

*Assembly
Committee on
Aging and
Long-Term
Care*

Building an Aging Agenda for the 21st Century

California is at a crossroads.

**Assemblywoman
Patty Berg, Chair**

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During the next ten years, we have a window of opportunity to prepare for a dramatic “graying” of the state’s population. This demographic shift will be felt across the board, from housing and transportation to civic planning and health services.

Many of these challenges are already upon us. We have a fragmented network of services that is stretched beyond its capacity. We face an unprecedented growth in the aging population, yet we continue to face critical budget crises at the state and national levels that threaten the core of services essential to keeping the senior population in their homes and communities.

Policymakers and advocates have been trying to fix the system for the past 20 years. A laundry list of reforms has been proposed by the Assembly Committee on Aging and Long-Term Care, the Little Hoover Commission and the Legislative Analyst’s Office. Some have been enacted. But, the pace of change has been slow and it has never been directed by a single road map.

This is not good enough. Older Californians deserve better. We need to have a single plan to address the problems plaguing our system. I have been working on this singular vision since I became Chair of the Assembly Committee on Aging and Long-Term Care. It is my hope that this report will lead us to a single, comprehensive plan to guide us through the coming years. With a clear plan, we may be able to avoid the piecemeal, incongruous changes of the past.

California has been a national leader in change in many areas, from air quality standards to civil rights. It’s time that we approach our system of care and services for older adults and people with disabilities with the same level of determination and innovation.

This report will establish a policy roadmap as we begin to prepare California to meet the needs of older adults and people with disabilities today, and tomorrow. Change is never easy, but it’s certainly not impossible. Let’s build our vision together and move California forward.

-Assemblywoman Patty Berg

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Background

In the spring of 2004, Assemblywoman Patty Berg, Chair of the Assembly Committee on Aging and Long-Term Care, convened three committees to develop a Master Plan on Aging. The first of the three committees, the *Strategic Plan Advisory Committee*, further refined the priorities in the Strategic Plan for an Aging California Population (SB 910 [Vasconcellos], Chapter 984, Statutes of 1999) to the emerging trends most likely to result in fundamental systemic reform to the State's current service delivery system for older persons. The second committee, the *Expert Panel to Review the California Department of Aging*, responded to the call for reform regarding the administration of aging and long-term care services at the state level. The third committee, the *Committee to Advance an Aging Agenda for the 21st Century*, sought to develop legislative priorities, and strategic grassroots implementation steps based on the emerging trends to move an aging agenda forward.

The Master Plan on Aging represents the efforts of experts from across the aging community, brought together in an effort to help guide policymakers and stakeholders as they develop comprehensive and meaningful legislative, grassroots, and policy agendas to address the issues surrounding the aging of California's baby boomers. In advancing the aging agenda, strong leadership will produce numerous future dividends for virtually all segments of our society.

The Graying of California

California has more people who are age 65 and older than any other state, and the number is expected to grow dramatically in the years to come, with most of the growth predicted to occur between 2010 and 2030. By the year 2020, the number of people in California age 65 and older is projected to nearly double to more than 6.5 million. Conservatively, this will represent approximately 14 percent of California's total population. The greatest growth within the older population will be among the oldest Californians, those age 85 and older. By 2030, this population cohort will constitute one in five of the state's older residents.

As California ages, it is becoming more racially and ethnically diverse, surpassed only by Hawaii. The state's aging population is expected to become even more diverse during the first half of the 21st century. More than 40 percent of baby boomers are African American, Latino, or Asian, and one third were born outside of the United States.

Moving the Agenda Forward

During the next 10 years, the state must prepare for the changes that will affect virtually every aspect of life: economic growth, housing and transportation systems, geographic and land-use planning needs, health and social services, and a host of public and private sector concerns. California will need to reevaluate the adequacy of current policies and systems of delivering services to meet the needs of the aging population, especially in light of increasing diversity¹.

Measuring Success

Changes in legislative and policy direction should include a benchmark or tool to determine what constitutes good and effective policy. Legislative and policy changes included in this report, as well as other legislation regarding older Californians, should meet the following three criteria:

California will need to reevaluate the adequacy of current policies and systems of delivering services to meet the needs of an increasingly diverse aging population.

Independence

- √ Does the legislative or policy change allow for the maximum amount of independence?
- √ Does it allow for older adults to remain in their own homes as long as possible?

Flexibility

- √ Is the legislative or policy change flexible enough to meet the needs of a diverse range of older adults and people with disabilities?
- √ Can the change be implemented regardless of geographic location?
- √ Does the change avoid restrictive definitions of eligibility that inhibit access to a given program or service?

Choice

- √ Does the legislative or policy change allow for the maximum level of choice?
- √ Can older adults or people with disabilities choose the types of services that they would like to receive?
- √ Does the change allow for self-direction of services or care?

¹ Scharlach, A.; Torres-Gil, F.; Kaskie, B. (2001). *Strategic planning framework for an aging population*. California Policy Research Center

Components

Four components have been identified as critical for the progressive change needed to enable California to effectively serve its current population of older adults, and prepare for the aging baby boomers. **These components include a restructuring of aging and long-term care services at the state level; an integrated approach to data collection; an adequately trained workforce for service delivery; and the development of a coordinated grassroots advocacy network**

1. Restructure

Despite California's array of home and community-based services, multiple funding streams and varied eligibility criteria have created "silos" of services, making it difficult for consumers to move with ease from one service or program to another. The delivery of home and community-based services needs to be vastly improved in order to coordinate services that are appropriate to each individual's functional needs and financial situation.

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Consumer-Centered Service

- Establish a pre-admission screening process to prevent unnecessary nursing home utilization.
- Develop and implement a uniform assessment tool for all home and community-based services for older adults and adults with disabilities to reduce duplication and fragmentation as consumers utilize multiple services and programs.
- Restructure the administration of long-term care programs at the state level, utilizing an organizational plan that incorporates sound business practices with broad governmental oversight and consolidates home and community-based services for older adults and people with disabilities under one administrative umbrella (See *Restructuring the California Department of Aging and Long-Term Care Services in California* report).

Integrated Care

- Integrate long-term care services and funding in all 58 counties to ensure that older adults and people with disabilities receive coordinated and comprehensive services with minimal duplication and administrative barriers.

Community-based Support

- Provide professional liability and regulatory protection to care providers when a consumer makes a capable choice that involves risk. Consumer-directed care can involve risk, even with informed decision requirements. Some degree of liability and regulatory protection may be necessary to enable care providers to allow for truly consumer-directed care.

2. Integrated Data

In order to serve older adults and people with disabilities in an effective and efficient manner, the data collection system used by the variety of service providers and administrative entities needs to evolve. The current system reflects the fragmentation in the administration of programs, with different service providers collecting and reporting different information regarding individual service usage. Although many individuals use a variety of community-based services, California does not have a uniform system that would allow for tracking an individual across programs. The current system inhibits care navigation for providers and consumers alike, and fails to meet federal and state regulations for data collection.

The development of an integrated data system would also enable a statewide care navigation system. With adequate, real-time data, the navigation system would enable consumers and providers to access a databank web site that provides a specific inventory of services for each county, with eligibility, application information on line, as well as shared provider client-tracking abilities. Similar database websites already exist, but have not yet been developed on a statewide basis. These data systems help to reduce administrative inefficiencies and duplication in services.

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Know the Consumer

- Build a comprehensive, integrated database on older Californians and people with disabilities for longitudinal studies and care navigation.
- Build and implement a "No Wrong Door" care navigation system. Under this system, an individual or

caregiver would be able to access the needed information and services at any point along the continuum – senior centers, clinics, transportation providers, housing, etc.

3. Workforce

The aging of California will increase the demand for professionals with expertise in the aging process. At present, California faces a severe shortage of professionals and paraprofessionals needed to operate programs and provide services for older adults. There are approximately 890 board-certified geriatricians in the state; one geriatrician per 4,000 Californians age 65 and older. In addition, 62 percent of licensed social workers have or have had care management responsibilities, yet only 5 percent have received any social work training in gerontology or geriatrics. Policymakers will need to develop policies that train professionals and paraprofessionals to care for the aging population, and continue to recruit, retain, and retrain, the existing paraprofessional and professional workers as they age.

Filling the Gap

- Provide incentives for recruiting workers such as student loan repayment, Medicare payment for training, tax credits for tuition fees for nursing programs.
- Provide incentives in order to increase the capacity for new students in nursing programs.
- Ensure that state-funded colleges and universities address aging-related professions by enforcing current statute.
- Facilitate collaboration among health care workforce stakeholders to address the personnel shortage.

Policymakers will need to develop policies that train professionals and paraprofessionals to care for the aging population, and continue to recruit, retain, and retrain, the existing workers as they age.

Training

- Develop a uniform, statewide curriculum for caregivers – replicating the Humboldt County caregiver training model for all IHSS caregivers.

4. Advocacy

In order to ensure that aging and long-term care services are a policy priority in California over the next decades, advocacy needs to be redefined. The constituency for advocacy is changing. Although significant in their proportion relative to the overall population, baby boomers are increasingly diverse. In comparison to previous generations of older adults, baby boomers are better educated, more interested in personal choice and control, and more skeptical of government. The needs of vulnerable older adults are not disappearing, but advocates also must acknowledge that not all older adults are vulnerable, nor are they united on any given prescription for social reform. In order for advocacy to remain relevant and responsive, the strategies must reflect this reality.

Advocacy for aging will require the development and continued support of coalitions across a range of stakeholders. Advocacy for older adults must incorporate a broader view. Other groups have needs just as pressing as those of older adults, and any advocacy strategy should be placed in the context of the entire community. Crosscutting issues, such as health insurance coverage for all Americans, and caregiving for those in need, can provide a forum on which aging advocates can collaborate with others, rather than competing for resources. By changing the advocacy framework to one that encompasses the needs of the entire community and places an emphasis on independence, flexibility, and choice, advocates will be more successful in their efforts.

In addition, California must develop a new pool of advocates. Increasing the pool of advocates and overall effectiveness of advocacy efforts in California will require a multi-lateral approach. Existing advocacy organizations and others within the aging network can be tapped for advocacy training and recruitment. Area Agency on Aging Advisory Councils are charged with advocacy through the federal Older Americans Act, but their effectiveness varies statewide. The California Commission on Aging is defined in California statute as the principle advocacy body for older Californians, yet their power and presence is not always visible. Advocates for older Californians aren't able to generate the groundswell of grassroots activity that other advocacy groups, such as those for children, people with disabilities, or the environment, are able to produce. All advocacy organizations for older Californians should look to other groups that have had success and adapt the best practices and proven methods to increase the voice of older Californians in shaping state policy.

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Coalitions for Change

- Develop new models for training and recruiting advocates based on approaches from the Oklahoma Leadership Academy and the Senior Action Network in San Francisco.
- Build coalitions among a variety of advocacy groups to focus on common issues such as affordable housing and health care.

Policy Priorities

Aging baby boomers will impact every area of state and local policy development. Since most of the major aging policy issues that need to be addressed are interrelated, policymakers, planners, and advocates can no longer continue to view and address specific topics and concerns independently. California's sheer size, diversity, and large older adult population make it a barometer of how the nation will grapple with the challenges and opportunities of population aging. California must begin reevaluating the adequacy of current policies and services to meet the needs of the state's aging population, especially in light of increasing diversity.²

1. Health Care

Ensuring access to health care is essential for reducing mortality and disability and improving quality of life for all aging Californians, especially the oldest old. Overall differences in risks of disease, disability, and death in California's aging population are due to differences in health behaviors and environmental exposure, as well as access to health care and rehabilitation services. Policymakers can help decrease health problems by promoting preventive health programs, increasing geriatric training, and learning more about the changing health status of older adults³. Ultimately, the standard for health care will not only relate to physical health, but also the holistic health of the person – including physical and mental health and wellness.

Policymakers can help decrease health problems by promoting preventive health programs, increasing geriatric training, and learning more about the changing health status of older adults.

Affordable Coverage

- Develop a single-payer universal health care system.
- Change health insurance practices to provide multi-year policies that include incentives to invest in prevention and reduce administrative costs.
- Establish tax credits for health insurance for those under the age of 65 – primarily targeting those between the ages of 55 and 65.
- Establish tax credits for individuals to purchase long-term care insurance at the state level.

² Scharlach, Torres-Gil, & Kaskie (2001). *Strategic planning framework for an aging population*. California Policy Research Center, University of California.

³ Satariano, W.A.; Villa, V. (2001). *The health status of older Californians*. California Policy Research Center, University of California.

- Increase federal and state funding for educating providers and older adults regarding Medicare funds and relevant changes in Medicare coverage, especially for dual eligibles.

End-Of-Life Care

- Expand education regarding health care decisions for both health care professionals and consumers.
- Ensure choices in end-of-life care, including legislation modeled after the Oregon Death with Dignity Act.
- Increase training among physicians and health care providers regarding palliative care.

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Focus on Prevention

- Invest in medication management technology and innovative programs for disease prevention and chronic disease management replicating best practices and pilot projects from other states.
- Expand the current Preventive Health Care for the Aging program statewide.
- Establish, develop, and fund statewide chronic disease self-management programs, particularly for heart disease and diabetes.

Focus on Rural Areas

- Encourage the development of telemedicine and telehealth in rural communities, including the adjustment of reimbursement rate methodology.
- Adopt building codes that ensure that care facilities have the wiring and infrastructure needed to allow access to medical, telecommunications, and other technology at the time they are built to avoid costly retrofitting.

2. Housing

A significant percentage of older Californians face serious housing-related problems. Many people over age 65, burdened with high housing costs and living on fixed incomes are in need of affordable housing. As baby boomers age, more will seek ways to remain independent at home and in the community, pressing for policies that create and replicate new models of elderly housing options that integrate housing and supportive services, including access to home modifications and the expansion of Universal Design. Universal Design is the design of products and environments to be useable by all people, to the greatest extent possible, without the need for adaptation or specialized design. Universal Design fits all users regardless of age, height, skill, or physical ability.

Aging in Place

- Develop tax credits or deductions for home modifications.
- Ensure that local general plans include housing elements that adhere to California's Olmstead Plan by providing an adequate supply of home and community-based options for older adults and adults with disabilities.
- Develop continuing education modules and requirements for professionals such as contractors, occupational therapists, and others regarding home modifications.
- Strengthen the Multipurpose Senior Services Program (MSSP) provisions for home modifications by ensuring that local programs allocate sufficient funds for programs.
- Direct a percentage of local redevelopment funds for home modifications.
- Establish a program of low-interest loans and other subsidies that can be used for housing repairs, maintenance, and adaptations.
- Expand Smart Growth models of housing and land use, including livable, walkable, mixed-use, and intergenerational components.
- Encourage and expand transit-oriented development projects – linking housing with transit services.

As baby boomers age, more will seek ways to remain independent at home and in the community, pressing for policies that create and replicate new models of elderly housing options that integrate housing and supportive services, including access to home modifications and the expansion of Universal Design.

What is Universal Design?

Universal Design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

The intent of Universal Design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at little or no extra cost. Universal Design benefits people of all ages and abilities.

Increasing frailty and physical limitations can interfere with the preference of older Californians to age in place. Although the homes of persons using wheelchairs often require extensive modifications, a few home adaptations can often make it possible for most frail elderly to remain at home.

- Provide tax incentives to promote the development of active community environments, home technology, and accessibility.

Universal Design

- Develop incentives for developers to incorporate Universal Design features into single and multi-family housing, including fee reductions and tax incentives.
- Create a certification program for developers and architects that they can use to advertise their Universal Design compliance.
- Adopt a mandatory, cost-neutral, Universal Design standard for all new construction and major remodeling projects using state funds.
- Integrate Universal Design features and standards into local systems for awarding bids to publicly-financed housing.

Expand the Continuum

- Expand upon the existing Medicaid 1915 (c) waiver for assisted living pilot projects, and fully establish assisted living as a Medi-Cal benefit.
- Encourage the federal government to provide tax credits or other incentives for HUD Section 202 housing with service coordination components.
- Maintain and expand low income tax credits and other financial supports to provide equity in new and existing developments.
- Increase the 10 percent reserve for preservation within the Low Income Housing Tax Credit.
- Require the California Housing Finance Agency to provide incentives for senior housing development applicants to link housing with services and award more points in the competitive ranking process to housing developments that demonstrate innovation in service delivery through partnerships with service providers and other organizations.

Even those frail elderly who are cognitively or physically impaired can often remain in residential settings if they have access to services.

- Offer incentives and credits to builders to construct and remodel special needs and age-friendly housing near fixed transportation lines.
- Develop a statewide Housing Trust Fund for California for funding affordable housing seniors replicating other state models.

3. Transportation and Mobility

Mobility is critical to the well-being of California’s elderly and persons with disabilities. To live full lives and avoid social isolation, people must be able to access friends and relatives, health care services, shopping opportunities, and social and recreational activities. Given that transportation needs are directly related to land-use planning, alternative transportation services, driver safety education, “walkable” communities, and better access to public transportation need to be fully developed throughout California.

Transit Options

- Provide for the development of Mobility Management Centers, and include service coordination requirements. The Mobility Management Centers could serve to inventory volunteer transportation providers, direct clients to services, and minimize duplication and overlap among providers to maximize resources through service coordination.
- Define the mission of consolidated transportation service agencies in statute and identify resources with which they can fulfill their mission to become mobility managers.
- Ensure that regional and local bicycle and pedestrian planning efforts consider and fund projects to make paths to fixed-route transit services accessible and usable by older pedestrians and those using mobility aides.
- Require that all local transit system plans address older adults and persons with disabilities, and require Area Agencies on Aging, Independent Living Centers, and others to coordinate with local public transportation planners when developing strategic plans.

Transportation services for frail older adults are critical to linking individuals with health care services, social services, and other activities.

- Require coordination between transportation and social and health services programs at the state level.
- Require new housing and social and health services facilities to be located with access to public transit services.
- Reform Medi-Cal policy to include a comprehensive strategy for managing non-emergency transportation to ensure access to medical appointments at reasonable costs, including the use of transit passes.

An estimated 90 percent of older Americans live in suburban and rural areas, rather than central cities.

Rural Transit Needs

- Enforce the California Transportation Development Act and related regulations to ensure that all unmet transportation needs that can be reasonably met in rural areas are adequately identified and addressed.

Driver Safety

- Develop and implement an effective and equitable driver assessment and licensing procedure within the Department of Motor Vehicles with input from advocates, consumers, Area Agencies on Aging, and other service providers.
- Develop a statewide system for the prevention of traffic-related injuries among older adults.
- Improve the ability of health care and service providers to assess traffic safety risk and minimize the impact of health impairments on safe driving.

4. Employment and Retirement

In general, aging baby boomers have not prepared financially for their long futures. To prepare for the impending growth in California's aging population, government policies will need to provide incentives for employers and for workers to encourage individuals to remain in the work force. Policies will need to support individuals' continuance in the labor force for as long as they need or want to work.

Age Discrimination

- Strengthen and reinforce current employment law regarding age discrimination by expanding employers' awareness of the law, clarification of who enforces the law, strengthening enforcement procedures and employee rights, and simplification of how employees can file complaints.

Policymakers will need to support individuals' continuance in the labor force for as long as they need or want to work.

Flexible Environments

- Develop economic incentives to keep individuals in professions with workforce shortages, such as nursing, employed beyond traditional retirement.
- Provide health insurance for individuals that work less than full-time.
- Develop and enhance portable health insurance through the use of COBRA without pre-existing condition screening in subsequent coverage plans.
- Provide education and training through adult education programs, community colleges, and universities to develop or enhance skills so that older adults can move into second careers.

One third of California's workforce is over age 50. Policies will need to provide incentives to encourage individuals to remain in the work force.

Retirement Protection

- Create and implement a statewide professional certification program for agents who sell long-term care insurance.
- Provide consumer education, counseling, and state oversight to prevent predatory lending practices.
- Create and implement a statewide professional certification program for brokers and others who market annuities, reverse mortgages, and other products.

5. Involvement

Aging baby boomers will seek ways to increase volunteerism at all life stages as a way to stay productive and connected to society. A social model is needed through which aging baby boomers can optimize their continued involvement.

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Encourage Volunteerism

- Provide tax credits for senior volunteers to encourage community involvement among retirees.
- Fully fund the Elder Corps, and expand the Retired Senior Volunteer Program statewide.
- Fund and expand the use of senior mentors in after school programs.
- Develop a state-based insurance pool for volunteers, especially volunteer drivers for senior meal programs, after school programs, and senior companion services.

6. Wellness

In recent decades, there has been a growing appreciation for the fact that older age, while a time of greater risk for declines in health and functioning, need not inevitably be associated with such negative outcomes. Health promotion activities consisting of exercise, nutritional guidance, and regular preventive physician visits will need to be greatly expanded if they are to have any meaningful and long-term positive impact upon both health maintenance and cost containment of health care expenditures. Many prevention programs will require an up-front investment of funds in order to produce long-term savings.

California needs to promote policies and programs that increase the ability of older adults to enhance the quality of their own lives.

Healthy Aging

- Expand the California Active Aging Project and other national models which promote social and physical environments that support healthy and active aging.
- Expand the Governor's Council on Physical Fitness to include an emphasis in healthy aging.
- Expand lifelong learning programs available through community colleges and state universities.

- Improve access to routine physical and behavioral health care and health-related screenings with the use of mobile health clinics and temporary health clinics at locations where older adults congregate.

Mental Health

- Develop and authorize the use of advance directives for mental health care replicating models in other states, such as Washington.
- Amend the intent language of the Older Californians Act to specifically address the issue of isolation and its consequences among older adults.
- Establish and/or expand mental health hotlines, linking them with Area Agency on Aging Information and Assistance providers.
- Develop statewide alcohol and substance abuse prevention and treatment programs targeted to the special needs of older adults.
- Develop statewide depression and suicide prevention programs tailored to the special needs of older adults.
- Expand Gatekeeper models and programs for mental health. Gatekeeper models work with first responders and community members to educate them on strategies for identifying, interacting, and making referrals for older adults and people with disabilities who may be living with mental health issues.
- Develop training and continuing education programs for mental health professionals to ensure that they acquire expertise in the assessment, treatment, and appropriate referral of older adults with mental illness.

One of every five older adults experiences a diagnosable mental illness. Some older adults develop mental illness in childhood or adolescence, and live with the illness over their lifetime.

7. Caregiving

Family caregiving patterns are as varied as California's families – there is no "right way" of providing care that works for everyone⁴. Caregiving in California ranges from informal assistance provided by family members to skilled nursing services provided by certified professionals and paraprofessionals. Regardless of the setting, California faces a shortage among caregivers necessary to accommodate an aging population.

The availability of family caregivers to provide care is a major factor in predicting whether or not older people can remain at home. Approximately 75 percent of community-dwelling disabled elderly are cared for at home or in the community by family members or other informal care providers. **By 2007, an estimated four million Californians will be caregivers.** If California's family caregivers were paid \$8 an hour, the typical wage of a home health aide, the cost of caregiving would be \$22.1 billion a year. However, in most cases family members are not paid, and in fact bear close to 40 percent of long-term care costs.

The aging baby boomers are changing the characteristics of the typical family unit; this will likely impact the needs and characteristics of caregiving in the future. Policymakers will need to develop systems that respond to the changing needs of caregivers, especially in such a mobile society.

Expand the Family Leave Act

- Develop education and outreach to ensure that those who are eligible are able to access the program.
- Expand the definition of family to accommodate all family caregivers and kinship caregivers.
- Provide accommodations for chronic care in addition to episodic care. Caregivers for older adults are more likely to require leave for extended periods of time due to the prevalence of chronic diseases among older adults.

By 2007, an estimated 4 million Californians will be caregivers.

Increase Caregiver Support

- Develop a user-friendly caregiver handbook in coordination with Area Agencies on Aging, Independent Living Centers, and the Caregiver Resource Centers for dissemination in doctor's offices, libraries, etc.

⁴ Scharlach, A. (2001). *Family caregiving for older Californians*. California Policy Research Center, University of California.

Approximately 75 percent of community-dwelling disabled elderly are cared for at home or in the community by family members or other informal care providers.

- Ensure that California's CalCareNet website covers caregiver and community-based services in all 58 counties and links with other online resources.
- Facilitate the expansion of web-based service navigation tools such as the Networkofcare.com program.
- Fully fund 211 in California and ensure linkages to Caregiver Resource Centers, and Senior and Disabled Information and Assistance programs.
- Ensure clear identification of caregiving agencies serving older adults and adults with disabilities in local resource guides.
- Enable the utilization of the IHSS registry for private pay individuals.
- Provide financial aid for assistive and technological devices for caregivers to assist with daily activities.

Address Caregiver Diversity

Family caregiving patterns are as varied as California's families – there is no "right way" of providing care that works for everyone.

- Ensure that caregiving programs address the needs of lesbian, gay, bisexual, and transgender caregivers.
- Address obstacles specific to kinship care including insurance eligibility for grandchildren being raised by grandparents.
- Ensure flexibility of caregiver and respite funds and develop respite programs on demand.
- Address the increase in the population of Californians living with Alzheimer's Disease through specific caregiver support programs, caregiver training, and research.

8. Long-Term Support

Aging baby boomers will prefer to receive their care at home and in the community, leading to the need for policies and funding streams that promote non-institutional caregiving and creative community-based long-term support arrangements. Existing funding for home and community-based services is not sufficient to meet the current demand, a demand that will only increase as the population ages⁵.

Expand the Continuum of Care

Aging baby boomers will prefer to receive their care at home and in the community, leading to the need for policies and funding streams that promote non-institutional caregiving and creative community-based long-term support arrangements.

- Expand innovative community-based programs and successful pilot programs statewide.
- Streamline licensing and program evaluation for the Program of All-Inclusive Care for the Elderly (PACE), adult day health care, and the Multipurpose Senior Services Program (MSSP) to reduce duplication.
- Develop uniform eligibility standards for all home and community-based programs.
- Implement recommendations from SB 953 (Vasconcellos), the California Integrated Elder Care and Involvement Act and the California Health and Human Services Agency CalCareNet project regarding care navigation and management.
- Ensure the availability of care navigation and case management services, such as the Linkages program, in all 58 counties with options for self-directed care as well as more intensive assistance.
- Require the California Health and Human Services Agency to ensure that all home and community-based programs and services are able to respond in the event of an emergency or natural disaster to continue vital services for older adults and adults with disabilities.

⁵ Harrington, C.; Newcomer, R.; & Fox, P. (2001). *Long-term care for older Californians*. California Policy Research Center, University of California.

9. Financial Abuse

Financial abuse is expected to be one of the most prevalent crimes committed against older adults. Policymakers will need to decrease aging baby boomers' susceptibility to scams and neglect. They should consider developing a method to prevent, prosecute, and punish those who commit financial crimes against older Californians' individual assets, pension, and retirement programs.

Prevent Financial Abuse

- Work with financial institutions to develop educational tools and prevention programs.
- Develop oversight protocols for financial institution employees who manage trusts.
- Ensure that the conservatorship system prevents abuse through the licensure of conservators, restrictions on the sale of property, and increased oversight.

Only one in every hundred cases of financial abuse is ever reported.

Increase Prosecution

- Increase the enforcement of current elder and dependent adult abuse laws, including fraud prevention.
- Increase prosecution and fines for those who participate in brokerage scams involving inappropriate insurance and securities investments.
- Increase penalties and fines for false advertising and bait and switch tactics related to the sale of annuities.

Financial abuse is expected to be one of the most prevalent crimes committed against older adults.

10. Changing the Culture of Aging

In order to promote wellness and inclusion of aging baby boomers in society, it will be important to change the way aging is perceived and to popularize more realistic images of what it means to be "old" – to expect positive experiences in later life. Policymakers will need to consider how to provide aging baby boomers with genuine choices about how they age.

Intergenerational Education

Policymakers will need to consider how to provide aging baby boomers with genuine choices about how they age.

- Replicate K-12 curriculum in aging developed by the University of Texas for use in California's classrooms.
- Provide funding for school districts to develop and maintain intergenerational programs. Older adults who are more connected to the school system are more likely to support school bonds.
- Develop programs and outreach materials that portray aging as a lifelong process.

Conclusion

Baby boomers are already changing the way that society views old age. They want more information and they want more choices. They are struggling with the challenges of caring for their aging parents, raising their own children and grandchildren, and working towards their own retirement. The issues confronting aging are everywhere, and intertwined with every aspect of our lives. It is precisely this interwoven tapestry of needs that demands a unified approach. Few of California's challenges will respond to a "one-size-fits-all" approach to policy development. The increasing diversity of the aging population demands creative solutions that take into account racial, ethnic and cultural differences, as well as regional variations, and socioeconomic disparities⁶.

California has never seen anything like the aging boom. No state has. There is no tried-and-true way to deal with something that has not happened before. We must draw the map ourselves. And we must realize that this map has to include every highway, every boulevard, every avenue and alley. Other states will watch how California grapples with its age wave. We will set the trends and establish the precedents, good or bad. While California ages over the next several decades, there will be multiple opportunities for innovation and coordination. However, along with these opportunities for growth and change, there will be the temptation to maintain the status quo. All Californians will have to decide what type of future they want for their grandparents, parents, and themselves as they age.

To date, several of California's legislators have attempted, with varying degrees of success, to address many of the problems noted in this report. In many cases, successful legislation has taken years to develop, much to the frustration of policymakers, advocates, and consumers alike. California has made significant strides in elder abuse protection and increasing options for long-term care. Yet, in other cases, success has yet to materialize. Efforts to reorganize home and community-based programs at the state level, long-term care integration, universal health care, and replication of Oregon's Death with Dignity Act have made incremental progress over the last ten years, but have not become law.

While policymakers can take the lead in addressing the challenges posed by the aging population, success is not possible without the support of advocates, service providers, scholars, and consumers themselves. This report is only the first step in developing solutions to the problems that California faces. With leadership and shared vision, the state can move bravely into a future in which older adults and adults with disabilities live longer, healthier, and more dignified lives, and do so in their own homes. We can lead the nation in demonstrating that resources can be managed wisely, and effectively, and that long-term investments make long-term rewards.

⁶ Scharlach, Torres-Gil, & Kaskie (2001). *Strategic planning framework for an aging population*. California Policy Research Center, University of California.

Appendix

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*In July, 2004, report contributors participated in a three-day conference to establish the legislative priorities included in this report.