2015 WHITE HOUSE CONFERENCE on AGING

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FINAL REPORT

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I. Executive Summary

The 2015 White House Conference on Aging

The White House has held a Conference on Aging every decade, beginning in 1961, to identify and advance actions to improve the quality of life of older Americans. In 2015, the United States marked the 50th anniversaries of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. The 2015 White House Conference on Aging (WHCOA) provided an opportunity to recognize the importance of these key programs as well as to look ahead to the next decade.

On July 13, 2015, President Obama hosted the sixth White House Conference on Aging, joining older Americans and their families, caregivers, and advocates at the White House and virtually through hundreds of watch parties across the country. The July event built on a year-long dialogue; the White House Conference on Aging launched a website to share regular updates on our work and solicit public input; engaged with stakeholders in Washington, D.C. and listening sessions throughout the country; developed policy briefs on the emerging themes for the conference and invited public comment and input on them; and hosted regional forums with community leaders and older Americans in Tampa, Florida; Phoenix, Arizona; Seattle, Washington; Cleveland, Ohio; and Boston, Massachusetts.

These forums and engagements provided the opportunity for older Americans and their families to highlight the issues most important to them, in order to help inform the changing aging landscape in America for the coming decade. The 2015 White House Conference on Aging was truly a national conversation. In addition to the older adults, caregivers, and leaders in the aging field who were in attendance at the White House, this year's conference took advantage of communication channels that were

PRESIDENT BARACK OBAMA DELIVERS REMARKS IN THE EAST ROOM OF THE WHITE HOUSE AT THE 2015 WHITE HOUSE CONFERENCE ON AGING.

not available for past conferences. Individuals and groups participated via live webcast in watch parties held in every State and were able to ask questions of panelists and others via Twitter and Facebook.

The conference was informed by a year of pre-conference activities and conversations that allowed a broad range of stakeholders to provide substantial input. Additional feedback from the general public and policy experts was received on the conference website. As input was gathered, four common themes emerged as particularly important to older Americans: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. These themes provided the focus for discussions at the July conference.

At the conference, the Administration announced an extraordinary number of new public actions and initiatives across the government and across the country to help ensure that Americans have increased opportunity and ability to live in retirement with dignity; that older adults can enjoy full physical, mental, and social well-being; that older adults can maximize their

independence and ability to age in place; and that elder abuse and financial exploitation are more fully recognized as a serious public health challenge and addressed accordingly and effectively. Key Federal announcements included the release of a new Centers for Medicare & Medicaid Services proposed rule to thoroughly update, for the first time in nearly 25 years, the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities. These updates will improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignment with current professional standards; the Department of Labor's initiative to facilitate State creation of retirement savings programs; a new proposed rule from the U.S. Department of Agriculture to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program (SNAP) benefits to be used for services that purchase and deliver food to these households; and U.S. Department of Housing and Urban Development (HUD) guidance confirming that its Equal Access rule applies to all HUD-assisted and HUD-insured multifamily housing, including Section 202 Supportive Housing for the Elderly, and that such housing be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

WHCOA EXECUTIVE DIRECTOR NORA SUPER MEETS WITH WORKER TRAINEES AT THE CALIFORNIA LONG-TERM CARE EDUCATION CENTER IN LOS ANGELES.

HOUSING AND URBAN DEVELOPMENT SECRETARY JULIAN CASTRO DELIVERS A KEYNOTE ADDRESS AT THE CLEVELAND REGIONAL FORUM.

In conjunction with the conference, a number of private-sector organizations announced similar commitments. For example, to help their employees enjoy a secure retirement, United Technologies Corporation has set a goal of $1 billion in lifetime income assets intended to provide employees a steady stream of income in retirement and protect against outliving their savings. Home Depot released a tip sheet and "how to" video highlighting simple home modification steps to help individuals age in place. The Dementia Friendly America Initiative, led by Collective Action Lab, in partnership with USAgainstAlzheimer's, the National Association of Area Agencies on Aging, and Blue Cross Blue Shield of Minnesota announced plans to support dementia-friendly communities across the country and to expand to 15 additional pilot sites.

Public Input & Regional Forums

The pre- and post-conference activities allowed a broad range of stakeholders to provide substantial input and feedback on the policy topics that served as the focus areas for the conference: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice. WHCOA released four policy briefs on each of these focus areas.

Beginning in February 2015, WHCOA held a series of regional forums to engage with older Americans, their families, caregivers, leaders in the aging field, and others on the key issues affecting older Americans. The forums were co-sponsored by AARP and planned in coordination with AARP and the Leadership Council of Aging Organizations, a coalition of more than 70 of the nation's leading organizations that serve older Americans. Each forum included 200 invited guests — older Americans, family and professional caregivers, aging experts — and featured lively breakout sessions; panels on the conference's four topic areas; and remarks and keynotes by White House Cabinet secretaries and other senior Administration officials, as well as elected officials. Each forum was webcast, so communities could host local viewing sessions, facilitate discussion, and submit feedback.

The Conference also organized five high-profile forums at the White House on the following topics: healthy aging, elder justice, caregiving, older women, and retirement security. Comments were generated at listening sessions and presentations with aging groups to stakeholder organizations in Washington, D.C., and across the country, as well as from more than 700 watch parties held throughout the country on the day of the White House Conference on Aging. While the public submitted ideas and concerns on a variety of topics, some of the most common themes included the need to support caregivers; ways to increase healthy aging; and the importance of Social Security.

Looking to the Future

As most Americans continue to live longer, healthier lives, there needs to be greater collaboration between the public and private sectors, at the national, State, and local levels to ensure older Americans have the opportunity to live with dignity and participate fully in life. Key themes from the conference listening sessions and dialogue with older Americans and their caregivers across the country include the following:

NATIONAL INSTITUTE ON AGING DIRECTOR DR. RICHARD HODES, SURGEON GENERAL VIVEK MURTHY, DONNA RICHARDSON FROM THE PRESIDENT'S COUNCIL ON FITNESS, SPORTS & NUTRITION, EDWIN WALKER FROM THE ADMINISTRATION FOR COMMUNITY LIVING, AND WHCOA EXECUTIVE DIRECTOR NORA SUPER LEAD THE CAPITOL WALK WITH GO4LIFE.

First, we must acknowledge our demographic reality. The United States continues to experience incredible demographic transformation. Over 10,000 baby boomers are turning 65 every day, and the fastest growing demographic in the U.S. is women over age 85. The proportion of older adults representing racial and ethnic minorities is also increasing rapidly.

This age wave will continue into the next decade and beyond. To help every American enjoy a longer, better, more active and independent life, our society needs to be able to effectively engage the challenges and fully embrace the possibilities inherent in an aging population.

The second theme of topics to address over the next decade is support for caregivers, both paid and unpaid. The majority of assistance for older Americans is generally provided at home by informal caregivers, especially family and friends. Informal caregivers are the most familiar face of caregiving, and are often the primary lifeline, safety net, and support system for older adults. Although rewarding, caregiving can be demanding, and informal caregivers need to be supported and sustained with appropriate resources. With family structures changing as Americans are having fewer children and increasingly moving away from families of origin, the availability of family members to provide care is diminishing.

NEARLY 900 PEOPLE ATTENDED THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING (N4A) WHCOA WATCH PARTY IN PHILADELPHIA.

Due to this and other factors, a growing demand for professional caregivers is expected, which raises issues of recruiting and retaining the direct-care workforce. Direct care is a demanding profession with low wages, long hours, and limited benefits. It is critical for there to be efforts to recruit and retain a sufficient number of direct-care workers to keep pace with the growing need.

The third universal theme is the importance of collaboration across sectors. Participants at White House Conference on Aging events focused on the need to break down the silos between housing, transportation, health care, and long-term services and supports in order to support healthy aging.

We must also take advantage of technology. Since the last White House Conference on Aging, held 10 years ago, technology has transformed what it means to age in America. An increasing array of web-based technologies, robotics, and mobile devices help older adults access the services they need, stay connected to family and friends, and remain active and independent.

Everywhere WHCOA traveled in 2015 and regardless of which group it engaged with, everyone agreed that it is time to shift the conversation about aging from one that assumes the coming age wave will overwhelm us, to one that recognizes that it can help lift everyone by tapping the power of experience to improve our families, our communities, and our society. Contributing to our society and communities in a meaningful way will be the new definition of aging in America as we go forward.

II. Public and Private Action to Support Older Americans

Public Initiatives

At the 2015 White House Conference on Aging, the Administration announced a number of actions and initiatives to address the most important issues and concerns of older Americans and their families.

U.S. SENATOR PATTY MURRAY (D-WA) AND LABOR SECRETARY TOM PEREZ CATCH UP AT THE SEATTLE REGIONAL FORUM.

Retirement Security

On July 13, the President announced new steps the Administration is taking to ensure that Americans have the tools they need to plan for a secure and dignified retirement. These actions directly build on the rollout of myRA, a safe, simple, and affordable retirement savings account for people without a workplace retirement plan, and the President's announcement in February 2015 of the Department of Labor's proposed rule requiring retirement advisers to put their clients' best interest first, before their own profits. He also reiterated the Administration's commitment to keeping Social Security strong, protecting its future solvency while strengthening retirement security for our most vulnerable citizens.

FACILITATING STATE EFFORTS TO PROVIDE WORKPLACE-BASED RETIREMENT SAVING OPPORTUNITIES

- About a third of the workforce lacks access to a workplace retirement plan. That's why, in every budget since taking office, the President has put forth proposals to provide access for 30 million Americans to workplace-based retirement savings by requiring employers not currently offering a retirement plan to automatically enroll their workers in an IRA. But in the absence of Congressional action, the States are leading the charge. Similar proposals have been passed by a few states and are under consideration in over 20 others. Other States are considering an approach that would encourage employers to create 401(k)-type plans. However, States have been concerned about a lack of clarity regarding preemption by a Federal pension law called the Employee Retirement Income Security Act of 1974 (ERISA). On November 18, 2015, the U.S. Department of Labor published a proposed rule and interpretive bulletin describing how States can move forward, including with respect to requirements to automatically enroll employees and for employers to offer coverage.

IMPROVING THE RETIREMENT SECURITY OF FEDERAL WORKERS

- In addition to making it easier for private employers to improve their retirement offerings, the Federal government is taking steps to improve its own retirement plans. The **Thrift Savings Plan** — the largest 401(k)-type plan in the country, with $454 billion in assets for 4.7 million current and former Federal and military employees — offers record low fees and competitive returns, yet 55 percent of employees leaving government transfer their money out of the plan within a year. To help encourage more employees to keep their money in the Thrift Savings Plan (TSP), the independent Federal Retirement Thrift

Investment Board is formally considering whether to provide more personalized investment advice. The Board will be pursuing legislation to increase the flexibility of withdrawals. In September 2015, the Board made age-appropriate lifecycle funds the default investment for newly hired Federal workers who are automatically enrolled in the plan.

- Military service members, unlike civilians, are not currently automatically enrolled in the TSP. Congress recently passed legislation to automatically enroll service members in the TSP at 3 percent of basic pay. The **U.S. Department of Defense** is also working to increase awareness of the benefits of TSP through improved periodic email reminders. It also will consider the results in its deployment of new financial education programs. Pilot results showed that service members receiving the best-performing outreach were nearly twice as likely to enroll in TSP as those receiving no outreach.

HELPING WORKERS PLAN FOR RETIREMENT BY PROVIDING READY ACCESS TO INFORMATION ABOUT THEIR SOCIAL SECURITY BENEFITS

- Providing workers and retirees with a comprehensive financial outlook is critical to a sound retirement. To assist Americans in their financial planning, the **Social Security Administration** (SSA) is allowing individuals to download an easily transferrable data file of their Social Security Statement, which can be imported into financial and retirement planning tools and easily shared with financial advisors. SSA also released a guide to help developers understand how they could incorporate the data into new software. Social Security is the foundation of economic security for most seniors. Allowing individuals to combine these data with information on their savings and other supplemental plans will provide a better understanding of their financial resources, and help with important retirement decisions such as when to claim Social Security benefits.

PROTECTING DEFINED BENEFIT PENSIONS

- To ensure that more retirees continue to enjoy a steady, reliable stream of income in retirement, the **U.S. Department of the Treasury** recently issued guidance clarifying that employers sponsoring defined benefit pension plans generally may not offer lump sum payments to retirees to replace their regular monthly pensions. As noted in a recent Government Accountability Office report, such lump sum payments transfer longevity risk and investment risk from employers to individual retirees, putting retirees at risk of being unable to maintain their standard of living or outliving their assets in retirement.

FACILITATING THE AVAILABILITY OF LIFETIME INCOME OPTIONS

- Retirement security requires more than just accumulating savings—people also need protection against outliving assets. Lifetime income options like annuities provide a regular stream of income regardless of lifespan. Yet fewer than one in five defined contribution plans offer annuities, with the share falling sharply over time. The Treasury and Labor Departments previously have issued a series of guidance documents encouraging plan sponsors to offer responsible annuity options to help protect retirees from outliving their savings. However, some plan sponsors remain concerned that they could be held liable if the annuity provider fails. To address these concerns, the **U.S. Department of Labor** issued guidance on July 13 clarifying that an employer's fiduciary duty to monitor an insurer's solvency generally ends when the plan no longer offers the annuity as a distribution option, not when the insurer finishes making all promised payments. The guidance should encourage more employers to offer lifetime income annuities as a benefit distribution option in their 401(k)-type plans.

WHCOA EXECUTIVE DIRECTOR NORA SUPER, ALONG WITH MORE THAN 200 BOSTON SENIORS, PARTICIPATED IN A SENIOR FITNESS DAY EVENT AT THE BOSTON HARBOR ON MAY 27.

Healthy Aging

The actions announced on July 13 included several new initiatives to help Americans remain healthy and active as they age.

KEEPING OLDER AMERICANS MOVING

- The **National Institutes of Health** (NIH) is partnering with a diverse group of public and private partners to promote healthy aging through its ***Go4Life*** exercise and physical activity campaign for older adults. The Association of State and Territorial Health Officials featured ***Go4Life*** in its call to all State and territorial health departments to support physical activity for older adults, including events during ***Go4Life*** Month in September 2015.

- The **Surgeon General** joined with the **YMCA** in issuing a challenge to the 850 YMCA associations across the country to host intergenerational physical activity events to promote opportunities for young and older Americans to be active together.

HELPING OLDER AMERICANS STAY HEALTHY

- To reduce the occurrence of falls among older Americans, the **Centers for Disease Control and Prevention** (CDC) launched a free on-line course offering continuing education credits to physicians, nurses and other health professionals on making fall prevention a routine part of clinical care.

- The **Health Resources and Services Administration** announced $35 million in awards to health professions training programs to expand geriatrics education to prepare the health care workforce to respond to the needs associated with advancing age.

- The **Centers for Medicare & Medicaid Services** (CMS) is working with AARP, the American Medical Association, the American Association of Family Physicians, the National Black Nurses Association, the National Hispanic Medical Association, the National Medical Association, the National Council of Asian Pacific Islander Physicians, the Partnership to Prevent Chronic Disease, the National Council on Aging, the National Hispanic Council on Aging, and SAGE (Services and Advocacy for GLBT Elders), among others, to disseminate information to patients and their members on Medicare's preventive benefits. Efforts to increase use of recommended preventive services will include, for example, co-branding CMS publications on preventive services and distributing a user-friendly check list to help Medicare beneficiaries understand and use their Medicare preventive benefits.

- A joint effort between the **Centers for Medicare & Medicaid Services** and the **Social Security Administration** to improve Medicare enrollment educational materials has already led to updated Web-based information and frequently asked questions, as well as a redesigned Social Security Statement containing more prominent Medicare enrollment information for individuals over age 60. The Administration will continue to identify new and improved ways to educate those aging in to Medicare, current Medicare beneficiaries, and employers regarding Medicare enrollment.

- The **Administration for Community Living**, in collaboration with **Services and Advocacy for GLBT Seniors (SAGE)**, announced plans to convene with key stakeholders from state and local aging programs and the LGBT community to analyze available data and identify next steps for improving Older Americans Act outreach to LGBT older adults. The convening, "Evaluating and Enhancing Aging Network Outreach to LGBT Older Adults" took place on November 17 in Denver, Colorado.

- In 2011, the **National Prevention Council**, chaired by the Surgeon General and made up of 20 Federal departments, developed the National Prevention Strategy to guide the nation in implementing the most effective strategies for improving health and well-being. On July 13, the Council announced that in the spring of 2016, it will release a Healthy Aging Action Plan to advance the National Prevention Strategy and will identify Federal action steps to promote prevention and well-being among older Americans.

COMBATING ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

- The **U.S. Department of Health and Human Services** announced an update on the progress made to address issues associated with growing numbers of Americans with Alzheimer's disease and related dementias through the National Plan to Address Alzheimer's Disease. The update includes priority actions that the government will take over the next year to address these conditions.

- The **National Institutes of Health** led a stepped-up effort to find more effective ways to treat, and ultimately prevent, Alzheimer's disease and related dementias as soon as possible. The February 2015 International Alzheimer's Research Summit resulted in new recommendations and revised milestones to achieve these goals.

- The **Health Resources and Services Administration** (HRSA) announced that it will develop an Alzheimer's Disease and Related Dementias training curriculum next year to build a health care workforce with the necessary skills to provide high quality dementia care and ensure timely and accurate detection and diagnosis of dementia.

- The **HHS Office of Women's Health** is collaborating with HRSA on this curriculum by adding specific training modules and materials to heighten the importance of provider and caregiver communications, and to help family caregivers maximize their own health and safety as they provide specific care needs of persons with dementia.

- The **Administration for Community Living** launched a $4 million Brain Health Awareness Campaign to help older adults better understand changes that occur in the brain as people age and reduce the fear of discussing concerns with family members and clinicians.

PARTICIPANTS ENGAGE WITH WHCOA AT A DIVERSE ELDERS COALITION EVENT IN LOS ANGELES.

SUPPORTING LIFELONG LEARNING AND ENGAGEMENT

- The **Corporation for National and Community Service** (CNCS) announced $2.65 million in new Senior Corps grants to Federally-recognized Indian Tribes and Tribal organizations to address critical needs in Native American communities. CNCS awards will support 103 Senior Corps Volunteers providing 30,000 hours of service over the next three years.

MAKING IT EASIER TO AGE IN PLACE

- Older Americans overwhelmingly prefer to stay in their homes and communities as they age. As the older population grows, housing that meets their needs is increasingly important. To help address these needs, the **U.S. Department of Housing and Urban Development** released a guide to help older homeowners, families, and caregivers make changes to their homes so that older adults can remain safe and independent in housing they can afford.

- The **U.S. Department of Housing and Urban Development** provided guidance confirming that its Equal Access rule applies to all HUD-assisted and HUD-insured multifamily housing, including Section 202 Supportive Housing for the Elderly, and that such housing be made available without regard to actual or perceived sexual orientation, gender identity, or marital status.

- The **U.S. Department of Transportation** announced a plan to launch the National Aging and Disability Transportation Center. This $2.5 million investment will provide technical assistance to improve the availability and accessibility of transportation options that serve the needs of people with disabilities, seniors, and caregivers.

- The **U.S. Department of Agriculture** issued a proposed rule to increase accessibility to critical nutrition for homebound older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program benefits to be used for services that purchase and deliver food to these households.

Long-Term Services and Supports

Many older adults will eventually develop some degree of limitations and need additional paid or unpaid help with basic daily living activities. Several initiatives to support caregivers and improve the quality of long-term care were announced as part of the conference.

WHCOA EXECUTIVE DIRECTOR NORA SUPER VISITS WITH RESIDENTS AT THE LEONARD FLORENCE CENTER FOR LIVING GREEN HOUSE IN CHELSEA, MASS.

SUPPORTING OLDER AMERICANS AND THEIR CAREGIVERS

- The **Centers for Medicare & Medicaid Services** issued a proposed rule to thoroughly update, for the first time in nearly 25 years, the quality and safety requirements for more than 15,000 nursing homes and skilled nursing facilities to improve quality of life, enhance person-centered care and services for residents in nursing homes, improve resident safety, and bring these regulatory requirements into closer alignment with current professional standards.

- The **Office of Personnel Management** issued a handbook on supporting caregiving and the elder care needs of family members in the Federal workforce in response to the Presidential memorandum on "Enhancing Workplace Flexibilities and Work-Life Programs" released last year. The handbook explains the workplace flexibility and work-life programs for Federal employees supporting the elder care needs of their family members.

- The **Centers for Medicare & Medicaid Services** identified ways that registries used to match older Americans who are covered under the Medicaid program with home care workers may be eligible for Medicaid funding. CMS also clarified that a State can recognize in its Medicaid payment rates the costs associated with a provider attending Medicaid-related training, once a provider is enrolled in the Medicaid program.

- **HHS** released a new fact sheet on educating family caregivers about insurance coverage through the Affordable Care Act. While caring for a loved one, family caregivers of older adults may reduce work hours or retire early, and many put off their own health care needs. This resource describes some of the unique health needs family caregivers may have and their health care coverage options. HHS also released an issue brief on long-term care risks and financing.

- The **U.S. Department of Labor**, recognizing that health care constitutes one of the largest and fastest growing sectors of the workforce due, in part, to the aging population's growth, announced a forthcoming catalogue summarizing the range of career pathways programs to support entry into health care careers and the development of a Federal plan for continuing to build the evidence about promising health care career pathway programs.

PARTICIPANTS CHECK IN FOR THE CLEVELAND REGIONAL FORUM.

PARTICIPANTS AT THE WHITE HOUSE CONFERENCE ON AGING ELDER JUSTICE FORUM SHARE IDEAS DURING A BREAKOUT SESSION.

Elder Justice

Several efforts to prevent elder abuse and support victims were announced by Federal agencies.

SUPPORTING VICTIMS OF CRIME

- The **U.S. Department of Justice** will issue a final **Victims of Crime Act (VOCA)** victim assistance rule revising the current VOCA Victim Assistance Guidelines, clarifying that VOCA Victim Assistance funds may be used to support legal services for crime victims, and emphasizing the need to use VOCA funds to support social and legal services to underserved victims, including elderly victims of abuse, financial exploitation, fraud, and neglect.

IMPROVING THE SCIENCE ON UNDERSTANDING AND PREVENTING ELDER ABUSE

- The **National Institutes of Health** convened a State of the Science workshop October 30 on elder abuse with researchers, clinicians, and others to review the science on understanding and preventing abuse; screening tools to identify abuse victims; effective interventions and research in related areas like child abuse and domestic violence that might inform research on elder abuse; and gaps and opportunities in this field of research. The aim of this workshop was to bring together a diverse set of stakeholders and determine promising avenues of research that could benefit from immediate investment.

- The **U.S. Department of Justice's** National Institute of Justice and its Elder Justice Initiative will fund a multi-year pilot project to evaluate potential means to avoid and respond to elder mistreatment.

CONSUMER FINANCIAL PROTECTION BUREAU DIRECTOR RICHARD CORDRAY DELIVERS A KEYNOTE ADDRESS AT THE CLEVELAND REGIONAL FORUM.

PROTECTING OLDER AMERICANS FROM FINANCIAL EXPLOITATION AND ELDER ABUSE

- The **Consumer Financial Protection Bureau** (CFPB) will release an advisory to help financial institutions prevent, recognize, and report elder financial exploitation. CFPB is engaging with industry, consumer advocates, and others on the development of these promising practices and tools.

- As part of a $4 million effort, the **Administration for Community Living** launched a stakeholder engagement project on State Adult Protective Services Guidelines (APS) that will serve as core principles for APS systems throughout the Nation and is awarding state grants to test full implementation of a national elder abuse, neglect, and exploitation reporting system. **HHS** also released research briefs on the Elder Abuse Prevention Interventions Pilot Programs, which aim to build a stronger evidence base for elder abuse prevention interventions.

TRAINING ELDER ABUSE PROSECUTORS AND DEVELOPING ONLINE TRAINING FOR LAW ENFORCEMENT OFFICERS

- The **U.S. Department of Justice** (DOJ) is committing to enroll and train prosecutors from all 50 States to effectively prosecute elder abuse and financial exploitation. Since 2013, DOJ has trained state and local prosecutors from 26 States and the District of Columbia through its National Institute on Prosecuting Elder Abuse, an intensive four-day training program that covers the essential elements of bringing an elder abuse or financial exploitation case. The Department commits to enroll prosecutors from the remaining 24 States by 2017. In addition, in August 2015, DOJ funded a three-day judicial institute for judges and magistrates from Federal, Tribal, State, Territorial, and local courts. The training program will address elder abuse, neglect and exploitation, including domestic violence, sexual assault, and stalking.

- **DOJ** also will partner with national law enforcement organizations, including the **International Association of Chiefs of Police, National Sheriffs' Association, National Association of Triads** and the **International Association of Directors of Law Enforcement Standards and Training** to develop and disseminate web-accessible training materials and resources to state and local law enforcement officers nationwide. DOJ also is collaborating with a wide array of Federal agencies — including the Federal Bureau of Investigation, the U.S. Postal Service, and the Internal Revenue Service — to develop and promote elder abuse and financial exploitation training for their agents. In addition, DOJ will develop tools to help domestic violence advocates, sexual assault programs, and aging services organizations to serve individuals who have experienced elder abuse — including domestic violence, sexual assault, and stalking — neglect, and financial exploitation.

DJ PATIL OF THE WHITE HOUSE OFFICE OF SCIENCE AND TECHNOLOGY PARTICIPATES IN THE INNOVATIONS IN AGING ARMCHAIR CONVERSATION AT THE WHCOA WITH JOE COUGHLIN OF MIT AGELAB, ANITA ROTH OF AIRBNB, AND SETH STERNBERG OF HONOR.

Aging.gov and Other Resources

AGING.GOV & TECHNOLOGY TO SUPPORT OLDER AMERICANS

- In response to the public's overwhelming request for better access to information regarding aging issues, the Administration launched Aging.gov to provide older Americans, families, and caregivers with a one-stop resource for government-wide information on helping older adults live independent and fulfilling lives. The website links to a broad spectrum of Federal information, including how to find local services and resources in your community for everything from healthy aging, to elder justice, to long-term care, as well as how to find key information on vital programs such as Social Security and Medicare.

- As part of the President's commitment to making Federal government data open and more easily usable, the Administration announced that Federal data sets relevant to aging and to elderly Americans will be made easily available on Data.gov, the repository for the U.S. Government's open data. This resource will continuously be updated with datasets on aging, much like it is for other important Administration priorities such as climate, public safety, and education.

Private Sector Initiatives

In conjunction with the White House Conference on Aging, private sector leaders announced new actions to help older Americans live longer, better, and more independent lives.

Utilizing Technology to Support Older Americans

- To help bring technology to support older Americans, as part of its annual HackFest, **LeadingAge**, an association of 6,000 not-for-profit organizations and businesses representing a broad field of aging services, will partner with **Hewlett-Packard** using HP's 3D immersive computing platform and Federal open data to challenge innovators to create technology-driven tools to improve the lives of older adults and their families.

- The employer coalition **ReACT (Respect a Caregiver's Time), Care.com** and the **Massachusetts Institute of Technology** (MIT) are joining forces to generate the tools employers need to effectively support employees who are caregivers. ReACT and Care.com will launch an employer engagement effort to drive broad employer adoption of best practices and effective strategies that support their employees' caregiving responsibilities.

WHCOA EXECUTIVE DIRECTOR NORA SUPER CHECKS OUT THE MIT AGELAB AWARE CAR WITH JOE COUGHLIN IN CAMBRIDGE, MASS.

- **Philips**, joined by **the MIT AgeLab** and **Georgetown University's** Global Social Enterprise Initiative, announced it will create the AgingWell Hub — an incubator for open innovation that examines and shares solutions to aging well through the use of new technologies, products, services and thought leadership in collaboration with academia, healthcare systems, caregivers, payers, entrepreneurs, and older adults.

- **MIT** and **Care.com** will jointly conduct a case study based on MIT's approach to employer-supported elder care.

- **Uber** announced pilot programs in Florida, Texas, Ohio, Arizona, and California that will partner with senior community centers and other advocates to provide free technology tutorials and free or discounted rides to older Americans to increase access to transportation options and support mobility and independence.

- **Airbnb** has conducted research to support and understand the experience of older Americans in their travels and in their use of technology and is partnering with communities to enhance accessibility and the user experience for older populations.

- **Walgreens** has made advancements in its digital technologies to connect individuals with its telehealth services provider, which offers 24/7 access to U.S. board-certified doctors. Seniors also can track their health behavior with personal wellness smartphone technologies from Walgreens and **WebMD**.

- **Peapod** has adopted "best in class" web accessibility standards to ensure that all individuals, including those with disabilities and those who are unable to shop at traditional stores, can use its website and mobile applications.

- **Honor**, a tech-enabled company that matches seniors with care professionals, will offer $1 million in free home care across 10 cities in the country, and work with established care-providing organizations in those communities to ensure this care goes to helping older Americans.

- The **University of Washington's School of Nursing** and the HEALTH-E (Home-based Environmental Assisted Living Technologies for Healthy Elders) initiative are introducing an Aging and Technology Laboratory, which includes hardware and software tools to support participatory design of technology for older adults. The laboratory will allow scientists, engineers, and others to engage older adults and their families to accelerate the generation of new solutions to support aging.

ASSISTANT SECRETARY FOR AGING KATHY GREENLEE MODERATES THE RETIREMENT SECURITY AND ELDER JUSTICE PANEL AT THE BOSTON REGIONAL FORUM.

Retirement Security

HELPING EMPLOYEES ENSURE A SECURE RETIREMENT

- To help ensure their employees can enjoy a secure retirement, employers such as **Alaska Airlines, The Clorox Company, Vermeer**, and **United Technologies Corporation** (UTC) have been taking the lead in adopting best practices for the retirement programs they offer employees. For example, all of these companies auto-enroll their workers at 6 percent of pay, with an automatic escalation in contributions each year. And **Clorox** provides a total company contribution of 10 percent of pay, consisting of a four-percent

employer match and a six-percent annual company contribution. These leaders also have committed to taking further steps to improve their plans.

- **Alaska Airlines** plans to allow terminated employees to continue repaying their plan loans on their original repayment schedules, rather than accelerating the repayment obligation when an employee leaves the company.

- **Vermeer** is rolling out to participants a total financial wellness plan and auto-enrollment into custom target date funds, composed of their plan's core fund menu to ease confusion, which will auto-adjust based on the employee's age.

- Lastly, by the end of 2016, **UTC** will set a goal of $1 billion in lifetime income assets intended to provide employees a steady stream of income in retirement and protect against outliving their savings. UTC will also launch an education campaign informing participants of the advantages of keeping assets in UTC's plan, even after they've separated from the company, rather than cashing out or rolling over into often higher-fee IRAs.

HELPING WORKERS PLAN FOR RETIREMENT BY PROVIDING READY ACCESS TO INFORMATION ABOUT SOCIAL SECURITY BENEFITS

- To help workers, **Betterment, Financial Engines, and HelloWallet Holdings** (a Morningstar Company) have committed to developing software incorporating the new data from the Social Security Administration, which now allows individuals to download an easily transferrable data file of their Social Security Statement.

Healthy Aging

MAKING IT EASIER TO AGE IN PLACE

- **Home Depot** released a tip sheet and "how to" video highlighting simple home modification steps to help older Americans age in place.

- **Washington State University** will test new models of using technology to keep older adults safe and healthy as they live independently in their own homes, including a partnership with the **Good Samaritan Society** to equip 1,500 homes across the country with wireless sensors to help clinicians monitor those older adult residents who voluntarily chose to participate for health concerns.

COMBATTING ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

- The **Dementia Friendly America Initiative**, led by **Collective Action Lab**, in partnership with **USAgainstAlzheimer's**, the **National Association of Area Agencies on Aging**, and **Blue Cross Blue Shield of Minnesota** announced plans to support dementia-friendly communities across the country and to expand to 15 additional pilot sites across the country. This work is based on a model implemented in Minnesota, through which communities across the State are actively working to increase dementia awareness and implement strategies to help support individuals with dementia and their family caregivers in the community.

LABOR SECRETARY TOM PEREZ DELIVERS A KEYNOTE ADDRESS AT THE SEATTLE REGIONAL FORUM.

BERNIE NASH, WHO WAS A DELEGATE TO THE FIRST WHCOA IN 1961, WELCOMES ATTENDEES TO THE 2015 WHITE HOUSE CONFERENCE ON AGING.

SUPPORTING LIFELONG LEARNING AND ENGAGEMENT

- **Encore.org**, a national nonprofit focused on leveraging the experience of adults in midlife and beyond to meet community needs, will develop a new national campaign to mobilize older Americans' talent to improve the prospects of vulnerable children and youth.

- **Michigan Technological University's** Breaking Digital Barriers group pairs university students with older learners to provide instruction in digital literacy in rural Michigan. By 2017, the program will expand to reach additional older learners with 100 student tutors, with the aim of producing a nationally replicable model.

HELPING OLDER AMERICANS STAY HEALTHY

- The **Stanford Center on Longevity** will develop a State of Longevity Index to be released in early 2016 that will measure how well the United States is doing to improve the prospects for long-term well-being in financial security, physical health, social connectedness, educational attainment, and age-friendly communities. **IDEO** announced the launch of "The Powerful Now," a project to build a cross-sector collaboration around positive aging for all.

- **Bank of America** announced the introduction of the Bank of America Merrill Lynch Longevity Training Program for human resources and benefit plan professionals. This first-of-its-kind program was developed in partnership with the **USC Leonard Davis School of Gerontology** and focuses on workplace awareness and understanding of the evolving needs of the nation's aging population and their families. Bank of America will soon make this training program available to all of the companies for whom Bank of America Merrill Lynch provides retirement and benefit plan services — more than 35,000 companies and more than 5 million employees.

- **Epic Systems Corporation**, the electronic health record (EHR) technology provider, will make available to its EHR clients a clinical decision support tool for falls assessment based on CDC's guidelines, to make it easier for health care providers to screen for falls, intervene to reduce risk, and provide follow-up care.

- **Kaiser Permanente** will implement the CDC's evidence-based falls prevention tool, known as STEADI (Stopping Elderly Accidents, Deaths & Injuries) across all of its regions and make Kaiser's evidence-based falls prevention program widely available to other health systems and health plans.

WHCOA EXECUTIVE DIRECTOR NORA SUPER VISITS RAY'S GARDEN AT CIRCLE THE CITY IN PHOENIX.

CAREGIVER AND ACTOR DAVID HYDE PIERCE MODERATES THE CAREGIVING IN AMERICAN PANEL AT THE WHCOA WITH DEPARTMENT OF VETERANS AFFAIRS SECRETARY ROBERT MCDONALD, AI-JEN OF CARING ACROSS GENERATIONS, HARRY LEIDER OF WALGREENS, FRANK FERNANDEZ OF BLUEPLUS/BCBS MINNESOTA FOUNDATION, AND CAREGIVER BRITNEE FERGINS.

Long-Term Services and Supports

SUPPORTING ELDER CAREGIVING

- The **SCAN Foundation** is investing $2 million in assisting community-based aging networks in developing the skills and capacity necessary to build collaborative partnerships with the health care sector.

- The **John A. Hartford Foundation** announced it is planning to invest $3 million to support the delivery of evidence-based services and programs by Area Agencies on Aging, which provide community-based support to older Americans and their caregivers, and by other community-based organizations and to complement HRSA's efforts to expand geriatrics training, it has allocated $2 million to meet the agency's goals of improving health outcomes for older adults.

- **Transamerica Institute** will support and disseminate caregiver-related research to understand how the need for caregiving is impacting American workers, especially women, and their employers.

Elder Justice

PROTECTING OLDER AMERICANS FROM FINANCIAL EXPLOITATION AND ELDER ABUSE

- The **American Bankers Association Foundation** announced the release of an interactive community mapping tool that identifies innovative bank programs across the country that adopt intensive banker training to stop fraud and financial exploitation of older Americans, provide robust consumer education, and create effective partnerships with law enforcement and adult protective services.

III. Public Input

Throughout the year leading up to and following the 2015 White House Conference on Aging, a broad range of stakeholders provided substantial input and feedback on four policy areas addressed by the conference: Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice.

Description of Sources

This section compiles the feedback that WHCOA received across these four policy areas from the following five sources:

- Breakout sessions at five regional forums held in Tampa, Florida; Phoenix, Arizona; Seattle, Washington; Cleveland, Ohio; and Boston, Massachusetts. Forum attendees represented regional and demographic diversity across surrounding states and included subject matter experts, advocates, service providers, family caregivers and, most importantly, older individuals. Attendees generated feedback, identified key priorities and challenges, and proposed policy solutions. To review reports from the regional forums visit: http://www.whitehouseconferenceonaging.gov/happening/index.html#forums.

- The White House Conference on Aging released four policy briefs on the major themes for the conference and solicited public comment on the briefs. Web access gave individuals and organizations the opportunity to respond to the briefs and provide feedback on their policy priorities. To view the issue briefs, visit: Retirement Security, Healthy Aging, Long-term Services and Supports, Elder Justice. See also Appendix D.

- We gathered insights during listening sessions and presentations with stakeholder organizations in Washington, D.C. and across the country, including state units on aging (e.g., Tennessee, Washington, Illinois, and Oregon) and national aging organizations (e.g., Encore.org, Leadership Council of Aging Organizations, National Hispanic Council on Aging, Diverse Elders Coalition, and the Alliance for Retired Americans). WHCOA Executive Director Nora Super and other representatives of the WHCOA attended over 100 listening sessions, speaking engagements, and meetings across the country.

- The White House Conference on Aging also organized five high-profile forums at the White House on the following topics: healthy aging, elder justice, caregiving, older women, and retirement security. These sessions were attended by Cabinet secretaries, senior government officials, including State and local officials; Federal subject matter experts; advocates; and older Americans. Sessions identified and discussed key policy priorities and suggested solutions.

- Input was received from the more than 700 watch parties held throughout the country on the day of the White House Conference on Aging. Stakeholder groups in all 50 states and Washington, D.C. organized groups to view the live stream of the conference, discuss ideas, and submit feedback.

Summary of Public Input

The following is a summary of the public's input on the four focus areas of WHCOA. Although WHCOA organized and solicited public input, the following recommendations and opinions are solely those of the members of the public who submitted them and do not represent the official position or policies of the White House, WHCOA, or HHS. Additionally, WHCOA was fortunate to receive more valuable feedback than can be shared in this report. Accordingly, the following is not an exhaustive list of topics submitted by the public, but a summary of the commonly mentioned topics in the public comments.

Retirement Security

The 2015 White House Conference on Aging heard from many participants about the importance of ensuring retirement security. The dramatic increase in average life expectancy is one of society's greatest achievements of the last century, but longer lives can pose challenges for older Americans' financial security, increasing the risk that they might outlive their assets. These concerns were shared by diverse commenters from around the country, representing a rich variety of ages and backgrounds.

Also, as traditional pensions have increasingly been replaced with defined contribution plans like 401(k) plans, WHCOA participants expressed concern about the future of retirement income options. The majority of the comments received on retirement security coalesced around three general themes:

THEME 1: STRENGTHEN SOCIAL SECURITY

Social Security, as well as health programs such as Medicare and Medicaid, are seen as essential parts of retirement security and have broad support. Regional forum participants and commenters shared their concerns about the future of Social Security, and there was wide support to implement measures that will enhance the existing Social Security system's solvency and sustainability, as well as ensure that it adequately protects the most vulnerable members of society.

Participants also voiced strong support for the Social Security principles laid out by the Administration:

- Any reforms should strengthen Social Security for future generations and restore long-term solvency.
- The Administration will oppose any measures that privatize or weaken the Social Security system.
- While all measures to strengthen solvency should be on the table, the Administration will not accept an approach that slashes benefits for future generations.
- Current beneficiaries should not see their basic benefits reduced.
- Reform should strengthen retirement security for the most vulnerable, including low-income older Americans.
- Reform should maintain robust disability and survivors' benefits.

THEME 2: PROMOTE AVAILABILITY OF LIFETIME INCOME OPTIONS

Several respondents questioned the stability of the traditional three-legged stool — made up of Social Security, employer-sponsored pensions, and individual savings or investments — in today's environment. Many respondents expressed concern that the majority of the risk for financial security falls on individuals, as defined contribution plans have become the most prevalent form of employer-based plans. Several participants expressed concern about the decline of defined-benefit pensions and urged steps to strengthen existing pension plans. Some urged more education and awareness about opportunities for both employers and employees to boost retirement savings overall and provide more opportunities for lifetime income options.

THEME 3: ENSURE ECONOMIC OPPORTUNITIES TO SAVE AND BUILD A NEST EGG

Commenters expressed concern about whether middle-class Americans have the ability to save for retirement while meeting day-to-day financial challenges. Common questions raised by commenters included: are Americans saving enough and are they making enough to save? Suggestions included financial education and increasing availability of workplace savings options. Additionally,

several comments expressed support for ensuring that older Americans who want or need to continue working past traditional retirement age have opportunities to do so.

> "True retirement security means that older adults have sufficient income needed to age in place with dignity in their communities, able to meet all basic monthly expenses."
> —*Leadership Council of Aging Organizations*

ADDITIONAL THEMES

Advocates for older Americans with lower incomes stressed the importance of Supplemental Security Income. Finally, it was often noted as Americans live longer, the experience that they can bring to their families, communities, and society needs to be valued, and individuals who wish to continue working must be given opportunities and support.

THE ASIAN COUNSELING AND REFERRAL SERVICE ACTIVITY CENTER IN SEATTLE OFFERS A HIP HOP CLASS FOR SENIORS.

Healthy Aging

With the opportunities that longer life brings, Americans across the country joined together in a national conversation on not just retirement security, but on what healthy aging in America means today. Compared with previous generations, the possibility of living thirty or more years beyond traditional retirement age has created both opportunities and challenges in planning not just for longer lives, but for better lives.

WHCOA participants enthusiastically responded to the policy brief on Healthy Aging by calling for positive ways to grow older with dignity and engage in meaningful ways in one's own community. Healthy aging was the topic area that received the most comments from the public. Two major themes emerged:

THEME 1: IGNITE A CULTURE CHANGE IN AMERICANS' ATTITUDES TOWARD AGING TO RECOGNIZE OLDER ADULTS AS A RESOURCE THAT SUPPORTS THE GREATER GOOD OF SOCIETY AND CAN HELP SOLVE SOCIETY'S PROBLEMS

Respondents want a culture change to overcome stereotypes of aging and shift the perception of aging from a time of disability and disease into one of promise and possibility. Several respondents discussed the need for the public to transform its view of older adults as a drain on the economy to recognize them, instead, as a rich resource for tackling some of the country's most challenging societal problems. In addition, several participants noted that continued social engagement provides purpose and meaning and reduces social isolation for older adults, which is also beneficial to society as a whole.

> "On behalf of our 38 million members and their families, we are optimistic about the opportunities in this longevity economy, in which people are living longer and contributing more to society in their later years. There is so much that individuals and businesses can do to make our lives better and more productive."
> —*AARP*

THEME 2: SUPPORT AGE-FRIENDLY COMMUNITIES THAT ARE INCLUSIVE AND CULTURALLY RESPONSIVE TO THE NEEDS OF DIVERSE GROUPS

Overwhelmingly, healthy aging comments focused on the need for age-friendly communities that are suitable for people of all ages. The comments also reflected a strong opinion that inclusiveness must extend to people of diverse backgrounds, including people of color; Lesbian, Gay, Bisexual, Transgender (LGBT) individuals; and people with physical, intellectual and cognitive disabilities. Discrimination, lack of access to health care,

and language or accessibility barriers can cause diverse populations to have fewer opportunities for engaging in healthy activities. Moreover, as our aging population becomes more diverse, outreach and intervention strategies should be targeted to reflect cultural differences. According to CDC, people age 50 and older represent one in six new HIV diagnoses. Respondents urged policymakers to take concrete actions to address the needs of diverse groups and foster changes to better the lives of all older adults.

Participants also noted that the dimensions of age-friendly communities might include not only affordable, accessible housing and preventive health services, but also access to outdoor recreational environments; volunteer-based movements (such as Neighborhood Villages) to age in place; accessible transportation; ability to enjoy good nutrition; outlets for physical activity; cognitive and behavioral health services; and participation in the arts to promote healthy aging and avoid isolation.

ADDITIONAL THEMES

Several commenters in healthy aging discussions focused on the important role of Medicare in preventing disease and promoting health as we age. They expressed concerns that Medicare can often be confusing for beneficiaries to understand and delayed enrollment in Part B (medical and preventive services) may lead to financial penalties for those who do not understand the rules related to late enrollment. Commenters strongly suggested that the Administration implement a Federal interagency process to improve notification and support for individuals nearing Medicare eligibility.

Participants expressed appreciation for the many preventive benefits, such as the Annual Wellness Visit, provided at no cost to Medicare beneficiaries as a result of the Affordable Care Act. However, several advocates and clinicians noted that there has been a slow uptake of these preventive benefits by minority groups and others. Some commenters expressed concern about the lack of preventive benefits in Medicare to provide for dental, hearing, and vision care. The loss of hearing and vision can be major challenges to older adults to remain independent, and can contribute to increased social isolation. Dental problems can be detrimental to nutrition and are sometimes an early indication of heart disease or increased chances of strokes. Overall, however, respondents were extremely optimistic about opportunities for healthy aging.

> "Self-management is heralded as a key component in the improvement of health outcomes associated with chronic disease."
> — *National Council on Aging*

FERNANDO TORRES-GIL OF THE UCLA LUSKIN SCHOOL OF PUBLIC AFFAIRS, YMCA'S KEVIN WASHINGTON, AND SURGEON GENERAL VIVEK MURTHY PARTICIPATE IN THE INTERGENERATIONAL CONNECTIONS AND HEALTHY AGING PANEL AT THE WHCOA.

Long-Term Services and Supports

Despite the best efforts to stay healthy, we know that some older adults will require long-term services and support, and WHCOA heard from many participants and commentators about their views on the most pressing issues related to long-term care.

Across the country, participants expressed the need for more support for family (non-paid) caregivers, and their deep commitment to providing dignified care for older adults who need assistance to lead self-determined lives. Americans are committed to treating older adults with dignity and respect regardless of old age or disability. Several respondents also shared their growing concerns

about the disjointed nature of long-term care systems across institutional and community-based settings. Older adults, families, providers, and communities have growing anxiety about how to bridge their desire for dignified care with the realities of complex care.

The majority of comments for long-term services and supports were in three key areas:

THEME 1: PROMOTE PERSON-CENTERED CARE THAT MAXIMIZES INDEPENDENCE AND CHOICE

For older adults, their priority is to have care that maximizes their preferences and enables them to live independently, including independence with assistance. Much of this conversation centers on increasing home- and community-based services options for all levels of income and functional needs. Additionally, care coordination was identified as crucial to achieving high quality care across all settings through which people receive care. Another important aspect of person-centered care raised by several commenters emphasizes cultural preferences and language accessibility.

> "The system must identify people at critical times when it can provide the right set of coordinated services to help individuals regain footing back in their homes and communities... Targeted care coordination is the cornerstone to improving care while lowering costs."
> — *The SCAN Foundation*

THEME 2: PROVIDE GREATER SUPPORT FOR PAID AND FAMILY CAREGIVERS

Support for formal and informal caregivers is a major part of the public's conversation on improving care quality for older adults. To support building a direct care workforce, many participants stressed the need to improve work standards, training, and compensation in order to make direct care work a viable career. Throughout our public engagement process, we heard from caregivers and the families they support about the importance of the contribution made by caregivers, the professional standards paid caregivers bring to their jobs,

> "We believe that a bold, publicly financed, federal solution to the growing long-term care needs of our aging population is needed."
> — *Caring Across Generations*

and the need to better support them. Participants also emphasized the need to better train health and long-term care professionals to meet the needs associated with a growing aging population.

Supporting family and other informal caregivers was also a major focus of the input we received. Participants and commentators noted that the emotional and financial needs of informal caregivers must be addressed and that supportive programs such as respite relief or training are increasingly important. Perhaps more than any other issue, the need to support informal caregivers arose in all of four priority issue areas and in all of our public engagement from coast to coast.

THEME 3: ADDRESS THE PATCHWORK OF SERVICES AND FUNDING STREAMS

Respondents noted that we lack a comprehensive, national long-term care policy. A patchwork system of services and payments often leaves older adults and families confused, and financially and emotionally depleted. WHCOA participants overwhelmingly suggested that comprehensive long-term care payment reform is needed to provide continuity of care from acute to community-based settings.

ADDITIONAL THEMES

Other respondents raised issues related to palliative care and advance care planning. Though most respondents focused on aging successfully, some responses centered on helping people make informed decisions early, including planning to have conversations with loved ones, medical providers, and lawyers. Older adults expressed a desire to have dignity and choice in decision making.

FEDERAL TRANSIT ADMINISTRATION ACTING ADMINISTRATOR THERESE W. MCMILLAN WELCOMES ATTENDEES TO THE BOSTON REGIONAL FORUM.

Elder Justice

Unlike long-term services and supports, elder justice issue is a less well-known topic to many Americans, although the impact is widespread and devastating to its victims. In 2010, the Elder Justice Act was enacted into law as part of the Affordable Care Act, providing new authority and opportunities for the Federal government to address elder abuse. The law established the Elder Justice Coordinating Council (EJCC), Federal entities tasked to move elder justice issues forward. In 2014, the Department of Justice released the Elder Justice Roadmap — a set of consensus policy recommendations. The White House Conference on Aging built upon these recommendations to identify elder justice as a priority issue and further elevate this important topic.

Many of the responses WHCOA received in the Elder Justice area mirror the priorities indicated in EJCC recommendations. Overall, respondents shared their concern for victims of elder abuse and the immediacy of needs; they highlighted gaps in several key areas including services, prevention, a coordinated response system, and an overall lack of research on elder abuse.

> "As an ombudsman, my job is to protect and advocate for our frailest and most vulnerable kupuna (Hawaiian word for "elder"). Seniors who suffer physically and/or cognitive impairments can be easily taken advantage of by both strangers and family members."
> — *Office of the Ombudsman, State of Hawaii*

WHCOA received a smaller number of comments and input on elder justice than other policy areas; however, a small and vocal group had a number of focused ideas. Responses coalesced around three central themes:

THEME 1: INCREASE PREVENTION AND RESPONSE EFFORTS FOR ELDER ABUSE

Elder justice advocates promoted two strategies to reduce elder abuse: preventing abuse before it happens, and providing a coordinated response when it does. Public education and awareness were seen as key priorities to improve the public's understanding of the problem and help them find resources. Training and collaboration across sectors were commonly discussed as an effective strategy to respond to elder abuse cases.

> "Data for diverse elders faces many challenges — small sample sizes, emerging methodologies to identify the best ways to survey respondents on sexual orientation and gender identity, or hard to reach factors like limited English proficiency, immigration status, fear of homophobia/transphobia."
> — *Diverse Elders Coalition*

THEME 2: INCREASE RESEARCH ON ELDER ABUSE AND SERVICES

Consistently, WHCOA received feedback that the lack of research focusing on elder abuse is a major barrier to creating solutions and moving elder justice issues as a policy priority. Overall, very little is known about the extent of the problem, and even less is known about successful solutions to prevent or stop abuse.

THEME 3: GREATER POLICY FOCUS ON ELDER ABUSE

WHCOA participants focused on legislation and increasing funding as important steps to addressing elder abuse. In particular, participants highlighted the importance of the Older Americans Act and Elder Justice Act. Additionally, advocates have consistently called for standardization of the definition of elder abuse, and minimum standards of state reporting to allow for consistent identification of elder abuse and better data to inform the development of interventions that prevent and respond to abuse.

> "Anecdotal evidence provided by those involved with elder services in Indian country suggests a high incidence of elder abuse in Indian country."
> — *National Indian Council on Aging*

IV. *Looking to the Future*

WHCOA EXECUTIVE DIRECTOR NORA SUPER DELIVERS REMARKS AT THE WHITE HOUSE CONFERENCE ON AGING.

Next Steps

The WHCOA received substantive and substantial public input on all four of the focus areas for the conference, providing many insights and ideas to help chart the course of aging in the coming decade and to help ensure that, as a society, we can adequately prepare for the changing aging landscape and the issues most important to older adults.

The White House has announced an extraordinary number of new government actions and initiatives to improve the quality of life of older Americans and their families. At the same time, the private sector announced a wide range of initiatives to support the same objectives. These initiatives help ensure that Americans have increased opportunity and ability to retire with dignity; that older adults can enjoy the fullest physical, mental, and social well-being; that older adults can maximize their independence and ability to choose to age in place with assistance from caregivers who have the support they need; and that elder abuse — like financial exploitation — is more fully recognized as a serious challenge and addressed accordingly and effectively.

The 2015 White House Conference on Aging also enjoyed broad participation from stakeholders and older Americans across the country. The 2015 conference used multiple ways of communicating to spur a national conversation on the issues most important to older Americans, their caregivers, and their families. In short, it lived up to the words of Arthur S. Flemming, Secretary of Health, Education and Welfare from 1958 to 1961 and Secretary of the very first White House Conference on Aging in 1961, who described the 1961 conference as an "invaluable instrument for defining new goals and how to reach them."

This conference certainly helped define new goals and avenues for reaching them, not only with new initiatives, but with ideas and insights that may help all of us live longer, healthier and, ultimately, better lives in the future. Above all, the conference demonstrated the Administration's continued commitment to older adults.

We recognize that our work is not over. It will take the combined efforts of Federal, State, and local governments working together with the private sector across multiple spheres to realize a new vision for aging in the next decade.

With the work of the sixth WHCOA completed, it is time to look to the future to ensure older Americans, and all Americans, will enjoy longer and better lives in the coming decades.

> "This conference certainly helped define new goals and avenues for reaching them... with new ideas and insights that may help all of us live longer, healthier and, ultimately, better lives in the future."

WENDY SPENCER, CEO OF THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE, DELIVERS A KEYNOTE ADDRESS AT THE PHOENIX REGIONAL FORUM.

Demographic Changes

First, we must acknowledge our demographic reality. The United States continues to experience incredible transformation. Over 10,000 baby boomers are turning 65 every day, and the fastest growing demographic in the U.S. is women over age 85.

This age wave is expected to continue well into the next century. The population age 65 and over has increased from 35.9 million in 2003 to 44.7 million in 2013 (a 24.7 percent increase) and is projected to more than double to 98 million in 2060. By 2040, there will be about 82.3 million older persons, over twice their number in 2000. People 65 and older represented 14.1 percent of the population in the year 2013 but are expected to grow to be 21.7 percent of the population by 2040. The 85+ population is projected to triple from 6 million in 2013 to 14.6 million in 2040.

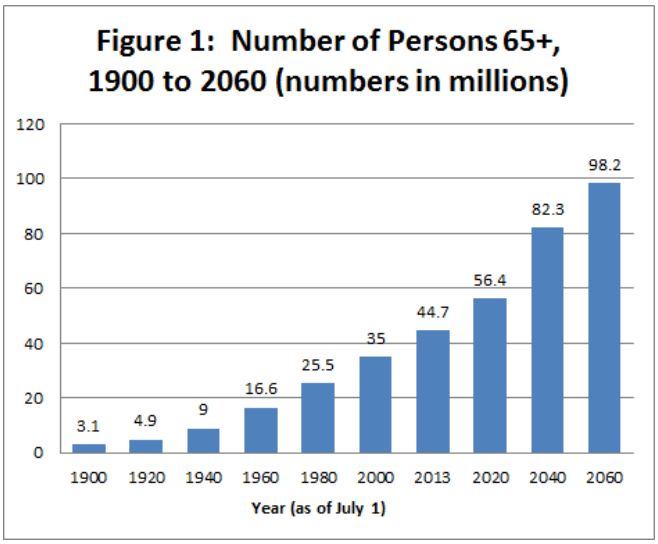
Racial and ethnic minority populations have increased from 6.3 million in 2003 (17.5 percent of the older adult population) to 9.5 million in 2013 (21.2 percent of older adults) and are projected to increase to 21.1 million in 2030 (28.5 percent of older adults). Between 2013 and 2030, the white (non-Hispanic) population 65 and older is projected to increase by 50 percent compared with 123 percent for other racial and ethnic minority populations, including Hispanics (153 percent), African-Americans (non-Hispanic) (99 percent), American Indian and Native Alaskans (non-Hispanic) (104 percent), and Asians (non-Hispanic) (121 percent).

To help every American enjoy a longer, better, more active and independent life, society needs to effectively engage the challenges and fully embrace the possibilities inherent in a rapidly aging population. To respond to this challenge over the next decade, both the public and private sectors can examine core societal systems — including work and retirement, health care, housing, and transportation — and how they can better meet the needs of and expand opportunities for a diverse aging population.

Caregiving

No topic attracted more attention in the lead-up and follow up to the 2015 WHCOA than caregiving. It echoed across all four of the conference issue areas.

Most help for older Americans is generally provided at home by non-paid caregivers, especially family and friends. These caregivers are the most familiar face of caregiving, and are often the primary lifeline, safety net, and support system for older adults. As the demographic trends described above accelerate, this reliance will continue to shift to paid caregivers. Accordingly, the conference included much discussion of the policies we need to ensure that we attract and retain a sufficient number of paid caregivers in the profession.



NOTE: INCREMENTS IN YEARS ARE UNEVEN.
SOURCE: U.S. CENSUS BUREAU, POPULATION ESTIMATES AND PROJECTIONS.

Almost 18 million Americans provide care for a chronically ill, disabled, or aged family member or friend during any given year. Although non-paid caregivers are diverse in terms of demographic, socioeconomic, and cultural characteristics, on average they are more likely to be women (62 percent) and middle-aged (50 percent are between 45-64 years).

Caregivers provide an average of 75 hours of support per month, but there is great variability depending on the number of caregivers and the older person's level of need. More than half (54 percent) of caregivers spend more than 40 hours per week providing care to their loved ones. Almost two-thirds of people age 65 and older rely exclusively on informal care for their personal care needs. An additional 30 percent use a mix of both paid and unpaid care.

Caregivers are frequently so engaged in the care of the person they are helping that their own health may not be a top priority. Due to financial or time constraints, these caregivers may go without health care, and ignore the myriad of physical and mental health concerns they often face. They also may sacrifice their own retirement security by leaving employment or reducing work hours in order to care for a family member or friend.

Although rewarding, caregiving can be demanding, and informal caregivers need to be supported and sustained. Informal caregivers also complement the dedicated professional workforce of paid caregivers, who have their own employment, health, and retirement needs, and who continually provide vital support to older Americans.

A growing demand for paid caregivers is expected, which raises issues of recruiting and retaining the direct care workforce. Direct care is a demanding profession with low wages, long hours, and limited benefits. Increasing wages and other measures that improve labor standards for direct care workers are critical to efforts to recruit and retain a sufficient number into the profession to keep pace with the growing need. To address these issues, the Department of Labor issued a final rule to extend Federal minimum wage and overtime protections to many home care workers, who, unlike workers who provide services in nursing homes and residential facilities, lacked stronger protections under the Department's prior regulations. More will need to be done in order to ensure that the profession continues to grow and attract the dedicated and skilled caregivers necessary to meet growing needs.

PARTICIPANTS AT THE CLEVELAND REGIONAL FORUM.

Collaboration across Sectors

The third universal theme is the importance of collaboration across sectors. Participants at WHCOA events focused on the need to break down the silos between housing, transportation, health care, and long-term services and supports in order to support healthy aging. Building upon our work at the Federal level in 2015, we must also leverage the important activities occurring at the state and local levels. Numerous cities and communities have come together to address aging issues with a multifaceted, multidisciplinary approach. These communities are challenging all sectors to re-imagine aging and consider how best to serve and benefit from this growing population. They recognize that healthy aging needs to take place in communities where older adults can be active; where they can find affordable and appropriate housing, and where they can access needed health and social services.

Technology and Aging

Since the last White House Conference on Aging ten years ago, technology has transformed what it means to age in America. An increasing array of web-based

technologies, robotics, and mobile devices help older adults access the services they need, stay connected to family and friends, and remain active and independent. Unfortunately, technology can also make some older adults more vulnerable to financial exploitation as scammers become more and more sophisticated in how they target victims.

Advances in science and technology hold much promise for helping older Americans remain healthy and prepare for their future, while also helping family and friends support older Americans and avoid financial and other scams. For example, technology may help older Americans to exercise, take medication on time, eat healthy meals, remain safe at home, and connect with family and friends. It can also make it easier for them to travel, find volunteer/employment opportunities, prevent financial exploitation, and live independently in their homes. Advances in the neurosciences of memory and cognition may lead to engaging games and smart phone apps that may demonstrate a role in preventing or slowing cognitive decline.

A diverse citizenry is one of our nation's greatest assets. Communities and populations across the spectrum of ages contribute unique skills, perspectives, and cultures that shape our society. Ensuring that Americans of all ages — including older Americans — are able to contribute to their communities is a role not only for the Federal Government, but also for the private sector, philanthropists, colleges and universities, professional societies, non-governmental organizations, and State, local, and Tribal governments.

Changing Perceptions

Regardless of where WHCOA traveled this past year, and irrespective of the group it visited, one idea continually arose. Everyone agreed that it is time to shift the conversation from one that assumes that the coming age wave will overwhelm us to one that recognizes it can help lift everyone's boat by tapping the power of experience to improve our families, our communities and our society.

This vision recognizes the possibilities, rather than the problems of aging, and appreciates that older adults have enormous reservoirs of experience and expertise that can make a tangible difference and contribution.

Changing the perception of aging is our ultimate challenge and charge as we go forward into the next decade. By changing Americans' attitudes about aging, we can help every American enjoy a longer, better, more active, and more independent life, and effectively engage the challenges and embrace the possibilities that are inherent in our aging population.

Conclusion

A half-century ago, before the advent of critical programs, including Medicare and Medicaid and the programs outlined in the Older Americans Act, growing older in America was often synonymous with illness, isolation, and inactivity. The "second half of life" was not necessarily a time to enjoy, but to endure. That is no longer the case. These programs, along with Social Security, provide a foundation of financial and health security to nearly all older Americans. Still, as we move forward, we have much to do.

Moving forward, we need to appreciate our demographic changes, collaborate across sectors, focus renewed efforts on paid and unpaid caregiving and, most importantly, foster a cultural change in Americans' attitudes about aging. In doing so, we can help every individual enjoy a longer, better, more active, and more independent life. We need to effectively engage the challenges and embrace the possibilities that are inherent in a rapidly aging population and ensure that all Americans can better age well and live well. Contributing to our society and communities in a meaningful way — that will be the new definition of aging in America as we go forward.

Appendix

A. White House Conference on Aging Schedule-at-a-Glance

Pre-Conference Activities

The 2015 White House Conference on Aging built on a year of activities that included five successful regional forums in Tampa, Phoenix, Seattle, Cleveland, and Boston; a series of webinars; and more than 100 high-level topical forums, listening sessions, meetings, speaking engagements and other events held across the country and in Washington, D.C.

CECILIA MUNOZ, DIRECTOR OF THE WHITE HOUSE DOMESTIC POLICY COUNCIL, DELIVERS OPENING REMARKS AT WHITE HOUSE FORUM ON CAREGIVING.

Regional Forums

WHCOA launched a series of regional forums to engage with older Americans, their families, caregivers, leaders in the aging field, and others on the key issues affecting older Americans. The forums were co-sponsored by AARP and planned in coordination with AARP and the Leadership Council of Aging Organizations, a coalition of more than 70 of the nation's leading organizations serving older Americans. Each forum included 200 invited guests — older Americans, family and professional caregivers, aging experts — and featured lively breakout sessions; panels on the conference's four topic areas of Retirement Security, Healthy Aging, Long-Term Services and Supports, and Elder Justice; and remarks and keynotes by representatives of the Obama Administration and elected officials. Each forum was also webcast, and communities were encouraged to host local viewing sessions, facilitate discussion, and submit feedback. The recordings of the webcast are available on the WHCOA website, and detailed agendas can be found in Appendix B of this report.

The forums took place in Tampa, Florida on Feb. 19, 2015; Phoenix, Arizona on March 31, 2015; Seattle, Washington on April 2, Cleveland, Ohio on April 27, and Boston, Massachusetts on May 28. Each forum began with addresses from elected officials, including mayors and county executives, U.S. representatives and senators, and officials from state government. These comments were followed by keynotes from Administration officials, including several cabinet secretaries. Sessions continued with panel discussions on Healthy Aging and Long-Term Services and Supports, and Retirement Security and Elder Justice. After lunch, attendees collaborated in breakout sessions on each of the topic areas. Attendees brainstormed individually and as a group, providing their thoughts on the most important priorities, challenges, and possible solutions related to these issue areas. At the end of the day, the ideas from the breakout groups were shared, and cross-cutting themes were identified. These discussions helped inform the work and presentations of the national conference in July.

Webinars

Along with the regional forums, the 2015 White House Conference on Aging officially partnered with a number of organizations to host a series of webinars leading up to the national conference. The webinars focused on nutrition and older adults with the National Association of Nutrition and Aging Services Programs; Alzheimer's disease and dementia with the Alzheimer's Association;

and new visions for long-term services and supports, with the Gerontological Society of America. WHCOA also partnered with the Caregiver Action Network and the National Alliance for Caregiving to present a Family Caregiving Town Hall webinar.

Additionally, WHCOA hosted its own series of public webinars. These webinars focused on managing multiple chronic conditions (Dec. 11, 2014, hosted in conjunction with the HHS Office of the Assistant Secretary for Health), Federal government actions to address elder justice across agencies and programs (Feb. 11, 2015), and retirement security (April 23, 2015). Each included more than 500 registrants.

WHCOA EXECUTIVE DIRECTOR NORA SUPER, SURGEON GENERAL VIVEK MURTHY, HUD SECRETARY JULIAN CASTRO, ASSISTANT SECRETARY FOR AGING KATHY GREENLEE, AND CAROLE JOHNSON OF THE WHITE HOUSE DOMESTIC POLICY COUNCIL PARTICIPATE IN THE WHCOA HEALTHY AGING FORUM.

Listening Sessions and Other Engagement

Beginning in the summer of 2014, representatives of the White House Conference on Aging and the Administration for Community Living addressed, engaged, and participated in over 100 listening sessions, conferences, meetings, and other community and organizational events across the country.

> "Throughout the day, thousands of people tuned into the live webcast, and more than 9,000 people participated in the dialogue through social media."

Among these, WHCOA sponsored a number of high-level topical forums at the White House, including a forum on supporting older Americans and their caregivers and one on elder justice. Each featured Cecilia Munoz, the Director of the White House Domestic Policy Council and experts, advocates, caregivers, and older Americans. Additionally, the White House Conference on Aging co-sponsored a forum on promoting equal futures for women and girls across the arc of life with the White House Council on Women and Girls, and it co-sponsored the Falls Prevention Summit with the National Council on Aging. In addition, the National Endowment for the Arts and the National Center for Creative Aging co-sponsored a summit on creativity and aging to explore the positive aspects of aging through arts participation and to promote the arts across policy and research disciplines.

Listening sessions included those at the Alzheimer's Advisory Council on Alzheimer's Research, Care, and Services; the Diverse Elders Coalition in Los Angeles; the LGBT Elder Housing Summit in Washington, D.C.; and sessions with SEIU membership in Seattle and Los Angeles. Other WHCOA events ranged from tribal forums to keynote addresses and conferences

AARP CEO JO ANN JENKINS DELIVERS A "LIGHTNING TALK" ON DISRUPTING AGING AT THE WHCOA.

LABOR SECRETARY TOM PEREZ AND VICKIE ELISA OF MOTHERS' VOICES GEORGIA PARTICIPATE IN THE FINANCIAL SECURITY AT EVERY AGE PANEL AT THE WHCOA.

with groups including LeadingAge, Meals on Wheels Association of America, the Global Coalition on Aging, and USAgainstAlzheimer's.

The Conference

Overview

Hosted by President Obama, the 2015 White House Conference on Aging was held at the White House on July 13, 2015. Taking advantage of communications channels that were not available for past White House Conferences on Aging, individuals and groups participated via live webcast at watch parties held in every state of the Union — totaling more than 700, ranging in size from three people in Kodiak, Alaska to over 900 people at the National Association of Area Agencies on Aging watch party in Philadelphia. Watch parties were hosted by organizations like AARP and SEIU, senior centers, community centers, libraries, retirement communities, and universities. Webcast participants were able to send questions for panelists at the White House event to participate directly in the discussion.

Additionally, throughout the day, thousands of people tuned in to the live webcast, and more than 9,000 people participated in the dialogue through social media on Twitter and Facebook. Each of the day's five panel discussions — on caregiving, retirement security, healthy aging, elder justice, and older adults and technology — included an opportunity for those in the room as well as those participating virtually to join the conversation by asking questions of the panelists. The Department of Transportation hosted on July 13, 2015, an all-day overflow event in support of the conference for Federal and non-Federal partners that included a networking lunch and a closing informal feedback session to gather input regarding the conference presentations. The WHCOA website had more than 26,000 unique visitors on July 13.

Summary

The conference agenda featured a keynote by President Obama, five panel discussions, and remarks and lightning talks from administration officials, including Valerie Jarret, Assistant to the President for Public Engagement and Public Affairs; Jeff Zients, Director of the National Economic Council: Secretary of Health and Human Services Sylvia Mathews Burwell; Labor Secretary Tom Perez; VA Secretary Robert McDonald; Agriculture Secretary Tom Vilsack; U.S. Surgeon General Vivek Murthy; Richard Cordray, Director of the Consumer Financial Protection Bureau; and Kathy Greenlee, Assistant Secretary for Aging at HHS. The Administration announced a number of key new policy initiatives to help empower Americans as they age. A number of private sector companies also made commitments to better support and empower Americans as they age.

THE U.S. DEPARTMENT OF TRANSPORTATION HOSTED A WATCH PARTY FOR THE WHCOA ON JULY 13.

Agenda

The day began with Bernie Nash, a delegate to the first White House Conference on Aging in 1961, stressing the importance of the event and introducing Valerie Jarrett, Senior Advisor to the President. Ms. Jarrett touched on how the Affordable Care Act is expanding coverage and saving seniors money on prescription drugs, and she called for suggestions and solutions to prepare for the changing aging landscape in the coming decade.

Actor and caregiver David Hyde Pierce then led a panel on Caregiving in America. Participants included Secretary Robert McDonald of the U.S. Department of Veterans Affairs (VA); Ai-jen Poo of Caring Across Generations and the National Domestic Workers Alliance; Harry Leider of Walgreens; Frank Fernandez of Blue Cross/ Blue Shield of Minnesota, and caregiver Britnee Fergins. Ms. Fergins, a chemist by trade, simultaneously cares for her two-year-old child and her father who suffers from dementia. Outside of her 10-hour workdays, she spends her time juggling medical appointments, grocery shopping, filling prescriptions, and other responsibilities that come with providing care for a loved one.

Mr. Pierce and the panelists discussed the challenges — physical, emotional, and financial — faced by caregivers, both paid and unpaid. The panelists discussed the specific challenges associated with caring for someone with dementia as well as new resources to assist them. Secretary McDonald discussed several resources available from the VA, including workshops, training programs, support groups, and a national caregiver support hotline to help meet those challenges. Together, these services represent a comprehensive approach to caregiver support unprecedented in the public and private sectors.

The caregiving panel was followed by remarks from President Obama in the East Room of the White House. He noted that one of the best measures of a country is how it treats its older citizens, and that among the country's greatest triumphs are Medicare, Medicaid, and Social Security programs.

President Obama also touched on many Federal initiatives that have benefited older Americans. For example, the life of the Medicare Trust Fund has been extended by 13 years since the Affordable Care Act was signed into law in 2010; nine million seniors have received significant discounts on their prescription drugs thanks to the Affordable Care Act; and more than 40 million people on Medicare have received free preventive services. He also called on Congress to reauthorize the Older Americans Act and discussed the importance of making it easier for Americans to save for retirement, ensuring that Americans who do the hard work of saving for retirement receive advice in their best interest, and the urgency of combating elder abuse.

President Obama particularly underscored a key announcement related to planning for retirement: the Department of Labor will clarify, through proposed rules and other guidance, a legal path forward for state-based retirement savings initiatives to help workers who do not currently have access to a workplace retirement plan. This new regulation and guidance will help ensure that more Americans will have a chance at a secure and dignified retirement. Overall, the President stressed the Administration's commitment to ensuring longer, healthier, better lives for older Americans.

After the President's address, HHS Secretary Sylvia Mathews Burwell highlighted new steps HHS is taking to improve quality, safety, and person-centered approaches

HEALTH AND HUMAN SERVICES SECRETARY SYLVIA BURWELL SHARES VIDEO HIGHLIGHTS OF WHCOA AT THE JULY 13 CONFERENCE.

in nursing homes, and she shared a video recapping the five WHCOA regional forums.

The final morning panel featured U.S. Department of Labor Secretary Tom Perez moderating a discussion on Planning for Financial Security at Every Age with Jean Chatzky, AARP's financial ambassador; Vickie Elisa from Mothers' Voices Georgia; Robin Diamonte of United Technologies; and Andy Sieg from Bank of America.

Secretary Perez began by asking panelists about their thoughts on the most significant barrier to retirement security. "If orange is the new black, then 90 is the new old," said Ms. Elisa. "Longevity presents a challenge to having retirement funds to last your lifetime." The other panelists focused on the steps most Americans need to take to plan for a secure retirement, including using saving mechanisms like myRA and 401(k) plans. Panelists stressed the importance of beginning to save early, even if it is only a small amount, and paying down debt, like student loans, when planning for a secure retirement.

The morning session ended with remarks from White House Conference on Aging Executive Director Nora Super. She compared the work of WHCOA to a symphony. Each and every instrument has an important role to play — a voice to add. Take away a single instrument and the entire work is diminished, the outcome lessened, the score incomplete. It is the same with the work of WHCOA. Take away a single voice, a single contribution, from the dialogue and discussion, and the outcome would certainly be diminished.

The afternoon began with an armchair conversation on Innovations in Aging with DJ Patil of the White House Office of Science and Technology Policy, Joe Coughlin of MIT AgeLab, Anita Roth of AirBnB, and Seth Sternberg of Honor. These speakers discussed innovations designed to change the way Americans age.

USDA SECRETARY TOM VILSACK AND MEALS ON WHEELS ASSOCIATION OF AMERICA PRESIDENT & CEO ELLIE HOLLANDER HAVE AN ARMCHAIR CONVERSATION ON NUTRITION AND AGING AT THE WHCOA.

A "lightning talk" by Jo Ann Jenkins, CEO of AARP, called on participants to "disrupt aging" by embracing our own aging — "feeling good about where we are in life." This talk was followed by another armchair conversation with USDA Secretary Tom Vilsack and Ellie Hollander of Meals on Wheels Association of America, who discussed how to ensure that nutritious meals are available to low-income seniors in rural and other underserved areas. Secretary Vilsack announced a new rule released by USDA to increase accessibility to critical nutrition for homebound, older Americans and people with disabilities by enabling Supplemental Nutrition Assistance Program benefits to be used for services that purchase and deliver food to these households.

Michael Smith, M.D., of WebMD then moderated a panel on the Power of Intergenerational Connections and Healthy Aging with professional athlete Diana Nyad; U.S. Surgeon General Vivek Murthy; Mayor Matt Hayek of Iowa City, Iowa; Kevin Washington of YMCA; and, Fernando Torres-Gil of UCLA Luskin School of Public Affairs. The panel stressed the importance of accessible communities, and how modifications to assist older adults, such as curb cuts, actually benefit all generations. During this session, the Surgeon General and Kevin Washington of the YMCA highlighted their joint commitment to host intergenerational physical activity events to promote opportunities for young and older Americans to be active together.

The panel was followed with a "lightning talk" by Mary Kay Henry of SEIU on the importance of professional caregivers in meeting the needs of a growing aging population.

Richard Cordray, Director of the Consumer Financial Protection Bureau, then introduced a panel on Elder Justice in the 21st Century and Beyond, moderated by HHS Assistant Secretary for Aging Kathy Greenlee. Panelists included Elizabeth Loewy of Eversafe.com, Lynn Person of the Office of the D.C. Long-term Care Ombudsmen, James Baker of the International Association of Chiefs of Police, and Scott Dueser of First Financial Bank. Overall, panelists stressed the need for elder justice to be seen as a health, law enforcement, and justice issue, and emphasized the role of collaboration in prevention and response.

Stephanie Santoso of the White House Office of Science and Technology Policy followed with an armchair conversation with Tim Brown of IDEO, and Barbara Beskind, a 91-year-old designer for the company. Ms. Beskind stressed the importance of designing *with* the end-user, not *for* the end-user.

Jeff Zients, Director of the National Economic Council, moderated the final panel of the day on Technology and the Future of Aging. HHS Chief Technology Officer Susannah Fox, Rachel Holt of Uber, Tom Parkinson of Peapod LLC, Charles Wallace of Michigan Technological University, Larry Raffone of Financial Engines, and Donna Levin of Care.com discussed ways that innovation and technology can empower older Americans. For example, a grocery delivery service can be liberating for homebound individuals who can do their own grocery shopping online.

Labor Secretary Tom Perez wrapped up the day with a call to action. He reminded the audience that without advocacy, there would be "no Social Security, no Medicare, no Medicaid, no Affordable Care Act." He called on all Americans to raise their voices and advocate for these important programs and for a healthy future for aging in America.

The national conversation that took place at the 2015 WHCOA through panel discussions, social media, remarks, and questions provided not only announcements on new policies and programs but new ideas and insights to help all of us live longer, healthier and, ultimately, better lives.

THE JACKSONVILLE (FLORIDA) PUBLIC LIBRARY HOSTED A WHCOA WATCH PARTY ON JULY 13.

Appendix

B.

White House Conference on Aging Agenda

White House Conference on Aging

July 13, 2015

Welcome
VALERIE JARRETT
Senior Advisor and Assistant to the President
for Intergovernmental Affairs and Public Engagement
Introduced by BERNARD NASH

Caregiving in America Panel
Moderator: DAVID HYDE PIERCE, Actor
SECRETARY ROBERT A. MCDONALD, U.S. Department of Veterans Affairs
AI-JEN POO, Caring Across Generations
HARRY LEIDER, Walgreens
FRANK FERNANDEZ, BluePlus, BCBS Minnesota Foundation
BRITNEE FERGINS, Caregiver

Video Highlights
SECRETARY SYLVIA MATHEWS BURWELL
U.S. Department of Health and Human Services

Remarks
PRESIDENT BARACK OBAMA
Introduced by VICKIE ELISA

Planning for Financial Security at Every Age Panel
Moderator: SECRETARY TOM PEREZ, U.S. Department of Labor
JEAN CHATZKY, AARP Financial Ambassador
VICKIE ELISA, Mothers' Voices Georgia
ROBIN DIAMONTE, United Technologies Corporation
ANDY SIEG, Bank of America Merrill Lynch

Remarks
NORA SUPER
Executive Director of the 2015 White House Conference on Aging

Remarks
CECILIA MUÑOZ
Assistant to the President and Director of the Domestic Policy Council

Armchair Conversation: Innovations in Aging
DJ PATIL, White House Office of Science and Technology Policy
JOE COUGHLIN, MIT AgeLab
ANITA ROTH, Airbnb
SETH STERNBERG, Honor

Lightning Talk: Disrupting Aging
JO ANN JENKINS, AARP
Introduced by NORA SUPER

Armchair Conversation: Nutrition and Aging
SECRETARY TOM VILSACK, U.S. Department of Agriculture
ELLIE HOLLANDER, Meals on Wheels America

The Power of Intergenerational Connections and Healthy Aging Panel
Moderator: MICHAEL SMITH, WebMD
DIANA NYAD, Professional Athlete
VICE ADMIRAL VIVEK MURTHY, U.S. Surgeon General
MAYOR MATT HAYEK, Iowa City, IA
KEVIN WASHINGTON, YMCA
FERNANDO TORRES-GIL, UCLA Luskin School of Public Affairs

Lightning Talk: Care for All
MARY KAY HENRY, SEIU
Introduced by MOLITA CUNNINGHAM

Empowering All Generations: Elder Justice in the Twenty-First Century Panel
Introduction: DIRECTOR RICHARD CORDRAY, Consumer Financial Protection Bureau
Moderator: KATHY GREENLEE, U.S. Department of Health and Human Services
ELIZABETH LOEWY, Eversafe.com
LYNNE PERSON, Office of the D.C. LTC Ombudsman
JAMES BAKER, International Association of Chiefs of Police
SCOTT DUESER, First Financial Bank

Armchair Conversation: Universal Design
STEPHANIE SANTOSO, White House Office of Science and Technology Policy
TIM BROWN, IDEO
BARBARA BESKIND, IDEO

Technology and the Future of Aging Panel
Moderator: JEFF ZIENTS, National Economic Council
SUSANNAH FOX, U.S. Department of Health and Human Services
RACHEL HOLT, Uber
TOM PARKINSON, Peapod LLC
CHARLES WALLACE, Michigan Technological University
LARRY RAFFONE, Financial Engines
DONNA LEVIN, Care.com

Closing Remarks
SECRETARY TOM PEREZ
U.S. Department of Labor

Join the Conversation
#WHCOA

Appendix

C.

Regional Forum Agendas

2015 WHITE HOUSE CONFERENCE on AGING

Tampa Regional Forum Agenda

February 19, 2015

8:00 a.m.	**Guests Arrive**
8:30 a.m.	**Welcome Remarks**
	Pamela Roshell, Regional Director, Region IV, U.S. Department of Health and Human Services
	Kathy Castor, U.S. Representative, 14th Congressional District, Florida
	Bob Buckhorn, Mayor, Tampa
	Sam Verghese, Secretary, Florida Department of Elder Affairs
	Ken Atwater, President, Hillsborough Community College
	Jeannine English, President, AARP
9:25 a.m.	**Administration Keynote**
	Cecilia Muñoz, Director, Domestic Policy Council
9:35 a.m.	**Overview of the White House Conference on Aging and Day's Objectives**
	Nora Super, Executive Director, White House Conference on Aging
9:45 a.m.	**Panel Discussion: Healthy Aging / Long-term Services & Supports**
	Moderator: Nora Super
	Heathy Aging Panelists: Dr. Anand Parekh, HHS Office of the Assistant Secretary for Health; Dr. Martha Pelaez, Health Foundation of South Florida
	LTSS Panelists: Linda Judith Levin, ElderSource; Dr. Naushira Pandy, Nova Southeastern University
	Audience Q&A
10:45 a.m.	**Break**
11:00 a.m.	**Panel Discussion: Retirement Security / Elder Justice**
	Moderator: Nancy LeaMond, AARP Chief Advocacy and Engagement Officer, AARP
	Retirement Security: Vickie Elisa, Mothers' Voices Georgia; Dr. Jack VanDerhei, Employee Benefit Research Institute
	Elder Justice: Patty Ducayet, Texas State LTC Obmudsman; Rebecca Morgan, Stetson Law
	Audience Q&A
12:10 p.m.	**Lunch**
12:50 p.m.	**Breakout Sessions**
2:35 p.m.	**Report-out from Breakout Sessions**
	Moderator: Kathy Greenlee, U.S. Assistant Secretary for Aging
3:30 p.m.	**Closing & Next Steps**

2015 WHITE HOUSE CONFERENCE on AGING

Phoenix Regional Forum Agenda

March 31, 2015

8:30 a.m.	**Program Begins**
	Melissa Stafford Jones, Regional Director, Region IX, U.S. Department of Health & Human Services
	Ruben Gallego, U.S. Representative, 7th Congressional District, Arizona
	Jeannine English, President, AARP
9:00 a.m.	**Administration Keynotes**
	Wendy Spencer, CEO, Corporation for National and Community Service
	Richard Hodes, Director, National Institute on Aging, National Institutes of Health, U.S. Department of Health and Human Services
9:25 a.m.	**Overview of the White House Conference on Aging and the Day's Objectives**
	Nora Super, Executive Director, White House Conference on Aging
9:40 a.m.	**Break**
10:00 a.m.	**Panel Discussion: Healthy Aging/Long-term Supports and Services**
	Moderator: Kathy Greenlee, U.S. Assistant Secretary for Aging
	Healthy Aging Panel: Marc Freedman, Encore; Adriana Perez, Arizona State University
	LTSS Panel: Amy St. Peter, Maricopa Association of Governments; Fernando Torres-Gil, UCLA Luskin School of Public Affairs
10:45 a.m.	**Panel Discussion: Retirement Security/Elder Justice**
	Moderator: Nancy LeaMond, Chief Advocacy and Engagement Officer, AARP
	Retirement Security Panel: Gopi Shah Goda, Stanford Institute for Economic Policy Research; Judith Mares, U.S. Department of Labor
	Elder Justice Panel: Mary Lynn Kasunic, Region One Area Agency on Aging; Laura Mosqueda, National Center on Elder Abuse
11:45 a.m.	**Lunch**
12:30 p.m.	**Breakout Sessions**
2:30 p.m.	**Report Out from Breakout Sessions**
	Moderator: Nora Super
3:15 p.m.	**Closing Remarks**
	Nora Super

2015 WHITE HOUSE
CONFERENCE
on AGING

Seattle Regional Forum Agenda

April 2, 2015

8:30 a.m.	**Program Begins**
	Susan Johnson, Regional Director, Region X, U.S. Department of Health and Human Services
	Patty Murray, U.S. Senator, Washington
	Suzan DelBene, U.S. Representative, 1st Congressional District, Washington
	Jim McDermott, U.S. Representative, 7th Congressional District, Washington
	Dow Constantine, County Executive, King County, Washington
	JoAnn Jenkins, CEO, AARP
9:45 a.m.	**Administration Keynotes**
	Tom Perez, Secretary, U.S. Department of Labor
	Virginia Reno, Deputy Commissioner, Retirement and Disability Policy, Social Security Administration
10:15 a.m.	**Overview of the White House Conference on Aging and the Day's Objectives**
	Nora Super, Executive Director, White House Conference on Aging
10:25 a.m.	**Break**
10:35 a.m.	**Panel Discussion: Healthy Aging/Long-term Supports and Services**
	Moderator: Nora Super
	Healthy Aging Panel: Laura Carstensen , Stanford Center on Longevity; Diane Narasaki, Asian Counseling and Referral Service
	LTSS Panel: Bill Moss, Washington State Department of Social & Health Services; Charissa Raynor, SEIU
11:20 a.m.	**Panel Discussion: Retirement Security/Elder Justice**
	Moderator: Lisa Marsh Ryerson, President, AARP Foundation
	Retirement Security Panel: Phyllis Borzi, U.S. Department of Labor; Wes Yin, UCLA Luskin School of Public Affairs
	Elder Justice Panel: Doug Shadel, AARP; Page Ulrey, King County Prosecuting Attorney
12:15 p.m.	**Lunch**
1:15 p.m.	**Breakout Sessions**
3:00 p.m.	**Report Out from Breakout Sessions**
	Moderator: Nora Super
3:40 p.m.	**Closing Remarks**
	Nora Super

2015 WHITE HOUSE
CONFERENCE
on AGING

Cleveland Regional Forum Agenda

April 27, 2015

8:30 a.m. **Program Begins**
Kathleen Falk, Regional Director, Region V, U.S. Department of Health and Human Services
Sherrod Brown, U.S. Senator, Ohio
Marcy Kaptur, U.S. Representative, 9th Congressional District, Ohio
Armond Budish, Cuyahoga County Executive
Jeannine English, President, AARP

9:25 a.m. **Administration Keynotes**
Julian Castro, Secretary, U.S. Department of Housing and Urban Development
Richard Cordray, Director, Consumer Financial Protection Bureau

9:55 a.m. **Overview of the White House Conference on Aging and the Day's Objectives**
Nora Super, Executive Director, White House Conference on Aging

10:05 a.m. **Break**

10:20 a.m. **Panel Discussion: Healthy Aging/Long-term Supports and Services**
Moderator: Nancy LeaMond, Chief Advocacy & Engagement Officer and Executive Vice President Community, State & National Affairs Group, AARP
Healthy Aging Panel: Michelle H. Norris, President, National Church Residences Development Corporation; Peter Whitehouse, Professor of Neurology & Co-founder, the Intergenerational School
Long-term Services & Supports Panel: Sarita Gupta, Co-founder, Caring Across Generations & Executive Director, Jobs for Justice; Bonnie Kantor-Burman, Director, Ohio Department of Aging

11:05 a.m. **Panel Discussion: Retirement Security/Elder Justice**
Moderator: Kathy Greenlee, Assistant Secretary for Aging, U.S. Department of Health and Human Services
Elder Justice Panel: Ursel McElroy Drake, Deputy Director of Education and Policy, Office of Ohio Attorney General; Ronald Long, Director, Elder Client Initiatives, Wells Fargo
Retirement Security Panel: Annamaria Lusardi, Professor, Financial Literacy Denit Trust Chair, Economics and Accountancy Academic Director, Global Financial Literacy Excellence Center, George Washington University School of Business; Ben Harris, Chief Economic Advisor, Office of the Vice President

12:00 p.m. **Lunch**

1:15 p.m. **Breakout Sessions**

3:00 p.m. **Report Out from Breakout Sessions**
Moderator: Nora Super

3:40 p.m. **Closing Remarks**
Nora Super

2015 WHITE HOUSE
CONFERENCE
on AGING

Boston Regional Forum Agenda

May 28, 2015

8:30 a.m.	**Welcome**
	Therese W. McMillan, Acting Administrator, Federal Transit Administration
	Rachel Kaprielian, Regional Health Director, Region I, U.S. Department and Health Human Services
	Elizabeth Warren, U.S. Senator, Massachusetts
	Stephen F. Lynch, U.S. Representative, 8th Congressional District, Massachusetts
9:15 a.m.	**Overview of the White House Conference on Aging and the Day's Objectives**
	Nora Super, Executive Director, White House Conference on Aging
9:25 a.m.	**Break**
9:40 a.m.	**Panel Discussion: Retirement Security/Elder Justice**
	Moderator: Kathy Greenlee, Assistant Secretary for Aging, U.S. Department of Health and Human Services
	Elder Justice Panel: Judith Shaw, Securities Administrator, Maine Office of Securities
	Surya Kolluri, Managing Director, Policy and Market Planning Global Wealth and Retirement Solutions, Bank of America
	Retirement Security Panel: John Friedman, Associate Professor of Economics, Brown University
	Brigitte Madrian, Aetna Professor of Public Policy and Corporate Management, John F. Kennedy School of Government Harvard University
10:25 a.m.	**Administration Keynote**
	Sylvia M. Burwell, Secretary, U.S. Department of Health and Human Services
10:45 a.m.	**Panel Discussion: Healthy Aging/Long-term Supports and Services**
	Moderator: Lisa Ryerson, CEO, AARP Foundation
	Healthy Aging Panel: Jewel Mullen, Commissioner, Connecticut Department of Public Health
	Robert Schreiber, Medical Director, Healthy Living Center of Excellence, Hebrew SeniorLife, Harvard Medical School
	Long-term Services & Supports Panel: Jeanette Takamura, Dean, School of Social Work,
	Columbia University Ellen Flaherty, Co-Director, Dartmouth Centers for Health and Aging, Geisel School of Medicine
11:45 a.m.	**Lunch**
12:45 p.m.	**Breakout Sessions**
2:30 p.m.	**Report Out from Breakout Sessions**
	Moderator: Nora Super
3:15 p.m.	**Closing Remarks**
	Nora Super

Appendix

D.

Policy Briefs

2015 WHITE HOUSE CONFERENCE on AGING

Retirement Security

Americans are living longer than ever before. In 2012, life expectancy at birth in the United States reached a record high of 78.8 years.[1] A 65 year-old man can expect to live another 17 years and a 65 year-old woman another 20 years.[2] As a result, older Americans have more time to help grow the economy, enrich their communities, and enjoy their families. But longer lives can also challenge older Americans' financial security, increasing the risk of outliving their assets.

Historically, experts have envisioned a secure financial foundation for retirement as a three-legged stool, made up of Social Security, employer-sponsored pensions, and individual savings or investments. But as traditional pensions have increasingly been replaced with defined contribution plans like 401(k) plans, retirees are taking on heightened risks in retirement, especially as longevity increases.

The Obama administration believes that all Americans deserve to retire with dignity. That is why the President has worked to strengthen Social Security, expand the availability of retirement savings options, and protect workers' hard-earned savings. This policy brief reviews recent activity and proposals in these three areas.

> ***"Financial security is one of the most daunting aspects associated with aging. There are so many uncertainties and risks that arise when living on a fixed income."***
>
> Doug B., Georgia

Protecting and Strengthening Social Security

As we celebrate the 80th anniversary of the enactment of the Social Security Act in 2015, protecting Social Security to help ensure that older Americans can retire with dignity has never been more important. Social Security provides an essential foundation of retirement security for older Americans and an important lifeline to families and workers who become disabled. It provides guaranteed, life-long benefits to almost 60 million Americans, including nearly nine out of ten Americans aged 65 or older and nearly 11 million disabled workers and their families.[3] Monthly retirement benefits are modest – averaging $1,330 a month for retired workers in January 2015, or just under

$16,000 a year.[4] Similarly, monthly disability benefits averaged just $1,165 for disabled workers in January 2015, less than $14,000 per year. [5]

Yet Social Security continues to be the main source of income for most older Americans, especially women and minorities. Two-thirds of older beneficiaries rely on Social Security for half or more of their income; that includes one-third who count on it for nearly all (90 percent or more) of their income.[6] Nearly half of unmarried older women, including widows, rely on Social Security for 90 percent or more of their income.[7] Forty-six percent of older African American beneficiaries, 44 percent of Asian beneficiaries, and 53 percent of older Hispanic beneficiaries get at least 90 percent of their total income from the program, compared to 35 percent of older white beneficiaries.[8]

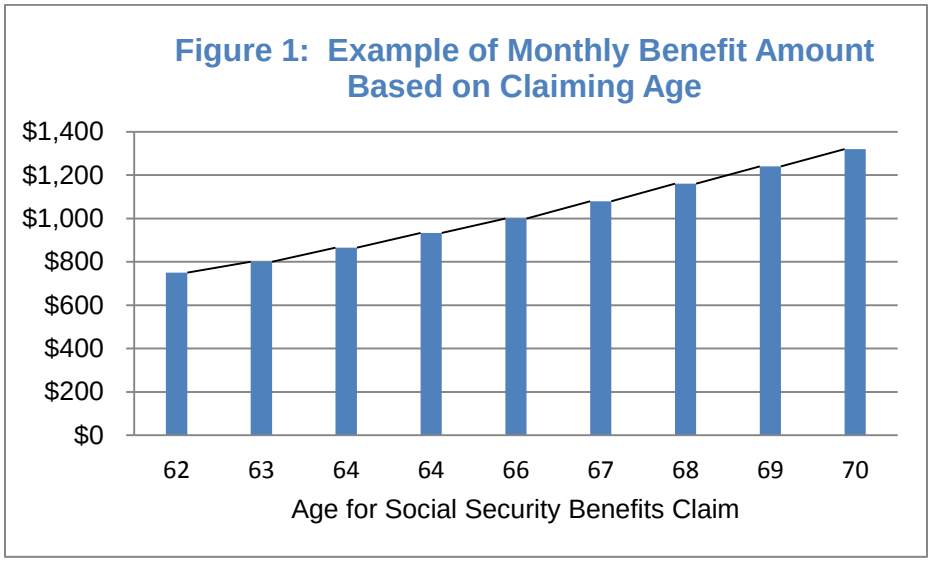
Social Security keeps nearly 15 million older adults out of poverty each year, along with more than 1 million children and 6 million adults younger than 65.[9] Without Social Security benefits, the poverty rate for older Americans would approach 50 percent.[10] Public opinion polls show that support for Social Security crosses both party and demographic lines, with many Americans open to contributing more in order to preserve and improve Social Security benefits.[11]

> ***"My dad is 98; Medicare and Social Security . . . have enabled him to live with a degree of dignity."***
>
> Angelo M., New Jersey

The Obama Administration is committed to ensuring that Social Security is a rock-solid guaranteed benefit that every American can rely on, now and in the future. While the President believes that we need to work in a bipartisan fashion to strengthen Social Security, he remains committed to the following principles:

- Any reforms should strengthen Social Security for future generations and restore long-term solvency.
- The Administration will oppose any measures that privatize or weaken the Social Security system.
- While all measures to strengthen solvency should be on the table, the Administration will not accept an approach that slashes benefits for future generations.
- Current beneficiaries should not see their basic benefits reduced.
- Reform should strengthen retirement security for the most vulnerable, including low-income older Americans.
- Reform should maintain robust disability and survivors' benefits.

Because Social Security is such an important source of income for older Americans, it is critical that older Americans understand what their Social Security benefits mean for their lifetime income, and how to integrate Social Security payments with other income sources. Social Security monthly benefit amounts differ substantially based on when a person decides to start receiving benefits. For example, if a person begins claiming benefits at the earliest age of 62, benefits may be $750 a month for the rest of the person's life, but by delaying claiming benefits until age 70, the same benefit would be $1,320 a month.[12]



Source: Social Security Administration, 2014

The Administration is committed to supporting public education to help inform these decisions. The Social Security Administration is collaborating with other organizations on the "Campaign for a Secure Retirement: Helping Millions of Americans Plan and Save for Retirement." Current partners include the American Savings Education Council, the Consumer Federation of America, the Women's Institute for a Secure Retirement, and the U.S. Department of the Treasury. This educational campaign aims to encourage retirement planning and savings, and to encourage use of the online Social Security Statement as an important retirement planning tool. Workers and retirees of all ages are encouraged to access their statement by creating a "my Social Security account" to begin tracking their earnings record and potential future benefits. SSA also offers a Retirement Estimator, which allows workers to estimate their Social Security benefits under various retirement scenarios.

Social Security is and must remain a rock-solid, guaranteed progressive benefit that every American can rely on. However, too many Americans reach retirement age with

insufficient savings to supplement their Social Security and enjoy a secure retirement, even after a lifetime of hard work.[13]

Saving challenges are especially acute for some demographic groups. For example, the median wealth of black and Hispanic households is just one-eighth that of white households.[14] Figure 2 demonstrates the impact of decreased earnings over time on the accumulation of wealth for black and Hispanic families.

Figure 2: Median Wealth of Families by Race

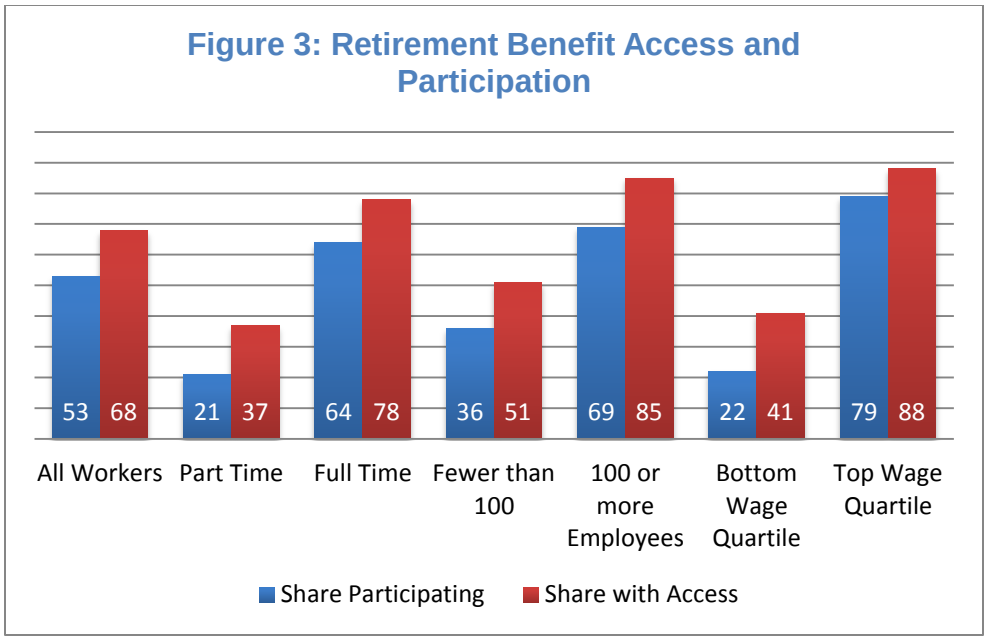
	1983	2010
White	$91,000	$124,000
Black	$11,000	$16,000
Hispanic	$10,000	$15,000

Source: Urban Institute, 2013

Increasing Retirement Security and Employer-Based Retirement Savings Options

The number of traditional defined benefit pension plans in the private sector has fallen from 103,000 in 1975 to 44,000 in 2012, and the number of active participants in such plans has fallen from 27 million to 16 million[15] – even as the workforce has continued to grow. Employers are increasingly providing defined contribution plans instead. In 2014, individual retirement accounts (IRAs) and defined contribution plans like 401(k) plans accounted for $14.2 trillion in retirement savings – more than half of Americans' total retirement wealth.[16]

These trends in the employer-based retirement system mean that many Americans are being left behind. Nearly a third of all workers do not have access to workplace retirement benefits. For part-time workers, more than 60 percent do not have access. For those full-time workers who have access, only 64 percent participate, while for part-time workers, only 21 percent participate. And even if they do participate, many workers lack the time and information necessary to make the often complex financial decisions to maximize the impact of their contributions over time.[17]



Source: Bureau of Labor Statistics, 2014

The President's retirement tax reform proposals included in his 2016 Budget would dramatically expand coverage and access to employer-based retirement savings. Specifically, the President's 2016 Budget proposed to:

- Automatically enroll Americans without access to a workplace retirement plan in an IRA. The Budget would make it easy and automatic for workers to save for retirement through their employer. Under the proposal, every employer with more than 10 employees that chooses not to offer a retirement plan would automatically enroll their workers in an IRA without being responsible for running a retirement plan, and employees would have automatic payroll deductions from wages deposited into their IRA. "Auto-IRAs" would let workers opt out of saving if they choose, but would also let them start saving in an easy, convenient way without sorting through complex options. The proposal would provide employers with 100 or fewer employees that offer an auto-IRA a tax credit of up to $4,500 (up to $1,000 per year for three years plus $25 per enrolled employee up to $250 for six years). The auto-IRA proposal has been endorsed by independent experts and others across the ideological spectrum, including those affiliated with AARP, the Brookings Institution, and the Heritage Foundation.[18]

- Provide tax credits for auto-IRA adoption, as well as for employers that choose to offer more generous employer plans or switch to auto-enrollment. The President's 2016 Budget also proposed to triple the existing "start-up" credit, so small employers that newly offer a retirement plan would receive a tax credit of

$4,500 ($1,500 per year for three years) – more than enough to offset administrative expenses. And because auto-enrollment is the most effective way to ensure workers with access to a plan participate, small employers that already offer a plan and add auto-enrollment would get an additional tax credit of $1,500 ($500 per year for three years).

- Encourage state-based retirement savings initiatives. A number of states have been exploring options for expanding retirement savings among private-sector employees, especially those workers in the state who do not otherwise have access to a retirement savings plan at work. Some states are exploring models based on the President's auto-IRA proposal, while another possible model would be a state-sponsored 401(k)-type retirement savings program available to interested employers and their employees. Others are exploring state-sponsored 401(k)-type retirement savings program. To better support state efforts, the President's 2016 Budget requested $6.5 million and authority for the Department of Labor to approve pilot programs for a small number of states to experiment with ways to expand private sector retirement options and to evaluate what works best.

- Ensure long-term, part-time workers can contribute to their employer's retirement plan. Only 37 percent of part-time workers have access to a workplace retirement plan.[19] That's partly because employers offering retirement plans are allowed to exclude employees who work fewer than 1000 hours per year, no matter how long they've worked for the employer. The President's 2016 Budget proposed to expand access for part-time workers by requiring employers who offer plans to permit employees who have worked for the employer for at least 500 hours per year for 3 years or more to make voluntary contributions to the plan.

- Simplify minimum required distribution rules. Individuals with aggregate IRA and tax-favored retirement plan assets of less than $100,000 at the beginning of the year in which they turn 70½ would be exempt from the minimum required distribution rules. The rules for minimum required distributions would be harmonized for Roth IRAs and other tax-favored accounts, with Roth IRAs generally treated in the same manner as all other tax-favored accounts.

The above proposals would give 30 million more workers access to a retirement savings opportunity and build on the U.S. Department of the Treasury's actions over the past year to make retirement saving easier by creating simple, risk-free, and no-fee *my*RA savings vehicle. *my*RA is designed to encourage Americans who lack access to workplace retirement plans to begin a lifelong habit of saving, and provides a secure

investment return at the same variable interest rate as federal employees' Thrift Savings Plan Government Securities Investment Fund (G Fund).[20]

The Administration is also looking at issues facing defined benefit pension plans and considering ways to help these plans continue to play a critical role in the retirement security of millions of Americans. Defined benefit plans provide workers and their families with a steady and reliable stream of income at retirement. The multiemployer type of defined benefit plan is unique in that it enables workers who switch employers frequently within the same industry to earn meaningful benefits under a defined benefit plan.

In the defined contribution area, the Administration has been issuing guidance and taking administrative actions to expand participation and saving in 401(k) and other plans by promoting the use of automatic enrollment and other automatic features. These plan features and best practices include:

- Automatic escalation of contribution levels for employees over time,
- Use of unused sick leave and vacation pay to make 401(k) plan contributions,
- Simplifications to encourage plans to accept rollovers, and
- Incorporation of disability benefits in 401(k) plans.

The Administration has also been pursuing ways to improve the retirement security of participants in employer-sponsored 401(k)-type plans and in IRAs as well, by facilitating access to, and use of, annuities or other arrangements designed to provide a lifetime stream of income through retirement. Adding lifetime income options to 401(k)-type plans and IRAs will help transform their savings into future income and reduce the risks that retirees will outlive their savings or that their living standards will be eroded by investment losses or inflation.

The Administration has clarified the rules about deferred annuities in 401(k) plans and permitted deeply deferred longevity annuities in 401(k) plans and IRAs. The Administration has also issued guidance making clear that 401(k) plans can automatically enroll employees into qualified default investment alternatives that use fixed annuities as the fixed income portion of target date funds and that plan sponsors can permit employees to roll their 401(k) lump sums into the sponsor's defined benefit plan to purchase a lifetime annuity from that plan. Additionally, the Administration has promoted disclosure to plan participants of the income equivalent of their actual and projected account balances.

Ensuring Workers Receive Retirement Investment Advice in Their Best Interest

To help make informed choices, families often look for trusted advice on how to manage their hard-earned retirement savings. However, despite the significant changes in the retirement landscape over the past half century, the federal regulations that set the basic rules on giving investment advice to retirement savers have not been updated in nearly as long. Under these outdated rules, many financial advisers are not required to act in the best interest of their clients when they give retirement investment advice. Instead, too often advisers steer their clients' savings into funds with higher fees and lower returns, or recommend inappropriate rollovers out of lower-cost retirement plans into higher-cost vehicles, because the adviser can profit from doing so.

These conflicts of interest cost working and middle-class Americans $17 billion every year. On average, they result in annual losses of one percentage point for affected investors. These small differences can add up: a one percentage point lower return could reduce a person's savings by more than a quarter over 35 years. In other words, instead of a $10,000 retirement investment growing to more than $38,000 over that period after adjusting for inflation, it would be just over $27,500.[21]

In April, the Department of Labor issued a proposed rule to protect families from bad retirement advice by requiring more retirement advisers to abide by a "fiduciary" standard—putting their clients' best interest before their own profits.[22] All Americans – whether an employer trying to design a quality plan for his or her workers, a worker starting to save, or a retiree trying to avoid spending down their nest egg too quickly – deserve access to quality advice, without fear that financial bias is clouding their adviser's judgment.

Discussion Questions

The 2015 White House Conference on Aging (WHCOA) aims to foster a national conversation, and the questions listed below are designed to stimulate dialogue on retirement security issues. The feedback received will help shape outcomes of the 2015 White House Conference on Aging. Please provide your thoughts and ideas on our website. All comments will be displayed in the public conversation area of the WHCOA website.

- How can we strengthen Social Security for future generations, while maintaining benefits and ensuring the program adequately serves low-income seniors and other vulnerable populations?

- How can we ensure that older Americans fully understand the considerations affecting, and the implications of, their decisions as to when to claim Social Security benefits, when and how to draw on private retirement benefits, and how long to continue working?

- How can we expand retirement plan coverage and participation and encourage people to save enough?

- How should the current private pension and retirement saving system be improved to enhance retirement security, especially for moderate and lower income households?

- How can we help Americans better understand and address their financial needs in retirement and make saving, investment, and risk management decisions (including obtaining sound advice) that are right for them?

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2015 WHITE HOUSE CONFERENCE on AGING

Healthy Aging

Older Americans are calling for a shift in the way we think and talk about aging. Rather than focusing on the limitations of aging, older adults across the nation want to focus instead on the opportunities of aging. Older adults are seeking ways to maximize their physical, mental, and social well-being to remain independent and active as they age.

> *"Remembering that we are essentially the same people we were at our physical and productive peaks, just somewhat adjusted to accommodate the years, allows us to visualize lives of possibility with an overlay of wisdom."*
>
> *Molly D., Georgia*

Healthy aging means living a long, productive, meaningful life and enjoying a high quality of life.[1] Research has shown that older adults who adopt healthy behaviors, use preventive health services, and are involved with their family, friends, and communities, are healthier and more independent.[2]

Americans are living longer and better than ever before thanks to major medical and public health advances and greater access to health care. Life expectancy at birth in the United States has reached a record high of 78.8 years.[3] A 65 year-old man can expect to live another 17 years and a 65 year-old woman another 20 years.[4] With increased longevity, older Americans have more time to engage in the workforce, in civic and volunteer activities, and in enriching their communities.

Older adults contribute to society through a variety of mechanisms, including paid work, volunteering, or providing unpaid care to family members. Eight out of ten adults age 65 to 74, and almost six in ten ages 75 and older, engage in at least one of these activities.[5] One study estimated that the contributions of older adults through volunteering and unpaid family caregiving alone are worth more than $160 billion per year to our nation.[6] Older Americans' knowledge, experience, wisdom, and caring improve prospects for future generations.

Promoting Health and Preventing Disease and Injury

Older adults can do a number of things to promote good health and prevent disease and injury. Healthy behaviors such as exercising regularly, good nutrition, and getting recommended health screenings can contribute to longer, healthier lives. Even if someone has a chronic condition or a disability, these activities can improve health and quality of life.

Physical activity - Increasing physical activity is one of the best ways Americans can prevent disease and injury. It reduces the risk of many negative health outcomes in older adults, including early death, cardiovascular disease, stroke, diabetes, several forms of cancer, depression, cognitive decline, and falls. Physical activity reduces pain and improves function for those with arthritis and other chronic conditions.[7] These are the reasons why the U.S. Department of Health and Human Services' (HHS) Physical Activity Guidelines For Americans include recommendations for how older Americans can remain physically active; why the National Institutes of Health (NIH) initiated the *Go4Life* Campaign to help older Americans fit exercise and physical activity into their daily lives; and why the Administration for Community Living (ACL) supports evidence-based physical activity and fitness programs.[8]

Nutrition - Studies show that a healthy diet in later years reduces the risk of osteoporosis, high blood pressure, heart diseases and certain cancers.[9] NIH provides practical advice on nutrition for older adults in a resource called, "What's On Your Plate? Smart Food Choices for Healthy Aging." Recognizing the importance of nutrition and socialization to older adults, the President's 2016 Budget includes nearly $904 million for HHS' Administration for Community Living to support meals for older Americans, targeting at-risk populations. In addition, the Budget includes a proposal that would make it easier for low-income older Americans to access Supplemental Nutrition Assistance Program (SNAP) benefits.

Preventive health services - Screening and early treatment for diseases and behavioral health conditions are crucial to optimizing physical health and achieving healthy aging. The Center for Disease Control and Prevention's Healthy Aging Program assists health professionals in early detection and prevention of diseases in older adults.[10] The Affordable Care Act (ACA) recognizes the value of prevention and increases Medicare coverage of preventive services for older adults. In addition to an annual wellness visit to help a beneficiary maintain a personalized prevention plan to stay healthy and prevent disease and disability, Medicare now covers many preventive services and screenings with no copayments.[11]

Managing chronic conditions -- The Administration recognizes the need for a culture change in how we address chronic conditions (like arthritis, asthma, diabetes, and heart disease) in the United States and the need for a focus on supporting health. To this end, HHS has released "Multiple Chronic Conditions: A Strategic Framework" for the health care system to use in helping to improve the health status of individuals with multiple chronic conditions – including more than two-thirds of Medicare beneficiaries.[12]

In addition, HHS is investing in research to advance our understanding of effective chronic disease self-management[13] and sponsors evidence-based chronic disease self-management programs. Grants to state governments are providing tools and education to older adults so they can better manage chronic conditions, resulting in better health.[14] The President's 2016 Budget includes $8 million to continue these chronic disease self-management programs.

Preventing Injury - Falls are the leading cause of injuries, including hip fractures and head trauma, among older adults. Each year, one in three Americans over age 65 falls, and the fear of falling may lead older adults to limit their activities, which actually worsens mobility, increases their risk of falling, and detracts from quality of life.[15] HHS supports grants to states and tribes to increase participation in evidence-based community programs to reduce falls and falls-risk among older adults and adults with disabilities. The President's 2016 Budget includes $5 million to support the National Falls Prevention Resource Center and to support new community-based grants to grow and sustain evidence-based falls prevention interventions.[16] The Centers for Disease Control and Prevention (CDC) has a multi-pronged approach to increase the level of engagement of, and partnership with, the medical community to integrate falls screening, assessments, and interventions into the clinical setting.[17]

Optimizing Cognitive Health

While 70 percent of older adults report no cognitive difficulties,[18] some serious threats to brain health increase with age. The risk for dementia increases as we age. Estimates are that 2.9 percent of people aged 65-74 have Alzheimer's disease. This figure rises to 32.1 percent of people aged 85 and older. As many as 5.1 million adults over age 65 have Alzheimer's disease, the most common form of dementia. Researchers expect this number to increase to 5.8 million in 2020.[19] In collaboration with stakeholders and with the support of the Administration and Congress, HHS has developed a National Plan to Address Alzheimer's Disease. Updated annually, this plan aims to prevent future cases of Alzheimer's disease and better meet the needs of the millions of American families currently facing this disease.

With the resources requested for NIH in the FY 2016 President's Budget, NIH estimates it could further expand Alzheimer's research activities by another $51 million to a total of $638 million, a 55 percent increase since 2008.[20] ACL's Alzheimer's Disease Initiative fills gaps in "dementia-capable" long-term services and supports by providing high quality, person-centered services for people with Alzheimer's disease and related dementias, and their caregivers.[21] In addition, HHS provides consumer-friendly information through Alzheimers.gov to provide resources for people helping people with Alzheimer's disease and related dementias.

The CDC is collaborating with the Alzheimer's Association, NIH, and ACL to continue its Healthy Brain Initiative, which promotes cognitive functioning, addresses cognitive impairment for individuals living in the community, and helps meet the needs of care partners. NIH is supporting ongoing research on aging, including treating and preventing cognitive decline and dementia, and has identified instruments for clinicians and researchers to use in identifying cognitive decline.[22] In December 2014, the Health Research and Services Administration announced availability of funding for dementia education within its Geriatric Workforce Enhancement Program.[23]

Optimizing Behavioral Health

Behavioral health disorders such as depression and anxiety can cause distress and limit physical and social function as well as complicate the treatment of other medical conditions. Because of age-related changes in physiology and drug tolerance, older adults are also uniquely vulnerable to alcohol and prescription drug abuse, can be more sensitive to the effects of prescription drugs, and may experience interactions with their other medications or chronic conditions. Substance abuse affects up to 17 percent of older Americans, but health care providers often fail to recognize and treat substance use disorder in older adults.[24]

Some behavioral health issues, such as suicide, disproportionately affect older Americans. According to the CDC, although people 65 and older represent 13.7 percent of the population, they accounted for 16.2 percent of suicide deaths in 2013.[25] Suicide is preventable, and important resources are available to help older adults, aging and behavioral health service professionals, and family caregivers.

Unfortunately, older adults are less likely than younger adults to receive treatment for mental and substance use disorders.[26] The Administration on Community Living recently began a new behavioral health education initiative focused on older adults in collaboration with the Substance Abuse and Mental Health Services Administration. This effort, coordinated by the National Council on Aging, includes webinars aimed at

enhancing the ability of care networks to connect individuals and families with person-centered, consumer-directed behavioral health supports and services. Training topics include older adult behavioral health, suicide prevention, and substance abuse.[27]

Maximizing Independence in Homes and Communities

Healthy aging means more than just managing and preventing disease and chronic conditions. It also means continuing to live a productive, meaningful life by having the option to stay in one's home, remain engaged in the community, and maintain social well-being. Older adults may require other services and supports, including social and community services, and age-friendly communities, in order to maximize their independence.

It is important for older adults to have access to housing that is affordable, accessible and in a community where the ability to access health care, meet daily needs, and participate in social life is easy and safe. Many older adults, however, face reduced income and may find it more difficult to afford their existing housing. One third of older adults spend more than 30 percent of their income on housing.[28] The President's 2016 Budget includes $455 million for the Supportive Housing for the Elderly program (known as "Section 202") within the Department of Housing and Urban Development (HUD) to support affordable housing with services such as cleaning, cooking, and transportation, for very low-income or frail older adults. The Budget also proposes adding $10 million to study how service coordinators, who are responsible to link residents in Section 202 housing to supportive services, support stable housing for older adults.

Age-friendly, livable communities help support independence for older adults by, for example, making curbs and sidewalks safer to navigate, and improving access to transportation, housing, retailers, health care providers and support services. Across the nation, local governments, Area Agencies on Aging (created by the federal Older Americans Act), and other community based organizations are leading efforts and leveraging federal, state and local resources to create age-friendly communities.[29] Through the Partnership for Sustainable Communities, three federal agencies – HUD, Department of Transportation (DOT), and the Environmental Protection Agency – are helping communities nationwide improve access to affordable housing, increase transportation options, and lower transportation costs while protecting the environment.[30] Additionally, CDC provides resources to support age-friendly community development, including tools to support older adult mobility planning.[31]

Another critical aspect to maintaining independence is the continued ability to get around safely in one's community. DOT has recently launched the Rides to Wellness

Initiative. This initiative aims to make the transportation community a recognized partner with the health/wellness and medical communities to increase access to care, improve health outcomes, and reduce healthcare costs. In addition, older adults may experience driving challenges such as decreased vision and slower reflexes. In 2014, the Federal Highway Administration released the Handbook for Designing Roadways for the Aging Population to address these challenges. The National Highway Traffic Safety Administration is updating tools and resources for older driver safety, such as the Drive Well Toolkit and the Physician's Guide to Assessing and Counseling Older Drivers.

Promoting Community and Civic Engagement

Older Americans have a lifetime of knowledge, talent, skills, experience, and wisdom enabling them to have powerful impacts in their communities. After years of hard work, many older adults enjoy taking on new roles to help others and giving back to future generations. More and more, older adults are choosing to use their experience and expertise to begin new careers to improve communities and the world.

> *"I believe that the younger people need we older folks! I think we all have a lot to offer."*
>
> Brenda L.

The Senior Community Service Employment Program (SCSEP) is a community service and work-based training program for older workers. SCSEP participants work in a wide variety of non-profits and public facilities, including childcare centers, senior centers, schools, and hospitals. These community service training opportunities promote self-sufficiency, provide assistance to organizations that benefit from increased civic engagement, and support communities. These assignments also can serve as a bridge to employment. In turn, regional economies and employers can benefit from an expanded pool of experienced, dependable labor in the local workforce.[32]

Civic engagement, and in particular, volunteering, has been shown to improve physical and mental health, reduce risk of depression, and create greater life satisfaction by providing a sense of purpose and community.[33] Older adults who volunteer may live longer and reap these benefits even more than younger volunteers do.[34]

> *"[A] focus on health, education and humanities will help provide opportunities for us to be, live, and contribute our best self at each phase of life growth and development . . . for all generations now and the future's greatest good."*
>
> Annie G., Illinois

The Corporation for National and Community Service (CNCS) funds several programs designed to provide older Americans opportunities to remain engaged in their communities. Senior Corps currently links more than 360,000 older Americans to

service opportunities. Their contributions of skills, knowledge, and experience make a real difference to individuals, nonprofits, and faith-based and other community organizations throughout the United States. These programs include the Foster Grandparents Program, which supports older adults in mentoring children, as well as the RSVP and Senior Companion Programs.[35] This year, CNCS also began funding federally recognized Indian tribes to support older Indians' participation in the Foster Grandparents Program and the Senior Companion Program.[36]

Discussion Questions

The 2015 White House Conference on Aging (WHCOA) aims to foster a national conversation, and the questions listed below are designed to stimulate dialogue on healthy aging issues. The White House Conference on Aging will use the feedback received to continue to help shape outcomes of the 2015 White House Conference on Aging. Please provide your thoughts and ideas on our website. All comments will be displayed in the public conversation area of the WHCOA website.

- What do older adults and their families need to manage their chronic conditions and to optimize their physical, cognitive, and behavioral health?
- How can we ensure that older adults know about, and take advantage of, the preventive services available to them under Medicare?
- How can we provide more opportunities for older adults to stay engaged and connected to their communities?
- Are there current healthy aging programs or policies you think are the most or least effective or potentially duplicative?
- What steps can help Americans to live safely and comfortably in their homes and communities as they age?
- What additional actions could help ensure that older adults of all backgrounds can equally enjoy a long, productive, and healthy quality of life?

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2015 WHITE HOUSE CONFERENCE on AGING

Long-Term Services and Supports

Despite efforts to stay healthy and prevent disease, many older adults will eventually develop some degree of limitations and need additional paid or unpaid help with basic daily living activities. Long-term services and supports help older adults and people with disabilities accomplish everyday tasks such as bathing, dressing, preparing a meal, or managing money. These services include health and social services that may be needed to maximize the independence and well-being of an individual.[1] Individuals of all ages may have functional limitations, but these limitations are most prevalent among adults age 65 and older.[2]

In many cases, assistance with just a few of these tasks can help older adults remain independent in their own home and communities, which a majority of older Americans prefer. Through the Older Americans Act and the Aging Network, social services and personalized information on the services and supports available in each community enhances opportunities for older adults to live independently.[3] Overwhelmingly, long term services and supports are provided by family and friends, but may also be provided by professional home care workers, or direct care workers in settings such as assisted living or nursing facilities as well.

Who Uses Long-Term Services and Supports?

Approximately 20 percent (7.7 million) of older Americans receive assistance with their care needs.[4] Most receive services or supports from family, friends, or professional workers in their homes and communities. An estimated 1.1 million older adults receive services in a nursing home, either as a long-stay resident or for short-stay post-hospital rehabilitation.[5] The likelihood of needing assistance increases sharply with age: 11 percent of adults aged 65-69 have a functional limitation, compared to 62 percent of the population 90 and older.[6] Women are more likely than men to need long-term services and supports primarily because they tend to live longer.[7] Individuals with Alzheimer's disease or other dementia frequently need more of these services and supports than those older adults who have physical disabilities.[8]

Informal Caregivers

> ***"I am a 24-year-old caregiver who spent the last two years caring for my aging mother and grandfather. Shortly after my college graduation, both loved ones encountered major illnesses, which I knew absolutely nothing about."***
>
> Megan T., Tennessee

Informal caregivers are often called the backbone of long-term services and supports. Family members or friends, who are not paid for their assistance, provide the majority of long-term services and support. Almost two-thirds of individuals age 65 and older rely exclusively on informal care for their personal care needs. An additional 30 percent use a mix of paid and unpaid care.[9]

Caregivers are more likely to be female (62 percent) and middle-aged (50 percent are 45-64). They are often the older adult's daughter (29.3 percent) or spouse (21.2 percent), although sons (18.3 percent) and other relatives (22.3 percent) also commonly serve as caregivers. Caregivers provide an average of 75 hours of support per month, but there is great variability depending on the number of caregivers in the family and the older person's level of need.[10] As the aging population increases, however, it will be increasingly difficult for family caregivers to meet this demand alone.[11]

Most caregivers describe substantial positive aspects to caregiving, such as feeling closer to their loved one and reassurance that they are well cared for. However, caregiver strain is of concern as 15 percent of caregivers report significant financial or physical difficulties with caregiving, and more than a quarter experience significant emotional difficulties.[12] Caregiver stress is associated with poorer health for the caregiver and greater likelihood that the care recipient will enter a nursing home. Supporting caregivers decreases caregiver strain and improves the caregiving experience. The Administration for Community Living within the Department of Health and Human Services provides resources for caregivers through the National Family Caregiver Support Program, including information to caregivers about available services, counseling, and respite care. This program provided supports to more than one million caregivers in 2013.[13] The US Department of Veterans Affairs (VA) also provides resources to caregivers of veterans through its VA Caregiver Support Program. VA offers a variety of training and education programs on-line and in person and connects caregivers to one another through its caregiver peer support programs and caregiver support coordinators.

One of the most promising developments in helping older Americans remain in their homes and communities as they age is the growth of publicly financed consumer-directed services, a model that enables individuals who need long-term services and supports to hire informal caregivers or directly hire home care workers. Evaluations of

consumer-directed services show that older adults and their caregivers report high levels of satisfaction.[14] This model has the added benefit of easing the financial strain on families. States provide consumer-directed care options through their Medicaid programs. The Affordable Care Act expanded the availability of consumer-directed services by providing states with the option to adopt Community First Choice, in which beneficiaries may choose to self-direct their services.[15] In addition, in some states, the Veterans Health Administration and the Aging Network work together to allow veterans to pay informal caregivers to provide their long-term services and supports.

The President's 2016 Budget continues to emphasize the importance of caregiver supports, with nearly $50 million in new funding for aging programs that provide critical help and supports to older adults and their caregivers, such as respite and transportation assistance. The President's Budget also provides $15 million to a new Family Support Initiative focused on assisting family members supporting older adults and/or individuals with disabilities.

Formal Services and Supports

Paid, or formal, assistance may be provided in a number of settings, including:

- At-home
- Adult day support centers allow for the older adult to live at home but receive some assistance such as personal care, social integration, and companionship in a group setting, usually during the work week.
- Residential care communities, such as assisted living and adult foster care, provide 24-hour care and supervision along with assistance with activities of daily living, but generally, not the skilled nursing care found in most nursing homes.
- Nursing homes or nursing facilities provide nursing, medical oversight, personal care, and other services.

Research has shown that delivering formal services and supports in home and community-based programs can improve the quality of care individuals receive as well as reduce health care costs.[16] States are shifting Medicaid spending from institutional long-term services and supports to home- and community-based services, a process known as "rebalancing."[17] The Affordable Care Act is helping to support this effort through the Balancing Incentives Program which will have invested nearly $3 billion in 21 states by September 2015. Participating states may use the Balancing Incentive Program funds to increase access to home and community based services. [18] Research indicates that states that have invested in rebalancing have saved money in their long-term services and supports spending compared to the amount that they would have spent had they not invested in rebalancing.[19]

Direct Care Workers

Direct care workers include nursing assistants, home health aides, and personal care aides who deliver hands-on long-term services and supports. In 2012, the direct care workforce conservatively totaled more than 4 million workers in the United States. A growing demand for direct care workers is expected, which raises issues of recruiting and retaining the direct care workforce.[20]

Direct care is a demanding profession with low wages, long hours, and limited benefits. In 2013, the Obama Administration took an important step forward to address this issue for most of the nearly two million direct care workers who provide at-home services. Specifically, the Department of Labor issued a final regulation extending minimum wage and overtime protections to home care workers who, unlike workers who provide services in nursing homes and other residential facilities, lacked such protection. The Department has been committed to assisting employers in implementing the regulation in a manner that affords crucial wage protections to these workers who provide long-term services and supports.[21] These wage protections and other measures that enhance the labor standards for direct care workers are critical to efforts to recruit and retain a sufficient number into the profession to keep pace with the growing need. Direct care workers, like other low wage workers are likely to benefit from greater access to health insurance through the Affordable Care Act.

While states determine direct care worker training requirements, there are efforts underway by the federal government to identify the core competencies needed by direct care workers.[22] Funded by an award from the CMS Center for Medicare and Medicaid Innovations, the California Center for Long-Term Care Education focuses on training personal home care aides in core competencies that will enable them to assume new roles with respect to caring for some of the sickest and most costly Medicare and Medicaid enrollees. These core competencies include being health monitors, coaches, communicators, and navigators. The Personal and Home Care Aide State Training Program, authorized by the Affordable Care Act, supported six states that developed, implemented, and evaluated curricula and certification programs. This program trained qualified direct care workers on core competencies including infection control, safety and emergency training, consumer rights, ethics, and confidentiality, and other important topics.[23] Other innovative models of training include apprenticeship programs and other career pathway approaches.

Access to Information and Services

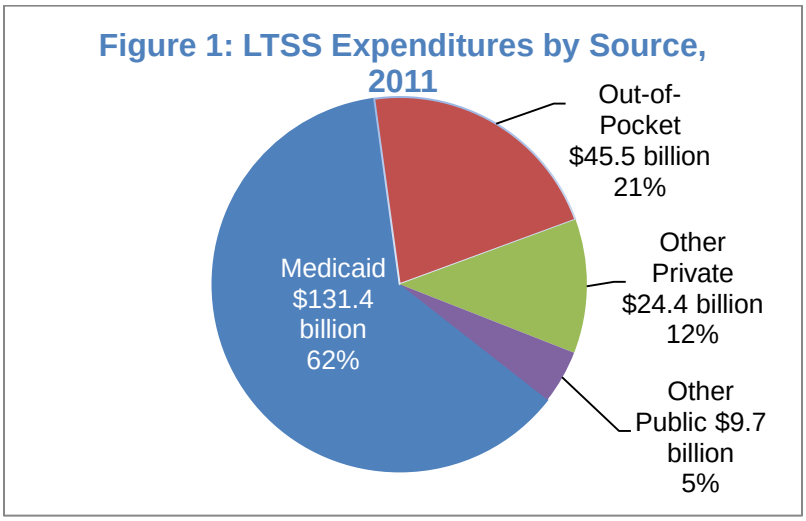
When older adults and their families need additional supports, they may need help understanding their options. Individuals and their families may turn to many places for information, including friends, a geriatric case manager, hospital discharge planners, or providers. With support from the Older Americans Act, area agencies on aging (AAAs), and tribal entities provide personalized information on the services and supports available in each community and assist in decision making (AAA, tribal, and other service information is available through the Eldercare Locator.)[24] People selecting a nursing facility or home health care agency can get information on the quality of the services on the Center for Medicare and Medicaid Services' Nursing Home Compare or Home Health Compare websites.

To make it easier for consumers to learn about and quickly access services and supports, the Department of Health and Human Services collaborates with the Veterans Health Administration to support states in their development of "No Wrong Door" systems, which serve as a one-stop shop for those seeking long-term services and supports. Through an initiative called Aging and Disability Resource Centers (ADRCs), states develop a single statewide system of access to long-term services and supports for all populations.

The Department of Health and Human Services is also funding a number of initiatives designed to help older adults with complex care needs better navigate an often complex web of providers and benefits. Programs such as the dual eligible financial alignment initiatives, serve low-income older adults with significant health care needs by streamlining benefits and providing more seamless connections between their providers.[25]

Financing

The primary source of long-term services and supports is unpaid care provided by friends and family valued at $234 billion in 2011.[26] The largest source of long-term services and supports expenditures is Medicaid, funded at both state and federal levels, and estimated at $131.4 billion. Other sources of expenditures are out-of pocket spending by individuals receiving services and their families (estimated at $45.5 billion) and other private sources ($24.4 billion).[27]



Source: National Health Policy Forum, 2013

Medicare: More than 90 percent of older Americans have health insurance coverage through Medicare, but one of the common misconceptions is that Medicare will finance long-term services and supports. Medicare covers short-term skilled nursing services following hospitalizations, known as post-acute care. Medicare also covers limited hours of home health services, without requiring a prior hospital stay, under certain conditions.[28]

Medicaid: Medicaid provides coverage for health care and long-term services and supports for individuals with limited financial resources. Most individuals who are eligible for Medicaid have low income and few assets. States are required to make nursing home care available under their Medicaid programs. However, Medicaid coverage of home- and community-based services is optional, and states may limit the number and type of beneficiaries eligible for these services, as well as the range of services provided. As a result, some states have lengthy waiting times before qualified individuals are able to receive home- and community-based services. The Affordable Care Act took steps to expand access to these services under Medicaid through new options such as the Balancing Incentives Program and Community First Choice, which are described below.

> ***"Local programs such as Meals on Wheels are a godsend. My Dad had this service for a year and a half and it was so comforting to know that there was at least one contact point per day checking in on him."***
>
> Geriann S., Maryland

Aging Network: With funding support through the Older Americans Act, the Aging Network (a nationwide network of state units on aging, AAAs, tribal entities, and community-based providers) delivers social services to support older Americans, including information and referral on the

services and supports available in each community, home- and community-based services, caregiver supports such as respite and support groups, and congregate and home-delivered nutrition programs.

Private spending: The main private source used to finance long-term services and support is personal out-of-pocket spending. Depending on the setting and type of care, out-of-pocket spending can be significant. Nursing homes rates average $90,520 per year for a single occupancy room and $81,030 per person, double occupancy.[29] Assisted living costs average $42,600 annually, but this may not cover all the direct care service costs. Home care, for 8 hours per day, costs an average of $58,400 annually.[30]

Today, long-term care insurance policies are primarily purchased by middle-aged and older adults who are assessed by insurance companies as having less health risk and have higher than average incomes. There are approximately 7.3 million long-term care policies currently in force in the United States[31] and payments by insurance accounts for 3.3 percent of spending on long-term care annually.[32]

Planning for Long-Term Services and Supports

In spite of the large number of people who will need long-term services and supports and the potential threat to retirement security that the high costs represent, most Americans are unaware of how much this care costs or who routinely pays for such services.[33] In 2005, a person turning age 65 had a 69 percent risk of needing long-term services and supports for an average of three years during the remainder of their lifetime.[34] Only 58 percent of men turning 65 in 2005 had an expected long-term services and supports need, compared to 79 percent of women. One in ten older Americans will need more than $100,000 to cover their long-term services and supports costs.[35]

The role of public programs such as Medicare and Medicaid in financing long-term services and supports is commonly misunderstood. While Medicaid is the largest payer of long-term services and supports, roughly a third of pre-retirees incorrectly assume Medicare pays the most, according to recent survey results.[36] Private options (including long-term care insurance, whole life insurance or life insurance riders, reverse equity mortgages, and annuities) are available to help some people plan ahead to pay for their future care. But there is currently no comprehensive long-term care financing program available to all older adults.

Consumer education and outreach on preparing for long-term services and supports is needed. To raise awareness about the prospect of needing long-term services and supports and to encourage baby boomers to begin planning for it, the Department of Health and Human Services (at www.longtermcare.gov) and the Veterans Health

Administration (at www.va.gov/GERIATRICS/Guide/LongTermCare) provide information on planning, decision-making, and long-term services and supports.

Aging services technologies helps address a number of key care issues including falls prevention and detection, chronic disease management, medication management, and cognitive, sensory, and mobility impairments. These technologies hold promise for assisting older adults, individuals with disabilities of all ages living in the community, as well as their informal and formal providers of services and supports.[37] However, there are important issues with the development, adoption, and use of aging services technologies and potential lessons that can be learned from other developed nations where these technologies have been implemented more widely.[38]

Improving Access to Home- and Community-Based Services

In recent years, the Administration has expanded efforts to ensure that older adults and individuals with disabilities have access to person-centered services in community settings.[39] For example, the Money Follows the Person Rebalancing demonstration helps states rebalance their Medicaid long-term services and supports systems and provides opportunities for older Americans and people with disabilities to transition back to the community from institutions. The Affordable Care Act extended and expanded this program. As of December 2013, more than 40,500 individuals with disabilities and chronic conditions have transitioned to the community through the program.[40]

The Affordable Care Act also provided additional opportunities to make home- and community-based services options more available. Through the Balancing Incentives Program, for example, 18 states have made structural changes to their home- and community-based services systems and are providing new or expanded services in community settings.[41] Through the Community First Choice Program, an enhanced federal Medicaid match incentivizes states to provide more home- and community-based attendant services.

Under the Obama Administration, the Department of Justice renewed its commitment to enforcement of the Supreme Court's landmark decision in *Olmstead v. L.C.*, which recognized the right of individuals with disabilities to access care for their needs in their own homes and communities instead of in institutional settings.[42] Through comprehensive *Olmstead* settlement agreements with the Department of Justice, in addition to settlements in private litigation and to voluntary compliance efforts, states have expanded access to home- and community-based services settings throughout the country.

The President's 2016 Budget includes additional legislative proposals to make it easier for states to cover home- and community-based services through Medicaid. These

include proposals for expanding eligibility for home- and community based services and a new pilot program that will simplify Medicaid home- and community based services so that states can more efficiently cover these services. The President's Budget also includes an increase in funding to Centers for Independent Living to help individuals transition from nursing homes to the community or to allow them to remain at home rather than move into facilities.

Discussion Questions

The 2015 White House Conference on Aging aims to foster a national conversation, and the questions listed below are designed to stimulate dialogue on long-term services and supports issues. The White House Conference on Aging will use the feedback received to continue to help shape outcomes of the 2015 White House Conference on Aging. Please provide your thoughts and ideas on our website. All comments will be displayed in the public conversation area of the White House Conference on Aging website.

- What supports will help caregivers continue to provide care while maintaining their own health and well-being?
- What assistance do older adults and families need when making decisions about long-term service and supports?
- What could be done to ensure sufficient numbers of highly qualified direct care workers for now and the future?
- What could be done to ensure an adequate workforce with the knowledge and skills needed support an increasing population of older Americans with chronic conditions and/or functional limitations?
- Are there current long-term services and supports programs or policies you think are the most or least effective or potentially duplicative?
- How can we better address the costs and increasing need for long-term services and supports?
- How can we harness technology to assist individuals with their long-term service and support needs?

[1] Long-term services and supports (LTSS), sometimes called "long-term care," may include personal care services, homemaker services, meal assistance, transportation assistance, case management, skilled care, respite care, and many others. Assistance might be needed to perform activities of daily living (ADLs) including: eating, dressing, bathing, toileting, and transferring into or out of bed. Other common LTSS are assistance with everyday tasks, sometimes called instrumental activities of daily living (IADLs) including: housework, managing money, taking medication, preparing and cleaning up after meals, shopping for groceries or clothes, using the telephone or other communication devices, caring for pets, and responding to emergency alerts such as fire alarms.

[2] Erickson, W., Lee, C., & von Schrader, S. (2014). 2012 Disability Status Report: United States. Ithaca, NY: Cornell University Employment and Disability Institute(EDI). http://www.disabilitystatistics.org/StatusReports/2012-PDF/2012-StatusReport_US.pdf#cgi.SCRIPT_NAME#

[3] The Aging Network is a nationwide network of state units on aging, Area Agencies on Aging, tribal entities, and community-based providers. For more information: http://www.aoa.gov/AoA_programs/OAA/Aging_Network/Index.aspx

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[6] Ibid. Table 2.

[7] Kemper, P., Komisar, H.L., & Alecxih. L. (2005). Long-term care over an uncertain future: What can current retirees expect? *Inquiry*. 42(4): 355-350. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/16568927.

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[10] Ibid.

[11] Redfoot, D., Feinberg, L., & Houser, A. (2013). The Aging of the Baby Boom and the Growing Care Gap: A Look at the Future Declines in the Availability of Family Caregivers. AARP Public Policy Institute. Retrieved from http://www.aarp.org/home-family/caregiving/info-08-2013/the-aging-of-the-baby-boom-and-the-growing-care-gap-AARP-ppi-ltc.html.

[12] Ibid. at Table 5.

[13] For more information, see Administration for Community Living,http://www.acl.gov/About_ACL/Budget/docs/FY_2016_ACL_CJ.pdf.

[14] Wiener, J.M., Anderson, W.L., & Khatutsky, G.,(2007). Are consumer-directed home care beneficiaries satisfied? Evidence from Washington State. *Gerontologist* 47, 763–774.

[15] For more information on self-directed services, see Centers for Medicare and Medicaid Services: http://www.medicaid.gov/medicaid-chip-program-information/by-topics/long-term-services-and-supports/home-and-community-based-services/community-first-choice-1915-k.html.

[16] De Jonge, Jamshed, Gilden, Kubisiak, Bruce, & Taler,(2014). Effects of home-based primary care on Medicare costs in high-risk elders. *Journal of the American Geriatrics* Society. 62(10) 1825-31.

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2015 WHITE HOUSE CONFERENCE on AGING

Elder Justice

As Americans live longer and technology becomes increasingly sophisticated, older Americans face new challenges and opportunities. While technology is helping individuals to live longer and healthier lives, older Americans may be susceptible to financial exploitation and other forms of elder abuse.

Elder abuse is a serious public health problem affecting millions of older Americans each year, with some studies suggesting that as few as one in 23 cases is reported to authorities.[1] Elder abuse is defined as intentional actions that cause harm or create a serious risk of harm to an older person (whether or not harm is intended).[2] Elder abuse encompasses physical abuse, neglect, financial exploitation, sexual abuse, as well as emotional and psychological abuse.

Preventing, identifying, and responding to elder abuse requires a multifaceted approach because abuse does not fit a single pattern. Elder abuse is a “complex cluster of distinct but related phenomena” that involves health, legal, social service, public safety, and financial issues, and therefore calls for a coordinated and sustained response across multiple disciplines.[3] The term “elder justice” refers to the collective action taken by public and private partners to address elder abuse. These partners may include federal, state, local, and tribal entities, as well as private organizations that respond to elder abuse in all its forms.

The Impact of Elder Abuse

While there have been few population-based studies of elder abuse, early research has provided some indication of the scope of the problem. Initial research suggests that in a period of one year, prevalence of elder abuse may be as many as one out of every ten people for those 60 and older for individuals who live in the community.[4]

Elder abuse affects older adults across all socioeconomic groups and care settings. Due to diminished capacity, older adults with cognitive impairment are at greater risk of abuse.[5] Additionally, African American,[6] Latino,[7] low-income, and socially isolated older adults are victimized disproportionately.[8] About two-thirds of elder abuse victims are women.[9]

Elder abuse erodes the health, financial stability, and quality of life of older adults. One study found that elder abuse triples the risk of premature death and causes unnecessary illness, injury, and suffering.[10] The consequences of abuse can squander the scarce resources of individuals, families, businesses, and private and public programs. Financial exploitation of older adults can cause large economic losses for older adults, families, and society. In addition, abuse increases the reliance on federal health care programs such as Medicaid and Medicare. Research suggests that victims of elder abuse may be four times more likely to be admitted to a nursing home,[11] and three times more likely to be admitted to a hospital.[12]

> ***"[Older adults'] life savings have been lost by the time the report is submitted. They do not have the time or opportunity to recoup their losses which puts them at the hands of needing more public services."***
>
> Denise A., Montana

Elder Abuse Response

Local, state, tribal, and federal entities, both public and private, play a critical role in responding to elder abuse. State-operated Adult Protective Services (APS) agencies receive, investigate, and respond to reports of elder abuse. In residential long-term services and supports settings, such as nursing homes and assisted living, state licensing and certification agencies (and/or APS) investigate allegations of abuse and neglect by providers, and Long-Term Care Ombudsman programs provide advocacy support to residents.

In most states, professionals such as physicians and social workers are mandatory reporters. Law enforcement officers are able to investigate criminal allegations of abuse while state and local prosecutors decide which cases to pursue. To the extent a prosecution ensues,

> ***"We [domestic violence service providers] are beginning to have an increase in individuals reporting intimate partner violence at a later age in life, . . . where a victim has been living silently with intimate partner violence for decades, only to disclose it at a later age because they now have increased health concerns, involvement with case managers, or are just plain (as one survivor put it) fed up and don't want to finish their life that way."***
>
> Shannon R., Oregon

victim services may be available to assist the older adult through the criminal justice process.

With so many entities playing a role, there is growing recognition of the need for multidisciplinary collaboration. Depending on the nature of the abuse, additional expertise and assistance may be sought from health care providers, social service agencies, financial institutions, civil attorneys, and others.

Federal Efforts to Address Elder Abuse

Addressing elder abuse remains an important focus area for numerous federal agencies. The Department of Health and Human Services funds the National Center on Elder Abuse and the National Indigenous Elder Justice Initiative, and administers the Older Americans Act's Title VII Elder Rights programs.[13] To support evidence-based interventions to reduce elder abuse, the Department of Health and Human Services funded state, tribal, and university led efforts to test elder abuse prevention interventions in fiscal year 2012.[14] This funding was made available through the Affordable Care Act's Public Health and Prevention Fund. In addition, the Centers for Medicare and Medicaid Services' Elder Maltreatment Initiative aims to increase health care provider screening for elder maltreatment within the Physician Quality Reporting System.[15]

Within the Department of Justice, the Elder Justice Initiative coordinates efforts to address abuse and neglect in federally funded nursing facilities, and the Office of Violence Against Women supports the National Clearinghouse on Abuse in Later Life.

In 2010, the Elder Justice Act was enacted into law as part of the Affordable Care Act, providing new authority and opportunities for the federal government to address elder abuse. The law established the Elder Justice Coordinating Council, a permanent body chaired by the Secretary of the Department of Health and Human Services. Membership includes the Attorney General and heads of the following federal entities:

- Consumer Financial Protection Bureau
- Corporation for National and Community Service
- Department of Health and Human Services
- Department of Housing and Urban Development
- Department of Justice
- Department of Labor
- Department of the Treasury
- Department of Veterans Affairs
- Federal Trade Commission
- Securities and Exchange Commission

- Social Security Administration
- U.S. Postal Inspection Service

Since its first meeting in 2012, the Elder Justice Coordinating Council has engaged with policy leaders, stakeholders, and the public to identify ways to build upon ongoing federal efforts and to further enhance the federal government's response to elder abuse.[16] In 2014, the Council adopted eight recommendations to improve awareness of, prevention of, intervention in, and response to elder abuse, neglect, and exploitation.

Elder Justice Coordinating Council Recommendations

1. **Support the Investigation and Prosecution of Elder Abuse Cases** by providing training and resources to federal, state, and local investigators and prosecutors.

2. **Enhance Services to Elder Abuse Victims** by improving identification of elder abuse and enhancing response and outreach to individuals who experience abuse.

3. **Develop a National Adult Protective Services (APS) System** based upon standardized data collection and a core set of service provision standards and best practices.

4. **Develop a Federal Elder Justice Research Agenda** across federal agencies to identify best practices for prevention of and intervention in elder abuse and elder financial exploitation.

5. **Develop a Broad-Based Public Awareness Campaign**, with clear and consistent messaging to raise awareness and understanding of elder abuse, neglect, and exploitation.

6. **Encourage Cross-Disciplinary Training on Elder Abuse** to educate stakeholders across multiple sectors and disciplines on preventing, detecting, intervening in, and responding to elder abuse, neglect, and exploitation.

7. **Combat Elder Financial Exploitation, including Abuse by Fiduciaries** through federal enforcement activities, policy initiatives, coordination, oversight, education, and by collaborating with industry to enhance fraud detection and provide resources for victims.

8. **Improve APS and First Responders' Ability to Identify Diminished Capacity, Diminished Financial Capacity, and Vulnerability to Financial Exploitation.**

The federal government has taken a number of important steps to implement these recommendations:

- The President's 2016 Budget proposes $25 million in new funding to support enhancement of state APS systems; nationwide implementation of the National Adult Maltreatment Reporting System to collect APS data, and investment in research and evaluation activities to improve our understanding of elder and adult abuse and the best ways to prevent and address it.

- Recognizing the lack of consistent national data on adult maltreatment, the Department of Health and Human Services has started the design of a national APS reporting system. Ultimately, states will have the option to report APS data through the National Adult Maltreatment Reporting System, providing consistent and accurate nationwide information. These data will begin to fill many information gaps about the number and characteristics of adults who are the victims of maltreatment; of those who abuse, neglect, and exploit adults; and the nature of services that are provided by APS agencies to address the abuse.

- To provide a critical resource for elder abuse prosecutors, researchers, practitioners, and most importantly, victims of elder abuse and their families, the Department of Justice launched a website dedicated exclusively to elder justice in September 2014. The website allows victims and/or their families to search for the nearest available resources, law enforcement agencies, and support networks by zip code. It provides a powerful search tool to assist academics and researchers to quickly ascertain existing data or research on elder abuse related topics. The site also provides information and training materials for elder abuse prosecutors and practitioners.

- The Consumer Financial Protection Bureau has produced several resource manuals geared towards a variety of different audiences who play an important role in combatting financial abuse, including:
  - *Protecting Residents from Financial Exploitation: A Manual for Assisted Living and Nursing Facilities* to help operators of nursing facilities and assisted living residences to protect the people in their care from financial exploitation through prevention and early intervention.
  - *Managing Someone Else's Money* to assist individuals managing money or property for a family member or friend who is unable to pay bills or make financial decisions.
  - *Money Smart for Older Adults* to help older Americans, their caregivers, and others in the community to identify and avoid frauds and scams.

- To help older adults prevent and address elder abuse, the Federal Trade Commission launched *Pass It On* in July 2014. This fraud education campaign is aimed at active older Americans and covers financial scams, including imposter scams, identity theft, fundraising fraud, health care scams, paying too much, and 'you've won' scams. *Pass It On* materials are available at ftc.gov/PassItOn and in Spanish at ftc.gov/Pasalo.

- To enhance services to long-term care facility residents – including services to residents who experience abuse and to individuals with cognitive limitations – the Administration for Community Living within the Department of Health and Human Services issued regulations in February 2015 aimed at strengthening states' Long-Term Care Ombudsman Programs.

- The Centers for Medicare and Medicaid Services' Elder Maltreatment Initiative seeks to increase health care provider screening for elder maltreatment within the Physician Quality Reporting System.[17]

Discussion Questions

The 2015 White House Conference on Aging aims to foster a national conversation, and the questions listed below are designed to stimulate dialogue on elder justice issues. The White House Conference on Aging will use the feedback received to continue to help shape outcomes of the 2015 White House Conference on Aging. Please provide your thoughts and ideas on our website. All comments will be displayed in the public conversation area of the White House Conference on Aging website.

- How can we increase the public's awareness of elder abuse, neglect, and/or financial exploitation?

- What are some innovative practices in your state or community designed to prevent elder abuse, neglect, and/or financial exploitation?

- Which elder justice programs or policies are the most or least effective or potentially duplicative?

- Are there opportunities to use information technology and other tools to help elders stay connected with families and caregivers? Can technological tools help prevent financial exploitation of older Americans?

- What type of potential partnerships could support efforts to prevent and address elder abuse, neglect, and financial exploitation?

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Appendix

E.

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