

CCoA
California Commission on Aging
AGEWATCH

Rising rents create hardship for many older adults

More than half of low income older Californians face a “severe rent burden,” according to new research by the [UCLA Center for Health Policy Research](#). The fact sheet, titled [More Than Three-Quarters of Low-Income Older California Tenants are Rent Burdened](#), reports that more than three-quarters of the state’s low income elderly struggle to pay rent, with 56 percent paying more than half of their monthly income and 23 percent paying more than 30 percent. The research finds that when rents increase, those on fixed incomes can be forced to move far from social ties and familiar services in order to find affordable housing.

“Older Californians with limited incomes struggle to pay for shelter, food, medical care and other basic necessities. Escalating rent prices can push them out the door,” said [D. Imelda Padilla-Frausto](#), research scientist and co-author of the fact sheet. “If they’re lucky, they can land at a relative or friend’s home.”

Comparing rents and income levels on a regional basis, UCLA found the Sacramento region to have the highest rent burden for older residents, followed closely behind by the San Joaquin Valley and L.A. County. The fact sheet is available on the UCLA Center for Health Policy Research [publications](#) page.

Information from the UCLA Center for Health Policy Research press release [Rent burden strains more than three-quarters of low-income seniors in California, study finds](#), August 21, 2018.



n4a reports detail Area Agency on Aging response to homelessness, housing needs

Two new reports from n4a demonstrate how Area Agencies on Aging are responding to shifting demographics and challenges in their communities. As the population of older adults increases, more and more elderly are experiencing difficulties finding and securing housing that is safe, affordable and that meets their needs. The report, [Housing and Homelessness: Services and Partnerships to Address a Growing Issue](#), examines the extent to which AAAs are seeing the impact of housing and homelessness in their communities as well as the innovative programs and partnerships developed to support the growing number of older adults who are facing these issues.

A second report, [Rural AAAs: Structure and Services](#), is based on data from the [National Survey of Area Agencies on Aging: 2017 Report](#) and focuses on the structure and programs offered by AAAs that serve rural geographic areas. Both reports feature examples of innovative programs offered by AAAs from across the country to meet the unique needs of their communities. [Read them here.](#)

Information from the National Association of Area Agencies on Aging.

AGEWATCH is an occasional publication of the California Commission on Aging (CCoA) intended to inform, educate, and advocate. The CCoA is an independent state agency established in 1973 to serve as the principal state advocate on behalf of older Californians. The CCoA office is located at 1300 National Drive, Suite 173, Sacramento, CA 95834. (916) 419-7591 www.ccoa.ca.gov

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Older Adults and Social Engagement: A National Strategy Discussion

Social isolation can be harmful to the health and well-being of older adults. Providing opportunities for social engagement both improves older adults' quality of life and enables them to share their knowledge, talent, skills, experience and wisdom with their communities. n4a and its partners, OATS, the National Center for Creative Aging, Generations United, and the National Center for Osher Lifelong Learning Institutes, will host a live-streamed strategy discussion on the topic of social engagement on Friday, September 28. This discussion is sponsored by [engAGED](#), The National Resource Center for Engaging Older Adults with the goal of helping leaders in the field explore how we can work together to increase older adult engagement to improve health and wellness outcomes.

The discussion is intended to frame the need for a comprehensive approach to increasing engagement, raise awareness of the various ways to engage older adults, discuss the [engAGED](#) Resource Center's charge to develop and implement a national strategy to encourage social engagement among older adults, and seek input from attendees to help shape a national strategy to increase engagement.

The national strategy discussion is scheduled for **Friday, September 28 from 11:00-2:00 p.m. Pacific Time**. Attendance is free for either the live-stream or in person in New York City.

[Click here](#) to learn more or to register.

Information from NASUAD Friday Updates, Friday, September 21, 2018.



Why Improve Leave Policies for Working Caregivers?

Nearly 2 out of 3 workers aged 45 to 74 years-old have caregiving responsibilities for an aging or other adult relative. Such family care may involve taking time off from work, which some employers allow. But these workplace leave benefits for family caregivers are not available to all workers in all work settings. Many working caregivers cannot afford to miss a paycheck.



The **Family and Medical Leave Act (FMLA)** guarantees up to **12 weeks** of job-protected, **unpaid** leave for a worker's own health needs or for some family care.

RECOMMENDATION: Expand the FMLA to cover more workers, including those caring for grandparents and domestic partners.

Just **12%** of U.S. workers have access to paid family leave benefits.

RECOMMENDATION: Promote access to paid family and medical leave.

Nearly **40%** of private sector workers lack access to any paid sick days.

RECOMMENDATION: Require employers to provide earned sick time.

Source: L. Feinberg, *Keeping Up With the Times: Supporting Family Caregivers With Workplace Leave Policies* (Washington, D.C.: AARP Public Policy Institute, June 2013), www.aarp.org/research/ppi

AARP study examines workplace leave policies for benefits, challenges

The effect of paid family leave policies on family caregivers is the focus of new research from AARP's Public Policy Institute. [Breaking New Ground: Supporting Employed Family Caregivers with Workplace Leave Policies](#), examines the implications of paid leave policies on families and employers. Only six states and the District of Columbia offer paid family leave in 2018, while 10 more provide paid sick leave for caregiving duties. The report finds these benefits reach only 13 percent of the nation's private-sector employers, and low-income workers who take time off to care for a seriously ill family member yet cannot afford to miss a paycheck. Existing federal policy and most states' family leave policies are *unpaid* and only 13 percent of private-sector workers had access to paid family leave through their employer in 2017.

The AARP research highlights the challenges faced by workers with family caregiving responsibilities, discusses the reality of how many workers cannot afford to take unpaid leave from their jobs, and reviews research on workplace leave policies affecting both employees and employers.

To learn more about AARP's Public Policy Institute and read other publications, click [here](#).

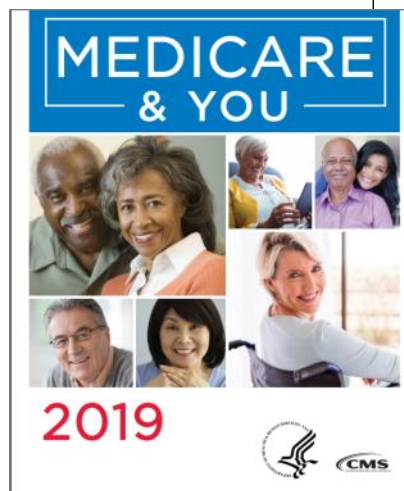
Big changes happening to Medicare Open Enrollment notifications in 2018

Medicare Open Enrollment runs from October 15th through December 7th this year, and older adults will need to be prepared for changes in how information will be received.

Starting now and lasting into December, older adults' mail boxes will be full of Medicare information. But this year, where and how they receive some of the most important information will change. [Medicare Advantage](#) and [Medicare Part D](#) plans will **no longer mail copies** of the Evidence of Coverage to beneficiaries. Instead, the Evidence of Coverage will be available online and only in hard copy when a beneficiary requests it. A list of notifications and resources for review and how they will be made available can be found [here](#).

NCOA's "[Medicare and You](#)" guide will help consumers looking at Medicare options manage the influx of information and get a head start on evaluating their needs for next year.

Information from NCOA Week, Big changes happening to Medicare Open Enrollment Notifications in 2018, September 25, 2018.



Flexible laws and creativity make voting possible for those in residential care

A recent blogpost from the Pew Charitable Trust examines the creative ways to bring voting opportunities to residents in long-term care. [How to Bring the Ballot to Aging Americans](#) discusses the 8.4 million long-term care residents left out of the voting process due to physical impairments and lack of access.

According to Jason Karlawish, a professor of medicine, medical ethics and health policy at the University of Pennsylvania who has studied voting and cognitive ability, bringing ballot boxes to long-term care residents "is a proven way of increasing voter access... We have an obligation as a society to allow people to vote."

The blog describes the efforts of 80-year-old Kathleen Henry of Greenspring Retirement Community in Springfield, Virginia. Ms. Henry initiated her own voter registration drive in 2003, working with county election officials to assure compliance with state voting laws. She recruits volunteers to set up polling stations in the retirement community's conference center, with Greenspring's political party organizations providing information just outside. Flexible voting laws such as vote-by-mail, early voting, and same day registration all facilitate participation in the political process. The support of facility personnel also plays a role, as staff may be needed to help residents who wish to vote. As noted by PEW staff writer Matt Vasilogambros, "lack of ballot access at certain facilities affects specific populations. Nearly two-thirds of publicly funded [nursing home residents are women](#), according to the Centers for Medicare and Medicaid Services. Residents of these facilities, Kohn said, also tend to be poorer than residents of other long-term care facilities." To learn more, visit the PEW [Stateline](#) blogpost.

Information from PEW [STATELINE](#), July 23, 2018



Massachusetts becomes the first state to require dementia training for physicians

Guest contributors:

*Susan Demarois and Nicole Gutierrez
Alzheimer's Association of California*

The Commonwealth of Massachusetts became the first state in the nation to enact comprehensive legislation mandating physician education on Alzheimer's and related dementias among other interventions. Today, less than half of all persons with Alzheimer's have been diagnosed by a doctor, and fewer than 50 percent have been told of their diagnosis. The Alzheimer's Association's Massachusetts New Hampshire chapter led a multi-year advocacy effort to ultimately pass **MA House Bill 4116** by unanimous vote and secure the signature of Governor Baker on August 15, 2018.

Currently, more than 130,000 people in Massachusetts have Alzheimer's disease as compared to 650,000 in California. Nationwide, Alzheimer's has become a public health crisis, impacting more than 5 million Americans and costing Medicare and Medicaid \$168 billion annually. Prior to the enactment of MA House Bill 4116, individuals and families in Massachusetts struggled to obtain quality care, including a timely diagnosis, treatment plan and referral to home and community-based services.

The [enacted legislation will require](#) physicians, physician assistants and nurses to receive training in diagnosis, treatment and care of people with Alzheimer's and other forms of dementia before acquiring renewal of licenses. It will also require physicians who have diagnosed a patient with Alzheimer's to inform a family member or legal representative of that person about the diagnosis and care plan. In addition, hospitals will be required to develop and deploy a plan for recognizing and managing persons with dementia in acute care settings by Oct. 1, 2021. An Advisory council on Alzheimer's disease research and treatment will also be implemented.

While California has long required a state Alzheimer's committee, the new Massachusetts law includes key provisions missing from state statute or regulation. Like their counterparts on the East Coast, the California chapters of the Alzheimer's Association are strong advocates for increased public awareness, early detection and timely diagnosis. MA House Bill 4116 offers a model to all states on how to appropriately meet the specialized needs of persons with dementia. To view the final bill language, follow this [link](#).



NCOA's 2018 Falls Free Photo Contest

is accepting submissions through October 26th.

Showcase your center's Fall Prevention Awareness Month activities by entering your own fun, high-quality photo of people participating in an evidence-based falls program. Judges from the NCOA Falls Free® Initiative and NCOA Communications Department will choose the winners.

Winners will receive prizes issued to the individual/organization submitting the entry. Prizes are: **1st prize: \$300; 2nd prize: \$250; 3rd prize: \$200.** Winning photos will be featured in NCOA's Center for Healthy Aging E-News and on the NCOA website.

Contest rules are available on the [NCOA website](#). **Submit all photos and signed consent through the NCOA [link](#) October 26 at 11:59 p.m. EDT.**

Information from NCOA Week, September 25, 2018.



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New online mandated reporter training available for professionals working with elderly or dependent adults

California law designates a range of professions as mandated reporters of elder and dependent adult abuse. Anyone responsible for the care or custody of an elder or dependent adult is a mandated reporter, as are administrators, supervisors and staff of a public or private care facility; adult care custodians; health practitioners; clergy members; bank or financial institution personnel; adult protective services personnel; law enforcement personnel; and animal control and code enforcement personnel.

A new [online course](#) will provide mandated reporters with foundational information about their reporting responsibilities. The course will help participants to understand how, when and where to report suspected abuse or neglect and inform participants of what to expect after the report has been made. Upon completion of this course, participants will be equipped with the necessary tools and information they need to make a report each time they suspect or witness elder or dependent adult abuse or neglect.

The 90-minute course was developed with state funding through the California Department of Social Services by the Academy of Professional Excellence at San Diego State University's School of Social Work. The course is part of Multi-disciplinary Adult Services Training and Evaluation for Results (MASTER)-APS Training and is available [here](#).

Additional information about elder and dependent adult abuse can be found at <http://www.cdss.ca.gov/inforesources/Adult-Protective-Services>.



UPCOMING EVENTS

September 26-27, 2018 — Triple-A Council of California. Vagabond Inn, 909 Third St., Sacramento.

Information and agenda at www.tacc.ccoa.ca.gov.

September 27, 2018—The SCAN Foundation [California Summit on Long-Term Services and Supports](#).

Sacramento Convention Center, Sacramento. Click on the link above for information or to register.

November 6-8, C4A Annual Meeting and Allied Conference, Sheraton Gateway Hotel, Los Angeles.

[Www.c4a.info](http://www.c4a.info) for information.

November 7-8, 2018—California Commission on Aging, Hilton Palm Springs, Palm Springs.

[Www.ccoa.ca.gov](http://www.ccoa.ca.gov) for information.

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