

Second Review and Appraisal of the Madrid International Plan of Action  
on Ageing

October 2011

United States of America

## Executive Summary

This report builds upon and updates information provided in the 2007 report. In developing both reports we received input from other government and non-governmental agencies representing the needs and wishes of older persons and their caregivers.

Both reports are also developed using a “bottoms up” approach. In the United States, our foundation for addressing the issues of aging is the Older Americans Act, which relies on a philosophy of planning from bottom to top. Our programs are created through the priorities set at the national level together with the needs expressed in states and local communities. See 2007 report for more thorough description or [www.aoa.gov](http://www.aoa.gov).

An example of this “bottoms up” approach is the current process to reauthorize the Older Americans Act. Over the past two years the Administration on Aging (AoA) received reports from more than 60 reauthorization listening sessions held throughout the country, and received online input from interested individuals and organizations, as well as from seniors and their caregivers. This input represented the interests of thousands of consumers of OAA services and provides a roadmap for policy modifications to the law to better address the changing needs, and the increasing numbers and diversity of the aging population.

### *Major Achievements since 2007*

In 2007 we described how we empower our citizens by giving them more choices and greater control over their own health. This philosophy has been expanded to include other types of services and benefits that lead to independence. One of the most significant achievements since 2007 has been the passage of the Affordable Care Act, passed by Congress and signed into law by President Obama in March 2010. It is designed to give consumers better health security by putting in place comprehensive health insurance reforms that hold insurance companies accountable, lower health care costs, guarantee more choice and enhance the quality of care for all Americans. Specifically for older Americans, the health care law strengthens Medicare and provides access to preventive services and prescription drug discounts for seniors.

We continue to move towards a more balanced system of long-term care which respects the wishes of the individual and which dismantles the bias toward institutional care in favor of home and community-based services.

We continue to stress the importance of preventive health and have changed our reimbursement policies to make prevention benefits more widely available and to promote the rapid translation of evidence-based science and research into practice.

We are encouraging broader partnerships and alliances that result in comprehensive, person-centered care, while continuing to support the needs of caregivers who shoulder the responsibility for providing the great majority of all long-term care services for their loved ones.

Also, we have called attention to not just the needs of older people and how society should react in response to those needs, but have highlighted the tremendous resource that older individuals represent to our communities. They represent a wealth of knowledge and experience and

contribute to the continued vitality of every sector of our local, state and national communities and economies.

### *Areas for Improvement*

The Affordable Care Act provided a specific framework for enhancing the system of protections for vulnerable older Americans through the inclusion and passage of the Elder Justice Act. This framework calls for the development of a comprehensive network of national, state and local protections; background checks of direct care workers; training of long-term care facility surveyors; enhancements for the long-term care ombudsman program and elder abuse programs; the development of state best practices for adult protective services and coordination with law enforcement; and the reporting of suspected crimes in long-term care facilities. While a significant accomplishment in obtaining national legislation for such a framework, it also represents a key area in need of improvement because the resources to fund these activities must now be secured in an extremely limited fiscal environment.

An ongoing area for improvement is our need to continually refine and enhance our ability to meet the needs of individuals needing long-term care and home and community-based services. Our efforts will continue to focus on finding the most efficient and effective means of addressing these needs.

A third area for improvement relates to addressing public and private policies related to the aging workforce. This area includes planning to support the direct care service and support needs of a growing number of seniors and persons with disabilities as well as the retirement of experienced workers from the American workforce. Solutions must include culturally competent individuals who are trained and sensitive to the needs of diverse populations and should include the utilization of older people as a resource and a part of the solution to the challenges.

## **General Information**

*Country Name:* United States of America

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This report was written by staff of the Administration on Aging, U.S. Department of Health and Human Services. It contains input from a number of governmental and non-governmental agencies.

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The Older Americans Act of 1965 (OAA) forms the framework of our national strategy and plan of action for aging. It is authorized every five years. It was last authorized in 2006 and is currently scheduled for reauthorization by the Congress. Hearings and briefings are being conducted to inform the Congress of the issues that need to be considered. In preparation for reauthorization, the Administration on Aging (AoA) initiated in 2009 a series of bottom up listening sessions around the country to receive input from consumers and stakeholders. The results of this input formed the basis of the proposals and technical assistance the AoA has provided to the Congress for their consideration during the current effort to reauthorize the OAA.

The authorizing statute for programs administered under the OAA can be found at the following link: [http://www.aoa.gov/AoARoot/About/Authorizing\\_Statutes/index.aspx](http://www.aoa.gov/AoARoot/About/Authorizing_Statutes/index.aspx)

## **National Ageing Situation**

The United States (U.S) is in the forefront of a demographic revolution. The transition of 78 million people born between 1946 and 1964 – referred to as “Baby Boomers” -- will result in a tremendous growth in the number of older adults. Every five minutes in the United States, 23 adults are turning 65 – and by 2030 that number will double. Within 10 years, almost 50 million Americans will be over 65, and for the first time in our history, we are rapidly approaching the point at which the elderly will outnumber children under age 5.

Today, nearly 16 million older Americans live with chronic conditions that limit their ability to carry out activities of daily living, such as grocery shopping, cleaning the house, preparing meals, getting in and out of bed, and bathing. About 5 million seniors are severely impaired and depend on assistance from others for their well-being. Projections indicate that by 2030 over 30 million older Americans will live with chronic conditions, and 8 million will suffer with severe impairments. More than 22 million families -- one quarter of all American households -- have taken on some form of caregiving responsibility. Many Americans are caring for both children and aging parents, which takes an emotional and financial toll.

The U.S. government is working to address the health and long-term care challenges of this rapidly aging population and to help them “age in place” or remain in their own homes and communities. We believe we can improve the lives of elderly people, and we can do so while reducing fiscal pressures on public programs and on the financial resources of elderly individuals themselves. We are doing this through an overhaul of our long-term care system and by refocusing payment policies to be aligned with the preferences of consumers. Further, we are enhancing the coordination between the healthcare and social supports delivery systems to enhance the care transitions that occur from one setting to another. This action is designed to reduce the incidence of hospital readmissions, emergency room visits and admissions to nursing homes.

The population age 85 and over is currently the fastest growing segment of the older population; its growth is particularly important for anticipating future health care needs, since this group tends to be in poorer health and require more services. The racial and ethnic makeup of the U.S. is changing, and the older population is no exception. Between 2010 and 2050, the percentage of non-Hispanic older whites is expected to decrease from 80 percent of the population to 58 percent, while the population of older Hispanics is expected to increase from 7 percent to 20 percent.

The economic picture for older Americans has improved over the past several decades, but disparities still exist. The percentage of older Americans living below the poverty level has declined from 35 percent in 1959 to 9 percent in 2010. Poverty rates vary, however, by race and ethnicity. It is important to note that Social Security accounts for some 80 percent of income for people in the lowest two-fifths of the income spectrum. Older Americans use more health care than any other age group. Health care costs are increasing at the same time the Baby Boomer generation is approaching retirement age. The cost of health care and use of services is closely associated with age and institutional status, with higher expenditures incurred by the oldest old Americans and those living in institutions.

## 2. Methodology

Quantitative and qualitative data and information for this report was obtained from a number of Federal departments and agencies and non-governmental programs listed below as well as from our bottom up participatory process of national listening sessions for receiving input from consumers and stakeholders for reauthorization of the OAA:

### Governmental

Corporation for National and Community Service

Environmental Protection Agency

Department of Agriculture

Department of Education

Department of Health and Human Services

- Administration on Aging
- Administration for Children and Families
- Health Resources and Services Administration
- National Institute on Aging
- Office of Global Affairs

Department of Housing and Urban Development

Department of Labor

Department of State

Department of Transportation

Department of Veterans Affairs

National Endowment for the Arts

U.S. Senate Special Committee on Aging

Social Security Administration

### Nongovernmental Organizations

AARP

LeadingAging

National Association of States United for Aging and Disabilities

National Association of Area Agencies on Aging

National Council on Aging

We are conducting ongoing evaluation and quality measurement of policies and programs implemented to ensure they meet the goals established. We are currently designing an ambitious evaluation of the overall effect of OAA programs on older adults' ability to remain in their homes and communities. This evaluation design will focus on methods to measure the mix, intensity and duration of OAA services and their effect on older health, well-being and community tenure. Features that AoA is most interested in pursuing are the use of administrative data combined with new data collection along with matched comparison groups and links to Medicare health care utilization data. The final design will include close partnerships with state and local agencies that provide home- and community-based supportive services and may capitalize on a new AoA initiative to create a data warehouse of state-based, client level OAA Home and Community Based Services administrative data.

The evaluation of our largest program -- Nutrition Services -- is a process and outcome evaluation. The process portion involves surveys of all State agencies on aging, and samples of Area Agencies on Aging and local service providers. In addition, a cost study examining the cost per meal by cost category (labor, food, and indirect) will be conducted at the service provider level. The outcome study is a quasi-experimental design using a matched comparison group. Client level surveys will examine the effect of the program, per goals stated in the OAA, on hunger and food insecurity, social isolation and health and well-being. The contribution of the meal to clients' health and well being will be measured using a proven 24-hour dietary recall method and will be modified to also measure the nutrition content of the meals provided. Finally, health care utilization and cost will be measured longitudinally using Medicare data.

The design of these efforts includes interaction and consultation with a number of academic research institutions and firms as well as the lead research and evaluation entities in the U.S. Department of Health and Human Services (DHHS) – the Office of the Assistant Secretary for Planning and Evaluation, the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), and the National Institutes of Health (NIH).

***RIS Commitment 1: To mainstream ageing in all policy fields with the aim of bringing societies and economies into harmony with demographic change to achieve a society for all ages.***

The U.S. has a strong history of policies, legislation, and programs that have focused on establishing and protecting the rights and dignity, while promoting the independence and self-determination of older people. The framework for these protections is comprised by four cornerstones -- the Social Security Act (SSA) passed in 1935; and the passage in 1965 of Medicare, Medicaid and the OAA -- that have served as the foundation for economic, health and social supports for millions of seniors, individuals with disabilities and their families. Because of these programs, millions of older Americans have lived more secure, healthier and meaningful lives.

This framework with its cornerstones, have been complemented by additional protections such as the Age Discrimination in Employment Act (ADEA), the Americans with Disabilities Act (ADA), and most recently the Elder Justice Act (EJA). Specifically, these provide protections against discrimination based on age and disabilities in Federal programs, in employment, and provide protections against abuse, neglect and exploitation. They are focused on affording equal access to participate fully in society free from discrimination as well as to removing barriers to remain productive members of society's mainstream. Most recently, President Obama implemented a Community Living Initiative that charged Federal agencies to review programs and policies to enhance community living. As a part of this initiative, we are working across all aspects of government to remove barriers and to enhance the ability of individuals of all ages to live independently in their communities.

A significant component of this U.S. framework is the OAA. It embraces a vision for older adults which transcends the ability for any one agency or organization to fulfill. The AoA, which the OAA created, has a mission to advocate, encourage and coordinate with government and non-government organizations. The vision expressed in the OAA for older individuals includes: 1) an adequate income at retirement; 2) the best possible physical and mental health; 3) suitable, affordable housing; 4) appropriate community based services to keep them in their homes; 5) opportunity for employment without discrimination; 6) retirement with dignity and honor; 7) participation and contribution to civic, cultural, educational and recreational activities; 8) access to transportation; 9) benefit of research that can sustain and improve health and happiness; and lastly, 10) freedom, independence, and free exercise of individual planning and management of their own lives.

Over the course of our 46 years of existence, the AoA has promoted the continuous enhancement of the OAA to keep pace with the evolving needs of older people. We have developed the country's infrastructure of low-cost home and community-based services designed to coordinate with the health care and long-term services and supports systems funded by Medicare and Medicaid. Each year, nearly 11 million older Americans and 800,000 of their family caregivers who provide care to their loved ones at home are supported through the OAA's comprehensive home and community-based system. As a complement to medical and health care systems, these services help to prevent hospital readmissions, provide transport to doctors' appointments, and support some of life's most basic functions, such as assistance to elders in their homes by



delivering or preparing meals, or helping them with bathing. In addition, we provide programs, services and supports for indigenous populations, such as American Indians, Alaska Natives and Native Hawaiians in a manner consistent and respectful of their cultures and traditions. We focus on the distinct needs of minority populations, limited English speaking populations, and older people who reside in rural and remote areas of the country and who face unique challenges. We provide support and protections for those who are particularly vulnerable and Ombudsman services that represent the interests of residents of long-term care facilities while focusing on resolving their complaints and improving the quality of their care.

Yet, despite having this comprehensive framework of legislative and policy protections, we are constantly focused on learning the best approaches to better addressing the needs of an ever-increasingly diverse population. As an example, recently, we established the U.S.'s first national resource center to assist communities in providing services and support to lesbian, gay, bisexual, and transgender (LGBT) older individuals. It offers training to service providers and LGBT agencies nationwide and educational tools to LGBT older persons.

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**RIS Commitment 2:** To ensure full integration and participation of older persons in society.

Providing the elderly, their families and organizations representing their interest the opportunity for input continues to be at the core of our approach to programs and services for older adults and their caregivers.

The U.S. has a plethora of local, state and national organizations representing the interests of older persons, their families, and persons with disabilities. The Leadership Council of Aging Organizations (LCAO) is a 66 member association of non-governmental organizations (NGOs) serving older Americans. It provides a voice for seniors and their families in the ongoing national debate on aging policy and advocates for current and future generations of seniors and those who support them. The LCAO has a robust legislative agenda.

The U.S. Congress is currently considering reauthorization and amendments to the OAA. The AoA has solicited input through listening forums; input events; and direct input via the AoA website or mail. AoA has received input from interested individuals and organizations, as well as from seniors and their caregivers. This input received represented the interests of thousands of consumers of OAA services.

Other Federal departments, such as the SSA, also ensure user participation. The SSA hosted public forums concerning Section 504 of the Rehabilitation Act. Under this legislation, federal agencies are required to provide meaningful access to their programs, activities, and facilities.

In addition, the U.S. Senate Special Committee on Aging serves as a focal point in the Congress for discussion and debate on matters relating to older Americans. The committee has explored issues of health care, retirement security, fraud and abuse, housing, and employment. The resulting public hearings, reports and legislation have been invaluable resources for policymakers and other interested parties throughout the years. Private citizens, consumer and industry representatives and government agencies are called to testify at hearings. The committee has regularly reviewed health and pension coverage and employment opportunities for older Americans. The committee has also conducted oversight of the administration of major federal programs like Medicare, Medicaid, Social Security and the OAA. Finally, the Committee has crusaded against fraud targeting seniors and the federal programs on which they depend.

### *Active aging*

In 2010, 9.2 million (or 23.6% of adults 65 and older) dedicated 1.7 billion hours of volunteer service. In building our resources for the future, we continue to look at older persons as an untapped resource. “*Keeping Baby Boomers Volunteering*,” a report by the Corporation for National and Community Service (CNCS), highlighted the volunteer potential of Baby Boomers (persons born between 1946 and 1964), who bring education, skills and experience to solving social problems.

Volunteers, including older volunteers, continue to be the backbone of OAA programs, from serving meals to serving as Ombudsmen in long-term care facilities to protecting against

Medicare and healthcare fraud. Recognizing the value of older volunteers, in 2010, the AoA funded a *National Resource Center for Engaging Volunteers in the Aging Network*. The center is a partnership between AoA and a number of national aging organizations, with the CNCS as a collaborating partner. The center is developing and testing strategies for effective, replicable and sustainable volunteer activities to increase the capacity of the National Aging Network and to address community needs.

A number of national and local organizations have made volunteering opportunities easier to find through the effective use of the internet. Under President Obama, the U.S. government created the United We Serve website at [www.serve.gov](http://www.serve.gov). AARP's *Create the Good* network provides on-line tools and data bases of volunteering opportunities. On a more local basis, States and local governments have established volunteer centers.

### *Transportation*

Transportation plays a critical role in providing access to employment, health care, education, community services, and other activities necessary for daily life. The Federal Coordinating Council on Access and Mobility brings together 11 federal departments for the *United We Ride* initiative and produced a national dialogue consisting of key stakeholders in more than 1,200 cities to discuss how to improve access to affordable and reliable transportation for people with disabilities, older adults, and people with limited income. The themes, ideas, and recommendations focused on breaking down Federal barriers to local coordination of Federal transportation resources and streamlining access to transportation services for people with disabilities, older adults, and individuals with limited incomes. This aligns with the Administration's implementation of the Supreme Court's *Olmstead* decision, which addresses the rights of people with disabilities to live independently, rather than in long-term care facilities. It also reflects President Obama's commitment to assist economically disadvantaged workers and people who need access to health care.

The Veterans Transportation and Community Living Initiative (VTCLI) is working with governmental agencies to finance the capital costs of implementing, expanding, and increasing access to local One-Call/One-Click Transportation Resource Centers - a proven approach to improve access and coordination of local transportation resources. VTCLI is a partnership among the Federal Transit Administration and the Departments of Veterans Affairs (VA), Labor (DoL), DHHS and Defense. The initiative operates under the auspices of the Coordinating Council on Access and Mobility. Local One-Call/One-Click Transportation Resource Centers are designed to benefit all populations, military and non-military alike. The initiative aligns with the Administration's implementation of the Supreme Court's *Olmstead* decision, which addresses the rights of people with disabilities to live independently, rather than in long-term care facilities. It also reflects the President's commitment to assist economically disadvantaged workers and people who need access to health care.

### *Intergenerational Activities*

Older persons represent a significant and growing percentage of the U.S. population. Between 2010 and 2030, 10 states will have more seniors than children. DHHS agencies, together with the Departments of Agriculture (USDA) and Education (DoE), the CNCS, the U.S. Environmental Protection Agency (EPA) and a number of national organizations, have begun collaboration to examine ways to create and strengthen programs, policies, and practices that increase cooperation, interaction and exchange between people of different generations, allowing them to share their talents and resources, and support each other in their communities.

### *Housing*

With the growing elderly population, affordable housing for America's seniors is more important than ever before. The U.S. is facing a decreasing inventory of housing for America's poorest seniors. To address this problem, the U.S. Department of Housing and Urban Development (HUD) operates a variety of programs either targeted specifically to the elderly or in which the elderly can participate. Fifty-four percent of HUD-assisted households have residents who are elderly, disabled, or both.

The Secretaries of DHHS and HUD are working together to identify ways to improve access to housing, community supports and independent living arrangements. The goal of the Community Living Initiative DHHS-HUD Work Group is to meet the needs of vulnerable populations by building sustainable housing and services collaboration infrastructure in an effort to provide community-based alternatives to nursing homes and other institutions.

HUD's Section 202 Supportive Housing for the Elderly program has provided supportive housing for very low-income seniors for over 50 years. The program finances construction of new units, conversion of existing buildings to assisted living or service-enriched housing, or maintenance of existing dwellings. The program can also pay for service coordinators who help residents live independently and age in place in the community.

Over half of public housing's 1.1 million families are headed by someone who is elderly, disabled or both. Additionally, many units in public housing and publicly subsidized (Section 8) apartment complexes are specifically set aside for elderly tenants: some integrated into larger complexes; others in separate senior communities. In 2011 nearly 10,000 units of public housing and more than 200,000 units in Section 8 complexes were allocated for elderly tenants. In addition, a significant proportion (45% of 2.2 million) of participants in HUD's Housing Choice Voucher program are elderly or disabled.

Similar to HUD's Section 202 program, the USDA's Rural Development Program offers affordable housing and congregate services for elderly people in rural areas. USDA's loan and grant programs provide funds for major home repairs or renovations.

The Low-Income Housing Tax Credit (LIHTC) finances the development of affordable rental housing for low-income households by providing tax credits to investors in qualified affordable

housing programs. As of 2009, approximately 28 percent of LIHTC properties were intended primarily for older persons.

Local associations across the U.S. are developing a variety of “Village” models to assist older adults (55+) to remain connected to their communities as they age. In addition, New York City and Portland, Oregon have become the first U.S. cities to become part of the World Health Organization’s Global Age-Friendly Cities Programme.

*Environment*

The EPA has developed an Aging Initiative. One of its major goals is the development of a National Agenda for the Environment and the Aging. This agenda will prioritize environmental health hazards that affect older persons, examine the environmental impact of an aging population in a smart growth context, and encourage civic involvement among older persons in their communities to reduce hazards. The agenda, developed through a public participatory process, will help guide EPA’s work to protect the health of older persons.

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**RIS Commitment 3:** To promote equitable and sustainable economic growth in response to population ageing

The U.S. government constantly scrutinizes and exams programs in relation to the capacity of our economy to deal with the growing older population. There have been many efforts to reduce isolation, maintain dignity, and increase choices for older Americans and persons with intellectual and developmental disabilities, physical disabilities, and mental health needs. These efforts have all shared a common vision of providing alternatives to institutional care that are person-centered, consumer-driven and support individuals in their home. It has taken the shared responsibility and participation of advocates at the local, State and Federal levels, as well as the support of Congress and State legislatures, to take important steps that have led to greater choice, independence and dignity for older individuals and persons with disabilities.

The structure in the U.S. consists of the SSA, complemented by Medicare, Medicaid and the OAA. This structure has helped to form a framework for reducing poverty, as well as establishing, supporting and protecting the rights, dignity and independence of millions of older Americans, individuals with disabilities and their family caregivers. In 1961, around one-third of the U.S. population aged 65 and over was living in poverty; by 2009, the percentage of the 65 and over population living in poverty was 9.0. Currently, Social Security is the major source of income for most of the elderly. Nine out of ten individuals age 65 and older receive Social Security benefits representing about 41% of the income of the elderly. In addition, an estimate 158 million workers, or 94% of all workers are covered under Social Security. This is significant because 50% of the workforce has no private pension coverage and 31% has no savings set aside specifically for retirement. Continued efforts to ensure the sustainability of this structure and framework are essential as the older population increases in number.

#### *Pension Counseling and Information*

The AoA Pension Counseling program assists older Americans in accessing information about their retirement benefits and helps them negotiate with former employers or pension plans for due compensation. Currently, there are more than 700,000 private (as well as thousands of public) pension and retirement plans in the U.S. Given that an employee may have worked for several employers, and these employers may have merged, sold their plans, or gone bankrupt, it is very difficult for the average person to know where to go to get help in finding out whether he or she is receiving all of their pension benefits. The program provides hands-on assistance in pursuing claims through administrative appeals processes; helps seniors to locate pension plans lost as a result of mergers and acquisitions; answers queries about complex plan provisions; and makes targeted referrals to other professionals for assistance.

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**RIS Commitment 4:** To adjust social protection systems in response to demographic changes and their social and economic consequences (social, financial protection, pensions, and respite care)

The SSA has since its inception over 75 years ago recognized that adjusting social protection systems to social and economic changes as well as ensuring their financial sustainability rests on reliable up-to-date statistical information and policy analysis on all aspects of these systems. SSA therefore serves as a focal point for the collection, analysis and dissemination of information on its social insurance programs serving the older population and their families but also, more generally, the economic well being of older Americans. This information is required to formulate policy that reflects demographic changes and their social and economic consequences, with a particular focus on poverty among older persons, their income levels and sources as well as the different life courses of men and women in retirement.

In addition to providing data and analyses to the *Annual Report of the Trustees of Social Security and Medicare*, SSA's research staff produce on a regular basis a number of publications and on-line data sources, including the quarterly *Social Security Bulletin*, the *Annual Statistical Supplement*, *Fast Facts and Figures About Social Security*, *Income of the Aged Chartbook*, and *Income of the Population 55 and Over*. SSA also creates and makes publicly available data sets on beneficiary populations and administrative operations for use by external researchers working on relevant social protection issues.

In more recent years, SSA has significantly strengthened its cooperation with external research institutions through the creation of the Retirement Research Consortium (RRC) to broaden social security research and to produce a new generation of highly trained social scientists to shape the future direction of policy research. Through the RRC, SSA has access to a wide network of researchers, both in the U.S. and abroad, who carry out research projects under the auspices of the Center for Retirement Research at Boston College, the National Bureau of Economic Research, and the University of Michigan's Retirement Research Center. Now in its third 5-year funding cycle, the RRC has made a substantial contribution to (1) public policy development relating to Social Security and related retirement issues, (2) the research literature, and (3) general public knowledge of Social Security and other social protection issues.

Also, SSA supports an international comparative research activity to provide information to legislators and policymakers on foreign experiences. The most notable example of this activity is the regular publication since 1937 of *Social Security Programs throughout the World*, which provides up-to-date information on social security provisions in some 170 countries. The publication, known and used widely among social security specialists around the world, has permitted generations of specialists interested in retirement issues to track worldwide social security developments.

### ***Prevention of Elder Abuse, Neglect, and Exploitation.***

The U.S. government continues its commitment to protecting older persons from abuse, neglect, and exploitation. Title VII of the OAA provides federal leadership in strengthening elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention. This program trains law enforcement officers, health care providers, and other professionals on how to recognize and respond to elder abuse; supports outreach and education campaigns to increase public awareness of elder abuse and how to prevent it; and supports the efforts of state and local elder abuse prevention coalitions and multidisciplinary teams.

The Long Term Care (LTC) Ombudsman Program works to investigate and resolve complaints by nursing home residents and their families. The OAA also provides for legal services, assistance and hotlines, pension counseling, and the Senior Medicare Patrol programs that operate in every state to help Medicare beneficiaries identify fraud in Medicare and Medicaid.

In 2010, President Obama signed the EJA into law. This law will for the first time coordinate efforts and develop leadership at the national level by creating an Elder Justice Coordinating Council to foster coordination throughout the federal government on elder abuse issues. Although appropriations have yet been provided, the AoA is looking at ways to ensure that the elder abuse prevention programs funded through the OAA complement the goals of the Act. Despite a lack of appropriations, AoA has created an Adult Protective Services (APS) Resource Center and initiated discussions with APS professionals regarding improvements in data collection systems. The Centers for Medicare and Medicaid (CMS) provided guidance to State Survey Agencies for the provisions related to reporting to law enforcement of crimes occurring in federally funded long-term care facilities. CMS is currently working on the development of the National Surveyor Training Institute and the identification of best practices in the area of States with effective complaint investigations systems. Further, CMS has issued demonstration grants to study the development of a national background checks program. The Department's Administration for Children and Families issued a Program Instruction that provided guidance for state plans under the Temporary Assistance for Needy Families program with respect to indicating whether a State intends to train for, seeks, or maintains employment for individuals providing direct care in (LTC facilities or other occupations related to elder care.



**RIS Commitment 5:** To enable labour markets to respond to the economic and social consequences of population ageing (employability, raising participation rates, flexible retirement)

The U.S. Government supports a number of policies and programs which enable older persons and persons with disabilities to continue working and that enhance work-life balance. These include flexible and compressed work schedules and telecommuting options; accommodating older or disabled workers by providing workspace and computer modifications; ergonomic chairs and special accommodations for those in wheelchairs or using guide dogs; continued education and training; and support for caring for dependents; Many of these efforts are mirrored in the private sector.

The Office of Personnel Management's biennial survey of federal workers includes items on workplace flexibility. The survey provides a better understanding of the work/family issues faced by workers and the challenges for supervisors and could lead to the introduction of more flexible options, which many older workers say they want.

In March 2010, the White House Workplace Flexibility Forum brought together a group from academia, labor, government, media, non-profits, and business to discuss how to meet the changing needs of the 21st century workforce. This conversation is continuing around the country.

There are a number of examples of programs focused on the employability of older persons. The EPA's Senior Environmental Employment Program created a program utilizing the skills of individuals age 55 and over in short-term environmental assignments. The Natural Resource Conservation Service of the USDA established an older worker employment program to provide technical assistance for its conservation operations around the country. The Department of Labor administers the Senior Community Service Employment Program a job training and placement program for economically disadvantaged persons aged 55 and over.

The 2008 amendments to the ADA broadened the definition of disability and should increase the number of workers, including older workers, with disabilities who can qualify for accommodations from their employers. In addition, the Equal Employment Opportunity Commission (EEOC), the federal agency with jurisdiction over employment discrimination legislation, has been developing regulations that shift the focus of the ADA from whether the plaintiff is disabled to whether discrimination has occurred and which under the ADEA looks at the disparate impact of practices. This will enable older workers to challenge practices that may be neutral on their face but have a disparate impact on older workers.

Since the recession began in 2007, Congress has several times extended payment of unemployment benefits, thus helping to keep workers of all ages in the labor force and looking for work.

In the past two years several states have amended their unemployment compensation legislation to permit the payment of prorated unemployment benefits to workers whose employers have reduced work hours rather than lay employees off. This short-time compensation, also known as

work sharing, keeps workers who would otherwise have been let go, on the job, earning wages and benefits, paying taxes, and contributing to the economy. Employers with work share programs are able to ramp up production quickly once the economy recovers; they also save on recruitment and training costs.

Older jobseekers face multiple barriers in their hunt for work, one of which is discrimination against the unemployed. Many employers refuse to consider jobless applicants for openings. New Jersey has recently made this practice illegal. President Obama's jobs bill would ban it as well. The EEOC and some members of Congress have also taken up this issue.

**RIS Commitment 6:** To promote lifelong learning and adapt the educational system in order to meet the changing economic, social and demographic conditions

### *Life-Long Learning*

The U.S. is moving to an “asset” approach to aging that stresses strengths, potential and achievement. A number of vibrant institutional movements have appeared that expand the scope of traditional education and the range of learners, to include adult learning for credit and non-credit. Universities, colleges and senior centers provide programs for adult learners. New technologies and the introduction of the Internet have introduced online, blended and e-learning, making it even easier to serve adult learners. Continuing education and distance learning organizations lead the way by adopting technologies and flexible operations to support the varied needs of adult learners, including those with visual and dexterity limitations and memory disorders. Programs such as the Road Scholar program offer domestic and international learning experiences.

This "asset" approach includes the beneficial link between creativity, culture, and aging. The National Endowment for the Arts (NEA), together with DHHS, recently held a forum on *The Arts and Human Development: Framing a National Research Agenda for the Arts, Lifelong Learning, and Individual Well-Being*. The resulting white-paper proposes a framework for long-term collaboration among the NEA, DHHS, and other federal agencies and non-governmental organizations such as the National Center for Creative Aging, to build capacity for future research and evidence-sharing about the role of the arts in human development.

### *Retirement Planning*

The U.S. government has long recognized that American workers and their families need relevant information to help them plan adequately for their future retirement. Because the Social Security program forms the foundation for nearly all retirement planning, the SSA has, for more than half a century, provided information about workers' rights and responsibilities under the Social Security retirement program.

The SSA is developing online tools to respond to economic, social, and demographic changes that have resulted in greater demands for efficient government service, varied service delivery channels, and language options. It is currently developing an online version of the Social Security Statement, which contains the worker's earnings history; Social Security and Medicare taxes paid by the worker; and an estimate of retirement, disability and other benefits. The online Statement is part of a suite of electronic tools that includes easy-to-use benefit applications, detailed benefit estimators (available in English and Spanish), and a life-expectancy calculator.

### *Long-Term Care Planning*

The National Clearinghouse for LTC Information website was launched in the fall of 2006. Its purpose is to help Americans take an active role in planning for their potential long-term care needs. The website provides in-depth and objective information about the risks and costs of long-

term care, the importance of planning, and the public and private planning and financing options that are available. The Clearinghouse website supplements and supports the Own Your Future Awareness Campaign, a joint federal-state effort to raise awareness about, and planning for, long-term care. Public awareness campaigns are conducted consisting of a letter signed by each state's Governor, to all households with members who are 45-65 years of age. The letter offers information about the importance of planning for long-term care, including a free planning guide.

**RIS Commitment 7:** To strive to ensure quality of life at all ages and maintain independent living including health and well-being

*The Affordable Care Act (ACA)*

Signed into law by President Obama in 2010, this landmark legislation calls for comprehensive health reform to make health care more affordable, expand health coverage, make health insurers more accountable, and make the health system more sustainable. It is designed to help individuals make informed decisions about care options, plan for long-term services and supports needs, and streamline access to publicly supported programs through continued support for single point of entry/no wrong door approaches.

The ACA has also led to greater interest by federal agencies, insurance companies and hospitals in better coordinating care and services when individuals transition from one care setting to another. The goal is to ensure that hospital discharges are accomplished appropriately and that care transitions occur effectively and safely. The goal is to avoid rehospitalization if that is the best treatment option for an individual.

The OAA Aging Network provides an important vehicle to driving change and quality in local communities, while assisting in statewide and regional dissemination of models and best practices. The AoA has developed partnerships within DHHS and other Federal agencies to enhance the health and independence of older persons and individuals with disabilities to streamline their access to long-term care services and support systems and to implement evidence-based care interventions and facilitate safe and appropriate care transitions from hospitals and nursing facilities to homes in the community.

*National Prevention and Health Promotion Strategy*

Helping Americans live more healthful lives is a top priority for the Obama Administration evidenced by the National Prevention and Health Promotion Strategy, a comprehensive plan to help increase the number of Americans who are healthy at every stage of life. This strategy recognizes that good health comes not just from receiving quality medical care, but also from clean air and water, safe worksites and healthy foods.

The strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity. It outlines four strategic directions that, together, are fundamental to improving the nation's health:

- Building Healthy and Safe Community Environments;
- Expanding Quality Preventive Services in Both Clinical and Community Settings;
- Empowering People to Make Healthy Choices and;
- Eliminating Health Disparities.

## *Community Living*

In 2009, President Obama announced the *Year of Community Living*, which continues as the Community Living Initiative with the goal of improving access to housing, community supports and independent living arrangements for Americans of all ages with disabilities. DHHS agencies are working together to make sure that preferred community supports and services are available and sustainable for all communities.

The AoA collaborates with CMS on the Aging and Disability Resource Centers (ADRCs) program. The goal of ADRCs is to streamline access to long-term services and supports through one-stop shopping models that are easy for consumers to navigate. There are 352 operational ADRCs in 52 states and territories.

AoA is enhancing community living by partnering with the VA to deliver participant directed models of care to enable veterans of all ages who are at risk of nursing home placement to manage and direct their own services. Specifically, we are providing our infrastructure of home and community-based organizations to provide necessary services and education and training for caregivers of veterans of all ages. A complementary program is the Lifespan Respite Care Program through local coalitions representing aging and disability populations, which aim to enhance caregiver access to needed respite services.

AoA, in collaboration with its public and private sector partners, including the CDC, the AHRQ, and CMS, has funded collaborations between the aging and public health networks at the State and community level to deploy evidence-based disease and disability prevention programs, including chronic-disease self-management programs, physical activity programs, falls prevention and mental health programs.

## *Alzheimer's Disease and Related Dementia*

On January 4, 2011, President Obama signed into law The National Alzheimer's Project Act (NAPA). Under NAPA a national strategic plan is being developed to address and overcome the rapidly escalating crisis of Alzheimer's. The components of the DHHS contribute significant research, program and policy expertise to this national strategic plan. The National Institute on Aging (NIA) leads the NIH efforts in clinical, behavioral and social research into Alzheimer's disease, aimed at finding ways to treat and ultimately prevent the disorder. The CDC works to implement the Healthy Brain Initiative, including assisting with monitoring the public health burden of cognitive impairment and enhancing understanding about how diverse groups perceive cognitive health. The AoA Alzheimer's Disease Supportive Services Program, National Family Caregiver Support Program, and Lifespan Respite programs are implementing evidence-based interventions through the creation of responsive, integrated, and sustainable service delivery systems for people with dementias and their caregivers.

**RIS Commitment 8:** To mainstream a gender approach in an ageing society

The ACA charged the DHHS Office on Women's Health to establish the HHS Coordinating Committee on Women's Health and the National Women's Health Information Center to facilitate the exchange and sharing of information. Their responsibilities include reviewing the status of women's health; establishing women's health-related goals and objectives; identifying women's health projects to be conducted or supported; and consulting with women's health professionals and other groups to develop policies. Issues related to older women are integral to and fully included in their work.

The HRSA supports healthy women as key components of building healthy communities. HRSA publishes the annual *Women's Health USA*, which highlights emerging issues and trends in women's health for policymakers. The 2010 edition contained a new section on women and aging, with data on population characteristics and labor force participation, as well as age-specific information on activity limitations, osteoporosis, injury, and abuse.

AoA continues to collaborate with the National Education and Resource Center on Women and Retirement Planning, maintained by the Women's Institute for a Secure Retirement (WISER) to provide user-friendly financial education and retirement planning tools for low-income women, women of color, and women with limited English-speaking proficiency. Through WISER's one-stop-gateway, women have access to comprehensive, easily understood information that promotes opportunities to plan for income during retirement and for long-term care. Over the past two years, WISER has established an interactive website that contains important information for women on a range of financial issues including investments, pensions, social security and long-term care. WISER has also planned a series of nationwide webinars designed to assist women in taking active roles in planning for their retirement and long-term care.

**RIS Commitment 9:** To support families who provide care for older persons and promote intergenerational and intra-generational solidarity among their members.

*Caregiving -- NFCSP 10th Anniversary – “The Year of the Family Caregiver”*

2011 was designated as “The Year of the Family Caregiver” to commemorate and work in concert with national caregiver organizations and associations to mark the 10th Anniversary of the National Family Caregiver Support Program (NFCSP), created to help meet the needs of family caregivers through a range of services. AoA is also encouraging states and communities to recognize the critical role family and friends play in caring for friends and loved ones, and to recognize the impact of caregiver support services. For over 10 years, AoA has implemented the NFCSP by providing information about available services; assistance accessing services; counseling, education and support groups; respite; and supplemental services. The NFCSP also helps families retrofit their homes to accommodate the special needs of an aging family member. Eligible populations that can be served by the NFCSP include caregivers of older individuals and grandparents and other relatives raising grandchildren.

In 2009, AoA began implementation of the Lifespan Respite Care Program. This program brings together Federal, state and local resources and funding streams to help support, expand and streamline the delivery of planned and emergency respite services for persons of any age across the lifespan while also providing for the recruitment and training of respite workers and caregiver training and empowerment.

*Intergenerational Solidarity*

The DHHS in concert with the DoE, other Federal government agencies and experts in intergenerational programming, have convened policy forums to discuss intergenerational programs that target at-risk children, youth, older adults and other vulnerable populations. They are sharing best practice models of intergenerational programs and their research and evaluation findings. They are also examining ways in which programs and policies might be strengthened using intergenerational practices, including interagency collaborations and public-private partnerships that leverage limited resources, and the potential of these approaches to improve outcomes for vulnerable populations.

A key example is Experience Corps, an award-winning national program that engages people aged 55 and over in meeting their communities' greatest challenges. Experience Corps members tutor and mentor as well as provide literacy coaching, homework help and provide consistent role models and committed, caring attention. Independent research shows that the Experience Corps boosts student academic performance, helps schools and youth-serving organizations become more successful, and enhances the well-being of older adults in the process.



**RIS Commitment 10:** To promote the implementation and follow-up of the regional implementation strategy through regional cooperation

The U.S. government recognizes that population aging is a demographic imperative with policy implications for all facets of life. We continue to work at the global and regional levels, such as providing information for policy briefs for the UNECE Working Group on Aging, to bring attention to changing demographics and to make sure policies and programs are in place to create societies for all ages. We also work bilaterally, hosting foreign governments and private sector agencies interested in U.S. aging policies and programs.

The DHHS works closely with the U.S. State Department to elevate issues related to aging in various United Nations bodies. Open dialogue with non-governmental organizations is also essential. In 2010 the Assistant Secretary for Aging participated in AARPs ECOSOC Briefing Series on Global Aging. In 2011, The U.S. delegation to the 2<sup>nd</sup> session of the Open-Ended Working Group on Ageing invited NGOs attending the Working Group session to meet with U.S. government officials for an informal, interactive discussion on best approaches for protecting the rights of older persons. This issue was also the topic of a briefing to the Senate Special Committee on Aging.

The DHHS helps strengthen health system capacities to address multiple non-communicable diseases (NCDs) by fostering evidence-based interdisciplinary practice, training and workforce development, and promoting integrated community approaches that include other sectors. DHHS also partners with multilateral institutions, such as the World Health Organization (WHO) and the Pan-American Health Organization towards developing, promoting and implementing evidence-based health policies.

Further, we continue to support comparative cross-national studies and research. The NIA leads the Federal research effort to increase understanding of the nature and implications of aging. It continues to catalyze cross-national research, sponsoring collaborative international projects, and disseminating findings about aging-related conditions and concerns affecting people worldwide.

In 2011, the US served as the host country for the Asia-Pacific Economic Cooperation (APEC). DHHS and the U.S. State Department collaborated with APEC in convening multiple dialogues for global leaders with expertise in areas of health, work, retirement and financial services to review the policy implications of population aging and to develop strategies to begin addressing them.

The Administration is actively engaged in elevating issues of NCDs both domestically and internationally. Under President Obama, the U.S has made chronic disease a major focus. In September 2011, we announced a new initiative to prevent one million heart attacks and strokes over the next five years. First Lady, Michelle Obama, is leading a national effort to end childhood obesity within a generation.

The U.S. government has also made chronic disease a focus in its research and global health programs. Together with public and private partners, we are helping to promote smoke-free workplaces around the world.

We are also launching a global public-private partnership to support tobacco cessation efforts using mobile phone technologies that are now widely available in middle and low income countries.

#### **4. Conclusions and Priorities for the Future**

Nearly fifty years ago the U.S. set in motion a number of major events and milestones that began to reshape how our nation treats older Americans and persons with disabilities. At that time, policymakers indicated that we had not yet adjusted our sense of values, our social and cultural ways of life or our public and private programs, to accommodate the concerns of the vast number of old and aging people. For far too many people, old age meant inadequate income, poor or marginal health, improper housing, isolation from family and friends, and the discouragement of being shunted aside from the mainstream of life.

Since that time, there have been many efforts to reduce isolation, maintain dignity, and increase choices for older Americans, and persons with disabilities and mental health needs. These efforts have all shared a common vision of providing alternatives to institutional care that are person-centered, consumer-driven and support individuals in their home. It has taken the shared responsibility and participation of consumers and advocates at the local, State and Federal levels, and support of members of Congress and State legislatures to take important steps that have led to greater choice, independence and dignity for older individuals and persons with disabilities and which have helped to form a framework for reducing poverty, as well as establishing, supporting and protecting the rights, dignity and independence of millions of older Americans, individuals with disabilities and their family caregivers.

The OAA, supported by its nationwide aging network of 56 State and territorial units on aging, 629 area agencies on aging, 244 tribal organizations, two Native Hawaiian organizations, nearly 20,000 direct service providers, and hundreds of thousands of volunteers, has established a flexible and comprehensive infrastructure for providing low-cost home and community-based services. These person-centered services are designed to coordinate with the health care and long-term services and support systems. Each year, nearly 11 million – or 1 in 5 -- older Americans and 800,000 of their family caregivers are supported through the OAA's wide-ranging home and community-based system. As a complement to medical and health care systems, these services help prevent hospital readmissions, provide transport to doctors' appointments, and support some of life's most basic functions, such as assistance to elders in their homes by delivering or preparing meals, or help with bathing. Because of the programs and legislative accomplishments, millions of Americans have lived more secure, healthier and more independent lives.

Over the next twenty years, with the aging of the baby boom generation, we face many challenges and opportunities. One of the benefits of their better health and longevity is that many older Americans lead active lives and are contributing members of their communities. More than 23 percent of seniors engage in some form of volunteer activities. Volunteer programs funded by AoA and the CNCS sometimes provide the only human contact a homebound senior might have in a given day. They provide a crucial reprieve from isolation, as well as reassurance. In some cases, volunteers help to detect when abuse or self-neglect are present. Other CNCS volunteer programs provide intergenerational opportunities for seniors to mentor children.

It is important to note that the older population is not only growing, but it is becoming more diverse, with the numbers of all racial and ethnic groups projected to increase significantly over the next twenty years. Our diverse elders will need a support system that is flexible, with person-centered assistance that is effective and respects a wide range of traditions, cultures, histories, and individual characteristics and frailties.

We are witnessing the advancement of new technologies, exciting innovations and an entrepreneurial spirit in helping to support families, older adults and persons with disabilities of all ages. It will be our families and caregivers that will remain the cornerstone of our support systems. Though we are a diverse Nation, we share the same values including, person-centered approaches; respect, dignity, empowerment, and inclusion; valuing self-determination; and independence.

The next twenty years of our growing aging population is not fraught with overly burdensome challenges, as some attempt to portray it, but is ripe with new opportunities. We will continue to work together and build upon what we have learned and achieved over the past 50 years in helping frail older Americans, persons with disabilities, and their family caregivers receive lower-cost, non-medical services and supports. These supports are critical for providing the means by which these individuals can remain out of institutions and live independently in their communities for as long as possible.

There are a number of important opportunities before us that we can and should try to seize in putting us on a better path. One of these opportunities is prevention across the lifespan. The OAA, at its core, is about prevention - improving the social determinants of health. Additionally, thanks to the ACA millions of Medicare beneficiaries are getting cheaper prescriptions and receiving important preventive services and wellness visits which can help lower costs, prevent illness, and save lives. If we can continue to encourage, support and establish more evidence-based prevention strategies that are applied to older adults and persons with disabilities, it will help address the epidemic of chronic diseases, and lower the health care costs associated with them.

Another important opportunity is to continue a holistic approach to health care through the integration of acute care, long-term care and community-based services. The beauty of the OAA lies in its holistic approach to care and services by focusing on the person's needs and preferences. As an example of this holistic approach, AoA and the national aging services network are working with CMS, hospitals, accountable care organizations, and a number of other partners to better manage the transition from when an individual leaves a hospital for home or another care setting. The approach is to ensure that Medicare patients have the information, discharge plan, and individualized community services necessary to support them at home or in their new setting. By investing in this strategy we can reduce health care expenditures, better address chronic diseases, improve medication management, and enhance the quality of life for millions of Americans.

A third opportunity is that we need to continue to invest in community and person-centered services that can meet the needs of an increasingly diverse population. A key component of this strategy is supporting the concept of aging in place so that older persons and persons with

disabilities of all ages can remain at home in the community with the appropriate supports and services for as long as possible. Included in this approach will be coordinating, with family caregivers and others, assistance that is tailored to individual needs, such as transportation, affordable housing, and a range of supportive services.

We have instituted a number of important legislative milestones, but we still have much to do to reduce poverty and isolation, maintain dignity, and increase choices for older Americans and persons with disabilities. We believe most Americans share common values now and for the future – a future where we continue to increase alternatives to institutional care that are person-centered, consumer-driven and support individuals in their homes, and where we continue to test innovative ideas and implement the best evidence-based practices both domestically and globally.

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## ACRONYMS

Administration on Aging	AoA
Adult Protective Services	APS
Affordable Care Act	ACA
Age Discrimination in Employment Act	ADEA
Agency for Healthcare Research and Quality	AHRQ
Aging and Disabilities Resource Centers	ADRC
Americans with Disabilities Act	ADA
Asia-Pacific Economic Cooperation	APEC
Area Agencies on Aging	AAA
Centers for Disease Control	CDC
Centers for Medicare and Medicaid Services	CMS
Corporation for National and Community Service	CNCS
Department of Education	DoE
Department of Health and Human Services	DHHS
Health Resources & Services Administration	HRSA
Department of Housing and Urban Development	HUD
Department of Labor	DoL
Department of Veterans Affairs	VA
Elder Justice Act	EJA
Equal Employment Opportunity Commission	EEOC
Environmental Protection Agency	EPA
Leadership Council of Aging Organizations	LCAO
Lesbian, gay, bisexual, transgender	LGBT
Low-Income Housing Tax Credit	LIHTC
Long-Term Care	LTC
National Alzheimer's Project Act	NAPA
National Association of States United for Aging And Disabilities	NASUAD
National Endowment for the Arts	NEA
National Family Caregiving Support Program	NFCSP
National Institute on Aging	NIA
National Institutes on Health	NIH
Non-Communicable Diseases	NCD
Non-Governmental Organizations	NGOs
Older Americans Act	OAA
Older Americans Month	OAM
Retirement Research Consortium	RRC
Social Security Administration	SSA
United States	U.S.
United States Department of Agriculture	USDA
Women's Institute for a Secure Retirement	WISER
World Health Organization	WHO