California Alliance for Retired Americans
Building Senior Power

CALIFORNIA ALLIANCE FOR RETIRED AMERICANS
ISSUES BRIEFING / 2023 SILVER PAPERS
Executive Summary: 2023 Silver Papers 2023

California Alliance for Retired Americans (CARA) is the largest, most diverse, intersectional, senior advocacy organization and coalition in California. Attached are our “Silver Papers” for 2023 – issue background statements, policies and reform demands to improve the well-being of seniors and all Californians.

Protect and Improve Social Security
Social Security has lifted seniors and others out of poverty since President FDR signed it into law in 1935, but it is nonsensically under constant attack. It is not an entitlement, it is an earned benefit, paid for by employees and employers. CARA opposes privatization efforts and calls for abolishing the payroll exemption for the taxable wage maximum over $155,100 and improving benefits in 2023.

Protect and Improve Medicare
Medicare provides health security to over 6.5 million Americans – 6 million over 65. Medicare Advantage programs have inflated health insurers’ profits, inflate consumer costs while raising overhead costs. Congress must reject privatization, health care savings accounts, and vouchers, the ACO-REACH program, and refuse to raise the eligibility age from 65 to 67. Quality needs to be improved, with full optical care, hearing, podiatry, dentistry and long-term care services.

Protect and Improve Medicaid (Medi-Cal)
For over 50 years, Medicaid has provided vital health insurance protections to seniors in nursing homes and low-income Americans of all ages. In California, the expansion of Medi-Cal access is accompanied by pressure to force all enrollees into insurance or HMO plans that will reduce services and raise consumer costs.

Guaranteed Health Care for All
CARA is a leading supporter of a Guaranteed Health Care for All Program in California and the nation. The universal program would include all benefits currently covered by Medicare and Medi-Cal, and add vision, dental, hearing, podiatry, and LTSS. It would eliminate out of pocket costs and deductibles, remove the insurance companies from health care delivery, eliminate premiums by pooling resources, take the profit out of health care, and give us the ability to negotiate for health care services and benefits – while saving money for consumers, employers and governments.
Long Term Supports and Services (LTSS)
CARA supports the Master Plan for Aging Long-Term Services and Supports recommendations – but they do not go far enough. The LTSS system needs to be expanded in Medi-Cal, easy to navigate, and affordable for all seniors. Family caregivers and a high-quality workforce are needed. Every community and income level needs access to LTSS. State and local structures for service delivery need to be streamlined.

Affordable and Safe Housing
The affordable housing crisis for seniors is real. Rent control needs expansion. Section 8 needs expansion. Local, state and federal funding for subsidized housing needs expansion so that no senior pays more than 1/3 of their income for shelter. Seniors in manufactured home communities need protections and opportunities to purchase. Senior homeowners need help with improvements and expenses. A significant portion of seniors are without housing, and need expansion of programs like Project Turnkey, Project Roomkey, etc.

Pedestrian Safety
Pedestrian seniors suffer each year from injury and death, primarily from car collisions. Traffic calming, better sidewalks, marked crossings, and many new technologies and policies to improve crosswalks, medians, and light changes are available. Both local and state leadership is required.

Improve Mass Transportation
Transportation services must be developed to provide safe, accessible, transparent and affordable transportation options – including public transit services, paratransit services, and other individual-based ride services. Transportation programs must include accessibility modifications. Also needed is simply better information about transportation options.

Climate Justice
Climate change is real and accelerating. Threats of health harm to seniors looms as the climate gets hotter, and smoke and air pollution reach crisis levels. Disruptions from growing extreme weather events hit seniors and communities of color hard. CARA has pledged to fight for environmental and climate justice while supporting labor concerns during economic transitions.

Diversity, Equity and Inclusion (DEI)
CARA believes in and implements DEI at many levels with diverse Board, volunteers, staff, with program advocacy, support, and respect for every community. In every one of the hundreds of issues we take on annually we strive to represent the needs of all Californians, to help us all achieve equity in economic and social justice.
CARA Legislative Briefing: January 11th, 2023

The California Alliance for Retired Americans (CARA) is California’s largest grassroots senior advocacy organization. Our goal is to unite retired workers and community groups to win social and economic justice, full civil rights, and a better, more secure future for ourselves, our families, and future generations.

CARA will be celebrating our 20th Anniversary in 2023. Since our founding convention, CARA has built a statewide network of over 300 organizations and hundreds of individual members for the purpose of educating our membership, the public, and elected officials about issues that affect the well-being of California’s older adults and mobilizing our members to take action on these issues. CARA is a charitable organization exempt from federal taxation under section 501(c) (4) of the IRS code. CARA’s sister organization, the CARA Education Fund has been developed as the training and education arm of CARA and is a 501 (c) (3).

As an umbrella organization for hundreds of affiliated groups, CARA serves a combined membership of over 1 million Californians. Our broad-based coalition includes senior centers, tenant associations, trade union retirees, retired public employees, and a variety of other agencies and associations. CARA has a 36-member statewide Board of Directors that represents the income, gender, racial, sexual orientation and geographic diversity of our state. Currently, CARA has 18 local/regional chapters called CARA Action Teams that bring together members from our affiliated organizations in that area to educate, engage and mobilize on CARA’s local, statewide, and national issues.

CARA has members that reside in every legislative district in the state and each year we hold at least one statewide advocacy day to bring together legislators and our members to discuss the key legislation that CARA has prioritized for that year. Additionally, CARA has a large statewide legislative committee that reviews legislation brought to us by elected officials, coalition partners and others - and we sponsor legislation of our own! We work on legislation based on the priority issues determined annually by our members and we assess our progress each year with a Legislative Scorecard, providing an in-depth analysis of Legislators’ voting records on our priority legislation - a copy of our 2022 Scorecard can be accessed HERE.

The Silver Papers provided in this document summarize some of CARA’s top issue areas (though certainly not all of them) which establishes a framework and context for our legislative advocacy.
Protect and Improve Social Security

The Social Security Act was signed into law by President Franklin Delano Roosevelt in 1935 when 50 percent of seniors lived in poverty. Since then, the poverty rate for seniors has decreased by 75 percent, becoming one of the most successful programs in US history. Without Social Security, 22.5 million Americans, including 16.1 million seniors and 1 million children, would have fallen below the Federal poverty line in 2020, including 1.5 million California seniors that are lifted above poverty by Social Security.

Social Security will only become more important to future beneficiaries, who must contend with rising inequality, stagnating wages, disappearing employer-sponsored traditional pensions, and growing student loan debt. 41% of working-age households (35-64) are projected to run short of money in retirement. It’s time for Congress to expand Social Security and improve its funding by requiring the wealthiest to pay their fair share.

Unfortunately, the current Congress is gearing up to make drastic cuts in federal spending. Social Security (and SSDI disability insurance), Medicare and Medicaid (Medi-Cal) are at the top of the target list for these cuts. Compounding these proposals, additional programs that are targeted include “Meals on Wheels” and Senior Nutrition programs, HUD rental assistance for seniors and other low income people, energy assistance programs and many more.

A Few Facts About Social Security:

❖ Social Security is the nation’s largest and most successful anti-poverty program. It has kept millions out of poverty and has not missed a payment in 87 years. It is an earned benefit that we and our employers pay for from every paycheck. It is our money!

❖ Social Security did not cause the federal deficit. It has not contributed one penny to the deficit. Our Social Security system has a $2.9 trillion surplus today that workers and employers paid for – and are still paying into.

❖ We need to strengthen the Social Security system, not cut it. The average monthly benefit for all recipients was only $1,547 in September 2022.
We oppose raising the retirement age. We oppose privatizing Social Security – risking our investment on Wall Street is not a risk worth taking. We oppose cutting SSDI. We oppose the “Chained Consumer Price Index” that would reduce monthly payments, while we support use of the CPI-E index in Congressman John Larson’s HR 5723 that better reflects cost of living for seniors.

We will need Social Security even more in the future. Our population is aging, pensions are disappearing, and workers are strapped and unable to save money for retirement.

Instead of cutting our Social Security system, we should be improving it. We should increase the benefits, increase the COLAs and strengthen its funding base by abolishing the Social Security payroll exemption for annual earned wages over a maximum amount ($155,100 in 2023).

We oppose cuts to the Social Security Administration that would cut office hours and close offices completely, and reduce the staff available to help people get answers to their questions and file claims.
Protect and Improve Medicare & Medicaid/Medi-Cal

Medicare Facts:

Medicare is the foundational program providing health security to over 6.5 million Californians, including 6 million seniors. Nationwide there are 62.5 million Medicare beneficiaries of which 53.9 million are seniors. Since it was signed into law by President Lydon Johnson in 1965, it has helped seniors receive needed health care services, manage chronic illness, and live a longer, healthier life without fear of bankruptcy, homelessness, or even death. Over the years, Medicare has become more privatized, requiring beneficiaries to pay for supplemental coverage for services that traditional Medicare does not cover (outpatient services, prescription drugs, dental, etc.).

These “Medicare Advantage” programs will cover over half of Medicare recipients by 2023. Major health insurers have exploited this program to inflate their profits by billions of dollars, costing consumers more and raising the overhead costs for Medicare. The New York Times reports that Medicare Advantage Programs overbilled CMS from $12 to $25 billion in 2020. President Trump continued to force privatization of Medicare through his Direct Contracting Entities program that allows private investment groups to create their own networks and force traditional Medicare beneficiaries into these new networks – sometimes without their knowledge- while allowing these investor groups to charge more than 35% for profits. President Biden continues a slight modification of this program through the newly named ACO-REACH program. On top of Medicare Advantage, this program for privatization expansion, continues to force more and more people into private plans rather than use fee-for-service Medicare and will ultimately bankrupt the Medicare program.

The GOP has continually targeted both Medicare and Medicaid (“Medi-Cal” in California) for cuts since their creation. The GOP has never supported these programs and wants the federal government to get out of the business of providing health care. In 2022 Senator Rick Scott of Florida, the then chair of the National Republican Senatorial Committee, on his own proposed sunsetting all federal programs like Medicare and Medicaid, subject to Congressional review, over the next five years.
❖ Congress should reject proposals to turn Medicare into a voucher or coupon program. Such a proposal would give beneficiaries a limited stipend for health insurance and leave them at the mercy of insurance companies. These voucher proposals would shift Medicare costs to seniors, increasing the burden on seniors as health care costs increase.

❖ These voucher programs take health care decision-making away from you and your doctor and turn it over to insurance companies. Rationing would give insurers incentives to deny you care, and allow them to raise deductibles, co-payments, and more. This isn’t reform – it’s rationing.

❖ Congress should reject proposals to raise the eligibility age for Medicare beneficiaries. Raising the eligibility age from 65 to 67 would leave you without health insurance when you are most vulnerable. Your choices would be to: find a job that provides coverage at an age that most employers don’t want to hire you; pay for coverage yourself when your income is likely declining; or become impoverished so you are eligible for Medicaid (Medi-Cal), provided your state makes it available to you.

❖ Congress should reject all proposals to further health care savings accounts that would convert your payments into Medicare into money you invest at your own risk on the stock market.

❖ Congress should reject all proposals to limit health care services, and should expand services such as optical care, dentistry and in-home services that are weak or being pushed to supplemental care add-ons. Medicare also still needs quality of care improvement.

Medicaid (Medi-Cal) Facts:

For over 50 years, Medicaid has provided vital health insurance protections to seniors in nursing homes and low-income Americans of all ages. Over 1.4 million low income seniors and people with disabilities use Medi-Cal as a supplemental insurance to Medicare in California. 89.4 million are enrolled nationally in Medicaid, a phenomenal gain of 18.2 million enrollees from early 2020 before the COVID pandemic attributed to increased unemployment, expansion from the Affordable Care Act (i.e. Obamacare) and continuous enrollment policies. Medicaid spends more money on long term care for seniors and people with disabilities than on anything else.

Because the US lacks affordable long-term care services, Medicaid has become the
default insurer for long-term care for seniors of all income levels. Even well-off and middle class seniors faced with long-term care and nursing home costs are forced to “spend down” to Medicaid’s stringent income and assets levels to obtain the long term care they need. As a result, Medicaid has become essential to ensuring that all of our nation’s seniors regardless of income can receive much needed health care coverage.

Medicaid (Medi-Cal in California) provides health care to low income patients of all ages. Congress should not limit Medicaid payments. Medicaid now guarantees payment for all covered services for eligible patients, with no limits. GOP budget proposals regularly suggest limits on either lump-sum payments to states, or caps/limits on cost for each patient. If payments cover only a fraction of health costs, states would have to chip in the difference, or abandon their poor by cutting eligibility or services.

In California, the expansion of Medi-Cal access is accompanied by pressure to force all enrollees into insurance or HMO plans that will ratchet down on services and raise consumer costs.

CARA is in full support of a Guaranteed Health Care for All Program in both California and the nation that would provide guaranteed benefits to all Californians that include all benefits currently covered by Medicare and Medi-Cal (this includes vision, dental, hearing, podiatry, and in-home care). This plan would eliminate all out of pocket costs and deductibles, remove the insurance companies from health care delivery, eliminate premium costs by pooling resources, take the profit out of health care, and give us the ability to negotiate for health care services and benefits. (See the Guaranteed Health Care for All Silver Paper.)
Guaranteed Health Care for All

In 1945, President Truman asked Congress to establish a National Health Insurance Fund to cover all Americans. However, Medicaid for low-income Americans and Medicare for seniors did not become law until 1965, but still far short of universal coverage. Health care was expanded through the Child Health Insurance Program and the Affordable Care Act. The Inflation Reduction Act, for Medicare beneficiaries, provided a $35 monthly cap on insulin and annual limit on prescription drugs, plus enabled Medicare to negotiate drug prices. However, according to the US Census, 30 million Americans do not have health care coverage with Native Americans, African Americans and Latinos disproportionately higher. Furthermore, the United States remains the only highly developed country that does not have universal health care coverage, according to the United Nations Human Development Index. In California, 8 percent still do not have comprehensive health care coverage. US Senator Rick Scott (R-Florida) believes the GOP should embrace his policy agenda, which includes sunsetting federal programs, which would include Medicare, Medicaid, CHIP, and the ACA.

There are forces that continue to attack our health care system, even Medicare, America’s most popular and best run program, is suffering. The Medicare program was promised to be universal, for all ages, but now the privatized version for persons 65 and over does not even cover all our needs. Private, for-profit insurance companies are shifting costs to consumers. Parts of Medicare cover less and less each year, and we pay more and more for supplemental insurance, premiums, copays and for noncovered procedures and medications. CARA is working on a California Guaranteed Health Care for All solution that will be a model for the nation, and will greatly benefit seniors and people with disabilities. Here’s how:

❖ Every resident of California would be covered by a comprehensive benefit plan.
❖ Medicare beneficiaries would no longer need supplemental insurance to “wrap around” Medicare in order to pay for the 20% that Medicare doesn’t cover, including outpatient care, prescription drugs, etc. Medicare for All would cover all of these services with no more insurance premiums, deductibles, and little to no co-payments.
❖ You will have the choice of providers or provider networks. For example, if you are currently a Kaiser Senior Advantage member with Kaiser providers, you could keep it all without paying additional costs for your coverage. The same is true for
any other supplemental insurance you may have – you won’t need it anymore. You pick your providers or provider network and the Guaranteed Health Care for All program pays for whatever Medicare doesn’t cover.

❖ For those on both Medi-Cal and Medicare, all services – including vision, dental, long term care and IHSS services – will be covered by Medicare for All. Within five years the plan will cover these additional services for everyone in California.

❖ Everyone will get the same health care card, which can be used at the provider of your choice, anywhere in the State. If you are traveling outside of California or the Country, you just show this card and services you receive will be billed to the State of California.

❖ You will continue to pay for your basic Medicare coverage as you do now, and it will be your primary insurer, with the Guaranteed Health Care for All plan as your supplemental coverage. There will be no additional costs.

❖ With the cost of health care in the US being two-times greater than other wealthy countries, according to the “Organisation for Economic Co-operation and Development,” Guaranteed Health Care for All can be financed by cutting costs that do not compromise patient care, like administrative costs, where Medicare’s administrative cost is only 7%. Conversely, the for-profit insurance infrastructure employs a fee-for-service system which incentivizes costly tests and procedures with exorbitant costs of devices and pharmaceuticals, to name a few.

California Leads the Way for the Country:

The Guaranteed Health Care for All proposal is a universal, single payer health care solution for California. Medicare and Medi-Cal will be seamlessly integrated into the California system. With everyone “in” and nobody “out,” the bill outlaws private, for-profit health insurance companies. It creates a cost-effective unified financing system that eliminates wasteful overhead and other administrative costs. The health care consumer will get far better, complete coverage at a far lower cost. Once California passes this bill and proves that health care can be a guaranteed right for all, at far less cost with far better outcomes, we believe the rest of the country will follow.
Long Term Services & Supports (LTSS)

California faces a significant challenge in meeting its growing need for long term services and supports (long term care). California’s existing, ad hoc system of long term care is costly, fragmented, and ineffective.

Older adults and persons with disabilities want and deserve to live at home, but California lacks an affordable, inclusive and equitable system to support them. We should not be forced to receive our care in costly institutional settings like nursing facilities. In-home care and support for, at least, bathing, dressing, cooking and care coordination is key, to keep seniors in our communities. We need a system that is affordable, accessible, and empowers consumer choice with access to services in the setting of our choosing. Additionally, significant state/federal investments are needed to support the rapidly expanding long term care workforce, including family caregivers, In-Home Supportive Services providers, and direct care providers.

As two-thirds of people receiving LTSS receive it only from unpaid caregivers, often family members, we need a system that supports that care. That system should assure that all the factors that make that care effective, including family leave, affordable housing, caregiver training and counseling, are available.

Seventy percent of Americans who reach the age of 65 will need some form of long term care for an average of three years. Few can afford to get the care they need. Many families must “spend down” to a poverty level to be eligible for Medi-Cal provided support. Medicare does not cover long term care (except for 100 days after a hospitalization). Most long term nursing home care is not covered, leaving the burden of care to family members. Eighty percent of the care in California is uncompensated and provided by family members.

*We need a comprehensive system of long term services and supports that is person-centered, high quality, and accessible to all who need it.*

Along with a few add-ons, CARA’s recommendations below are based on the Master Plan for Aging Long-Term Services and Supports Subcommittee Stakeholder Report published May 26, 2020 and the accompanying summary sheet. CARA endorses this plan
as a starting point and will work to ensure that the CA Department of Aging and the Governor support its implementation.

**California needs a long term services and supports system that allows recipients affordable choices to access care.** We need to expand Medi-Cal eligibility with a federal and state supported LTSS benefit that is affordable. This expanded benefit should especially cover seniors and persons with disabilities whose incomes/resources are too high for current Medi-Cal eligibility requirements and too low to cover current costs of care.

**We need a system that everyone can easily navigate.** The new benefit needs to fully coordinate with Medicare and Medi-Cal. The system must have “no wrong door,” regardless of where you live, economic status, or primary language – and regardless of starting through the health care, public benefits system or disability services systems – recipients must be able to obtain the care they need. There must be home-based, community-based and residential options. The U.S. Supreme Court’s 1999 Olmstead decision determined that people with disabilities must receive care in the most integrated and least restrictive setting possible, recognizing their right to live with self determination and independence. In this spirit, California can do more to ensure seniors and people with disabilities stay in their homes and communities. We must continue to improve consumer choice and shift some of the resources away from institutional settings toward more community-based services.

**We need to support family caregivers and a high-quality workforce.** We need to shift the historical bias for institutional care toward Home and Community-Based Services. Maximum support needs to go to family caregivers who are predominantly working women of color, who also spend significantly out of pocket for care. The workforce, whether at home or institutional, needs wage increases, enhanced training, career ladder opportunities, and improved working conditions. At home caregivers need family leave protections and job protections, especially for caregivers who work more than one job, so they may care as needed at home. To meet the growing demand, we must be proactive in recruiting and ultimately retaining a skilled workforce. We must improve working conditions for these workers so that care work can become a valued profession with stable wages, benefits and opportunities for advancement.

**We need access to long term services and supports in every community.** Access to quality LTSS should be accessible regardless of a recipient’s residence, race, ethnicity, primary language, age, disability, sex, gender identity or sexual orientation. California must act to fund statewide LTSS access to ensure service and support for caregivers in every community.
We need to streamline state and local structures for service delivery. The task force recommended that the state government implement a statewide LTSS system that is aligned across all departments while promoting seamless access to services. We ask for a dedicated cross-department unit with authority to align administration of LTSS across all departments, promote seamless access to services, integrate coordination of care for Medi-Cal and Medicare and drive innovation in service delivery. The state LTSS system needs to also partner with Area Agencies on Aging and independent living centers to streamline access to a fuller array of services at the local level.

CARA pledges to work with the members of the Care Alliance to campaign for a CARE Agenda in California that advances these principles.
Affordable and Safe Housing

By 2030, one in every five Americans will be over age 65. Our nation will face a severe shortage in appropriate housing to meet their needs. As people age, they need housing that is structurally and mechanically safe and that accommodates people with disabilities. For those 50 and older in California where housing costs are extremely high, the affordable housing crisis is staggering. Addressing the affordable housing crisis for seniors does not have a one size fits all solution. CARA seeks and supports solutions that address this very complex problem.

Seniors as Renters in Private Housing:

Many senior renters live daily with the fear that they could be evicted, harassed, or forced out of their units because of affordability, maintenance, or accessibility issues. In the many high cost rental markets in California, long term senior tenants are constantly worried about rent increases that could force them out of their units because they are no longer able to pay due to their limited, fixed income. More than 1.7 million extremely low-income households with an older adult are severely cost-burdened, spending more than half of their income on rent and utilities. Those fortunate to live in a rent controlled environment, where annual increases are capped, worry about other ways that landlords could force them out:

❖ Owner move-in evictions.
❖ Capital improvements where the amortized increases beyond the capped annual increase become unaffordable.
❖ Unresponsive landlords who refuse to upkeep and maintain the units making them unsafe and uninhabitable, and
❖ Refusal to make or allow tenants to make the necessary upgrades to the units so that they are accessible as seniors try to age in place (grab bars, elevator maintenance, walk-in showers).

Seniors need vouchers or other forms of financial aid to be able to stay in their homes. Rental assistance, such as Section 8, are constantly under attack – but Section 8 needs expansion, not cutbacks.
CARA will focus on ways to make rent control laws stronger in areas that have them and help to enact laws where there are none. We will work to repeal California’s Costa Hawkins Act that severely restricts rent control, prohibits vacancy control, and disallows rent control on any new construction after 1979. We will work to create stronger “just cause eviction protections” for seniors. We will work to pass laws that prohibit age discrimination in rental housing.

Seniors in Publicly Subsidized Housing:

The U.S. Department of Housing and Urban Development (HUD) funds the Section 202 program to support rental housing for very low-income elderly households, but funding has been falling since 2008. Funding for maintenance and supportive services in this type of housing has also been deteriorating. The President’s proposed 2022-2023 HUD budget requests a moderate increase in the Section 202 budget to $928 billion. This includes $100 million in new Capital Advances for up to 1,100 units (a drop in the bucket, but mildly helpful).

Privately developed senior housing that uses HUD 202 and other state and local dollars has also seen a dramatic downturn. Non-profit housing organizations struggle to maintain the older buildings that they developed, and must compete for a few dollars to even consider new construction – without the HUD 202 or Section 8 subsidies that helped these buildings operate. With land and construction prices the highest in the nation, California cannot keep up with the needs of its aging population.

CARA will work to enhance funding at the local, state and national levels for truly affordable housing for seniors. To be truly affordable, there must be opportunities available so that seniors pay no more than 1/3 of their income on housing.

CARA will work with local governments to make sure that all senior housing that has public dollars is well maintained and accessible, and has access to community based services (either provided by in house programs or by partnering with other social service agencies) so that seniors can age in place.

Seniors in Manufactured Home Communities:

Seniors represent the largest percentage of owners of manufactured homes in CA. For many, this was their only chance of homeownership at an affordable price, and gave them a sense of stability, security, and community. Even though manufactured homeowners must still pay rent on the land their home sits on, the monthly rental has been manageable, and many mobile home parks are covered by rent control. Because of
the incredible land prices in California, many park owners are looking to cash in on the high priced real estate market. They are looking for ways to sell the property outright, forcing the homeowners out. Others are seeking to “condominiumize” their park, forcing the homeowners to purchase the land that they are currently renting, at unaffordable prices, thus forcing them out.

*CARA has partnered with groups like the Golden State Manufactured Home League (GSMOL) and other organizations to protect the rights of manufactured home owners at the local and state level. We will continue to fight for these rights, and to protect these homeowners from eviction, rising rental costs, land sales, etc. We will also work to support efforts for homeowners to come together to purchase the parks so that they can remain in their affordable homes for the rest of their lives.*

**Senior Homeowners:**

Many seniors were able to purchase their home when they were working. Some have paid off their mortgages, and now that they are living on a more fixed income, can still afford to pay for upkeep and other housing expenses. Others are finding it hard to pay for these expenses on their incomes, especially as their homes age with them, and need more costly repairs to stay habitable. Seniors need expansion of financial support for repairs and tax subsidies in order for them to remain in place. Many older homes need to be rehabilitated to make them more accessible, and deal with safety challenges like stairs, bathtubs that are too high to step over, the lack of safety grab bars, etc. Other seniors find they are “over-housed” – living in homes that are too large and too expensive to maintain on their incomes. Yet many of these homeowners are unable to purchase another home that is more appropriate in the current CA housing market – nor can they afford the rental costs for assisted living or private housing.

*CARA pledges to work with local, state and national organizations to advocate for funding to rehabilitate and make homes more accessible; to provide subsidies to help low income homeowners pay for improvements and expenses so that they can stay in their homes; and to look for ways to support seniors who want to share their homes (and earn some income) in ways that are supported and overseen by professionals.*

**Senior Homeowners in Homeowner Associations:**

It is estimated that over 9 million people in California live in a common interest development (CID) that has a homeowner association which oversees these homes and sets the rules and regulations, and assessments that oversee these homes. More than 2/3 of these homeowners are seniors, who live in condos, senior living communities, and
manufactured home communities. Many seniors move into these living arrangements as a way to downsize from a larger home, and move into an environment that offers more amenities as they age in place. Many move with the plan that once they pay for their home, the monthly assessments and living expenses will be fixed or manageable on their fixed incomes. Unfortunately, many of these homeowners have faced huge increases in their costs because of assessments mandated by unaccountable management companies and homeowner associations. Many have been forced out, unable to pay or by foreclosure for missing a payment.

CARA has been one of the leading organizations working to protect the rights and homes of homeowners living in these CIDs. We partner with the Center for CA Homeowner Association Law and other housing groups. We will work to strengthen laws to protect the homeowners’ rights and property, at the local and state level.

Homeless Seniors:

The fastest growing sector of the homeless population in California are people over 55 years of age. It was estimated in 2020 that 37,000 persons 55 and over were homeless, an increase of 61% from only 2017! And the homeless situation is worsening. In May 2021, 92,000 Californians over 65 were not caught up in rent. Many homeless (or “unhoused”) who have no disposable income to spend on health care, suffer from mental health issues, alcoholism and other drug addictions, various disabilities, and growing health issues associated with poor living conditions. Many do not have access to Medicare or Medi-Cal because they do not have a stable address, or have not qualified due to insufficient employment quarters, or other program barriers.

Senior homelessness is not unsolvable, as shown by COVID emergency programs such as Project Roomkey. These emergency programs supported the Homeless Hotel Program in Los Angeles (which unfortunately may have discriminated against persons with disabilities) and the Shelter in Place Hotel Program in San Francisco. Project Homekey is continuing with $694 million allotted statewide for 2022.

CARA supports programs to keep Seniors in their homes through rental subsidies and rent control. But for those who are homeless, CARA supports expansion of hotel programs and navigation centers such as those being implemented in San Francisco. In 2022 we supported AB 2547 (Assm. Nazarian) the Housing Stabilization to prevent and End Homelessness Among Older Adults and People with Disabilities Act, which, if enacted, would have enabled an estimated 25,000 homeless to afford housing in the rental market again. Homeless Seniors and persons with disabilities need complete wrap-around health, mental health and recovery services to assist them in navigating towards housing again.
In Conclusion

The affordable housing crisis for seniors in California is not one we can build our way out of. CARA will organize its members to fight for more funding for the construction of truly affordable housing options for senior renters, homeowners and manufactured homeowners. We will also fight to make sure that some of the funding goes toward rehabilitating and making existing housing more accessible, in addition to creating new housing.

We will also work to strengthen protections for seniors who are in housing – whether they are public or private renters, homeowners, manufactured home owners or owners in CIDS.
Improve Mass Transportation

Older adults need affordable, convenient and accessible mass transportation options. And they need safe sidewalks and street crossings.

Pedestrian Safety:

To remain independent, older people need mobility to reach the activities and services that they require. For short trips, walking can offer the same spontaneous ability to travel that is provided by the car. Walking is also necessary to reach bus stops and transit stations, to make use of accessible public transport services. "Assisted walking," using mobility aids such as powered wheelchairs and scooters on sidewalks, is increasing. Provided the local environment is suitable, in good weather these provide a realistic alternative to driving for local trips. Some problems for pedestrians, such as hills, narrow or uneven sidewalks, and crossing roads, affect everyone, though seniors and people with disabilities are most affected. Other problems, such as crowds, curbs and steps, affect mainly people with more severe impairments. Good guidelines are available on the design of pedestrian infrastructure that is suitable for older people and people with disabilities.

Crossing roads is one of the major deterrents to older pedestrians. The risk of pedestrian fatality increases noticeably with age above 50 years, because of the greater fragility of older persons. The percentage of injured pedestrians who die from their injuries rises from about 2% in middle age to over 9% for persons aged over 80. Older and disabled pedestrians benefit from policies that reduce traffic volumes and traffic speeds. They also need direct pedestrian routes that are built to proven standards and kept clear of parked motor vehicles and other obstructions.

CARA believes there are many ways that the safety of road crossings can be improved. Pedestrian friendly policies in urban areas must include:

❖ Provision of sidewalks where they do not exist, with curb cuts and standard curb heights

❖ Giving pedestrians priority by reducing traffic flows in town centers and residential areas, including providing walk signal head starts.
❖ Traffic calming and speed limit enforcement to reduce traffic speed.

❖ Bollards to protect sidewalks from parked vehicles.

❖ Build-out sidewalks at pedestrian crossings to reduce distance across the road.

❖ Appropriate walk times at lighted intersections, with well-marked crosswalks.

❖ Speed tables at pedestrian crossings, side road junctions and across lanes at major junctions to reduce traffic speed.

❖ Central pedestrian refuges such as median islands on two-way roads, at side road junctions and at major intersections.

❖ People-detectors to extend the pedestrian phase for slow walkers at light-controlled crossings.

❖ Prohibition of turns on red at light-controlled intersections in senior and school zones.

**Mass Transportation:**

Transportation can reduce social isolation and enhance individual autonomy and psychosocial well-being. In many California communities and especially in our more rural areas, there is a need for safe, accessible, convenient, and affordable transportation options for older adults and people with disabilities.

Older adults often experience barriers to transportation. They may drive less frequently or not drive at all. They may lack access to a personal vehicle, and therefore, need to rely on family members and caregivers or public transportation services. Older adults may also experience physical challenges related to aging, such as visual and mobility impairments, that impact their ability to drive or use public transportation services. A lack of transportation impacts health and well-being due to missed healthcare appointments, social isolation, depression and loneliness.

For older adults in rural communities, public transportation challenges are compounded. It is estimated that approximately 25% of all Americans 65 and older live in a rural area in the US. Older adults living in rural communities may live far from social contacts, healthcare providers, shopping, community resources, and activities.

People with disabilities also experience transportation barriers. According to 2016-
2020 data from the American Community Survey, the disability rate in rural communities is 14.9%, even higher than the disability rate in metropolitan areas. People with disabilities living in rural communities often face challenges accessing and using various modes of transportation. This can impact their health and quality of life. People with disabilities in rural areas perceive healthcare, businesses, and other types of services as less accessible compared to their urban counterparts, and may need additional support to access transportation both within and around their community.

Transportation programs must consider specific accessibility modifications to accommodate the needs of different populations, such as installing wheelchair lifts and ramps, and using accessible vehicles. Limited public transportation options create another challenge. Moreover, seniors and people with disabilities may lack information about different transportation options available to them. Transportation programs will need to consider how to best implement appropriate accessibility requirements as well as how best to disseminate information about these programs to different populations.

CARA insists that transportation services be developed to provide safe, accessible, transparent and affordable transportation options – including public transit services, paratransit services, and other individual-based ride services.
Climate Justice

The evidence is overwhelming that climate change is real throughout the world and that pollution of air, water and ground is largely unabated. Climate change implies that weather patterns are worse and more erratic, record heat waves are increasing, water sources are over-tapped, and there are more frequent droughts. Climate change is contributing to forest and grass fires, which cause desertification or denigration of forests and grasslands with worsening, dangerous smoke pollution (adding to already high levels of air pollution in California).

Climate change threatens everyone’s physical and mental health, air and water quality, food, and shelter; however, some groups - especially those who are socially and economically disadvantaged - face the greatest risks.

These marginalized communities, primarily composed of black, indigenous, and people of color (BIPOC), in addition to immigrants and non-English speaking monolingual persons, experience greater disparities simply because of where they live, their health, income, language barriers, and limited access to resources. As time goes on, they will suffer the worst impacts of climate change, unless we recognize that fighting climate change and achieving racial/social justice are inextricably linked.

*CARA is building an agenda for climate justice for seniors to join in the fight against climate change and for environmental justice.*

Heat:

The U.S. is facing warming temperatures and more intense and frequent heat waves as the climate changes. Higher temperatures lead to more deaths and illness, hospital and emergency room visits, and birth defects. Extreme heat can cause heat cramps, heat stroke, heat exhaustion, hyperthermia, and dehydration. Disadvantaged communities, older adults, and people with disabilities have higher rates of health conditions such as heart disease, diabetes, asthma, and chronic obstructive pulmonary disease (COPD). Heat stress can exacerbate heart disease and diabetes, and warming temperatures result in more pollen and smog, which can worsen asthma and COPD.
Extreme weather events:

While climate change cannot be definitively linked to any particular extreme weather event, incidents of heat waves, droughts, wildfires, heavy downpours, winter storms, floods, and hurricanes have increased and climate change is expected to make them more frequent and intense. Extreme weather events can cause injury, illness, and death. Changes in precipitation patterns and warming water temperatures enable bacteria, viruses, parasites and toxic algae to flourish; heavy rains and flooding can pollute drinking water and increase water contamination, potentially causing gastrointestinal illnesses like diarrhea and damaging livers and kidneys.

Extreme weather events also disrupt electrical power, water systems and transportation, as well as the communication networks needed to access emergency services and health care. Seniors and other disadvantaged communities are particularly at risk because they are more likely to live in sub-par housing with old infrastructure which is more vulnerable to power outages, water issues and storm damage. Residents of these communities may lack adequate health care, medicines, health insurance, and access to public health warnings in a language they can understand. In addition, they may not have access to transportation to escape the impacts of extreme weather, or home insurance and other resources to relocate or rebuild after a disaster.

Communities of color are also less likely to receive adequate protection against disasters or a prompt response in the event of an emergency. In addition to fiscal hardships, the stress and anxiety of dealing with the impacts of extreme weather, or home insurance and other resources to relocate or rebuild after a disaster often contribute to mental health problems such as depression, post-traumatic stress, and suicide.

Poor air quality:

Burning fossil fuels contributes to air pollution as well as to global warming. Heat waves cause air masses to remain stagnant and prevent air pollution from moving away. Warmer temperatures lead to the creation of more smog, particularly during the summer. And wildfires, fueled by heat waves and drought, produce smoke that contains toxic pollutants.

Living with polluted air can lead to heart and lung diseases, aggravate allergies and asthma and cause premature death. People who live in urban areas with air pollution, or who have medical conditions such as hypertension, diabetes, asthma or COPD, are particularly vulnerable to the impacts of air pollution.
CARA believes that state and local municipalities must develop programs and resources to assist seniors, people with disabilities and others to escape the immediate impacts of climate change – such as cooling centers, emergency response systems to assist those needing transit, and other services to evacuate during natural disasters and electrical power outages (for those who need refrigeration for medications, charging for wheelchairs, oxygen tanks, etc.).

CARA must join with others in the state, such as the Climate Center, to advance policies that reduce carbon emissions, address wildfires and high heat, and protect housing from sea level rise and wildfire emergencies. Seniors and persons with disabilities need municipal and state early warning systems and plans for evacuation. We will support Governor Newsom’s efforts to phase out fracking and transition to low and zero emission vehicles, and join efforts to accelerate transitions to green technologies.

**Poor water quality and over-tapped water Supply:**

Unfortunately, the famous example of Flint Michigan’s unsafe water is not unfamiliar in California. Big Agriculture abuses its statutory rights to over 80% of our water supply. Small water systems, well water and aquifers impacted by fracking contribute to poor drinking water quality, especially in rural areas. Urban areas may have municipal lead pipes as well as lead pipes in older homes. Seniors and other disadvantaged populations cannot afford to purchase high-priced bottled water and or pay higher prices for affordable water that should be a right.

CARA pledges to be engaged in environmental justice issues that protect and provide clean and safe drinking water. We are sensitive to labor’s concerns about preserving union jobs, and will promote economic transitions to environmentally sound employment that promotes clean air, clean water, wetland preservation and restoration, and environmental cleanup instead of carbon-based (oil and gas) extraction.

The quality of life of current seniors and persons with disabilities is important, but even more importantly the very future of life and our descendants on this planet is at risk. It's an issue we cannot avoid.
Diversity, Equity & Inclusion

CARA may well be one of the most diverse, equitable and inclusive coalition organizations in California. It excels in leadership and engagement of seniors, persons with disabilities of all ages, women, African-Americans, Latinos, Asian Americans, speakers of many languages, rural/suburban/urban dwellers and LGBTQ+, and immigrants. CARA is welcoming and inclusive in all of our work and practices, with a goal of representing the rich cultural, racial, gender, ability, and age diversity of our state. CARA is committed to becoming increasingly culturally responsive through strategies including translation of written materials, translation at meetings, training and forums and in our public campaigns, and targeted equity and inclusion goals in our board and leadership development, staff composition, and membership outreach.

As the most racially, ethnically, and linguistically diverse state in the nation, California can lead in combating ageism, ableism, racism, xenophobia, sexism, homophobia, and all prejudices. California can expand opportunities for older adults and people with disabilities to be economically, civically, and socially engaged without experiencing discrimination or bias.

CARA believes and implements DEI at many levels: Board, volunteer/leadership, staff, and program advocacy supporting and respectful of every community.

Board and Leadership:

CARA’s Board of over 40 members has always had over 50% women, and over 70% people of color since its founding in 2001. Board members have included Latinx, African American, Asian, LGBTQ+, immigrants, persons with disabilities, rural and urban, ranging from extremely low-income to working and middle class. Because we are a coalition, representation often comes from labor retiree groups which have built in diversity of membership. CARA has over 800 active volunteers statewide annually, with 37 “Community Action Teams” throughout the State. Training through the “CARA Leadership Academy” and at all major events provide translation to native languages as needed. Trainings includes DEI and cultural sensitivity workshops; additionally, volunteers and Board members are trained in public speaking – in their native language, if preferred.
Staff:

Ethnic and cultural diversity, especially the breadth of lived experiences are qualifications considered in hiring. Staff has been primarily women since CARA’s founding in 2001. Diverse language skills are important in staff, and when staff do not speak all the languages needed, consultants are brought in to assist with simultaneous translation on Zoom, at in-person meetings, at hearings, and in outreach and training materials.

Program Diversity and Inclusion:

As stated powerfully by Kiran Savage-Sangwan from the California Pan-Ethnic Health Network, “Equity should be at the center of the Master Plan for Aging’s implementation. Systemic racism, ageism, able-ism, and sexism can only be eliminated through intentional systemic solutions. It’s time to transform our systems so that they may positively impact the lives of those most affected by historical and institutionalized discrimination and who, therefore, have disproportionately suffered during COVID-19.”

CARA has never been shy to champion reforms that not only further the rights of seniors and persons with disabilities, but also that stand up for the rights of all Californians, especially the most marginalized and the most likely to suffer from racist and cultural oppression. For example, as one of the leading advocates for universal healthcare, specifically “guaranteed health care for all,” CARA advocates for quality health care for the 16% of Latinos and 6% of African Americans aged 0-64 who are still without insurance. And 65% of undocumented (0-64) are without insurance. On strictly senior issues as well, equity is important. For example, for persons aged 65 or older, Social Security nationally lifts 48% of African Americans out of poverty and 45% of Latinx. However, 17% of each group remains in poverty because of inadequate retirement benefits. To achieve equity, CARA is a national leader in fighting to preserve Social Security as well as improving its benefits.

Similarly, Medicare has different results for different demographics. The Medicare population is growing and aging. More than 10% of Medicare beneficiaries nationally reside in California. In the State, 66% are White, 54% women, and 22% low-income dual eligible for Medi-Cal. African American and Latinx lead Whites in enrollment in Medicare Advantage programs, which may lower costs while simultaneously limiting choice of doctors and care. 14.7% in California recipients speak no English or English poorly. These are just some of the equity factors we monitor and advocate for to expand equity in Medicare and Medi-Cal.
Join the CARA ACTION TEAM (CAT) in your Area or Start a New CAT in 2023 (revised 12/2022)

The CARA CATs are the local action centers for CARA. We share important information on key CARA issues and plan local strategies on these issues. Most of the CARA Action Teams (CATS) have regular monthly meeting dates and locations. If there is not a CAT organized in your area, and you would like to get one started, call the CARA office to find out how to schedule a CAT. Northern CA call 415-515-2156 or 877-223-6107 (toll free). For LA County call 213-648-9000, for Orange, San Diego, Inland Empire call 714-460-3542. For Central Valley, Fresno and Bakersfield call 209-354-7489 CURRENTLY, ALL CATS ARE MEETING VIRTUALLY via ZOOM/TELECONFERENCE. We hope to begin holding in person meetings in 2023, when it is safe to do so.

NORTHERN CALIFORNIA

ALAMEDA COUNTY: 2nd Tuesday of the month @ 10:00am, South Berkeley Senior Center, 2939 Ellis St., Berkeley. For more info: Bill Kline @ 510-848-9402 or Dee Rosario @ 510-835-3922.

CENTRAL VALLEY: 4th Monday of the month @ 10:00am; at the Manteca Library, 320 Center St, Manteca. Call Nan Brasmer @ 209-823-3890 or Jo Carson @ 209-227-5188.

CONTRA COSTA/ SOLANO COUNTIES: 2nd Monday of each month, 10:00am, Richmond Auditorium Hawaiian Room (enter at 2533 Nevin Ave. Richmond). Call Eli Williams @ 510-232-4690 or Windsor Young @ 510-666-4852.

FRESNO AREA: 4th Tuesday of the month @10:00am at SEIU Local 521 5228 E Pine Ave, Fresno. Call Gayle Chenoweth @ 559-360-5955 or Jennifer Jensen @ 559-704-8384.

MARIN COUNTY: 1st Tuesday of each month at 1:00pm at Marin Association of Public Employees (MAPE) 16 Mitchell Blvd., San Rafael. Call Ruth Carter @ 415-492-8160 or Kris Organ @ 415-342-7135.

NORTH STATE: 3rd Friday of the month from 10am-12 noon at the IBEW 340, 900 Locust St., Redding. Call Ron Stone @ 530-945-8021 or Kathryn Donahue @ 707-834-2194 (covers all counties north of Sacramento).

PLACER COUNTY: 2nd Wed. of the month @ 10:00 am-12 noon. Stanford Club House, 3220 Santa Fe Way, Rocklin. Diana Madoshi @ 916-435-9760 or William Reed @ 916-396-6601. Potluck.

SACRAMENTO/YOLO: 1st Wednesday of the month. Call Cindy Young @ 530-902-0483 or Carol Moss @ 916-546-0156

SAN FRANCISCO: 2nd Thursday of the month @1:00pm, ILWU, 1188 Franklin St. 4th floor, SF. Call David Williams @ 415-939-5149.

SANTA CLARA COUNTY: 4th Thursday of the month @ 12 noon, SEIU 521 Great Hall, 2302 Zanker Rd., San Jose. Call Carol Garvey @ 408-472-6218 or Greg Miller @ 408-254-3311. Light lunch is served.

SOMONOA COUNTY: 3rd Wednesday of the month @ 10:00am, Unitarian Universalist Church of Santa Rosa, Glaser Center, 547 Mendocino Ave. Santa Rosa. Call Dave Walker @ 707-681-9009 or Linda Graves @ 707-545-2811 or Bonnie Petty @ 707-579-5228.

SOUTHERN CALIFORNIA

BAKERSFIELD: 1st Tuesday of the month from 1:30pm-3:30pm @ Kern-Inyo-Mono CLC, 200 West Jeffrey Street, Bakersfield. Call Ernest Harris @ 661-706-2566.

INLAND EMPIRE: 1st Monday of the month from 10:00am – 12:00pm Grace Vargas Senior Center, 1411 S. Riverside Ave, Rialto. Call Tish Ochoa @ 909-855-1891 or Marion Arguello @ 909-591-1864.

LOS ANGELES: 4th Tuesday of the month @ 1:30pm @ SEIU 721, 1545 Wilshire Blvd, Los Angeles, CA 90017. Call Bonnie Coleman @ 323-666-4224 and Gwen Jones @ 213-840-8161(all LA County CATs meeting on 3rd Monday at 10am via Zoom)

ORANGE COUNTY: 3rd Wednesday of the month @10:00am; Teamster Local. #952,140 S. Marks Way, Orange. Call Cecilia Flores at 714-458-2208.

SAN DIEGO: 3rd Tuesday of the month @11:00am-1:00pm, Sheetmetal Workers Local, 4594 Mission Gorge Place, San Diego, 92120. Call Editha Adams @ 619-263-7254 and Tish Leon @714-401-8312.

SAN GABRIEL VALLEY: 3rd Monday of the month @ 10:00am-12 noon at Denny’s Restaurant, 546 West Baseline Rd. Glendora 91740. Call Larry Marotta @ 626-698-4108 (all LA County CATs meeting on 3rd Monday at 10am via Zoom).

SOUTHEAST LOS ANGELES COUNTY: 3rd Monday of the month at Carrows, 19011 Bloomfield Ave. Cerritos, CA 90703. Lunch available for purchase at 12:30pm, meeting starts at 1:00pm. Call Myron Wollin @ 562-596-5239 (all LA County CATs meeting on 3rd Monday at 10am via Zoom).
With heartful thanks to CARA's Legislative Committee, Board of Directors, CARA Action Teams, Affiliated Organizations and especially our members and staff.

Legislative Committee Co-chairs: Hene Kelly, Keith Umemoto, Michael Nye
Legislative Director: Dwane Camp Jr.

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Brian Gorman  
C.T. Weber  
Camille Christian  
Carol Moss  
Chuck Adelman  
Chuck Walker Sr.  
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