

Dear Sir/Madam:

Attached is the U.S. response to the letter from Mr. Mateo Estreme, Chair of the UN Open-Ended Working Group (OEWG) on Ageing, which references UNGA resolution 69/146 on "Follow-Up to the Second World Assembly on Ageing." The letter requests member states to provide information on the topics discussed in the resolution (15 FTR 14170 incoming letter; 15 FT 14172 U.S. government response).

UNGA Resolution 69/146 highlights health, financial well-being, promoting and protecting the rights of older persons, social integration, capacity building, effective data collection and analysis, community services, combatting violence/abuse/neglect, helping older persons in emergency situations, strengthening partnerships with civil society, and the situation of older women. We appreciate the opportunity to highlight a number of examples of U.S. policies and programs on these subjects.

Health of Older Persons

Nutritional Assistance Programs

The Older Americans Act Nutrition Programs provide nutritious, safe, appealing meals targeting vulnerable older adults at risk of food insecurity and food insufficiency. These adults are older, poorer, more likely to live alone, more likely to be a minority, in poorer health, more functionally impaired, and at higher risk of isolation and nursing home placement than the general older adult population in the United States. In 2012, about 86 million meals were served to 1.6 million older adults in community settings, and 2.38 million meals were served to 49,500 older American Indians, Alaska Natives, and Native Hawaiians. In 2012 about 137 million meals were delivered to over 850,000 older non-Native adults, and an additional 2.65 million meals were delivered to 22,300 older American Indians, Alaska Natives, and Native Hawaiians living on sovereign tribal lands. These meals provide about one-half or more of the total food for the day for these vulnerable individuals and enable them to continue to live healthier, more independent lives in their homes in the community.

Senior Medicare Patrol (SMP) Program

Since 1997, the Administration on Community Living (HHS/ACL) of the U.S. Department of Health and Human Services has led a national program to provide Medicare beneficiaries information on protecting themselves against fraud, errors, and abuse within the Medicare system. The program mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report healthcare fraud, errors, and abuse through outreach, counseling, and education. ACL funds 54 Senior Medicare Patrol statewide projects (each state, Guam, Puerto Rico, the U.S. Virgin Islands, and Washington, D.C.) with funds authorized in the Older American Act and the Health Care Fraud and Abuse Control Wedge. SMP projects recruit and train volunteers to educate Medicare beneficiaries on how they can detect and prevent fraud, errors, and abuse in Medicare.

Chronic Disease Self-Management Programs

Chronic Disease Self-Management Education (CDSME) programs provide older adults and adults with disabilities with education and tools to help them better manage chronic conditions such as diabetes, heart disease, arthritis, HIV/AIDS, and depression. ACL has

been supporting the dissemination of CDSME programs through grants to states since 2003. State governments use these funds to develop an infrastructure (state and community partners, workforce, sites, and enrollment systems) to deliver these programs in their communities.

Alzheimer's Disease Initiative

In 2014, ACL received funds through the Affordable Care Act in support of a new grant program dedicated to the provision of specialized supportive services. The Alzheimer's Disease Initiative program targets the provision of services to persons with disabilities living alone in their communities and individuals with intellectual or development disabilities at risk of developing Alzheimer's Disease or a related dementia (ADRD), as well as the provision of behavior symptom training and expert consultations for caregivers.

Brain Health Initiative

ACL supports building dementia capability through its brain health initiative, Alzheimer's awareness program, and support of the Alzheimer's Call Center administered through the Alzheimer's Association. Dementia capability is increasingly included as a consideration in ACL's longstanding home and community based programs that are served through the traditional aging network and in Indian country. ACL demonstrates leadership and provides expert consultations in numerous areas related to adults with ADRD. ACL staff consults and coordinates with divisions within HHS in support of federal ADRD related efforts. ACL provides expert consultations to entities outside the federal government, including AARP and Easter Seals, among other civil society organizations.

Financial Well-Being of Older Persons

Pension Counseling and Retirement Planning

Since 1993, the ACL Pension Counseling projects have helped older adults access information about their retirement benefits and negotiate with former employers and pension plan administrators for due compensation. Monetary recoveries have helped people achieve and maintain financial security, which has increased their independence and decision making. HHS's Administration on Ageing and Administration on Community Living (AoA/ACL) currently funds six regional counseling projects covering 29 states, and a National Pension Assistance Resource Center, which strengthens the pension counseling skills and capacities of the ACL Pension Counseling projects, state units on aging (SUA), and area agencies on aging.

Social Integration of Older Persons

The Older Americans Act (OAA) of 1965 includes many examples of including older persons in the broader society. Services promoting and enabling maximum independence for older persons to direct the course of their lives are critical to their full participation in society.

- Section 330 states that the purposes of nutrition programs are to reduce hunger and food insecurity; promote the socialization of older individuals; and promote their health and well-being.

- Section 336 (I) ensures that nutrition services will be available to older individuals and to their spouses.
- Section 305 (a), Section (E) stipulates that states must provide assurances that preference will be given to providing services to older individuals with the greatest economic and social need.
- Section 102(a)(24) defines greatest social need as the need caused by non-economic factors including: (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.
- Section 301(a)(27) says that states' plans shall provide assurances that OAA will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care. Section 102(a)(46) defines the term "self-directed care" as an approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which:
 - (A) Services (including the amount, duration, scope, provider, and location of such services) are planned, budgeted, and purchased under the direction and control of an individual;
 - (B) An individual is provided with information and assistance which are necessary and appropriate to enable him/her to make informed decisions about his/her care options;
 - (C) The needs, capabilities, and preferences of an individual with respect to such services, and an individual's ability to direct and control his/her receipt of such services, are assessed by the area agency on aging (or other agency designated by the area agency on aging) involved;
 - (D) Based on the assessment made under subparagraph ©, the area agency on aging, or other agency designated by the area agency on aging develops together with an individual and his/her family, caregiver, or legal representative:
 - (1) A plan of service for an individual that specifies what services he/she will be responsible for directing;
 - (2) A determination of the role of family members, and others whose participation is sought by an individual, in providing services under the plan; and
 - (3) A budget for these services.
 - (E) The area agency on aging or state agency provides for oversight of an individual's self-directed receipt of services, including steps to ensure the quality of services provided and the appropriate use of funds under this Act.

Protecting Older Persons

Legal Assistance and Rights of Older Persons

Legal assistance and “elder rights” programs under Title III-B of the Older Americans Act (OAA) are instrumental in addressing the harmful consequences of elder abuse, including financial damage caused by exploitation and fraud. Legal services provided under Title III-B, Section 321, of OAA are part of the essential core of ACL’s legal assistance and elder rights programs. There are approximately 1,000 OAA-funded legal services providers nationwide, which provide over one million hours of legal assistance per year. Legal services under Title III-B can protect older persons against the direct challenges to independence presented by elder abuse. These cases involve complex legal issues which may include: cases of financial exploitation, fiduciary abuses, and consumer fraud; cases of physical abuse; and cases of neglect/self-neglect.

National Legal Assistance and Elder Rights Projects

National Legal Assistance and Elder Rights Projects (NLAERP) grants comprise a comprehensive national legal assistance support system for aging individuals and legal service providers and advocates, including those involved in addressing elder abuse. Currently, five organizations in partnerships comprise the National Legal Resource Center which provide case consultation, training, technical assistance, and other informational resources to both aging and legal networks. Elder abuse is a priority legal subject matter area addressed by the NLRC.

Long-Term Care Ombudsman Program

States’ Long-Term Care Ombudsman Programs serve residents of long-term care facilities (nursing homes, board and care, assisted living, and similar settings) and work to resolve resident problems related to poor care, violation of rights, and quality of life. Ombudsmen also advocate at the local, state, and national levels to promote policies and consumer protections to improve residents’ care and quality of life. ACL provides federal leadership and administers OAA formula grants for states to operate their Office of State Long-Term Care Ombudsman Program. Training and technical assistance are provided to state and local ombudsmen by ACL’s National Long-Term Care Ombudsman Resource Center.

Data Collection and Analysis

HHS’s Administration on Aging: Aging Integrated Database (AGID)

ACL provides data and statistics on older adults as well as persons with physical and intellectual and developmental disabilities. The Aging Integrated Database (AGID) is an on-line query system based on ACL-related data files and surveys, and includes population characteristics from the Census Bureau for comparison purposes.

National Adult Mistreatment Reporting System (NAMRS)

Recognizing the lack of consistent national data on adult mistreatment, ACL, in partnership with the HHS Office of the Assistant Secretary for Planning and Evaluation, launched a two-

year effort to design and pilot a national reporting system based on data from state APS agency information systems. The design of the system will be based upon input from state agencies, as well as other stakeholders in the field of adult mistreatment. A state working group will be convened to assist in the planning of this system. Future participation in the reporting system will be voluntary and on an annual basis. Data on the mistreatment of older adults and adults with disabilities as addressed by APS agencies will be included. Though not all mistreatment is reported to APS, incidents that are reported to APS are important sources of information, which can inform the public and advance public awareness of this most critical problem.

Community Services for Older Persons

Veteran Directed Home & Community Based Services (VD-HCBS) Program

Since 2008, ACL began a partnership with the Veteran's Health Administration to serve veterans of all ages at risk of nursing home placement through the Veterans Directed Home and Community Based Services (VD-HCBS) Program. The VD-HCBS program provides veterans the opportunity to self-direct their long-term supports and services and continue to live independently at home. Eligible veterans manage their own flexible budgets, decide for themselves what mix of goods and services best meet their needs, and hire and supervise their own workers. Through an Options Counselor, the Aging & Disability Network provides facilitated assessment and care/service planning, arranges fiscal management services, and provides ongoing options counseling and support to veterans, their families, and caregivers.

Additional examples of Home & Community Based Long-Term Care can be found on the HHS/ACL website, www.acl.gov.

Older Women

National Education and Resource Center on Women and Retirement Planning

The National Education and Resource Center on Women and Retirement Planning was established through a cooperative agreement with the Women's Institute for a Secure Retirement (WISER). The mission of the Center is to provide women with access to a one-stop gateway that integrates financial information and resources for retirement, health, and long-term care planning with Older Americans Act Programs. Often, programs such as OAA Nutrition and Supportive Services Programs become critical to the retirement security of older women. This program also does work to educate women veterans about their financial needs. Through the Center, WISER is making user-friendly financial education and retirement planning tools available to traditionally hard-to-reach women. This includes average and low income women, women of color, women with limited English speaking proficiency, women living in rural areas, and other under-served women.

Supporting Family and Informal Caregivers

The National Family Caregiver Support Program (NFCSP) provides grants to fund a range of supports that assist family and informal caregivers to care for their loved ones at home for as long as possible. The NFCSP includes five basic system components: information; access assistance; counseling and training; respite care; and supplemental services. Most of these caregivers are women, and many of them are older. They are the backbone of America's long-term care system.

Combating Violence, Abuse, and Neglect of Older Persons

The Elder Justice Act

Title XX of the Social Security Act, Subtitle B, the Elder Justice Act of 2009 (EJA), was signed into law on March 23, 2010 to address weaknesses in federal and state responses to elder abuse. The EJA contains a number of provisions, including to: improve and enhance adult protective services programs; enhance the long-term care ombudsman program, and receive reports of crimes in long-term care facilities. In addition, the EJA establishes the Elder Justice Coordinating Council. The purpose of the Council is to make recommendations to the Secretary for the coordination of activities of the HHS, the Department of Justice, and other relevant federal, state, local, and private agencies and entities, relating to elder abuse, neglect, and exploitation and other crimes against elders.

Older Americans Act Formula Grants

The largest overall federal funding source for elder abuse is the Prevention of Elder Abuse, Neglect, and Exploitation program, Title VII-A3 of the Older Americans Act reauthorization in 1987. The HHS Administration for Community Living distributes funds via formula grants to states and territories based on their share of the population aged 60 and over, roughly \$5 million annually. With an emphasis on training for prevention, the program is focused on technical assistance and capacity building for law enforcement, medical professionals, and others working with older adults to recognize elder abuse.

National Center on Elder Abuse (NCEA)

ACL also funds the National Center on Elder Abuse (NCEA). The NCEA provides relevant information, materials, and support to enhance state and local efforts to prevent and address elder mistreatment. The NCEA makes available news and resources; collaborates on research; provides consultation, education, and training; identifies and provides information about promising practices and interventions; answers inquiries and requests for information; operates a listserv forum for professionals; and advises on program and policy development. NCEA also facilitates the exchange of strategies for uncovering and prosecuting fraud and scams targeted at seniors.

National Adult Protective Services Resource Center

In response to the growing need for APS programs to improve investigation and response, train APS staff, and develop and disseminate best practices for interventions into reported incidents of elder abuse, neglect, and exploitation, in FY 2011 AoA/ACL established the first ever federal grant program to provide a National APS Resource Center (NAPSRC). The goal of the NAPSRC is to provide current and relevant information and support to enhance the quality, consistency, and effectiveness of APS programs across the country. The NAPSRC works to enable state APS programs to enhance their critical role in responding to elders and adults with disabilities who are facing abuse, neglect, and exploitation.

National Indigenous Elder Justice Initiative

In 2011, ACL established the NCEA National Indigenous Elder Justice Initiative (NIEJI). The NCEA NIEJI will begin to address the lack of culturally appropriate information and

community education materials on elder abuse, neglect, and exploitation in Indian Country. Some of the undertakings of the initiative will include establishing a resource center on elder abuse to assist tribes in addressing elder abuse, neglect, and exploitation; identifying and making available existing literature, resources, and tribal codes that address elder abuse; and developing and disseminating culturally appropriate and responsive resources for use by tribes, care providers, law enforcement, and other stakeholders.

Enhanced Training and Services to End Abuse in Later Life Program

Since 2000, the Enhanced Training and Services to End Abuse in Later Life Program, a discretionary grant under the Violence Against Women Act (VAWA), addresses elder abuse, neglect, and exploitation, including domestic violence, dating violence, sexual assault, or stalking, against victims who are 50 years of age or older through training and services. The Department of Justice Office on Violence against Women administers approximately \$3.1 million for this grant program annually, which funds approximately 8- 9 communities a year to work collaboratively to address abuse in later life.

U.S. positions on proposed UN and OAS conventions on older persons

Proposed UN convention.

Since the outset of the Open-Ended Working Group, some member states have supported negotiating a new international legal instrument on the rights of older persons. The United States continues to have serious concerns about this proposal. We question what a new convention would add to the protections already present in existing human rights treaties, which apply to persons of all ages, including older persons. The situations older persons find themselves in – which can involve violence, abuse, neglect; and the concerns they face with respect to their economic security, health, nutrition, and independent living – need to be addressed immediately. It is critical that member states focus on practical measures which can deliver relief in concrete, timely ways.

Proposed OAS convention.

The United States remains convinced of the importance of working in the Organization of American States (OAS) and in the United Nations to address the many challenges faced by older persons in this hemisphere and throughout the world, including with respect to their enjoyment of human rights. However, we do not believe a convention is necessary to ensure that the human rights of older persons are protected. Instead, the United States continues to be convinced that the OAS needs to focus on measures to improve respect by member states for their human rights obligations to older persons under existing human rights treaties and work with bodies, including the Inter-American Commission on Human Rights – a body globally recognized for addressing human rights issues for all peoples of the hemisphere, including those of older persons – on protecting the rights of older persons. These mechanisms are a more effective and immediate way to address what we all recognize to be very serious problems in this area.