent, and intervene in elder abuse. (*Federal and State*)
- b) Evaluate and strengthen state adult protective services mandatory reporting law to include employers of all professional caregivers working with older persons and at-risk adults. (*State*)

CAREGIVING ISSUE #6

Elder abuse and exploitation threaten the economic security, physical well being, and even the lives of victims, and harm families and society as a whole. Federal and state social, health, and justice systems lack the resources and ability to address elder abuse and exploitation, and appropriately assist victims.

Rationale

Millions of older Americans are victimized by elder abuse each year, and the problem will only worsen with the aging of the Baby Boomers. Currently, our social service, health, and justice systems are ill equipped to handle even the less than 20% of actual elder abuse cases reported to these systems. Efforts to educate the community about elder abuse prevention and identification lose effectiveness when

already stretched systems are unable to adequately respond to the complex and emotionally charged dynamics of these cases. The limited ability to prevent, identify, investigate, and prosecute elder abuse and exploitation, and provide appropriate victim assistance, results in the loss of billions of dollars annually, and an immeasurable toll in human suffering and death.

Barriers

- ❑ Funding and staffing for elder abuse services are a mere fraction of that for children and domestic violence.
- ❑ There is a lack of research and data to develop effective elder abuse prevention, investigation, and intervention strategies.
- ❑ There is a lack of understanding of elder abuse and exploitation as more than a “family matter.”
- ❑ There is a failure to recognize, utilize, and support civil and criminal justice elder abuse remedies and support systems to assist older victims.

Proposed Solution

- a) Increase appropriations for existing elder abuse efforts, particularly the Social Services Block Grant and Titles VI and VII of the Older Americans Act. Title VI funds services specifically for American Indian elders. (*Federal*)

CAREGIVING ISSUE #7

*Although primary care physicians and other health care professionals are in unique positions to intervene early to assess the needs of family caregivers and refer them to community support services, these **caregiver assessments and linkages** typically do not occur.*

Rationale

Most older adults with chronic disease and their family caregivers turn first to primary care physicians for a diagnosis and information. Physicians and other health care professionals are, therefore, in a unique position to intervene early, assess the needs of family caregivers, and link them to social services that offer education and direct support services. In the early 1990s, the American Medical Association (AMA) officially recognized the pivotal role primary care physicians could play in helping alleviate the adverse effects of family caregiving. The AMA called for health care partnerships between family caregivers and primary care physicians (Council on Scientific Affairs, 1993). However, studies have shown that although caregivers are satisfied with their physicians’ ability to provide medical management of the patient’s disease, they are dissatisfied with physicians’ advice on support services, education on the disease and its symptoms, and support for caregivers’ emotional needs (Fortinsky, 2001).

Barriers

- ❑ Physician training emphasizes the patient-physician dyad rather than a triad, which includes assessing caregivers and their needs.
- ❑ Primary care physicians face severe time constraints in assessing and treating patients with multiple health care issues.
- ❑ Physician reimbursement is often not available for assessment, education, and referral of family caregivers.

Proposed Solutions

- a) Restructure the Medicare Program to include: *(Federal and State)*
 - reimbursement to physicians and other health care professionals for geriatric assessment that includes assessment of caregiver needs, and
 - reimbursement to physicians and other health care professionals for management of chronic disease, including consultation with the family and coordination with community support services.

- b) Strengthen medical school curriculum and continuing medical education requirements to include: *(Federal and State)*
 - recognition of the caregiver role and need for communication within the health care triad,
 - a needs assessment of caregivers providing care for chronically ill patients,
 - early intervention to link patients and caregivers to needed support services, and
 - training physicians and health care teams about available services and the long term care continuum (not just nursing homes).

CAREGIVING ISSUE #8

Financial support and other incentives need to be provided for caregivers to ease the financial burden associated with their caregiving responsibilities.

Rationale

The economic costs associated with caregiving are high for many informal caregivers in their earning years who are unable to be employed when providing full-time care. It is estimated that informal caregivers personally lose some \$659,139 over a lifetime: \$25,494 in Social Security benefits; \$67,202 in pension benefits; and \$566,433 in foregone wages. As women spend an average of 11.5 years out of the labor force for child and elder care, they are at a particular economic disadvantage when they reach retirement age. Minority caregivers, who already suffer discrimination and wage disparities in the workforce, face additional challenges.

It is estimated that one million Michigan residents provide 1,027 hours of unpaid care to ill and disabled adults in the state, with an economic value of care at approximately \$9 billion annually. This informal care serves as the backbone of the long term care system in Michigan, and is critical to preventing or delaying institutionalization of many disabled and frail older adults unable to live in the community without assistance. As nursing home care averages \$56,000 per year, the availability of informal caregiving reduces reliance on Medicaid and other government programs, creating a savings for state and federal governments.

Barriers

- ❑ A caregiver's gender, ethnicity, and culture affect approaches to caregiving; failure to recognize these differences results in systems that are dysfunctional and unresponsive.
- ❑ Tax credits lead to a loss of tax revenue, and there is little agreement among elected officials on what the amount of a credit should be.
- ❑ Special interest groups may oppose consumer-directed programs that allow older adults more flexibility to live in the setting of their choice.
- ❑ Some believe that a potential for financial abuse would exist if family members were paid as long term care providers.
- ❑ Tax deductions tend to favor high-income families.

Proposed Solutions

- a) Allow informal family caregivers, including spouses, to be paid providers in long term care programs supported by public funds, such as the Home and Community Based Services for the Elderly and Disabled Program (HCBS/ED) and Home Help Program. *(Federal and State)*
- b) Encourage adoption of federal laws to expand tax incentives for informal caregivers. *(Federal)*
- c) Support enactment of H.R. 473 (proposed federal legislation) that would allow informal caregivers to receive Social Security credits while they are out of the workforce caring for loved ones. *(Federal)*

CAREGIVING ISSUE #9

*Supports are needed for the growing population of **grandparents raising grandchildren.***

Rationale

Millions of grandparent caregivers are currently raising some of the nation's most at-risk and vulnerable children. The remarkable rise in the number of grandparents parenting their grandchildren can be attributed to several factors: the increase in

poverty, divorce, homelessness, AIDS, jail time, substance abuse, teen pregnancy, increased life spans, diversification in family structures, and changes in family law that protect a child's right to remain in the care of a relative whenever possible.

While grandparents understand their role is important, they often feel overwhelmed and tired. They worry about their health and the health of their grandchildren, and feel depressed about finances. They find a lack of support from family and friends; feel a sense of failure and guilt about their children's problems; and harbor resentment and anger toward their situation. Several key factors make caregiving such a struggle for grandparents:

- o Twice the number of grandparent-headed households is below the poverty line, as compared to the total number of older adults living in poverty.
- o Grandparents living on fixed incomes have to locate resources to supplement the additional costs associated with raising grandchildren.
- o Working grandparents must often quit a job or reduce their work hours, which may exacerbate their economic burdens. Some report spending their life savings, selling their car, or cashing in on life insurance policies in order to financially cope with their new role.
- o Some must find new housing because they lack space to accommodate a larger family, or can no longer live in senior housing because of the children.
- o Many grandparents cannot afford legal fees to legitimize their parenting responsibilities, and thus lack legal authority to make important decisions on school, health, and insurance issues; recent privacy legislation further prevents them from obtaining necessary information from health care providers.
- o Maintaining the physical health and well being of caregiver grandparents can be problematic, due to aging issues exacerbated by additional stress.
- o Significant health-related problems have been observed in the children, particularly among those who came into the grandparents' care after having been exposed to drugs or alcohol prenatally, or suffered parental abuse or neglect.
- o Grandparents and grandchildren's mental health may also suffer. Feelings of anger, sadness, and shame about the parenting of their own children, and a sense of isolation in the community, can increase stress and mental health issues for grandparents. The children's welfare may also be jeopardized due to the psychological and social ramifications of their fractured family history and structure.

- o Like other caregivers, grandparents have a tendency to delay seeking or fail to seek formal help, particularly with mental or emotional health problems.

Barriers

- In Michigan, the maximum financial assistance available to grandparents is as a relative foster care provider. Relative foster care may occur only if the child has been removed from his/her parent's home due to abuse or neglect, and a court has placed the child with the grandparents.
- In Michigan, kinship caregivers with guardianship of their relative children currently receive whatever financial support the parents are willing to provide; proposed guardianship legislation would provide support, but less than foster care.
- There is a lack of specialized services available to grandparents raising grandchildren; traditional services such as respite care, elder legal aid, etc. are not available to this group.
- Grandparents and children's services are spread over disparate social service systems. There is currently no bridge to services for elderly and children.
- Grandparents lack knowledge of services and resources available.
- Service providers lack knowledge about resources available for this unique caregiving situation.
- Most resources for older Americans apply only to individuals aged 60 and over. Many grandparents are under age 60, and therefore do not qualify for these services.
- Accessing financial support and other resources is even more difficult for "fictive kin," (i.e. friends, neighbors) who care for children of a non-relative.

Proposed Solutions

- a) Develop supportive community systems to provide training for professionals, teachers, etc. to help kinship families. *(Federal and State)*
- b) Support collaboration and integration of programs to eliminate gaps in service for kinship families. *(Federal and State)*

CAREGIVING ISSUE #10

*Caregivers need **access to a broad array of support services** to prevent burnout, and allow their loved ones to receive care in the setting of their choice.*

Rationale

It is estimated that one million Michigan residents provide 1,027 hours of unpaid care annually to ill and disabled adults in the state. The economic value of this care is approximated at \$9,046 billion per year. This informal care serves as the

backbone of the long term care system in Michigan, and is critical for preventing or delaying the institutionalization of many disabled and frail older adults who are unable to live without assistance in the community. The availability of informal caregiving also reduces or eliminates reliance on Medicaid and other government programs, creating a large savings for state and federal governments.

Barriers

- ❑ A caregiver's gender, ethnicity, and culture affect approaches to caregiving. Failure to recognize these differences has resulted in systems that are dysfunctional and unresponsive.
- ❑ Service needs differ significantly for certain populations and caregivers of persons with disease-specific conditions that require specialized training and attention.
- ❑ In-home services are often expensive and may not meet the needs of working caregivers.

Proposed Solutions

- a) Increase the availability of public-funded support services for informal caregivers through expansion of the National Family Caregiver Support Program; develop volunteer, faith-based and employer-based support programs. (*Federal*)
- b) Pursue interagency collaboration among all state agencies providing respite care by funding the provisions of the Michigan Life Span Respite Program. (*State*)
- c) Expand funding to ensure statewide availability of Senior Companion, Retired and Senior Volunteer, and Adult Day Programs. (*Federal and State*)

ECONOMIC SECURITY

The Economic Security Public Forum took place on April 21, 2005 at the Eberhard Center in Grand Rapids, Michigan, and was attended by 118 people.

OVERVIEW

Economic security for older Americans is a complex mix of public policies concerning Social Security, employment, health care, long term care, pensions, investments and savings, and consumer protection. While building a secure retirement has traditionally relied upon Social Security benefits, pension income, and income from savings and investments, a number of new factors now hamper the ability of citizens to guarantee a comfortable retirement.

Social Security will continue to play an essential role in ensuring the economic security of older Americans. The long term viability of that system is challenged by the declining ratio of workers to retirees. Efforts must be made to strengthen Social Security for current beneficiaries, their children, and grandchildren.

Today, most people's pensions and savings have become functional equivalents, as employee pension coverage has shifted rapidly from traditional defined benefit plans to defined contribution plans, such as 401(k) plans. Absent the stability pension benefits once lent to a retirement portfolio, Baby Boomers and other pre-retirees characteristically view "retirement" differently than their elders; they view it as more of a lifestyle transition than a termination of employment.

Increasingly, building secure retirement income will depend, in part, upon income from work. With the Baby Boom generation now approaching retirement, the United States faces an essential challenge to help new retirees prepare for their futures amidst a rapidly changing economy. Additionally, predatory financial practices rampant in Michigan and throughout the country threaten to erode the economic security of retirees. Any comprehensive approach to strengthening a secure retirement will require a renewed national commitment to creating and enforcing consumer protection against predatory lending and estate planning fraud.

ECONOMIC SECURITY ISSUE #1

*Concerns over the **long term solvency of Social Security** have rightfully moved that program to the top of the political agenda, and we must all work together to keep Social Security adequate, fair, and financially strong as an income insurance program for older Americans, disabled workers, and their survivors.*

Rationale

Social Security is a social insurance program of huge importance to Michigan citizens. Benefits were paid to 1,694,480 Michigan residents in December 2003, including 1,045,410 retired workers, 182,950 widows and widowers, 215,210 disabled workers, and 149,510 children. The average monthly Social Security benefit in Michigan was \$993.10 for retired workers, \$955.00 for non-disabled widows and widowers, and \$918.70 for disabled workers.

The distinct role Social Security plays in economic security for those over age 62 – particularly older women and people of color – remains unique and essential. Social Security keeps 40% of people over 65 out of poverty; makes up more than half of most Americans' source of retirement income; and for more than one-quarter of those 65 and older, Social Security constitutes 90% or more of their income. Most Americans would not have a viable retirement without Social Security, and Social Security will continue to be just as critical a source of retirement income in the future.

Barriers

- ❑ Declining worker to retiree ratio is placing a strain on the system.
- ❑ Increasing life expectancies are increasing the demand for benefits.
- ❑ New service economy jobs are anticipated to pay less than traditional manufacturing jobs, reducing the amount paid in to the system, thereby reducing revenue to the Social Security Trust Fund by payroll taxes.

Proposed Solutions

All proposals below have federal implications only.

- a) Support a thorough national discussion of all strategies to guarantee current obligations and continuous Social Security Trust Fund solvency.
- b) Develop a comprehensive approach to solvency first, including proposals to gradually increase the annual FICA taxable wage cap from \$90,000 to \$140,000; include a transition plan.
- c) Invest the Social Security surplus so it earns higher returns than those offered by U.S. Treasury bonds.

- d) Promote and preserve the ability of individuals to delay retirement by remaining in the workforce beyond age 65.
- e) Make modest positive adjustments in Social Security Trust Fund revenue.
- f) Discourage Congressional efforts to create private accounts that divert money from Social Security payroll obligations.
- g) Preserve the integrity of the Social Security Trust Fund with a thorough review of the program.
- h) Ensure that the needs of spouses, children and people with disabilities are met in relation to the original purpose of Social Security.
- i) Maintain the wage index rather than switching to a consumer price index to retain the value of promised future benefits.
- j) Promote personal retirement saving at an early age.

ECONOMIC SECURITY ISSUE #2

For many older adults, income from pensions, Social Security, and personal savings alone may not cover living expenses. This means that many older Americans must continue to work beyond the traditional age of retirement in order to maintain a comfortable lifestyle. Increasingly, our economy must prepare itself to accommodate **older workers**.

Rationale

Because many workers nearing the traditional age of retirement are choosing to remain in the workforce, older workers are expected to grow as a percentage of the labor pool over the next several decades. Today, workers over age 55 comprise 14% of the labor force; by 2015, the percentage will increase to 20% or 12.6 million older workers. Faced with these projections, employers should be prepared to address the needs of an aging workforce or potentially face difficulty filling critical positions in their organizations with qualified workers. Additionally, state and federal policy should support employers' efforts to create a more flexible and accommodating workplace for older workers.

Barriers

- ❑ Pension programs and regulations are not conducive to alternative work schedules that accommodate older worker needs.
- ❑ Technology gaps and needs for older workers prohibit advancement

- and job entry.
- ❑ Vulnerable groups – women, minorities, those with a weak attachment to the labor market, and those with low educational attainment – often do not have pension programs or personal savings necessary to meet economic needs.
 - ❑ Traditional employment opportunities for older workers are diminishing as technological advancements are made.
 - ❑ Larger employers are laying off employees and the replacement workforce is decreasing.
 - ❑ Michigan does not set aside Workforce Investment Act funds to train and retrain older adults for employment.

Proposed Solutions

- a) Enforce and update current state and federal employment laws and policies. (*Federal and State*)
- b) Address the recruitment, retraining, retention, and age discrimination of older workers; set aside funds for older workers in the Workforce Investment Act. (*Federal and State*)
- c) Educate employers to help change attitudes about older workers. (*Federal and State*)
- d) Ensure that government and employers offer phased retirement programs, allowing workers to reduce work time on their current jobs at age 62. (*Federal and State*)
- e) Develop and offer older workers more employment options to ensure benefits are not lost or reduced. (*Federal and State*)
- f) Provide specialized workshops for older workers at Workforce Investment Boards' one-stop employment centers and other locations. (*Federal and State*)
- g) Use and compile national and state older worker market data. (*Federal and State*)
- h) Ensure that senior-friendly computer technology and life enhancement software programs are readily available and accessible to older adults. (*State*)

ECONOMIC SECURITY ISSUE # 3

*The **escalating costs of health care** and cutbacks in employer-sponsored health coverage for both workers and retirees make it difficult, if not impossible, for workers to plan and pay for major medical costs in retirement.*

Rationale

People aged 65 and over spend 19% of their income on health care – prescription drugs, nursing homes, therapies, etc. This is higher than the percentage of personal income paid for health care by consumers before Medicare was created in 1965. The percentages of personal income used to pay for health care are even higher for low-income older adults; poor Medicare beneficiaries without Medicaid coverage spend a burdensome 49% of their total personal income on health care. In many cases, these expenses are placing a burden on older adults, causing financial distress and sometimes bankruptcy. Health care costs for all Americans must be contained and efforts made to keep it affordable for all citizens. New laws, incentives, and policies must be implemented to sustain and enhance private pension and retiree health systems.

Barriers

- ❑ Employees and older workers cannot afford the co-pays or premium costs.
- ❑ Insurance policies have too many restrictions and conditions that discourage employers from offering their employees affordable health and long term care benefits.
- ❑ Consumers often assume that when an older adult needs long term care assistance, they will move to a nursing home and the government will pay for their care.

Proposed Solutions

- a) Support and expand efforts to contain the skyrocketing expense of health care, generally, and prescription drug costs, specifically. (*Federal and State*)
- b) Consider one effective state-based cost savings model – the Rx+ discount strategy now effective in Maine, Michigan, and Hawaii. (*Federal and State*)
- c) Allow Medicare to negotiate for reduced drug costs, and consider using a central drug purchasing entity. (*Federal and State*)
- d) Examine reasons why healthcare costs are rising, such as malpractice, administrative services, and increased demand for care. (*Federal and State*)

- e) Provide information that will help people make informed, cost-effective decisions about their health care and drug choices. *(Federal and State)*
- f) Develop and implement reasonable public policy laws, administrative rules, and guidelines to:
 - o regulate prescription drugs that make it illegal to advertise prescription drugs through the media,
 - o lower the cap on patent protection to five years,
 - o ensure that quality generic drugs are produced to benefit everyone,
 - o prohibit pharmaceutical company lobbies from giving gifts or incentives to doctors, and
 - o cap the costs of drugs. *(Federal and State)*
- g) Hold employers responsible for promised contractual agreements, including the provision of health care benefits for workers and retirees; revoke the recent ruling by the Equal Employment Opportunity Commission that allows employers to reduce or eliminate promised health care benefits. *(Federal and State)*
- h) Offer small businesses tax breaks for offering health coverage, long term care, and other benefits. *(Federal and State)*
- i) Provide tax deductions for long term care savings accounts, an approach similar to the Michigan Education Trust Fund. *(Federal and State)*
- j) Make Medicare (health care) a higher priority than Social Security at this time. *(Federal)*

ECONOMIC SECURITY ISSUE #4

Pensions remain a critical source of income during retirement for many older Americans. Pensioners (all employees and their spouses) rely on this income and need protections to ensure that current information, assistance, and access to funds are available during retirement.

Rationale

Fewer companies today offer traditional defined benefit pension plans. Instead, they are switching to defined contribution plans, 401(k) plans, and related plans to save money, or are pursuing eliminating pension obligations through bankruptcy proceedings. Defined contribution plans, 401(k) plans, and other retirement savings devices should have spousal protections to fairly share these important assets among married people, applying equally to husbands and wives. In addition, workers rely on information provided by their employers relating to their pensions,

available benefits, and investments being made. This information must be accurate and if it is not, retirees need options to address inaccuracies and protect their standard of living.

Recognizing that marriage is an economic partnership, a series of pension laws enacted in the 1980s established certain principles. First, if a husband dies after earning the right to a pension, widows' benefits should be paid unless the couple agrees otherwise. It should not matter when the husband dies (before or after retirement), or where he was working when he died. Second, in the event of divorce, a divorced wife should receive a share of pension benefits earned during the marriage if a state court awards it to her (or the parties agree that the wife should receive a share as part of a property settlement), and she should be able to receive a widows' benefit after the death of her former husband.

Thanks to the 1980's legislation, this is exactly what happens for most women. Unfortunately some women were left unprotected. Certain women are denied benefits solely because their husband happened to work under the "wrong" retirement system (some public and some private pension plans). Identically situated women are treated differently depending on where their husband worked.

As we ask retirees to take more responsibility for their financial well being in retirement, workers need accurate pension information to rely on for planning and accessing their pensions. Inaccurate information leads to mistakes in saving and planning for retirement. The merger, dissolution, or relocation of companies can lead to difficulties locating plan administrators to claim an earned pension. Pension benefits collected and owed by employers must be protected for workers and retirees, and not treated as a dischargeable debt by companies in financial trouble.

Barriers

- ❑ The high costs of health care and the costs to offer pension plans make traditional defined benefit pensions less available to workers. Defined contribution plans and 401(k) plans are cheaper to administer, but do not begin to offer as many protections for workers and spouses (particularly widows and widowers) as defined benefit plans. They do not offer the type of retirement security needed to adequately prepare for retirement.
- ❑ Retirement planning and the provisions of pension retirement devices are complicated and difficult to understand. This makes planning for retirement and understanding rules difficult for workers. In addition, some companies do not explain, in advance, how the company's pension plan works upon retirement.
- ❑ As companies merge, relocate or go out of business, claiming an earned pension can have devastating consequences for a worker/retiree. This can result in people completely losing their pension, with little or no opportunity to financially recover.

Proposed Solutions

- a) Ensure that employees can rely on written statements of promised benefit amounts from the pension plan or company representatives, and on benefits received in good faith. *(Federal and State)*
- b) Enable courts to compensate people for misstatements by company officials, delayed payouts, and dismissals to deny pension payments. *(Federal and State)*
- c) Enforce both pension- and employer-sponsored retirement investment plans. *(Federal and State)*
- d) Require companies to notify the government if they move, merge, are acquired, or change their name, to end the problem of “lost” pensions. *(Federal)*
- e) Institute and improve mandatory notification and tracking of pension- and employer-sponsored retirement investment plans. *(Federal and State)*
- f) Ensure that the federal government has a stronger enforcement role against pension fraud and mismanagement, and can take over the administration of any “orphaned” plan, where the persons charged with running the plan cannot be found. *(Federal and State)*
- g) Require that automatic written benefit statements that show participant fees, reductions taken, worksheets, and work history records be provided to employees. *(Federal and State)*
- h) Pass a Women’s Pension Reform Act to protect all workers, including those divorced or widow(ed), so they receive an equitable share of pension assets for retirement, allowing immediate eligibility for matching contribution pension systems. *(Federal and State)*
- i) Eliminate inequities and inconsistencies in federal, state, and private retirement plans that deny benefits to widow(er)s and divorced spouses. Allow divorced spouses a share of benefits earned during a marriage, including survivors’ benefits after the employee’s death at the earliest age the employee can collect the benefits, regardless if the employee applied for them. *(Federal and State)*

ECONOMIC SECURITY ISSUE #5

*All Americans should be offered incentives and education throughout their lifetime that promote **personal investments and savings**.*

Rationale

Americans are not saving or investing enough money to ensure they will have enough money when they are older. The education of all Americans about the necessity to save and invest should begin when children are in pre-school and continue through adulthood.

Barriers

- ❑ Roadblocks to investing and saving include the rising cost of living, health care costs, and a lower-paying job market dependent upon the service sector.
- ❑ Low educational attainment, weak attachment to the labor force, and low earnings contribute to lack of retirement funding.

Proposed Solutions

- a) Change the U.S. and Michigan tax laws to allow non-earned income to be contributed to Individual Retirement Accounts with a lower tax rate. (*Federal and State*)
- b) Offer seminars for the general public on investments and savings. (*State*)
- c) Include investments and savings in Family Living curricula at all levels. (*State*)
- d) Ensure that education standards include information about Social Security. (*State*)
- e) Clarify the responsibility of parents vs. schools for education about savings and investments. (*State*)
- f) Expand tax laws to promote health care deductions, such as cafeteria plans; eliminate the federal income tax deductible penalty; and clarify what expenses are deductible, especially for supportive services. (*Federal and State*)

ECONOMIC SECURITY ISSUE #6

Consumer protection is a vital component of a comprehensive approach to preserving the economic security of older Americans. Older Americans are deliberately and disproportionately targeted by financial predators.

Rationale

A wide range of schemes, scams, and swindles deplete the resources and savings of older Americans every day. Knowledge and skills to maintain daily activities are perplexing and frustrating due to the evolution of laws, technology, and society. Predatory lending practices, for instance, strip an older person's resources and

saddles them with mounting debt at a time when their incomes are fixed and daily living expenses are often unpredictable.

Barriers

- Technology will continue to challenge seniors to be vigilant to protect themselves against scams, theft, and fraud.
- Public policy does not sufficiently define acts of fraud as criminal behavior, nor provide reasonable victim compensation.

Proposed Solutions

- a) Prohibit the use of personal information, such as Social Security numbers, as account numbers, reference numbers in data banks, or shared information.
(Federal and State)
- b) Pursue identity theft remedies through legislation, education, and litigation.
(Federal and State)
- c) Educate, train, and inform seniors about national and state efforts on fraud, consumer issues, and governmental changes. *(Federal and State)*
- d) Ensure that lending institutions are regulated and prosecuted for predatory practices, such as flipping, equity stripping, appraisal fraud, and payday lending. *(Federal and State)*

COMMUNITY

Two public forums were held on the topic of Community – one in Troy, Michigan at the Troy Community Center on April 26, 2005 and one in Saginaw, Michigan at the Transitions Development Center on May 4, 2005. The events were attended by 163 people and 99 people respectively.

OVERVIEW

The issues presented in this section are relevant to everyone, regardless of age, gender, or personal attributes. In this context, incorporated into all proposals is a broad, inter-generational perspective that avoids a more narrow “aging only” focus. It is especially important to seek common ground between generations to avoid unnecessary competition and promote the wisest use of limited resources.

The needs, concerns, and hopes of various segments of American society were folded into the broader issues. This is not an oversight. Women, minorities, people of various faiths and ethnicities, persons with hearing or visual impairments, the physically able, and those less able all share a human concern - to have a place of opportunity in society free of fear and discrimination.

As we look at demographic trends and the aging of Baby Boomers, in particular, we can see there is a considerable age spread within the Baby Boom generation. Those on the leading edge are approaching age 60; those at the tail end are almost 20 years younger. The Baby Boom generation now spans midlife, and carries the dual burdens of parental care and childcare. Midlife is a time of looking both forward and backward. Those with aging relatives are concerned about their relatives’ health and care. Those with minor children are worried about meeting their children’s needs and laying the foundation for their children’s future. As workers, all are concerned about job security, retirement, and having the finances to form a lynchpin for three generations.

These proposals take a broad view of community, and are offered in the belief that changes made for older adults are beneficial to all.

COMMUNITY ISSUE #1

*Communities need help with establishing **supportive community living environments** for older persons and their families to prepare for the demographic imperative, reduce mortality rates, and prevent premature, more costly institutionalization.*

Rationale

Traditional neighborhoods with decent affordable housing, as well as close accessibility to groceries, shopping, pharmacies, health care, churches, social supports, job, volunteer, and recreational opportunities have been eroding or disappearing over the last several decades. These conditions can lead to basic needs not being met for all ages.

A recent ten-year study (Blazer, Ericsson, Hybels) showed that community-dwelling persons aged 65 and older – regardless of race or ethnicity – who perceived that their basic needs were not being adequately met had higher mortality rates. In the report “Dying Before Their Time,” many Michigan urban areas have significantly higher mortality rates for older persons than the general state population, partly due to the erosion of supportive and safe communities.

Part of this is caused by the migration of people, and essential goods and services moving out of cities and into suburban areas. Sprawl has developed a momentum that is difficult to slow down or control. In many ways, sprawl represents the anti-elder friendly or livable community. It takes residents further away from services they need, making it more difficult to access services. It also often devalues older persons’ properties, thus reducing their financial security, ability to successfully age in place, and the ability to pass on financial resources to their families.

Rural areas are challenged with similar issues as a result of fewer local and statewide public resources for infrastructure and services, lack of economies of scale, and higher costs to provide services over much larger geographical areas.

Barriers

- ❑ There is a lack of awareness of need for or definition of livable communities.
- ❑ There is a lack of sufficient attention to safety and walkability through existing codes or ordinances.
- ❑ Land use issues are complex, not easily controlled, and may compete with livable communities.
- ❑ Government has limited ability to effect comprehensive change.
- ❑ There is a lack of planning for livable communities.

Proposed Solutions

- 1) Public and private sector partners should establish and support livable communities for all ages.
 - a) Ensure that models of elder-friendly communities incorporate walkability, individual mobility, adequate transportation resources and accessibility, housing options, social and community supports, access to health care services, and information and assistance resources.
 - o Supplement elder friendly/livable communities with long term care options and basic care options. *(Federal and State)*
 - o Familiarize the aging community with “Smart Growth” and related initiatives to adequately discuss elderly friendly environments. *(Federal and State)*
 - b) Advocate that every Michigan community develop voluntary “Older Adult Councils” to advise the powers that be on decisions affecting older adults. *(State)*
 - c) Find common ground between urban, suburban, and rural communities to solve service delivery problems. *(Federal and State)*
 - d) Direct federal funds for housing to both urban and rural areas on an equal basis. *(Federal)*
 - e) Develop national and state incentives, including flexible zoning and tax incentives that can be used to make communities better for seniors, with state government providing one place where information can be obtained. *(Federal)*
 - f) Find common ground between generations to avoid competing over limited resources; to educate young people about their future; and to plan their futures together. *(Federal and State)*
 - g) Include how to prepare, actively celebrate, and learn about aging in the K-12 curriculum. *(State)*
- 2) Public and private sector partners should advance statewide efforts directed toward reducing or eliminating barriers to creating livable communities.
 - a) Assess and improve how each community is addressing basic needs of its citizens to reduce mortality rates and promote wellness. *(State)*
 - o Reduce stereotypes associated with traditional senior centers by promoting transformation, modernization, and tools for marketing wellness-oriented centers that meet the needs of a wide age range. *(State)*
 - o Encourage businesses to re-think how they sell products/services so they are user friendly. *(Federal and State)*

- b) Address the stigma society associates with age.
 - o Initiate a national and state campaign to promote a whole new view of aging. *(Federal and State)*
 - o Reframe senior housing and other services as economic opportunities for communities rather than as an economic drain or burden on communities. *(Federal and State)*
- c) Revise codes, ordinances, and other barriers in communities that negatively impact safety, walkability, and other attributes of elder-friendly communities. *(Federal and State)*
- d) Include older persons with ill health under the Americans with Disabilities Act (ADA); ensure that state agency programs are in compliance with ADA requirements. *(Federal and State)*

COMMUNITY ISSUE #2

*Facilitate thoughtful, well-informed decision making so that older persons and family members have better public and private service **information, and better access to services.***

Rationale

In the “information age,” people experience an overload of information, simultaneously with information deficit. Media bombards us with consumer-directed messages, but fails to assist us in finding help for family care. Even when people have some idea about where to seek help, a number of studies have shown it may take five or more calls to reach the right service. Consumers often give up searching after two or three calls or inquiries.

The reality is that often consumers and family members don't call until they are in crisis - when service options are more limited, more costly, and more restrictive. While information and assistance services, no wrong door, 211, and single point of entry systems represent current and emerging methodologies, the public and private sectors need to reach more people more effectively at their point of emerging need.

It is important to distinguish between access to services and access to information about services. A person needs to know what they're seeking first, then find the resource to locate help. And, they need to be able to use the service. For many, this process breaks down along the way. For some, they don't know what they need. Others know they need help, but don't know who or where to call. Those who locate information may learn they are not eligible, the service is not available, or they can't afford it. There is a need for continued development of innovative information resources, as well as ongoing assessment of access to services.

Barriers

- This older consumer group is from a generation that is self-reliant and hesitant to ask for help. They also don't necessarily identify with "aging" or "senior" services, precluding access to potential information and services.
- There is a lack of collaboration among services, resulting in duplication in forms and intake processes, as well as fragmentation.
- There is inadequate funding to support information and access systems.
- There is a hesitance on the part of community programs to advertise services, given shrinking public dollars and existing waiting lists.

Proposed Solutions

- 1) Communities need help with establishing supportive community living environments for older people and their families to prepare for the demographic imperative, reduce elder mortality rates, and prevent premature, more costly institutionalization.
 - a) Raise public awareness of information and assistance available in local communities.
 - Place service information on websites as Baby Boomers and family caregivers are increasingly using the Internet as their main source of information. *(Federal and State)*
 - Provide more service information through physicians' offices. *(State)*
 - b) Strengthen the infrastructure for the delivery of information and services to older adults.
 - Develop and promote Single Point of Entry Aging/Disability Resource Centers, including 211 systems. *(Federal and State)*
 - Use high school students as intergenerational technology trainers. *(Federal and State)*
 - Increase availability of and accessibility to culturally-appropriate information and programs (i.e. ethnicity, disability, gender). *(Federal and State)*
- 2) Public and private sector partners should work toward improving access and accommodations (Americans with Disabilities Act intent) to services, regardless of who seeks the service, and where they first begin to search for services and resources to accommodate their needs.
 - a) Increase collaboration between public and private community service providers for information and assistance. *(Federal and State)*
 - b) Tailor access of programs available to the broader community so they reach and are acceptable to older persons, e.g., mental health, substance abuse, HIV/AIDS. *(Federal and State)*

COMMUNITY ISSUE #3

*Increased resources, coordination, and accessibility are needed for older people to capably **move around in their immediate home environment and be able to travel** where they need to go.*

Rationale

Thirty years ago in multiple surveys of seniors, transportation was listed as one of the top needs. In recent surveys, transportation still ranks as one of the highest needs among seniors. While progress has been made in developing public and private sources of transportation, the supply of affordable, accessible transportation services has not kept pace with the growing demand.

Aging network professionals, when polled, also cited transportation as a priority need. Multiple transportation systems have emerged in all communities through the years – none able to handle all requests by themselves and often lacking in efficient overall coordination due to diverse funding sources and coverage areas. In most areas of Michigan, there are limited public transportation resources.

Concerns about mobility are ranked highly by seniors also. While much has been learned about ways to improve and enhance mobility, greater numbers of persons requiring mobility supports and environmental modifications have pushed demand beyond available supply, at least for persons with limited incomes. In addition, with older persons and family members becoming physically distant, demands on individual mobility have become greater than ever because of increased distances and destination points to reach people, supports, and services.

It is necessary to consider analysis and strategic plan improvements for transportation and mobility separately, yet they are inextricably linked. As cited in the State Advisory Council on Aging report on Elderly Friendly Communities, people must have a safe environment for walking and physical activities, and the availability of transportation resources adequate to meet their needs, before they participate.

Transportation addresses the existence and coordination of modes of public and private transport, including those provided by non-profit organizations. Mobility refers to an individual's ability to move about. People need to get to a bus stop if they want to use the bus system. Mobility within the context of community refers to walkability, bicycle paths, and safe sidewalks as well as the physical capacity to use them.

Barriers

- ❑ Productivity determines value in our society. Mitigating aging or compensating for disability is not viewed as a laudable goal.
- ❑ There is inadequate funding for transportation systems.

- ❑ There are multiple public and private non-profit funding streams, as well as turf and geographic issues, resulting in a lack of integration and coordination of existing systems.
- ❑ There is a lack of attention paid to safety, walkability, and ethnic differences in codes and ordinances.
- ❑ Mass transit is unavailable in some communities.

Proposed Solutions

1) Public and private sector partners should establish integrated regional transportation systems that are available when needed; accessible/reachable by persons with limited mobility; clean and safe; and affordable and adaptable to accommodate persons with special needs.

- a) Make funding for public transportation a top priority. (*Federal and State*)
 - o Change Medicare law as it relates to non-emergency transport. (*Federal*)
 - o Educate the public and the legislature about the importance, value, and economic benefit of public transportation to communities; design public awareness campaigns that make people more comfortable using mass transit. (*Federal and State*)
- b) Policy and planning bodies at local, state, and federal levels need to address issues of liability, regulation, turf, and equitable distribution of funds. (*Federal and State*)
- c) Promote strategic planning to address needs of rural areas regarding population/resource issues, lack of economies of scale, and geographic coverage. (*State*)
- d) Develop centralized community transportation resources. (*State*)
 - o Promote accessible transportation in intergenerational communities that will accommodate all people, regardless of where they want to go. (*Federal and State*)
 - o Provide funding for the 511 Program -a public transportation scheduling system. (*Federal and State*)
 - o Promote increased coordination between public and private modes of transportation. (*State*)

2) Public and private sector partners should make access to affordable environmental modifications, supportive devices, and mobility equipment available for reasonable accommodation, which will maximize freedom of movement and participation within an individual's community.

- a) Personalize aging services to fit Baby Boomer/disabled needs.
 - o Promote public/private efforts to provide "door through door" transportation resources. (*Federal and State*)

- o Promote issues of accessibility and livability for all citizens in mobility/transportation policies. *(Federal and State)*
 - o Create more incentives for public-private ventures, such as mobility resource centers. *(Federal and State)*
 - o Promote more effective and applied use of technology; utilization and distribution of more affordable supportive devices; and mobility equipment. *(Federal and State)*
- b) Educate, promote, and replicate older driver program models through a dedicated revenue source, such as driver registration fees. *(Federal and State)*
- c) Revise zoning laws and regulations to accommodate public transportation and personal mobility. *(Federal and State)*

COMMUNITY ISSUE #4

*Older adults and their families need more options for retaining, rehabilitating, or securing **decent and affordable housing** with supports to adequately meet their needs.*

Rationale

The vast majority of persons aged 60 and older want to stay in their own homes and avoid nursing home settings. Falls greatly increase expensive hospital emergency room usage, premature disability, risk for nursing home admission, and death. Older persons' homes are much older than average, and often in need of greater repair and maintenance to keep them as livable environments. Small, inexpensive home modifications – such as grab bars in bathrooms, shelves at reachable heights, and widened doors – correlate with seniors' ability to remain at home.

For those who either can't afford to own their homes or choose to rent, affordable rental and other supportive housing options are important to maintaining independence. Section 8 Housing Choice Vouchers that subsidize rent for persons with low incomes have been vulnerable to cuts at the federal level and there are long waiting lists for these vouchers.

A nursing home becomes the only option available to older adults who: qualify for Medicaid; have exhausted their assets; need some substantial level of nursing services, and can't access the Home and Community Based Waiver for the Elderly and Disabled Program. For this group, most assisted living is too expensive.

Many older persons choose to leave their homes, in large part, due to too much upkeep required; unsafe neighborhoods; loss of spouse; retirement; or insufficient

social supports from family or significant others. These older persons would be interested in residing in assisted living settings if they were affordable.

Public and private partnerships are being developed in a number of states to help create more affordable assisted living environments. Developing affordable, livable housing for older adults in Michigan requires cooperation among key entities with a unique combination of expertise – knowledge of aging; involvement of a variety of housing-related organizations, such as the Michigan State Housing Development Authority (MSHDA) and Housing and Urban Development (HUD); expertise in tax reduction strategies and how to work with them; and involvement of local developers.

Barriers

- ❑ Affordable assisted living is considered a high-risk business.
- ❑ There is a lack of awareness of available in-home supports.
- ❑ Developing and coordinating multiple funding streams and subsidies to successfully develop affordable assisted living environments is complex.
- ❑ The increasing demand for senior home repair far exceeds the capacity of existing programs.

Proposed Solutions

- 1) Public and private sector partners should increase the availability of affordable, decent housing, with community supports.
 - a) Ensure that senior residential developments have access to adequate home and community-based support services capable of supporting successful aging in place. *(Federal and State)*
 - o Community Development Block Grant (CDBG) funding should not be reduced. *(Federal)*
 - o Expand funding for home repair, fall prevention, and home safety modification. *(Federal and State)*
 - o Encourage flexibility in housing, with service arrangements that support consumer choice and “money follows the person.” *(Federal and State)*
 - o Increase funding for home and community-based and housing assistance, advice, and modifications. *(Federal and State)*
 - o Encourage intergenerational housing so seniors may remain in their homes longer. *(Federal and State)*
- 2) Public and private partners should increase public access to information about preserving, modifying, restoring, developing, and improving consumers’ homes and apartments, as well as residential and retirement communities, to make them more affordable, adaptable, and livable for families and persons with special needs.

- a) Conduct a public awareness campaign to increase understanding of the economics of aging, in addition to the medical and social aspects of aging, as they relate to housing for seniors. (*Federal and State*)
 - o Ensure that information and assistance services provide housing information. (*State*)
 - o Use senior resource guides for information on housing, residential options, and other services for older adults. (*State*)
 - o Disseminate targeted information about housing choices available to seniors. (*Federal and State*)

- 3) Increase access to technical assistance and information necessary for developing affordable housing with community support for seniors; add to curricula for architects, builders, municipal planners, etc. (e.g. zoning and construction codes that incorporate elder-friendly components). (*Federal and State*)

HEALTH

The Health Public Forum was held at Greater Grace Temple in Detroit, Michigan on April 27, 2005, and was attended by 149 people.

OVERVIEW

Americans are living longer than ever before. As Baby Boomers turn 60, they will be healthier, demand more services and choices than ever before, and take an active role in their health care. Because of this, it is critical that health care reform take place.

Health care reform should include prevention, early detection and treatment, self-management programs, and education if medical costs are to be kept under control. Currently, six percent of persons with three or more chronic diseases use 33% of health care dollars.

Reforms, such as managed care, have taken different forms through health maintenance organizations (HMOs), and other insurances, with mixed results. One of the positive results of HMO managed care is the creation of the Health Plan Employer Data and Information Set – a ‘report card’ on individual HMOs. Other successful plans in the State of Michigan, including the Community Health Plans, operate on a managed care model to serve non/under insured clients that are non-Medicaid eligible. This model uses a case manager to review clients’ medical histories, and approve or disapprove services on a case-by-case basis.

Single points of entry (SPEs) for long term care serves as a one-stop shopping system that screens and educates those needing long term care on care options. SPEs help people find what services will best meet their needs, and educates them on their choices.

Coordination of care, via electronic record keeping, will be necessary to prevent duplication of service, delay critical care, and correctly prescribe medication.

Universal health care has historically been proposed many times with many models. None of the proposed models has, to date, been deemed usable. In this light, health care system reform should focus on a modular plan that could be implemented piece-by-piece, as funding sources became available.

These reforms will help reduce the current gap and lack of services between those with health insurance and those who are non/under insured. Incentives for providers of aging services will also help improve the quality of life for older adults, and reduce the burden on the health care system by keeping older persons healthier longer.

HEALTH ISSUE #1

*Dr. William Thomas, a geriatrician who specializes in positive elderhood, has said that seniors in some nursing homes suffer from three diseases of the heart: loneliness, helplessness, and boredom. These three problems have, in the past, put nursing homes in a bad light. Dr. Thomas' research has shown that the more homelike a **nursing facility** can become, the more positive the residents become.*

Rationale

Medicaid and Medicare regulations and reimbursement do not allow nursing facilities to offer a full range of long term care services, which would facilitate more choice in long term care options and allow facilities to integrate care to create a more homelike setting.

Barriers

- ❑ Standards and benchmarks would be required to ensure that care is consistent across the state and country.
- ❑ There is a high initial cost to move toward more integrated care.

Proposed Solutions

- a) Provide incentives (financial and regulatory) to long term care facilities to adopt culture change methods - such as the Eden Alternative, Green House, Gentle Care, Live Oak Regenerative Community, and person centered planning - designed to meet consumer demands for wholistic, integrated long term care services based on a social model of service delivery. *(Federal and State)*
- b) States should support innovative methods of culture change (such as through Medicaid licensing requirements) in Michigan's long term care facilities. *(Federal and State)*
- c) Salaries and benefits of direct care workers should be brought up to the living wage to ensure a future direct care workforce exists to meet the increasing demand for services. Recruitment and retention of workers, and creation of paraprofessional and professional career ladders, must be included in this initiative. *(Federal and State)*
- d) Provide training for front line staff on how to handle dementia and behavior problems, culture change and staff empowerment, so that direct care workers in institutions can understand what it is like to "be a resident in the nursing home you work in". *(Federal and State)*

- e) Direct care worker training curricula should include an internship prior to the worker beginning a job or becoming certified. (*Federal and State*)
- f) Michigan should adopt the Medicaid case-mix reimbursement system to finance institutional long term care services. (*State*)
- g) Michigan must ensure that Medicaid applications meet the required standard of promptness, and ensure that Medicaid payments to providers are processed in a timely fashion. In addition, Michigan must address reductions in resources and staffing which have caused these delays. (*State*)
- h) Michigan should reinstate the Medicaid bed hold policy. (*State*)
- i) The Home/Community Based Waiver for the Elderly and Disabled Program should be included as an entitlement under Medicaid, the same as nursing home payments. (*Federal and State*)

HEALTH ISSUE #2

*Most **information and assistance services** do not currently have information that would help a client make informed decisions about long term care services and facilities. Consumers receive information from a variety of sources, many of which may not be current and accurate.*

Rationale

Whether searching for home health care or a nursing facility, making long term care decisions is a stressful time for both consumers and families. Adding to the stress may be a lack of current, accurate resource information that can lead to improper placement and dissatisfaction with the long term care system. Improper placement can also result in higher costs, and could potentially worsen the client's conditions.

Barriers

- ❑ Who pays for start up costs?
- ❑ Creating and maintaining an up-to-date database can be complicated.

Proposed Solutions

- a) Establish a Single Point of Entry System/Aging and Disability Resource Center (SPE/ADRC) to inform and educate the public about long term care planning, options, and services to facilitate informed decision-making. SPE/ADRCs should cover the needs of all Michigan citizens needing assistance with long term care services. (*Federal and State*)

- b) A single point of entry entity should include several elements (*Federal and State*):
- o A single statewide toll-free phone number that is geo-coded to ring to the correct agency; service must be available 24 hours per day/seven days per week for emergencies.
 - o A triage approach in working with potential clients.
 - o Clients should receive supports coordination as people move through the system. In the event that care is interrupted, previous clients should be reinstated as quickly as possible.
 - o Standardized services so that all SPE/ADRCs provide consistent information and standard process protocols exist across the program.
 - o Note: SPE organizations cannot be direct long term care service providers. Care management (to be called “supports coordination” in the future) is not considered a direct service.

HEALTH ISSUE #3

*Older persons are hit with an abundance of **health and wellness messages** everyday. There is currently no coordinated effort to help them understand how to evaluate the messages, determine which ones apply to them, and how to put them into action. Many seniors feel a disconnect between medical advice and lifestyle advice.*

Rationale

Each year, both direct and indirect health care costs continue to increase. Fifty percent of all early death and disability in the State of Michigan is a direct result of poor lifestyle choices, such as tobacco usage, obesity, and sedentary lifestyles. The economic cost of sedentary lifestyles alone in Michigan in 2002 was \$8.6 billion.

Seventy-eight percent of all health care spending is for people with chronic conditions. Put another way, 33% of the health care dollar is spent on six percent of the population with multiple chronic conditions. According to the American Journal of Health Promotion, exercise that consumes 2,000 calories per week reduces coronary heart disease by 50%.

Barriers

- ❑ Health care providers do not routinely take time to educate patients on the importance of healthy lifestyles and how to achieve them.
- ❑ Reimbursement for healthy lifestyle counseling is non-existent, or inadequate.
- ❑ There are mixed messages about healthy lifestyles in the media.

Proposed Solutions

- a) Federal and state agencies should provide funding dedicated to developing tools for healthy lifestyle education for use by agencies and groups that serve older and disabled persons. *(Federal and State)*
 - o Conduct multimedia campaigns to promote healthy lifestyles. These campaigns should be culturally appropriate, specifically addressing the language and cultural needs of diverse groups and provide service availability and information resources through a variety of delivery methods. *(Federal and State)*
 - o Recruit retired professionals to teach through intergenerational activities. *(Federal and State)*
 - o Support “senior report cards” for communities in Michigan similar to the “Dying Before Their Time” report. *(State)*
 - o Encourage colleges and universities to do more research exploring health and wellness issues for seniors, using seniors as research subjects. *(Federal and State)*
 - o Integrate healthy lifestyle education into the 211-system. *(Federal and State)*
- b) Locate and/or develop health education materials in many languages and which reflect cultural differences. *(Federal and State)*
- c) A public and private partnership initiative should be undertaken (including faith-based groups), to promote and encourage education and adoption of healthy lifestyles. *(Federal and State)*

HEALTH ISSUE #4

*When faced with a medical decision, seniors may not have all the information and resources they need to make **informed decisions about treatment options**. In some cases, the medical providers may advocate for treatment options that they are more familiar with, rather than what the patient may want.*

Rationale

Consumers often do not get information on all treatment/care options that are available to them due to several factors:

- o Medical care provider knowledge - the care provider may not be aware of all treatment options.
- o Medical care provider preferences - the care provider may have his/her own preference on how the patient should be treated.
- o Geographic factors - options may be limited in the immediate area.
- o The care provider may feel that some options are too costly, and not share these with the client.
- o The consumer may not know where else to get information.

Barriers

- ❑ Medical care providers do not have time to stay current on all treatment/care options for all conditions.
- ❑ Medical care providers do not have time to educate and answer questions for patients. Follow-up appointments for education are not covered under insurance.

Proposed Solutions

- a) Managed health care systems should partner with Area Agencies on Aging and the aging network to provide home and community supports to better serve chronically ill older adults. This partnership will promote medical compliance and involvement in health lifestyle change programs in the community. *(Federal and State)*

- b) Federal and state governments should require insurance companies to reimburse medical professionals (and medical office staff) who receive specialized education in geriatrics, dementia, and long term care services. *(Federal and State)*

HEALTH ISSUE #5

*Physicians, nurses, home health aides, social work, mental health, and other professions who serve older persons may not have a **basic understanding of the aging process**, and how it affects the physical, mental, emotional, and social well-being of older adults.*

Rationale

Each stage of life has different medical conditions, needs, and concerns. Those working with older people need to understand how the aging process affects a person's physical, emotional, social and mental well being, so actions and treatment plans can be adjusted appropriately. Workers also need to be aware of the latest, most current information.

Barriers

- ❑ Curricula for physicians, nurses, home health aides, social work, mental health, and other professions are already very full with other information.
- ❑ There are limited benchmarks or standards for what information is needed by each of the medical professions.

Proposed Solutions

- a) Service standards should be developed for persons who serve older persons to promote models of proactive aging. *(Federal and State)*
- b) Require aging service providers using state and federal funds to obtain continuing education hours each year dedicated to aging that are focused on physical, emotional, mental, social, and spiritual development and well-being. This training should include: *(Federal and State)*:
 - o cultural competency and education on ageism,
 - o models of proactive aging,
 - o a team approach to diagnosis and treatment,
 - o use of geriatric internships, and
 - o issues of poverty and aging.
- c) Incorporate and strengthen specialty geriatric education into curricula for physicians, nurses, home health aides, social work, mental health, and other professions that serve older adults. *(Federal and State)*
- d) Encourage professional organizations to make access to professional journals and professional associations easier and more affordable. *(Federal and State)*

HEALTH ISSUE #6

*Many seniors use several medical care providers and facilities for **medical tests and procedures**. Currently, when these facilities and providers communicate, it is via letters, faxes, phone calls, or they rely on patients to give them an accurate medical history. If the patient is unable to communicate due to trauma or medical condition, important information may not be transmitted to the attending facility or provider.*

Rationale

Seniors are at great risk when medical information is not shared among providers and facilities with whom they are interacting. It has long been known that many seniors take medications prescribed by more than one physician that counteract each other. Pharmacies have begun to address this issue with electronic record keeping to flag possible drug interactions.

In an emergency situation when the patient cannot communicate, it is essential that Emergency Medical Service (EMS) personnel have access to medical records that indicate medications, procedures, and past problems so as to treat appropriately without delay. The medical care community needs to take action to ensure complete medical records are available for all patients.

Barriers

- ❑ Lack of acceptance among medical providers; and the need to learn a new system.
- ❑ Concern by the general public about privacy issues.
- ❑ Costly to implement.

Proposed Solutions

- a) Consumers, family members, and caregivers need to understand their own medical records and alternatives available to give permission for medical information to be released (while still protecting privacy) to others. Among many topics to be understood are medical alert bracelets, bar code access, electronic health records and myriad privacy issues, and how to communicate this information to the public. (*Federal and State*)
- b) Family members and caregivers need access to critical health information to assure appropriate care for their loved ones. (*Federal and State*)
- c) Consumers need access to individual medical records in a variety of forms, such as paper, electronic, etc. (*Federal and State*)
- d) A system of checks and balances needs to be implemented so that HIPAA policies and procedures can be clearly interpreted and consistently applied across health systems. (*Federal*)
- e) Michigan should support current federal recommendations to standardize clinical medical vocabulary and international standards to make it easier for medical providers to give appropriate and timely care. (*State*)
- f) Provide financial incentives for health care providers to convert to electronic record systems. (*Federal and State*)

HEALTH ISSUE #7

*To make informed choices, information on all aspects of long term care services and facilities is essential. People need to have a **report card of critical and quality of care indicators**. Data needs to be easily accessible, and address issues that are important to consumers.*

Rationale

People who are faced with making decisions about long term care are generally not in a position, mentally or emotionally, to do research or make a multitude of visits to determine what would be best for them or a loved one. A standardized 'report card'

on long term care services and facilities would help consumers narrow choices and providers, and help make correct placements and service provider choices. Having a standardized rating system would also keep facilities and providers vigilant about maintaining a high quality program. A model currently exists for Health Maintenance Organizations (HMOs) called Health Plan Employer Data and Information Set.

Barriers

- Development time and cost.
- Cost and personnel time to rate the facilities and services.
- It may be difficult to determine what benchmarks to use for each service and/or facility.

Proposed Solutions

- a) State and federal governments need to educate residents and caregivers about how to report inferior quality services and poor service choices within the community. This data should be used by policy makers to effect quality improvements. (*Federal and State*)

- b) Develop standardized quality of care indicators, using the Health Plan Employer Data and Information Set model, for long term care services, and communicate these indicators to the public so that providers and consumers can make informed choices when selecting providers or referring patients to other providers. (*Federal and State*)

HEALTH ISSUE #8

*The **cost of medical care** in the United States is growing at an uncontrollable rate. Because of this, more and more Americans are becoming uninsured, or under insured.*

Rationale

The high cost of health care places a financial burden on taxpayers and businesses in a variety of ways.

- o Uncompensated care for the uninsured in the U.S. in 2001 cost \$35 billion.
- o Uninsured people have poorer health and shorter life spans – these problems for Americans under age 65 cost society \$65-130 billion annually.
- o Since 2000, premiums for employer-sponsored health insurance rose at about five times the rate of inflation and workers' earnings. Because the uninsured rely more on emergency rooms, we ALL pay more to cover costs of uncompensated care
- o Prescription drugs cost almost twice as much in the U.S. as in other advanced nations.

- o The uninsured use less preventive care and are more susceptible to preventable health problems.
- o The uninsured earn 10-30% less due to poorer health and related effects, such as missed days of work, etc.
- o Businesses are increasingly shifting health care costs to employees; more employees cannot afford this, which increases the number of uninsured.

Countries that have implemented universal health coverage to address this issue experience lower overall costs as a percentage of gross national product, fewer burdens on business (including increased competitiveness for small business), and improved primary care access and outcomes. Universal health coverage would provide a “medical home” for all citizens, and reduce disparities in access based on cultural background, race, or economic status.

Wellness, prevention, and chronic disease management programs reduce the long term care economic burden on the medical care system. Evidence shows that consumers who engage in prevention and health management activities have fewer medical visits, fewer acute episodes, an improved doctor-patient relationship, and improved quality of life.

Barriers

- Medical insurance companies do not support universal health care.
- Universal health care may not address the issues of lack of access to and disparities in health care.
- There is no agreement in the political arena about how to set up such a plan.

Proposed Solutions

- a) Limit escalating costs of medical care by creating large risk pools of coverage for all uninsured persons; allow greater flexibility so states can extend Medicaid coverage. (*Federal*)
- b) Create new or expanded purchasing pools for small employers. (*Federal*)
- c) Mandate universal health care coverage for all legal residents of the United States. Health care coverage should reimburse for primary care, hospitalization, and prescriptions, as well as wellness programs, behavior change classes, preventive services, and chronic disease management programs. (*Federal*)
- d) As a first step toward a national health care system, implement a national catastrophic health care program that maximizes the size of the risk pool to drive down costs, limits waiting lists, contains costs, increases efficiency, and enables the purchase of long term health care insurance. (*Federal*)

HEALTH ISSUE #9

*The **escalating costs of health care** and cutbacks in employer-sponsored health coverage for both workers and retirees make it difficult, if not impossible, for workers to plan and pay for major medical costs in retirement.*

Rationale

People aged 65 and over spend 19% of their income on health care – prescription drugs, nursing homes, therapies, etc. This is higher than the percentage of personal income paid for health care by consumers before Medicare was created in 1965. The percentages of personal income used to pay for health care are even higher for low-income older adults; poor Medicare beneficiaries without Medicaid coverage spend a burdensome 49% of their total personal income on health care. In many cases, these expenses are placing a burden on older adults, which causes financial distress and sometimes bankruptcy. Health care costs for all Americans must be contained and efforts made to keep it affordable for all people. New laws, incentives, and policies must be implemented to sustain and enhance private pension and retiree health systems.

Barriers

- ❑ Employees and older workers cannot afford the co-pays or premium costs.
- ❑ Insurance policies have too many restrictions and conditions that discourage employers from being able to offer their employees affordable health and long term care benefits.
- ❑ Consumers often wrongly assume that when an older adult needs long term care assistance, they will move to a nursing home and the government will pay for their care.

Proposed Solutions *(All proposals in this section have both Federal and State implications.)*

- a) Support and expand efforts to contain the skyrocketing expense of health care, generally, and prescription drug costs, specifically.
- b) Consider one effective state-based cost savings model – the Rx+ discount strategy now effective in Maine, Michigan, and Hawaii.
- c) Allow Medicare to bargain for drug costs, and consider using a central drug purchasing entity.
- d) Study reasons why health costs are rising, such as malpractice, administrative services, and increased demand for care.
- e) Provide information that will enable people to make better-informed, cost-effective decisions about their health care and drug choices.

- f) Develop and implement reasonable public policy laws, administrative rules, and guidelines to:
 - o regulate prescription drugs to make it illegal to advertise prescription drugs through the media,
 - o offer patent protection for no more than five years,
 - o ensure that quality generic drugs are produced to benefit everyone,
 - o prohibit pharmaceutical company lobbies from giving gifts or incentives to doctors, and
 - o cap the costs of drugs.
- g) Hold employers responsible for promised contractual agreements, including for the provision of health care benefits for workers and retirees; revoke the recent ruling by the Equal Employment Opportunity Commission that allowed employers to reduce or eliminate promised health care benefits.
- h) Offer small businesses tax breaks for offering health coverage, long term care, and other benefits.
- i) Provide tax deductions for long term care savings accounts, similar to the Michigan Education Trust Fund.
- j) Make Medicare (health care) a higher public policy priority than Social Security at this time.

HEALTH ISSUE #10

*About 95% of Michigan Medicaid nursing facility and MI Choice waiver **clients are dual eligible (eligible for Medicaid and Medicare)**. The inadequacy of the Medicare long term care benefit places a huge financial burden on states. About 70% of all long term care is funded by Medicaid, compared to 10-15% of other kinds of care (hospital, physician, health maintenance organizations, etc).*

Rationale

Fragmentation of care under traditional systems can lead to poor health outcomes that can be draining for the patient, as well as the physician. Chronically ill patients need coordination of prevention, health maintenance, and multiple treatments.

Barriers

- Increased stress on community health centers and emergency departments.
- Administrative burdens and delays are created by Medicaid managed care.

Proposed Solutions

- a) Medicare, Medicaid, and private insurance should reimburse all chronically ill patients needing coordination of services in order to prevent or delay nursing home placement.

- b) Title XIX of the Social Security Act should be changed so that community-based long term care can also become an entitlement under Medicaid, as is nursing home care.
 - o Title XIX of the Social Security Act should be changed so that the “money follows the person” system can be implemented, thereby allowing consumers to choose lower cost Medicaid long term care services. *(Federal and State)*
 - o Title XIX of the Social Security Act should be changed so that other services, such as home healthcare, can be included as an entitlement under Medicaid. *(Federal and State)*

- c) Create a pretax, payroll deduction-funded long term care insurance pool for individuals.
 - o Allow non-state employees access to buy into the state long term care insurance system. *(State)*
 - o Authorize purchase of long term care insurance under medical savings accounts. *(Federal)*
 - o Explore expanding Medicare to include long term care insurance. *(Federal)*