

OLDER IOWANS

Position Statement

NASW, Iowa Chapter, recognizes that the status of older Iowans is changing. Older Iowans have the right to maintain their dignity and self-determination regarding medical care and supportive services either in their own homes or in other care facilities. NASW recognizes the need to balance the issues of safety, cost containment, and informed choice.

As the number of Iowans over the age of 60 increases, the number of people under the age of 60 declines; this creates the need to address issues impacting the state's aging population. Growing concerns include the lack of home-based care, the increasing poverty level of older Iowans, access to available resources in rural communities, elder abuse, and services for gay, lesbian, bisexual, and transgendered elderly.

Discussion

Iowa has a population of approximately three million people, 20% of whom are over the age of 60. Of this 20%, 15.61% are currently living in poverty. Approximately 30% of this population lives alone. Iowa ranks seventh in the nation for individuals over the age of 65 and third in the nation for persons aged 85 and older (Iowa Department on Aging [IDA], 2011b). Iowa serves more people with disabilities and older adults in residential care facilities than any other state, when controlling for population (Eiken, Iwan, & Gold, 2009).

Many aging individuals want to continue living in their homes but lack the information and resources to access affordable supportive services that would allow them to live independently. A survey by the American Association of Retired Persons (AARP) showed that 89% of adults over the age of 50 say it is important to continue living in their home as long as possible (2009). The Center on Aging (2009) reports that a 2007 census estimated 29.6% of Iowans 65+ live alone in a rural community because they lack affordable services, and many others reside in nursing homes with an unnecessarily high level of care. A 2005 report by the Iowa Department of Public Health (IDPH) showed that ten Iowa counties, and parts of 50 other Iowa counties, have been designated as medically underserved areas (IDPH, 2006). A 2008 assessment of Iowa's long-term support system showed that 17,378 individuals were living in nursing homes; this equates to 853 residents per 100,000 people (Eiken, Iwan, & Gold, 2009).

- *Home and Community Based Services*

Home and Community Based Services (HCBS), such as health aides, nursing, meal delivery, and counseling services, provides Older Iowans necessary services in medically underserved areas. The purpose of these services is to allow people to stay in their own homes longer and with greater independence.

Programs such as the Elderly Waiver, the Iowa Senior Living Trust, the Older Americans Act, the National Family Caregiver Program, and/or local and private pay funds, prevent premature or unnecessary institutionalization and reduce the overall cost of long-term care. According to the AARP Policy Institute (2009), less than 15% of older people and adults with physical disabilities use HCBS in Iowa, and that, on average, the Medicaid program can provide home and community based services to 3 people for the cost of serving 1 person in a nursing home. These findings highlight the importance of utilizing HCBS services to keep older Iowans in their homes while helping to manage the costs of serving an aging population.

HCBS services make up the largest portion of the Senior Living Program. According to the Iowa Department on Aging (2011c) there were 15,333 unduplicated consumers who received one or more HCBS services through the Senior Living Program. The program benefits the state via two branches. The first branch, operated through the Iowa Department of Human Services, focuses on making changes in the nursing home industry. This program promotes growth within the nursing homes and encourages the use of alternative services other than in-patient care. The second branch, funded through the Iowa Department on Aging, and

implemented by the Area Agencies on Aging, helps pay for home and community-based services for low- and moderate-income older persons. The program also provides support to older Iowans by delivering case management and referral services.

One concern is the lack of quality community support services. Due to inadequate reimbursement to providers and case management agencies, case loads are often too large to provide the best possible services throughout the state, and the reimbursement differential for rural services is inadequate to meet the extra costs related to travel and recruitment of qualified providers to rural areas (Centers for Medicare and Medicaid Services, 2011).

The funding cap on the Elderly Waiver Program makes it difficult for those with higher needs to be able to continue to live in the community, despite their ability to do most things independently, because they simply run out of funding to pay service providers (Older Iowans Legislature, 2012). There is a monthly cap of \$1,117 per individual if the client qualifies for an intermediate level of care, and \$2,631 if the client qualifies for skilled level of care. Currently, about 12,000 older Iowans utilize the Elderly Waiver program (National Alliance on Mental Health, 2013).

In the Olmstead Decision of 1999, the Supreme Court ruled that people in need of care have the right to a home or community based setting rather than an institution or hospital (Center for an Accessible Society [CAS], 1999). Despite efforts to ensure that older Iowans have the power to determine their own living situations, Iowa has the highest rate of older citizens residing in nursing homes and assisted living facilities of all states (Iowa Insurance Division, 2007). Due to the lack of affordable resources, and despite the desire of the majority of older Iowans to remain living in their own homes, many are forced into facilities against their wills.

- *Elder Abuse*

Iowa does not currently have a legal definition specifically pertaining to elder abuse. Whereas the state has dependent adult abuse laws relating to the protection of people 18 years and older who are unable to protect their own basic human needs (Iowa Code § 235B, Iowa Code § 235E), there is no current policy that specifically protects older Iowans from physical or sexual abuse, financial exploitation, neglect, or the denial of critical care. In 2001, the state legislature funded Iowa's Elder Abuse Initiative in effort to develop strategies for identifying, preventing, and reporting elder abuse (Iowa Department on Aging, 2012a).

The Iowa Department of Aging provides education and develops programs and policies aimed at preventing elder abuse. The Iowa Department of Human Services and Elder Abuse Initiative investigated 11,903 cases or referrals between FY07 and FY11, of which 16% met the dependent adult abuse criteria. Of these cases, 66% were linked to mental health issues, 44% to financial exploitation, and 31% to the denial of critical care (IDA, 2012a). While Iowa does not currently have a definition specific to elder abuse, DHS reports that in FY2011 it received 452 allegations of dependent adult abuse, of which 152 were founded.

The Iowa Department of Inspections and Appeals is charged with protecting the health and safety of older Iowans by inspecting, licensing, and certifying health care providers, including long-term care centers, hospice, and nursing homes. In fiscal years 2011 and 2012, the department investigated 108 fraud allegations, 183 related to assault, 40 physical injury allegations, 5 sexual assault allegations, 15 sexual exploitation allegations, 84 neglect allegations, 12 unreasonable confinement allegations, and 95 allegations related to unreasonable punishment (Werning, 2012).

- *Gay, Lesbian, Bisexual, and Transgendered Persons*

Although a largely invisible population until recently, lesbian, gay, bisexual and transgender (LGBT) older adults make up a significant share of both the overall LGBT population and the larger 65+ population. While confronted with the same challenges that face all people as they age, LGBT elders also face an array of unique barriers and inequalities that can stand in the way of a healthy and rewarding later life. LGBT older people face increased risk of stigma and prejudice, reliance on informal families of choice, unequal treatment

under laws and in services, and possess unique mental, physical, and sexual health needs (Services and Advocacy for GLBT Elders & Movement Advancement Project, 2010). Specific Iowa demographic data for this population was not available at time of publication.

- *Substitute Decision Maker Program*

A substitute decision maker is a guardian, conservator, attorney-in-fact under a power of attorney document, or a representative payee who assists those with limited or no decision-making capabilities make personal care and financial decisions (Iowa Code § 231E.2(1)(e)).

Formally created in 2005 and funded in 2007, the Office of Substitute Decision Makers sought to reduce incidents of abuse and exploitation, assist in determining the appropriate level of care, and to provide access to necessary services for those who could not provide consent (IDA, 2012b). The Office of Substitute Decision Makers provided information and education to those considering substitute decision making and those having difficulties with the substitute decision-making process. It also intervened on behalf of older Iowans lacking decision-making capacity in guardianship and conservatorships proceedings (National Health Law and Policy Resource Center [NHLPRC], 2009). Due to budget restrictions, the Office of Substitute Decision Makers was defunded in 2009. Subsequently, it has not yet been sufficiently funded to provide decision-making services to Iowans (IDA, 2012b).

According to a 2005 survey, over 44,500 older Iowans were in need of a substitute decision maker, and over 42% of these individuals did not have an appropriate family member or friend to serve as a guardian or conservator. This resulted in an estimated 1,426 older Iowans receiving a higher level of care than needed (Department of Elder Affairs [DEA], 2006). The Office of Substitute Decision Makers provided information and education to those considering substitute decision making and those having difficulties with the substitute decision-making process. It also intervened on behalf of older Iowans lacking decision-making capacity in guardianship and conservatorships proceedings (National Health Law and Policy Resource Center, 2009).

Recommendations

Given this background, NASW recommends that the State of Iowa:

- Increase reimbursement rates for HCBS service providers to ensure quality services in rural communities.
- Develop specific legislation to define “elder abuse” separately from “dependent adult abuse” and support the Elder Abuse Initiative.
- Provide funding to conduct research on the needs of LGBT older Iowans.
- Provide funding to reinstate the Office of Substitute Decision Making.

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Written by: Brian O’Gary, Alicia Cummins, Ben Dino, Angela Emerson, and Kristin Huyser.