Social Justice and the Older Adult: Creating an Agenda for Research, Teaching, Policy and Practice

On Friday, February 17, 2006, social work educators, students and practitioners gathered together as part of the CSWE Gero-Ed Center and the Association for Gerontology Education in Social Work (AGE-SW) joint roundtables held at the Council on Social Work Education's Annual Program Meeting/Gero-Ed Forum in Chicago, Illinois. The goal of the roundtables was to create an agenda that can be used in research, teaching, policy and practice related to older adults, social justice and social work education and practice. Each group discussed the current state of knowledge and social justice issues for the following gerontological topical areas:

1. **Assisted Living**
2. **Dementia**
3. **Disability and Rehabilitation**
4. **Diversity and Minority Issues**
5. **Elder Abuse**
6. **End-of-Life**
7. **Grandparenting/Kinship Care**
8. **Health Disparities**
9. **Income Security**
10. **Medicare/Medicaid**
11. **Mental Health**
12. **Long-term Care**

This is intended to be an informal report. It is hoped that as you read the summaries of these discussions, you may be able to add to the information listed or use what was discussed to help guide your own teaching, research, policy or practice agenda related to a specific topic area. For questions or additional information, please contact the Gero-Ed Center at gero-edcenter@cswe.org.

1. Assisted Living

Current State of Knowledge:

- Assisted Living facilities vary relative to services provided
- The majority of residents are white women
- Assisted Living is expensive
- Major turnover of administrators and other staff
- Training and educational requirements of staff vary by state
- Church-based groups may provide support for those who cannot afford assisted living facilities

Social Justice Issues

- Less expensive facilities often offer lower quality of service
- Administrators are often not knowledgeable of federal waivers
- Low income and diverse populations need to be better represented in assisted living facilities
- The industry is not prominent in communities of color or in rural areas
- Older adults with severe mental illness are often ineligible for Assisted Living. This population often ends up going to board and care facilities, skilled nursing facilities (SNF) or die prematurely

Resources

- U.S. Department of Health and Human Services State Residential Care and Assisted Living Policy: 2004; Robert Mollica and Heather Johnson-Lamarche; National Academy for State Health Policy, March 31, 2005
- Chapin, R. & Dobbs-Kepper, D. (2001). Aging in place in assisted living: Philosophy vs. policy. *The Gerontologist*, 41, 43-50.
- School of Social Welfare, University of Kansas, Office of Aging and Long-term Care; www.oaltc.ku.edu

Social Work Implications

- Students need to understand that Assisted Living does not need to be for just the white, middle class. Students need to advocate and be a presence in Assisted Living facilities
- Getting social work students into practice at Assisted Living facilities -- practicum sites (increasing exposure)
- Encourage social work students to pursue gerontology
- Infuse gerontology into the social work curriculum – exposure to positive aging
- Dispel negative myths (e.g. “there is not much I can do as a social worker because older people are going to die anyway.”)

2. Dementia

Current State of Knowledge

- Dementia cuts across all topics of concern to older adults (assisted living, disability, end-of-life care, etc.)
- Recent focus has been on early onset dementia
- 300,000 people age 55 to 64 have dementia
- Dementia impacts life at home and at work
- Services available are geared toward older adults or people with disabilities (SSDI)

- Age and disability are often markers for service eligibility
- Institutional and structural discrimination against people with early onset dementia; they are taken even farther out of society than people with late onset dementia
- Individuals with early onset dementia also often have less time to put money into Social Security/other retirement savings accounts
- Radical changes in family structure: young children, possible divorce & custody issues
- More people with early stage/early onset dementia are writing memories in order to document their experiences
- NIH researchers are examining the positive influence of writing on caregivers

Social Justice Issues

- Early diagnosis is important
- Need to shorten the disability eligibility period
- People with early onset dementia need different types of services
- Education and awareness related to grief and dementia need to be increased
- Examination of the implications for genetic testing
- Awareness of risks and benefits of early diagnosis
- Need to uphold the integrity and dignity of individuals with Alzheimer's Disease

3. Disability and Rehabilitation

Current State of Knowledge

- Little focus on rehabilitation
- The exploration of the following questions:
  - Is the aging system prepared to help people with disabilities?
  - How are people with intellectual disabilities served as they age?
  - Can the disability and aging systems work together?
- An empowerment framework in aging is not being utilized

Social Justice Issues

- Access and quality of services
- Exploration of how to serve people outside of the Medicaid system
- Look at the lack of 'safety' in identifying in terms of social and economic justice
- Treatment of older vs. younger people in nursing home and rehabilitation facilities
- Stigma
- Sexuality and intimacy
- Differences between the aging communities and the disabilities communities

Social Work Implications

- Educate students and faculty on how to understand and change perceptions of 'disabled'
- SW practice and SW research:
  - Are there alternatives to the medical model?
  - What are our definitions of rehabilitation and quality of life?
  - Are they different for the elderly?
  - What in our research needs to be examined so that we are not limiting people's potential?

4. Diversity and Minority Issues

Current State of Knowledge

- Common Trends
  - The examination of ethnic and other diverse groups homogeneously (instead of looking at the diversity within group differences)
  - Lack of information about older men (i.e. grandfathers as caregivers), especially older men of color; we do not have a good sense of how older adult men of color are functioning as a sub-population
  - The need to broaden the conceptualization of healthy aging
  - HIV and AIDS are affecting more and more people of color, yet there is little research available on older adults with HIV/AIDS, and even less on people of color with HIV/AIDS
  - Inability to prepare students or develop adequate curriculum
  - Need to infuse diversity content throughout the social work curriculum

Social Justice Issues

- The importance of a strength perspective framework when working with older adults
- The current system is not set up for family members to provide long-term care for older adults; inadequate resources to support the necessary intergenerational policies/programs
- Awareness of barriers to access around the use of assisted living by ethnically diverse older adults
- Promote inclusiveness and not exclusiveness relative to diversity and minority issues on a societal level

Social Work Implications

- Prepare students to work with the poor and disenfranchised as well as healthy and connected older adults
- Become change agents to improve the quality of life for older adults
- Teach multiple paradigms when working with older adults
- Educate students on cultural competent issues when working with older adults
- Push students past their comfort zones to understand and work with diverse older adults and their families
- Infuse diversity issues related to older adults across the social work curriculum
- Commitment to recruitment and retention of minority faculty and students
- Develop a strong culturally inclusive model for social work education

5. Elder Abuse

Current State of Knowledge

- The media creates a melodrama about elder abuse; it is a difficult issue because people do not want to expose it
- Financial abuse is under-reported
- The public and professionals confuse elder abuse and neglect
- Self-neglect and abuse of vulnerable and care-dependent elders requires different systems of intervention than independent elders who respond better to empowerment-based service interventions and strategies
- Shelters are useful resources, but there are not enough shelters for elder abuse victims

- Not enough is known about older men and abuse
- Lack of knowledge about incidence vs. prevalence of self-neglect (Adult Protective Services vs. Area Agencies on Aging)
- Need more information on outcomes of mandated reporting

Social Justice Issues

- Common social justice issues that impact elder abuse:
  - Ageism
  - Denial
  - Mandated reporting (autonomy vs. beneficence)
  - Elderly more likely to have "hidden lives"
  - Relationship between vulnerability and incapacity: mandated reporting laws shouldn't be age-based
  - Older adults are not always able to ensure protection for themselves
- Social justice is concerned with impinging on someone else's freedom
- Self–neglect is a form of social exclusion
- Social policy needs to make available assistance to people who need it because social justice demands that services are made accessible to all victims and potential victims of abuse
- The Elder Justice Act is an example of a social policy (bill) that promotes social justice as a policy issue for older adults; it reinforces the social contract and addressed the common good
- Financial abuse can be addressed by education and information
- Loss of jobs is a social justice issue as well as a risk factor for all forms of domestic abuse

Social Work Implications

- Need to provide education at the professional and community levels
- Consider the needs of the abuser and investigate the abuser-victim dyad
  - Increase services for families coping with Alzheimer's, such as licensed respite, adult day programs, long term care
  - Some abusers may not be capable of understanding the abuse (this is controversial – Bonnie Brandl)
- Interdisciplinary practice in elder abuse should be emphasized
- Address emotional abuse in diverse ways, including an understanding of cultural issues in elder abuse; sons and daughters-in-law in Asian cultures, for example
- Further investigate the correlation of substance abuse and elder abuse
- Be aware that the older victim-patient may be losing drugs because caregivers are abusing their drugs
- Research is needed to make current the statistics on incidence and prevalence of elder abuse
- Create a uniform policy, particularly in reference to definitions.
- Social workers must work to make policies less fragmented; some interventions are better documented than others.
- Address ageism and social exclusion (self-neglect)
- Begin defining elder abuse as a human rights violation
- Increase societal dialogue about elder abuse and social justice issues as related to abusers, cultural differences, intergenerational issues, substance abuse, and loss of jobs

6. End-of Life Care

Current State of Knowledge

- Scholarly information is more often in nursing than social work journals
- Social Workers often publish in other journals
- Information on Advanced Directives is relatively thorough
- Not as much intervention as awareness of needs
- Interventions are very difficult
- Obstacles in researching – cannot generalize, small sample sizes and health care disparities are not addressed
- Minorities and seniors are underrepresented in research
- Lack of information on people with developmental disabilities, mental illnesses, information on lower income individuals or the LGBT population who are dying
- Spirituality interventions have begun to appear within the last five to ten years in the scholarly journals
- There is a lack of awareness of hospice and its benefits
- Caregivers need to be educated relative to end-of-life issues

Social Justice Issues

- Important to assess mental health issues (e.g. depression) and not ignore them as a concern during end-of-life care
- Need to bridge the gaps between the need for services and advanced directives and cultural norms
- Enable individuals to feel useful as they are dying and have the voice they want to have
- Ensure that the rights of the individual do not get lost at the time when it is the hardest for them to fight for themselves
- The withdrawal of physicians from patients when change from curative to palliative care
- A six month limit for Medicare coverage related to hospice care
- The lack of equal opportunities; the rich have more choices than the poor
- The LGBT population does not have legal marital protections
- Advanced Directives are sometimes not honored
- Too much responsibility is placed on medical doctors to discuss advanced directives
- People care about psychosocial needs as well as medical needs during end-of-life care
- Nursing home residents deserve the same opportunities for palliative care and hospice care as others who are not in nursing homes
- Lack of professionalization in nursing homes
- Pain and suffering in hospital systems is not managed as it should be – fear of arrest by doctors for prescribing too much pain medicine
- There is a lack of translators to assist ethnic diverse individuals in completing Advanced Directives
- The medical model payment system often puts constraints on providing someone an adequate dying process

Social Work Implications

- Create an awareness of the difference between DNR vs. DNAR (Do Not Attempt Resuscitation)
- Educate students that advanced care planning is separate from Advanced Directives

- Emphasize the social work role in hospice care
- Create an interest among students in working with individuals needing end-of-life care
- Interdisciplinary education is important (e.g. offer end-of-life courses as interdisciplinary grief and loss courses)
- There is a lack of translators to assist ethnic diverse individuals in completing Advanced Directives
- Teach students how to talk with patients about spiritual values and beliefs

7. Grandparenting/Kinship Care

Current State of Knowledge

- Financial and legal issues require a different set of interventions than emotional issues
- The kinship care systems are still fragmented: child focus versus family oriented – services are still child-based
- Workers are over-whelmed with family conflict
- Grandparents are not always older adults
- Sometimes workers do not understand aging and assume grandparents are older adults
- Some information about specific cultural groups such as African Americans and Latinos
- There is not much scholarly literature in regards to Native Americans, Asians and other minority populations
- Kinship care: any kind of care of children by relatives
- The literature explores cross-generational issues
- Little information about the middle generation
- There are not too many supportive policies
- The literature supports the statement that African Americans are unlikely to have formal arrangements
- Legal steps are crucial; there is a lot of confusion about how the legal system works, especially if networks are set up informally
- Substance abuse problems of adult children – this could be a crucial area for prevention
- AIDS and substance abuse are social problems that often lead to the need for kinship care
- Little information on kinship care in rural areas
- Some research shows grandchildren raised by grandparents do better in school
- The scholarly information lacks information on gay and lesbian grandparents raising their grandchildren
- International issues related to grandparenting and kinship care need to be explored
- Limited information on grandchildren taking care of grandparents

Social Justice Issues

- Poverty is a social problem that affects kinship care families
- Lower income families are the ones who "suffer" the most
- Often times, kinship care families are not eligible for the available government support
- Grandparents often do not have rights (e.g. visitation rights)
- Because of the service provider and policy system, grandparents are often in a position where they have to put their grandchildren first, not their adult children
- Grandparents often balance competing values (especially if the grandparents want to up their relationship with their adult child)

- Often times there are stigma and shame associated with grandparents raising grandchildren and kinship care
- If a grandparent receives Medicaid, the grandchild is not always eligible
- Grandparents have to be 60 or older to qualify for many programs (e.g. the National Family Caregivers Program and other supports; many grandparents raising their grandchildren are younger)

Social Work Implications

- Family models need to include kinship care
- Outreach and advocacy are important
- Need to work collaboratively and in an interdisciplinary manner
- Understand the variation in services and eligibility criteria from state to state

8. Health Disparities

Current State and Knowledge

- The medical profession is at the mercy of the pharmaceutical industry and fostering health disparities
- Issues regarding Medicare Part D are complex
- Need to increase access to care
- Quality of care is a problem
- Transportation issues affect access to care
- International models include physicians doing training and practice in rural areas and empowering the elderly in the delivery of health care (e.g. Pakistan and China)

Social Justice Issues

- Physicians are limiting Medicare practice in rural areas due to reimbursement rates
- No access to oral health services for older adults under Medicare
- Rural farmers are not qualifying for Medicare due to issues with filing proper income tax (self-employment tax)
- Need to target race, ethnicity and socioeconomic status (SES); other countries are more focused on SES whereas the U.S. focuses more on race/ethnicity; the U.S. needs to focus on all three issues together to better target the appropriate populations.
- Ageism and health care discrimination with older adults

Social Work Implications

- Provide field placements for students exposing them to health disparity issues and interventions
- Social workers can do community outreach and work with paraprofessionals to provide the link between the community and healthcare professionals
- Promote interdisciplinary teams
- Teach communication techniques in medical schools to medical students
- Link practice and research and provide empirical data
- Provide evidence that social workers can provide case management services better, more efficiently and in a more cost-effective way than other professions

9. Income Security

Current State of Knowledge

- U.S. system of income security based on employment earnings
- Impact on older adults' perceptions of stability and choices
- Overall U.S. policies are individually-oriented – not family-oriented
- Health care costs inextricability linked to income security/insecurity
  - Particularly for lower-income group
  - Issue of health disparities
  - Long-term care (transition from acute to chronic care – covered less and less by public programs. Principle that care that is not medicalized requires that you impoverish yourself to become eligible for public benefits).
- Change in retirement income: decreasing number of people with private pensions, increasing number of people depending on social security
- Private Pensions
- Intergenerational transfers: 30 states with family responsibility laws on the books: families required to provide assistance to elderly/dependent members
- Privatization of Social Security
- Issue of dependency ratio and its impact on income security system
- Retirement
  - Different for different people
  - Changes in nature of retirement –when and how
  - Those with less resources likely to leave workforce earlier b/c of disability resulting from types of jobs
  - Retirement may be unique experience of the 20th century
    - Will be something you do only when you cannot work
- Programs age-based vs. need-based
  - Definition of age

Social Justice Issues

- For whom is income security an issue?
  - People who, because of race, language, etc., may be over represented in jobs that by nature do not provide income security
  - Minority elders and women with intermittent work histories or "shadow" work histories (paid under table)
  - Aging immigrants – short work history thus not qualifying for benefits; illegal immigrants who may be paying in and not receiving benefits
  - Very old may outlive savings
  - Rural elders

Social Work Implications

- Research
  - Lifespan/lifecourse perspective
  - Cross-national focus
- Policy/Practice
  - Create and support employment programs across the lifecourse
  - Prevention
    - Preventing income vulnerability earlier in life

        - Mandatory minimum wage
    - Intervention
        - Education, training, job-retraining for older adults
        - Supported employment
        - Policies to reward businesses for being friendly to employing older workers (e.g., program in Japan)
    - Maintenance
    - Advocate for more opportunities for individuals to have assets at their disposal
        - Example: Michael Sheridan's individual development accounts - asset effect – individual development as linked to other types of development (social, community) - push to develop social and community resources: how does money for poor people get into these accounts? Share plans - social capital focus
    - Teaching
        - Ensure field placements with opportunities to learn about/work on income security issues – or create alternative options (i.e., research course component with focus on these issues)
        - Lack of field supervision in macro settings (either not a social worker or social worker over-extended)
        - Promote understanding of family systems
        - Critical analysis of social welfare policy overall – engaging students in discussions of age vs. need, social insurance vs. public assistance, etc. what is the best way to help those who are most vulnerable
        - Cross-national analysis to expose/inform understanding of U.S. policies and their underlying values – and implications
        - Incorporate/infuse into courses other than policy (i.e., HBSE, research)
        - Do we focus on poverty in our educational programs? Are our current frameworks adequate for understanding poverty?
    - Need to utilize lifecourse perspective to understand and discuss poverty and income security.
    - Need to utilize family systems perspective to understand and discuss income security, in particular in relation to vulnerable populations.
    - Need to promote an understanding of interrelationships between health and income security
    - Need to understand U.S. system in context of other cross-national welfare systems

10. <u>Medicare/Medicaid</u>

Current State of Knowledge

- Part D provides no consumer protections
- The deadline for enrollment and penalty for late enrollment are problems for consumers
- Dialysis patients (and others) have found that pharmacies receive kick-backs for referring patients to specific companies
- AARP is compromised because of its insurance company – not necessarily an advocate for seniors, so its support for Part D is suspect.
- Variation from state-to-state in terms of providers results in inequities
- State Medicaid cuts are hurting vulnerable seniors.
- Part D is seen as a step towards privatization of Medicare – is the next step means-testing?
- Low enrollment in Part D is telling us something about trust for this program
- Veterans are not sure how to respond and many have signed up for Part D by mistake – their VA benefits are better.

- Medicaid programs are automatically assigning beneficiaries to Part D providers, and some find their medications aren't covered, so they experience major problems.
- Medicare can drop you from the program if you are "disruptive"

Social Justice Issues:

- Social workers face a major challenge as they try to empower seniors to advocate for themselves within government programs
- Within Medicare & Medicaid there are major needs for consumer protections – this would be a good goal for advocates
- The future of Medicare will depend on the ethos of "personal responsibility" that is emerging in this country and manifest in the electoral process. Leaves the vulnerable at greater risk.
- At issue is the role of government – should it provide for the vulnerable? At present it seems to focus on the needs/desires of the powerful.
- Intergenerational issue - Medicare provides fee-for-service coverage for seniors, paid for by working age people who can't afford this kind of coverage and are either forced into managed care or uninsured. From a longitudinal perspective, as individuals' age will they expect less of their health insurance and of Medicare? Expectations of young adults are pretty low.
- We have a tiered health care system, but some inequities are not visible.
- The North Dakota insurance commissioner noted that the penalty for late sign-up on Part D is unfair and has recommended that the initial sign up period be extended

Social Work Implications

- Gain an understanding of reimbursement and coverage related to nursing homes and long-term care needs in general
- Oral histories available on the social security Web site indicate Medicare was once seen as the first step towards universal health coverage; share these oral histories with students
- The model of public-private partnership on which Medicare is based is deeply flawed and results in billions of tax dollars being taken as profits while millions receive inadequate or no health care. AGE-SW and NASW should both educate social work students (and practitioners) about the corruption in the system and advocate for real change (single payer should be on the table).
- Bring awareness to educators and practitioners that Medicare Part D favors private insurance companies. They can easily change formularies and coverage, and clients have to wait a year.

11. Mental Health and Aging

Current State of Knowledge

- Little research on mental health and aging in social work
- Intervention research done at Center for Mental Health and Aging at University at Albany and Institute of Gerontology
- Zvi Gellis SUNY-Albany uses evidence-based interventions such as Problem Solving Therapy with homebound medically ill older adults by, funded by NIMH
- Randomized trials completed by Ron Toseland, SUNY-Albany, with caregivers, telephone support groups
- The work is coming out of the medical profession, psychology and some nursing
- The current issues right now: late life depression, late life anxiety, late life psychotic disorders and late life substance abuse.

- In terms of intervention research, we are really in need of more work coming out of social work.
- Population served: homebound, community–based, long term care, 65 and older, Medicare-eligible.
- Some research recently looked at social work intervention with older adults in primary care settings, and the results were positive; however, we are not sure exactly what the social workers did to impact outcomes (funded through the Council for Jewish Elderly).
- Social work tends to play a great role in community based care with social workers going into the homes of older adults and doing an evidenced-based practice such as problem solving.
- Must work within a cognitive behavioral or behavioral mode because these are the methodologies that national funding agencies tend to recognize.
- Scott Geron at Boston University, following the Impact model funded by the Atlantic Philanthropies Foundation, works with depression case management in primary care.
- Problem Solving Therapy came out of England developed for depression. A manualized treatment that is very behavioral, get into a working alliance with the client.
- Manualized treatments have become important because they are able to be replicated and measurable which relates to evidence based practice.
- There are issues in older adults seeking mental health services in primary care because physicians are not always able to do good psycho-social assessments. Primary care tends to be the point of entry to mental health services for older adults.
- There is the stigma about aging, which can keep older adults from seeking services.
- There is the issue about depression being just a part of aging and people tend to dismiss it.

Social Justice Issues

- We need to deal with the stigma associated with seeking mental health services
- We also need to deal with the stigma associated with aging
- We may need to take a public health approach to look at depression and mental illness to show that what we are doing works and that there are effective treatments for improving mental health in older adults.
- We need to move away from the idea that the only way to treat older adults is by prescribing medications. These issues lead to people being mistreated and under-treated.
- Education is very important; we need to educate primary care physicians, senior care centers, and other professions that work with older adults.
- There are also disparities with older adults in minority populations and in rural populations. In rural populations there is a great stigma attached to seeking services
- NORC (Naturally Occurring Retirement Communities): older adults who stay in their homes for the majority of their lives. The initiative is to try to maintain people in their homes so that they don't have to sell their homes and end up in other living facilities. If older people are coming to a center to improve their physical health and nutrition, this can also lead to positive mental health outcomes.
- Spirituality is a really important issue. The role of the clergy may be a really important avenue to address because often times older adults may seek to talk to a member of their church before they talk about these issues with a therapist or even with their primary care physician.
- An issue that might be missing in the discussion of spirituality and mental health is a discussion about death and dying and the fear that is associated with that. There is also a major fear, not so much about dying, but more so about how someone will die. In our culture, we don't talk about death and in doing so we are doing a disservice to our older populations. This

would also help to address the issue of suicide, which is an issue we tend to shove under the rug.

- Movement in the state of IL about the label of self-neglect, people who are neglecting themselves and must be investigated by elder abuse, and many of them may really have mental health disorders, but may not be on the table as much as issues around elder abuse. There is a social justice issue here around the lens people are using when they look at these issues.
- There is the issue of lack of parity, and the fact that mental health care is not reimbursed in the same way that physical health care is a significant barrier to already hesitant older adults who may need to seek mental health services. Reimbursement sends another disincentive, another barrier and another hurdle to jump for our older adults who need to seek services. In New York state they are on the brink of getting mental health parity, which is so needed. Also developed the new Geriatric Mental Health Act, in realization that the state is aging so quickly they have realized that there needs to be more legislation to address the issues in mental health and aging.

Social Work Implications

- Other cultures seem to be more in-tune with death and dying, and we should be able to tap into that and bring that into social work.
- We need to do a better job advocating for the policies that affect this population and to use our large organizations such as NASW and CSWE to be advocates for these issues.
- Rural social work is a significant issue. We do not know what is going on in rural communities with mental health and aging.
- The Prospect Study (in primary care) is looking at suicide. This makes sense because for a large number of older adults who have committed suicide, many have sought treatment at the primary care physicians within the month prior to suicide. But social workers need to be more involved in this issue.
- We may need to look at the issue of older adults being over-medicated and the implications of this. This is an issue with mental health medications as well as dementia and Alzheimer's. STAR project, programs to help caregivers and families to deal with these issues.
- Translating research into practice is a significant need that should be addressed.
- Social work is not really using known treatments. There are many interventions such as PST, IPT, CBT, and reminiscence however many social workers are not utilizing these manualized treatments. There is an array of many great psycho-social interventions that we can choose from in social work and we can pick and choose within these groups, but sometimes we are not able to utilize the methods due to the lack of the translation of research and the time consuming nature of these treatments. Social workers have different roles in different settings so often it is not the social worker that is providing the treatment.
- Reminiscence with older adults is nice because it is gaining more in evidence-based practice, and it also does not feel quite like a therapy.
- We need to address, with people living longer, how mental health diagnosis stays over time and how these diagnosis changes as people age.
- There is also an issue with older adults who have been labeled over time and how they begin to fall through the cracks as they age.
- There is fragmentation in aging and mental health services. We need to bridge this gap.
- Early stage dementia is an important area to address in social work and should be more of a focal point on our research agenda.
- Social workers need to be better advocates for older adults with mental health issues.

12. Long-Term Care

Current State of Knowledge

- Concern because of Boomers – need seamless system in place
- Funding Mechanisms: instructional and not community based; works for providers, not consumers
- Biased towards nursing homes
- Population in nursing homes have most acute needs
- Bias against people with mental illnesses in nursing homes, e.g. inappropriate discharge
- Good Trends: Community initiatives and LTC network systems
    - Culture change movement
    - Recognize need for social workers in homes
- Inequality in nursing homes
- Global LTC needs
- What can we do to facilitate LTC needs abroad? (e.g. Africa)
- Diversity
- LTC not yet accepted in some cultures

Social Justice Issues

- Looking at 10 recommendations from the White House Conference on Aging.
- Financing:
    - Most assisted living programs do not take Medicaid. Result - people end up in nursing home (not always their choice)
    - Need: Assisted living for lower income people
    - Waivers to finance care
    - Gap in middle – mid-income burden is large, spending down
    - Start talking about LTC insurance
- Choice:
    - No choice for those who can't pay – expand options
    - Choice for those with persistent mental illness
    - Planning in advance for the future
    - Create education about choice – some minority groups not aware of choice out there – immigrants, refugees, LGBT, mental illness, substance abuse, younger elders with disabilities, incarcerated or previously incarcerated, aging with developmental disability
- Quality:
    - Empowering workers (mostly women, foreign born & lower educated)
    - Distinguishing profit vs. non-profit organizations & facilities – look at missions
    - Voice of resident defining "quality" - protecting this voice against fear of retribution
    - Medical model of approach
    - Measuring Quality: standards of quality differ, "catch people doing something right" rather than focus on negative
- Service delivery and work force issues:
    - Neglect of caregivers – no support system in place for caregivers who leave workforce
    - Non-paid workforce
    - Family taking time off to visit loved ones at facility
    - Workforce should get health benefits at facilities

Social Work Implications

- Diversity

- Mental Health needs
- Student (MSW, BSW) exposure
  - Ageism issue
- Ableism
- Stigmatism of nursing home (for workers and residents)
- Global perspective – provision of care abroad with financial restrictions
- Family approach
  - How "family" is defined
- New ways of delivering LTC - besides institutions
  - Creative options, respite, adult care
  - How to help caregivers
  - How to strengthen power of family to continue caring
- Immigrants providing care - no social security, benefits for these direct care workers
- Environmental modifications of home, support, safety in neighborhood, public transportation, planning and zoning in community, creating community care centers, allowing people to age well in community
- Social security system – that accepts broader definition of work

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