



# Elder Justice Coalition

**Testimony of Robert B. Blancato, National Coordinator, Elder Justice Coalition  
House of Representatives Committee on Appropriations, Subcommittee on Labor, HHS,  
Education and Related Agencies  
May 6<sup>th</sup>, 2022**

Chair DeLauro, Ranking Member Cole:

Thank you for the opportunity to testify this morning and thank you for holding this important hearing on healthy aging, which clearly supports the wellbeing of the American society overall.

It is appropriate to have this hearing during Older Americans month, which is also appreciated

I am pleased to be here representing the bipartisan 3000-member Elder Justice Coalition as its National Coordinator. It is also an honor to be a returning witness before this Subcommittee. I note that it was this Subcommittee that provided the first direct appropriations for the Elder Justice Act.

You are also holding this hearing during the Decade of Healthy Aging as determined by the World Health Organization. As they state, “Healthy aging is about creating the environments and opportunities that enable people to be and do what they value throughout their lives.”<sup>1</sup>

As we will discuss today, prevention is a key component of achieving healthy aging. I have been asked to discuss elder justice in the context of healthy aging. It certainly belongs as a topic, as at its very core, elder justice, through its services and interventions, works to reduce and ultimately prevent the continuing scourge of elder abuse and elder mistreatment in our nation.

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<sup>1</sup> World Health Organization, “Healthy ageing and functional ability.” Available at <https://www.who.int/news-room/questions-and-answers/item/healthy-ageing-and-functional-ability>

Elder abuse is the antithesis of healthy aging. The triple evils of abuse, neglect and financial exploitation are obvious and absolute threats to the health and safety of those older adults who are its victims.

**Consider these statistics:**

According to the Department of Justice, one in 10 older adults are victims of elder abuse. In terms of reported cases, in 2019, just over 1.3 million reports of abuse, neglect or exploitation were received by Adult Protective Services programs nationwide, of which two-thirds were deemed eligible to investigate.<sup>2</sup>

Healthy aging by necessity includes physical, mental, and emotional wellbeing. When the first Elder Justice Act was introduced in 2003, the bill contained language stating, “Victims of elder abuse, neglect, and exploitation are not only subject to injury from mistreatment and neglect, they are also 3.1 times more likely to die at an earlier age than expected than elders who were not victims of elder abuse, neglect, and exploitation.”<sup>3</sup> Further, according to a 2018 National Institute of Justice (NIJ) report, elder abuse victims reported considerably higher rate of first-year depression, general anxiety disorder and poor self-reported health compared to non-victims.<sup>4</sup>

The statistics on the impact of financial abuse are especially disturbing when one considers that financial security is necessary for healthy aging. For example, according to the Federal Bureau of Investigation’s (FBI) Internet Crime Complaint Center, people over 60 made up the majority of

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<sup>2</sup> HHS Administration for Community Living, 2019 National Adult Maltreatment Reports Survey. Available at <https://namrs.acl.gov/getattachment/Learning-Resources/Adult-Maltreatment-Reports/2019-Adult-Maltreatment-Report/2019NAMRSReport.pdf.aspx?lang=en-US>

<sup>3</sup> H.R. 2490, 108<sup>th</sup> Congress. Available at <https://www.congress.gov/bill/108th-congress/house-bill/2490/text>

<sup>4</sup> Ronald Acierno, “National Elder Mistreatment Survey: 5 Year Follow-up of Victims and Matched Non-Victims.” Available at <https://nij.ojp.gov/topics/articles/insights-adverse-effects-elder-abuse>

U.S. cybercrime victims in 2019 and accounted for the most losses (\$835 million), an average of nearly \$10,000 per victim.<sup>5</sup>

According to the Federal Trade Commission, romance scams alone resulted in victims losing \$139 million in 2020. This scam is especially disturbing because it involves perpetrators seeking out isolated and lonely older adults—a problem made even more severe by the pandemic.<sup>6</sup>

The aforementioned NIJ report also looked at the impact of financial mistreatment and found it was also linked to a considerably higher probability of depression, PTSD, generalized anxiety disorder and self-neglect. When the mistreatment was committed by a family member, it was associated with a higher risk of depression.<sup>7</sup>

What I have just cited, disturbing as it is, all occurred before the covid-19 pandemic, which has presented a whole range of new realities in the elder abuse and mistreatment space.

For example, a May 2021 FBI report stated that that losses from elder fraud jumped by 30 percent nationally in 2020.<sup>8</sup> The Federal Trade Commission indicates that older adults lost more than \$100 million to covid-19 related fraud alone in 2020. The most common covid scams included contact tracing scams, virus and antibody test kits, vaccines, and miracle cures.<sup>9</sup> The best research we have suggests that for every act of financial exploitation that is brought to the

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<sup>5</sup> FBI Internet Crime Complaint Center, “2019 Internet Crime Report.” Available at [https://www.ic3.gov/Media/PDF/AnnualReport/2019\\_IC3Report.pdf](https://www.ic3.gov/Media/PDF/AnnualReport/2019_IC3Report.pdf)

<sup>6</sup> Federal Trade Commission, “Protecting Older Consumers 2020–2021.” Available at <https://www.ftc.gov/system/files/documents/reports/protecting-older-consumers-2020-2021-report-federal-trade-commission/protecting-older-consumers-report-508.pdf>

<sup>7</sup> See footnote 4.

<sup>8</sup> FBI Internet Crime Complaint Center, “2020 Internet Crime Report.” Available at [https://www.ic3.gov/Media/PDF/AnnualReport/2020\\_IC3ElderFraudReport.pdf](https://www.ic3.gov/Media/PDF/AnnualReport/2020_IC3ElderFraudReport.pdf)

<sup>9</sup> United States Senate Special Committee on Aging, “Fraud Book.” Available at <https://www.aging.senate.gov/imo/media/doc/Fraud%20Book%202021.pdf>

attention of authorities (e.g., law enforcement and APS), 44 acts go unreported. Thus, the actual dollar losses due to financial exploitation are staggering.<sup>10</sup>

And this Subcommittee is acutely aware of the special tragic impact covid-19 has had in our nursing homes. As of January 31, 2022, more than 200,000 long-term care facility residents and staff have died due to covid-19 and these deaths make up at least 23 percent of all covid-19 deaths in the U.S.<sup>10</sup>

### **Recommendations**

First and foremost, our coalition calls for the continuation of the emergency funding provided for Elder Justice Act programs in two of the covid-19 funding bills. Our specific request is to provide \$188 million for these programs for fiscal year (FY) 2023.

I wish to share with this Subcommittee some of the important uses to date nationwide by both Adult Protective Services (APS) agencies and State Long Term Care Ombudsman programs of the prior funds that were provided for FY 2021 and FY 2022. According to the Administration for Community Living, initially, some of the main motivators for this funding being approved were increases in covid-19-related scams and issues of access to nursing homes for long-term care ombudsmen, but the expanded funding also provided services for victims to recover and to prevent other abuse situations.

Some of the uses of this funding by APS programs included:

- Supporting tribal APS programs in meeting growing demands;

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<sup>10</sup> Kaiser Family Foundation, "Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19." Available at <https://www.kff.org/policy-watch/over-200000-residents-and-staff-in-long-term-care-facilities-have-died-from-covid-19/>

- Providing emergency housing including shelters and wrap-around social services for elder abuse victims across the country;
- In Oregon, conducting an equity analysis followed by an equity plan for APS services;
- In West Virginia, providing emergency housing for its APS clients and working with West Virginia hospitals to provide in-home services for APS clients;
- In New York, expanding successful multidisciplinary teams across the state that work to raise awareness on elder abuse prevention at the local level;
- In Illinois, providing temporary housing for clients at risk of contracting covid-19;
- In Arizona, hiring badly needed additional personnel and purchasing vehicles for APS investigations in rural areas;
- In California, purchasing technology to enhance remote work for APS staff.

Some of the uses of this funding by state long-term care ombudsman programs included:

- In several states including in Louisiana and Texas, with shortages of volunteers (who are critical to the ombudsman program), allocating funds to recruit volunteers to improve long-term care resident access to advocates;
- In North Carolina, providing funds for family councils in long-term care facilities;
- In Kansas, developing resident council handbooks.

And there are more examples of the sound use of these emergency funds.

The deep fear is what happens to these new and necessary programs if these funds are not continued? What new important service will need to be eliminated? Which APS agency that finally hired new staff to meet demand will lose that staff? These are all real concerns. As we move into FY 2023 and the pandemic hopefully eases its grip, I am told by many in the field that

they expect an increase in the number of elder abuse cases being reported. There must be sufficient APS staff to investigate these reports and to mitigate the effects on victims of verified cases. Also, as the ombudsman programs regain entry into long-term care facilities and likely assisted living facilities, it is anticipated that their workload of investigating quality-of-care issues will also increase.

We note that the President's FY 23 budget does call for funding for APS formula grants but only at about 1/3 of the current level. We hope this Subcommittee can at least maintain the full \$188 million.

We also recommend providing funding for elder abuse forensic centers, potentially distributed as grants through the Administration for Community Living, for researching methods to better detect and more quickly report elder abuse. A fundamental reality of elder justice is you cannot stop what you don't report. These centers were authorized under the Elder Justice Act but never funded. It is important to the elder justice effort that we have the capacity to know the difference between an injury to an older adult caused by a fall versus physical abuse.

Further, we recommend increasing funding for Older Americans Act (OAA) Title VII programs. This includes more funding for elder abuse public awareness programs, multidisciplinary elder abuse teams, ombudsman programs, legal assistance, and elder abuse hotlines. These elder justice programs are all crucial for community assistance and elder abuse prevention.

We also recommend that the Subcommittee provide additional funding to further implement a provision from the 2016 OAA reauthorization which requires all staff and volunteers working in OAA programs to be trained on signs of elder abuse and to assist in providing education and awareness to older adult participants in the program. Some work in this area is being done by

ACL through training of State Health Insurance Assistance Program (SHIP) counselors on recognizing elder mistreatment and responding in a trauma informed and culturally sensitive manner. This type of training should be expanded to include all staff and volunteers who work in OAA programs. Additionally, more research and demonstrations into trauma informed care should be supported by this Subcommittee.

Additional training on preventing and recognizing elder abuse would be especially relevant for the National Family Caregiver Support Program, which is intended to prepare family members for the often difficult and often sudden role of being a caregiver. Proper training on how to avoid personal circumstances that could trigger elder abuse is critical.

We also support creating new grants to prevent and address social isolation among older adults. As provided for in the House-passed Build Back Better bill, these grants would be awarded to area agencies on aging and other community-based organizations, who are ready and motivated, but have insufficient resources. Many local programs across the country that already work towards alleviating social isolation and loneliness among older adults could also expand their reach.

Another important elder justice program is the Social Services Block Grant. At its core, SSBG is about improving the well-being of those it serves including supporting healthy aging. In several states, it has been the primary source of funding for Adult Protective Services. States use their SSBG allotments to provide home-delivered meals and congregate meals, case management, in-home care, housing services, foster care for adults (and children), transportation and prevention services, among others.

Finally, as called for in the President's budget, we support increasing funding for OAA nutrition programs, especially funding that allows for the continued reopening of congregate nutrition programs. We also support increased OAA funding for senior centers. These programs are part of elder justice in that they provide socialization opportunities to combat isolation which contributes to elder abuse. Program staff and volunteers can be part of community-based public awareness programs on elder abuse, and they can also take part in community multidisciplinary teams that are dedicated to preventing and combatting elder abuse.

We must focus on equity related aspects of elder justice. We call on the Subcommittee to instruct ACL and its NAMRS data collection system to do more research and data collection on abuse prevalence in communities of color and in LGBTQ communities.

We ask that the 2003 National Research Council recommendations urging the elder justice field to explore and address cultural issues related to elder abuse be updated.

We recommend a greater level of investment in outreach to make sure those older adults are both aware of programs and services and that they are properly directed to them so they may benefit from them.

We need to address the fundamental question people ask: how and where do we report elder abuse? We need to coordinate with all federally funded Information and Referral programs including the Eldercare Locator under ACL as well as 2-1-1 programs to have more information and resources to share with the public on where to report elder abuse. The public needs to know to report elder abuse to state and local APS programs and/or law enforcement.

We urge greater attention and resources both in research and practice be dedicated to self-neglect, which nationwide is the most frequent category of report made to APS. Self-neglect is



defined as a person's inability due to physical or mental impairment or diminished capacity to perform essential self-care tasks including obtaining food, clothing, shelter and medical care. According to the most recent NAMRS report in 2020, the number of self-neglect cases reported was higher than all the other types of maltreatment combined.<sup>11</sup> As this Subcommittee explores solutions to address social isolation among older adults, we hope it can include more support to address and reduce self-neglect.

Finally, our Coalition lauds the work of the Elder Justice Coordinating Council which is co-chaired by HHS with ACL as the lead entity. Their work over each of the past three Administrations has been effective in coordinating the activities of 14 different federal agencies who have programs dealing with elder abuse prevention. We ask this Subcommittee to consider providing funds for a civilian based Advisory Board to work with the EJCC to allow for a greater and more thorough examination of the elder justice landscape and what more the federal government can do on the prevention side.

### **Conclusion**

To achieve healthy aging, we need to continue some policies, strengthen others, and start new ones. Overall, federal health care programs must continue and expand their focus on prevention. We see how Medicare, with the advent of boomers turning 65, has more preventive benefits than ever. As we look at all home and community-based programs and services, whether funded through the Older Americans Act or Medicaid, we must have them promote the independence and dignity of all they serve, especially older adults. That contributes to healthy aging.

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<sup>11</sup> HHS Administration for Community Living, 2020 National Adult Maltreatment Reports Survey. Available at [https://acl.gov/sites/default/files/programs/2021-10/2020\\_NAMRS\\_Report\\_ADA-Final%20%281%29.pdf](https://acl.gov/sites/default/files/programs/2021-10/2020_NAMRS_Report_ADA-Final%20%281%29.pdf)

Regarding topics like good nutrition, brain health and bone health, it is about supporting education and awareness to do what can be done to avert them from becoming health care crises.

Regarding elder justice, let us not deny elder abuse but instead recognize it as we do other public health emergencies and provide sufficient resources to treat victims and prevent victimization.

We must recognize that the most vulnerable in our older adult population, including those with disabilities are often the most susceptible to elder abuse. They deserve priority attention in how services are provided. We must reinforce that it is the proper and necessary role of government to help those most in need and the most vulnerable. Healthy aging is a most admirable goal for our nation and the world. To achieve it for more older adults we must concentrate resources and programs on those for whom it is still elusive. More support for elder justice will certainly lead to more healthy aging for all those who deserve it.