THE CENTER FOR
COMMUNITY SOLUTIONS
RESEARCH | ANALYSIS | ACTION
ESTABLISHED 1913

The Council on Older Persons

Legislative and Policy Principles

Table of Contents

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Council on Older Persons

Introduction

History

The Council on Older Persons (COOP) was established as a committee of the Federation for Community Planning around 1940. Its purpose is to study the field of the care of the aged and to make recommendations for improvements of programs for older people, analyze available resources, and be influential in meeting the needs of the aged.

Accomplishments

Throughout its 70-year history, COOP has been an outstanding committee of The Center for Community Solutions where the major leaders in the aging network of Cuyahoga County can develop strategies, lead advocacy efforts, and implement solutions. COOP is a citizen-led nonpartisan group where no one voice or organization has overriding power. The best interest of older adults is the guiding principle for all of the deliberations and actions of COOP members.

Issues

COOP's focus is centered on issues and programs that affect the well-being of all older persons. These include the range of choices for long-term care and adult protective services. COOP is also identifying and studying concerns of older persons that can be addressed through public policy; recommending action strategies to impact these issues; and implementing the strategies approved by COOP members.

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Council on Older Persons

Advocacy Guide for using Legislative and Policy Principles

The following principle documents are non-partisan and contain broad statements that are to be applied over time. The documents constitute pronouncements that guide, support, and recommend, but do not mandate, specific approaches or actions.

These principles represent the consensus of all COOP members and are in response to the need to create new legislation, support the existing legislative process, influence policy decisions, and promote activities that impact the well-being of older persons and those who are disabled.

The principles provide a framework to guide both direct and indirect contact with federal, state, and local legislators, as well as other entities that influence public and social policy associated with older persons and those who are disabled.

The principles are intended to achieve the following objectives:

- Educate legislators and policy makers on issues of aging and those who are disabled in order to foster support and/or independent actions;
- Strengthen the capacity to apply principle statements in implementing good governance practices;
- Provide a method for responding to pending legislation, federal rules, and policy changes both quickly and efficiently;
- Provide education to the community and others that provide support to aging persons and those who are disabled;
- Build cooperation and coordination between different spheres of government, community groups and other entities in planning and developing activities and practices which improve the well-being of older populations and those who are disabled.

It is suggested that a copy of the principles should be left as a future reference for all individuals or groups for which you have made contact and a contact form should be completed and submitted to Jon Honeck, Center for Community Solutions, 1501 Euclid Avenue, Ste 310, Cleveland, OH 44115 or fax at 216-781-2988.

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Council on Older Persons

Principles for Elder Abuse, Neglect and Exploitation

Introduction

Elder abuse can occur anywhere - in the home, in nursing homes, or other institutions. It affects seniors across all socio-economic groups, cultures, and races. Research indicates that more than *one in ten* elders may experience some type of abuse, but only *one in five* cases or fewer are reported. (www.ncea.aoa.gov).

In 2009 the National Institute of Justice funded the National Elder Mistreatment Study (Acierno, et.al), which provides the following statistics on the prevalence of elder mistreatment victimization:

- Eleven percent of elders reported experiencing at least one form of mistreatment — emotional, physical, sexual or potential neglect — in the past year.
- Past-year prevalence was 5.1 percent for emotional mistreatment, 1.6 percent for physical mistreatment, 0.6 percent for sexual mistreatment and 5.1 percent for potential neglect.
- Financial exploitation by a family member in the past year was reported by 5.2 percent of elders

(Ron Acierno, et.al.. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The National Elder Mistreatment Study. American Journal of Public Health, 100(2), 292-297.)

Based on available information, women and "older" elders are more likely to be victimized (National Center on Elder Abuse, 2005). Risk factors for elder abuse include individuals with cognitive impairments, those diagnosed with mental illnesses and substance abuse issues - of both abusers and victims and elders who are isolated from families and general contact with the community.

In the State of Ohio, from July 2008 to June 2009, state wide, the Ohio Department of Jobs and Family Services recorded a total of 17,366 reports of abuse, neglect and exploitation received by the County Departments of Job and Family Services for adults 18 years of age and over. Of the 17,366 reports, 16,370 were reports of elders age 60 and over (CCDSAS, 2009). It is important to note that these numbers do not reflect reports to law enforcement agencies, domestic violence or other aging program entities which

provide services to victims of elder abuse. However, with a rapidly growing elderly population, as well as an unstable economic environment, we expected that incidences of elder abuse will continue to rise.

Protecting vulnerable elderly must become a legislative priority that is adequately funded. Services must provide equal identification, assessment, protection and intervention to victims of elder abuse, neglect and exploitation, and their caregivers.

Principles

1. Every older person has the right to be free of abuse, neglect, and exploitation.

2. Every organization and individual must share the responsibility for and assume an active role in addressing elder abuse and exploitation wherever it may occur.

3. Federal, state and local governments must assume leadership roles in assuring comprehensive, integrated, and well-funded approaches to the prevention, identification, treatment, and prosecution of elder abuse, neglect and exploitation.

4. The community must be educated in ways that diminish the likelihood of elder abuse, neglect and exploitation.

5. Interventions to address elder abuse must be designed to respect the dignity, personal choices, and individual rights of the victim.

6. In order to identify and address elder justice issues, we need to support, promote and fund data collection and sound research.

7. Interdisciplinary strategies for treating and preventing the occurrence and recurrence of elder abuse, neglect and exploitation should be available.

8. An adequate infrastructure should be developed to foster an effective and efficient system of intervention strategies.

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RESEARCH • PLANNING • ACTION

Council on Older Persons

Principles for Health Care

Introduction

Health care is essential for the well- being of individuals and society. It must be accessible to everyone requiring care due to injury, disease, or disability. However, the United States is the only developed country that does not guarantee health coverage for all its citizens, with 50.7 million uninsured (2011 Henry J. Kaiser Family Foundation) and another 29 million underinsured (2011 Medical News Today) Working families comprise 80 percent of the uninsured. Since 2000, the number of uninsured Americans has increased by seven million people. Nearly 90 million US citizens were uninsured some time during the last two years. Although the problem particularly affects young adults, among persons age 65 and over, one in four have Medicare only without a supplemental insurance policy to cover the 20% that Medicare does not pay. Persons lacking health insurance often are reluctant to seek necessary care or they inappropriately use costly emergency interventions. The Institute of Medicine estimates losses of $65-$130 billion per year as a result of the poor health and early deaths of uninsured adults.

Health care costs are skyrocketing. Health insurance premiums have doubled in the last eight years, rising 3.7 times faster than wages in the past eight years, and increasing co-pays and deductibles threaten access to care (*KFF, Employer Health Benefits 2008*). Excessive health care costs are making it increasingly difficult for employers to provide health insurance to their employees while remaining competitive in the marketplace. As a result, of those that continue to offer health care coverage, many insurance plans cover only a limited number of doctors' visits or hospital days, exposing families to unlimited financial liability. Today, only three in five employers offers coverage to workers and only three in ten to retirees. Over half of all personal bankruptcies today are caused by medical bills *(Himmelstein, et al. Health Affairs 2005).*

There are practices in our health care delivery system that must be looked at. For example, one quarter of all medical spending goes to administrative and overhead cost. In addition, the current system is weighted towards procedural

reimbursement rather than preventive care. According to researchers, medical treatments for the six percent of Medicare beneficiaries who die each year comprise almost 30 percent of Medicare expenditures (Medical News Today, June 08). These costs are partially related to the intensity of the care; the more intensive treatments—such as tube feeding and ventilator support—are the most costly http://www.caring4cancer.com/go/home/news?NewsItemId=43494.

Overall Statement

Health care should be a basic human right for every individual in the United States. The public, through the government, has the ultimate responsibility to insure a universal patient-centered health care system that is affordable, accessible, accountable, sustainable and of high quality.

Principles

1. Healthcare services and coverage should be affordable and accessible to all Americans regardless of age, state of health or employment status.

2. Individuals seeking healthcare should have a reasonable choice of healthcare providers.

3. Healthcare consumers should have access to quality long-term supports and services in settings that best meet their needs and preferences.

4. A uniform standard of healthcare should include a basic level of quality care that consists of preventive care, mental health and behavior care, dental care and prescription drugs.

5. Disparities based on race, ethnicity, income, gender, and sexual preference in care should be eliminated.

6. Healthcare systems should be based on a mutual financial obligation that is equitable and broad based.

7. Healthcare coverage should be simple and easily understood by patients and providers.

8. Healthcare plans should continue to cover all people, regardless of pre-existing conditions, and should not be cancelled if the individual becomes sick, disabled, changes jobs or becomes unemployed.

9. When treatment fails to reflect reasonable prospects for improvement and/or prevention of deterioration hospice and palliative care options should be promoted.

10. Fraud and abuse within the healthcare system must be eliminated.

11. The development of healthcare systems in the United States should include best practices from other developed countries.

12. Problems within the healthcare system should undergo ongoing scrutiny with the final analysis being a system that is ethical and responds to the core values and cultural beliefs of its consumers. (Who will live, who will die, and who will decide and how?)

13. A healthcare system should be comprehensive, cost effective, and provided to all Americans.

Council on Older Persons

Principles for Housing

Introduction

The goal of the following housing principles is to enable seniors and those who are disabled to live in the preferred setting of their community and delay moves to more expensive, institutional health care settings. Affordability and the availability of accessible housing is a key predictor of whether older adults and persons with disabilities can choose to remain in their own homes or move to a setting of their own choosing and receive the care, formal and informal supports and services which they need to remain in the community. Moreover, the array of long-term care services these populations receive are often dependent on the type of housing available to them *(Center for Home Care Policy & Research, Summer 2005).* These housing principles and the public policy they shape should result in both an immediate and lasting impact on Ohio's older population and those who are disabled.

The number of Ohioans sixty years and older represent more than 17% of Ohio's total population *(1,993,489 people based on the 2000 US Census Bureau);* individuals 74 years and older are the fastest growing segment among Ohio's older residents. Nearly 80% of Ohioans age 60 and older own their own homes with a large percentage residing in urban and metropolitan areas of the State. As a state with one of the largest aging populations in the country, addressing the diversity of housing needs of this rapidly growing older population presents numerous challenges and opportunities, both now and in the future.

As the older population increases, the relationship between housing arrangements and long-term care, services and supports becomes important. Housing needs may change due to one's physical health and/or income. In Ohio, 39% of men age 65 and older and 48% of women report having at least one disability. Over 8% of Ohioans, age 75 and older, live below the federal poverty level (FPL); this figure is even higher among minority elders *(Ohio Department of Aging State Plan 2004-2007*). In addition to these statistics, there are about 425,000 Ohioans who are between the ages of 18 and 64 who have significant disabilities representing 6.1% of this age group. Twenty-nine percent of this population resides in subsidized rental housing *(A Report to the Ohio Developmental Disabilities Council - Steven R. Howe and Associates,* LLC, *August 2004*).

Receiving home and community-based care has always been the preferred choice of older Americans and persons with disabilities. Historically home and community-based services have not been available to people under 60 or have not been provided and paid for through our public long term care system. This preference is consistent with the 9% drop in occupancy of Ohio nursing homes from 1992 to 2002.

Key issues for addressing housing needs for older population should include:

- Choice
- Safety with the dignity of risk
- Accessibility
- Affordability
- Preservation rehabilitation of existing housing and creation of new housing
- Housing with supportive services.

Housing is a basic human need, and all people, including older populations and persons with significant disabilities have a right to safe, decent, affordable, accessible and permanent housing of their own choosing.

Principles

1. All housing options for older populations and persons with disabilities must have the capacity to provide a physically safe and healthy environment on a sustained basis.

2. A range of housing options should be available to allow older adults to age in their own local community.

3. Private and public sectors should be encouraged to develop a wider range of housing options to meet the diverse needs a growing older population and persons with disabilities.

4. To maintain the independence of older people, homeownership options should safeguard the equity of homeowners and allow flexible use of this asset.

5. Structural barriers should be modified to allow older populations and persons with disabilities to remain in their current homes, newly built or rehabilitated units.

6. In order to maintain housing and prevent homelessness or early institutionalization, emergency assistance should be available to help older people and persons with disabilities who find themselves in transitional and/or crisis situations, such as foreclosure.

7. All housing including, publicly subsidized housing for older adults and persons with disabilities should be well designed and of high quality, functionally accessible, utilizing the concepts of universal design.

8. Coordination of social services within senior housing should maximize the use of existing resources, avoid duplication and expand the economic and social resources available to residents.

9. Public senior housing should include funding for adequate number of service coordinators.

Council on Older Persons

Principles for Long-Term Care

Introduction

Historically, long-term care policy has focused on managing perceived deficits in an individual's health and functional capabilities and developing reimbursement policies for the providers who serve them, rather than having a focus on nurturing and supporting the diverse underlying strengths that seniors, younger persons with disabilities, and their families draw upon to remain in a setting that they regard as "home." Payment systems for long-term care have over utilized residential and medically-oriented settings, resulting in a widely recognized "institutional bias." Since institutional settings are more restrictive and more expensive, policy attention has shifted to a focus on developing home and community-based services and housing options that remove barriers to living as independently as possible. However, there is recognition of a need for a continuum of long-term care and that every part of it should be adequately funded and of high quality.

These principles are based on respect for the importance of a person's desire to live in the setting of their choice with adequate supports and services. They also acknowledge the needs of many persons who have a diminished capacity to choose and some people who have functional and medical needs that require more comprehensive support. All parties responsible for the provision of care and support should be expected to make every reasonable attempt to respect the choices of the individuals they serve and to respond to them in every way possible within a regulatory and financial context.

Definition

Long term care is a broad range of health and social services needed by people who require assistance from others to meet their activities of daily living such as self-care and their instrumental activities of daily living such as those tasks that must be performed to live as independently as possible for an extended period of time . LTC services are provided along a continuum which includes a variety of structures, organizational supports, and public and private financing of these formal and informal services. These services and supports may be provided by a person's family members, paid or unpaid or by paid caregivers. They can be

provided in an individual's home, other sites in the community, a licensed residential home or facility or in an institutional setting.

Principles

1. All persons with long-term care needs should have access to a full range of affordable high quality options for housing and care in the setting of one's choosing.

2. All persons with long-term care needs should have access to a professional non-biased assessment of need and plan of care, regardless of source of payment.

3. Long Term Care services should be person-centered and/or consumer directed.

4. Long Term Care services should have sufficient oversight and accessible affordable insurance programs that protect the quality of care.

5. Regulatory and reimbursement policy for publicly supported residentially based service settings, such as nursing homes, assisted living and adult care facilities should encourage choice and be supportive of resident autonomy.

6. Reimbursement policy should pay the fair costs necessary to provide appropriate care based on need. As part of the process, primary consideration in long-term care policy must include the impact of reimbursement on the health and well-being of the long-term care workforce and their families.

7. LTC must be viewed as a continuum of services that utilizes a health information system which eliminates duplication of information and procedures, is integrated and well-coordinated, available to the consumer, prevents medical errors and fosters continuity of care.

8. LTC services should reflect research and best practice that support the unique needs of persons with complex physical and mental health needs.

Council on Older Persons

Principles for Medicare

Introduction

Medicare is an essential national social insurance program that has a major impact on the quality of life for about 43 million Americans young and old. Medicare provides major funding for the health care of virtually all of our nation's seniors and several million younger adults with permanent disabilities. Additional millions of younger people benefit indirectly by being relieved of a major financial burden when an older member of the family encounters major health expense.

Medicare policy is a social contract between the American people and their government. Policy change undertaken to assure fiscal solvency in the future should guarantee both fairness and adequacy in the provision of health care.

Principles

1. Traditional Medicare should be preserved and strengthened.

2. Medicare should remain affordable and immediately accessible for all qualified persons, including those who are disabled.

3. Medicare should offer a uniform prescription benefit to all beneficiaries at the same cost.

4. Medicare should emphasize preventative services.

5. Medicare should prevent the overuse, underuse, and misuse of healthcare services.

6. Programs assisting low-income Medicare beneficiaries should be maintained, strengthened, and made permanent.

7. Reimbursement rates for Medicare Advantage should not exceed the average costs for traditional Medicare.

8. Medicare must prevent fraudulent marketing of drugs and health services.

9. The percentage of the increase in Medicare premiums should not exceed the percentage of the increase in Social Security benefits.

10. The federal government should negotiate the best prescription drug costs for beneficiaries.

11. Medicare's prescription drug benefit should provide access to a full range of effective medications needed by beneficiaries.

12. Prescription drug coverage should be continuous and provide protection for those with the highest out-of-pocket expenses.

13. Medicare beneficiaries participating in traditional Medicare should be issued a single card to cover all Medicare-related benefits, including prescription drugs.

Council on Older Persons

Principles for Pension Reform

Introduction

Protecting the retirement income of older adults must be a priority. Approximately 25 million American workers do not have a retirement plan, other than Social Security. The retirement security of millions of retired and working Americans has been compromised due to the decline in traditional defined benefit plans, under-funding of plans, fluctuations in the stock market, and corporate bankruptcies. Americans should not have to choose between retirement and an adequate income later in life.

The following principles are intended to guide the advocacy work of the Council on Older Persons and outline government responsibilities for securing the retirement of older Americans. Retirement security has three crucial components: Social Security, pension plans, and personal savings/assets. The growing vulnerability of pension plans could plunge millions of older adults into poverty. The following principles address retirement plan participation, education and the rights of current workers/future retirees.

Glossary of Terms

- Defined Benefit Plan – retirement plan where retirees are guaranteed retirement payment based on wages and years of service. The employer makes contributions to the plan and bears most risks.

- Defined Contribution Plan – 401(k) type plans where employees contribute to savings plans. Employers can make matching contributions but are not required to do so. Retirement payment depends on investment returns.

- Cash Balance Plan – a combination of defined benefit and defined contribution plans where employers contribute to the plan; however retirement payments depend on investment returns.

- PBGC – Acronym for the Pension Benefit Guaranty Corporation, which is the federal government agency that insures defined benefit plans for the private sector. The PBGC does not insure defined contribution plans.

- Pension Integration – Allows employers to deduct part of a retiree's Social Security payment (up to 50%) from pension benefits.

Principles

Protect Workers/Future Retirees

1. Sustainability of the Pension Benefit Guaranty Corporation (PBGC) should be strengthened.

2. Employer-based pension systems should be adequately funded.

3. Employer-based pension systems should be soundly managed to protect employee and retiree benefits.

4. State public sector pension plans should have solvency protections guaranteed by State law.

5. Bankruptcy laws should protect the rights and benefits of retirees and workers under defined benefit, defined contribution, and health care plans.

Employer & Employee Education

1. Beneficiaries should be informed of all relevant information regarding the solvency and status of their plan in clear and understandable language.

2. A national educational campaign for employers should be established, explaining the importance of creating and maintaining retirement plans for workers.

Increase Participation

1. Tax incentives should be used for the creation and continuation of retirement plans.

2. Participation by employees in retirement plans should be supported.

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Principles for Social Security Reform

Introduction

The Council on Older Persons recognizes Social Security as America's promise to provide workers and their families with income upon disability, retirement, or death. It is a historically sound system, grounded in standards of fiscal solvency and fairness. As a defined benefit program, Social Security maintains an important link between worker pay and time in employment and benefits received. Its strength rests with the pooling of resources, benefits, and risks. Through contributions from employers and employees, current workers provide support to vulnerable disabled and older persons, with assurance that they will be covered by the same social insurance protections when qualified for benefit receipt.

Reforming Social Security should not mean altering the original tenets of the program. Rather, any reform measures should be undertaken for the purposes of maintaining the standards of fiscal solvency and fairness that have guided change in the past and insured the integrity of the program through today.

To insure fiscal solvency and fairness:

Do

- Expand Social Security participation to newly hired public employees
- Eliminate the cap for income on which taxes are levied
- Gradually increase the age at which full retirement benefits can be paid
- Require S-corporations to pay taxes
- Set a new minimum benefit so that when a partner dies, the survivor gets 75% of the amount the couple had received
- Offer Social Security credits for child rearing or care giving

Don't

- Establish personal investment accounts using Social Security taxes
- Allow the Social Security surplus to be invested in anything other than Treasury certificates
- Cut benefits even if additional taxation is necessary
- Means test benefits