debate on the comparative benefits and costs of governmental programs that help these vulnerable older persons to age in place as opposed to offering them alternative affordable housing options.

KEYWORDS. Homeowners, low-income elderly, older dwellings, aging in place, affordable housing

Health Insurance Coverage as People Approach and Pass Age-Eligibility for Medicare
Christine Caffrey, PhD
Christine L. Himes, PhD

This study uses six waves of the Health and Retirement Study (HRS) to measure dynamics of health insurance coverage at people approach and pass age-eligibility for Medicare. Thirteen percent of 59- to 64-year-olds were uninsured and 13% of 65- to 70-year-olds relied solely on Medicare. Those unmarried, in good health, and in poor health had an increased likelihood of being uninsured before age-eligibility for Medicare, while non-whites and those in good health had an increased likelihood of having Medicare-only coverage after age-eligibility for Medicare. Although only a small percentage was continually without coverage or with Medicare-only coverage, a substantial percentage had these coverage types at some point. Limitations and policy implications are included.

KEYWORDS. Health insurance coverage, Medicare, uninsured, supplemental health insurance

Age Differences in IDA Savings Outcomes:
Findings from the American Dream Demonstration
Michelle Putnam, PhD
Michael Sherraden, PhD
Lin Zhang, MA
Nancy Morrow-Howell, PhD

This study aims to develop a greater understanding of age differences in savings outcomes within Individual Development Accounts (IDAs). Participant data from the American Dream Demonstration (ADD) are examined for age differences in accumulated net deposits, average monthly net deposits, and deposit frequency. ADD program data are examined for savings match rates, monthly savings targets, direct deposit, and hours of financial education offered. Results indicate that, on average, older IDA participants have better savings outcomes than younger participants. Findings from this study suggest that impoverished middle-aged and older adults can save if provided an opportunity and incentives. However, success will depend on the characteristics of the programs.

KEYWORDS. Individual development accounts, age, asset building, savings

Identifying the Barriers and Challenges to Voting
by Residents in Nursing Homes and Assisted Living Settings
Jason H. T. Kaltavish, MD
Richard J. Bonnie, JD
Paul S. Appelbaum, MD
Rosalie A. Kane, PhD
Constantine G. Lyketsos, MD, MHS
Pamela S. Karlan, JD
Bryan D. James, MBioethics
Charles Sabatino, JD
Thomas Lawrence, MD
David Knopman, MD

To ascertain the need for and to inform development of guidelines for voting in long-term care settings, we conducted a telephone survey of Philadelphia nursing (n = 31) and assisted living (n = 20) settings following the 2003 election. Substantial variability existed in procedures used for registration and voting, in staff attitudes, and in the estimated proportion of residents who voted (29% ± 28, range 0-100%). Residents who wanted to vote were unable to do so at nearly one-third of sites, largely due to procedural problems. Nearly two-thirds of facilities indicated they assessed residents’ voting capacity before the election. However, methods differed and may have disenfranchised residents who were actually competent to vote. Current procedures in many facilities fail to protect voting rights. These data suggest that rights might be better protected if election officials took charge of registration, filing absentee ballot requests, ballot completion, and trained LTPAC facility staff on voters’ rights and reasonable accommodations.

KEYWORDS. Voting rights, long-term care, assisted living

State Experiences with Implementing the Cash and Counseling Demonstration and Evaluation Project
Mark Setegaj, PhD, MPH
Kevin Mahoney, PhD
Kristen Simone, MM

The Cash and Counseling Demonstration and Evaluation (CCDE) tested one of the most autonomous forms of consumer direction for personal assistance services. In the winter of 1996, Arkansas, Florida, New Jersey, and New York each received grants to develop and implement CCDE. While Arkansas, Florida, and New Jersey were successful in their efforts of implementing CCDE, New York was unable to do so. Using elements of Hazenfeld and Brock's (1991) political economy policy implementation model, the following sections describe two primary interactions between key policy implementation instruments and internal and external stakeholders that made New York's participation in CCDE not possible.
Identifying the Barriers and Challenges to Voting by Residents in Nursing Homes and Assisted Living Settings

Jason H. T. Karlawish, MD
University of Pennsylvania

Pamela S. Karlan, JD
Stanford Law School

Richard J. Bonnie, JD
University of Virginia

Bryan D. James, MBioethics
Johns Hopkins Bloomberg School of Public Health

Paul S. Appelbaum, MD
Columbia University

Charles Sabatino, JD
American Bar Association

Rosalie A. Kane, PhD
University of Minnesota

Thomas Lawrence, MD
Main Line Health/Jefferson Health System

Constantine G. Lyketsos, MD, MHS
Johns Hopkins Bayview

David Knopman, MD
Mayo Clinic College of Medicine

ABSTRACT. To ascertain the need for and to inform development of guidelines for voting in long-term care settings, we conducted a telephone survey of Philadelphia nursing (n = 31) and assisted living (n = 20) settings following the 2003 election. Substantial variability existed...
in procedures used for registration and voting, in staff attitudes, and in the estimated proportion of residents who voted (29% ± 28, range 0-100%). Residents who wanted to vote were unable to do so at nearly one-third of sites, largely due to procedural problems. Nearly two-thirds of facilities indicated they assessed residents' voting capacity before the election. However, methods differed and may have disenfranchised residents who were actually competent to vote. Current procedures in many facilities fail to protect voting rights. These data suggest that rights might be better protected if election officials took charge of registration, filing absentee ballot requests, ballot completion, and trained LTC facility staff on voters' rights and reasonable accommodations. doi:10.13003/0331200100_04
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KEYWORDS. Voting rights, long-term care, assisted living

INTRODUCTION

Voting is a fundamental right of United States citizenship. When a discrete group of citizens is disenfranchised, its consequent lack of political power may be reflected in systematic neglect of the issues of greatest import to the members of that group. Restrictions on access to the ballot box also send disenfranchised citizens a message about the limited value given to their opinions by the broader society. Although considerable social, political, and legal efforts have assured that a large preponderance of adults now has the right and opportunity to cast a ballot, one group has been largely overlooked: persons with disabilities caused by cognitive impairments (Keyssar, 2000).

In particular, the voting rights of persons with dementia, a syndrome characterized by progressive and irreversible cognitive and functional impairments, warrant attention (Karlawish et al., 2004). By the moderate stage of dementia, persons have substantial impairments in orientation, and the abilities to plan and organize tasks and use transportation, and yet they may retain the capacity and desire to vote (Appelbaum, Bonnie, & Karlawish, 2005). Hence, if persons with moderate dementia want to vote, they may need to be reminded about the deadlines for registration and voting, and also need assistance in registering to vote, getting to a polling booth or ordering an absentee ballot, and completing the ballot. In addition, by the moderate stage of dementia, the individual may need to move to a supervised living situation such as an assisted living facility or a nursing home. Hence, paid personnel, instead of or in addition to family members, will bear responsibility for reminding and assisting persons with dementia in voting.

Other causes of cognitive impairment such as mental retardation raise similar problems, but dementia is one of the most common causes of cognitive impairment with an estimated 4.5 million affected persons in the United States in 2000 (Hebert et al., 1995), and it is uniquely prevalent in the elderly, a growing group with a high voter turnout (Administration on Aging: Department of Health and Human Services, 2003). The estimated number of persons living in assisted living and nursing home residences are 789,000 (National Center for Assisted Living's Health Services Research and Evaluation Group, 2001) and 1.6 million (Jones, 2002), respectively, and nearly two-thirds of these residents have dementia (Magaziner et al., 2000; Maggi & Malloy, 2005; Rosenblatt et al., 2004). In these settings, residents' actual exercise of their franchise to vote may be effectively determined by the staff's views about whether residents can or should vote and by facility practices surrounding voting. Some residents who want to vote and have the capacity to do so may be prevented from voting because of inappropriate assumptions on the part of the staff about what constitutes competence to vote.

Unfortunately, limited attention has been paid to how long-term care facilities and election officials are addressing the two key issues: assuring that residents of long-term care (LTC) facilities have access to the ballot, and preventing unscrupulous persons from exploiting them to commit voting fraud. Until these issues are addressed, LTC will remain the source of election controversy. Losers of several recent local elections decided by narrow margins have contested the results, claiming that votes in long-term care settings were inappropriately cast (Associated Press, 2004; Perry, 2004; Sherman, Coutes, & Kennedy, 2004; Tolkinen, 2004). As illustrated by the close and disputed outcomes of the 2000 presidential election and the 2004 Washington gubernatorial election, these problems may also affect the results of statewide or even national elections, particularly in an era of near-balanced between the major parties.

Policymakers and long-term care practitioners need data gathered in the context of an election from a representative sample of long-term care facilities to define the nature of the issues that policymakers need to address: Whether registered residents voted; procedures for voter registration, voting, and voter assistance; and methods used by staff to decide whether residents are capable of voting. To address this gap and to begin to inform discussions on voting in long-term care facilities, we performed a survey of Philadelphia nursing homes and assisted living settings.
immediately following the Philadelphia city municipal election of November 2003, an election that featured a sharply contested, well-publicized mayor’s race (Fitzgerald, Coulombs, & Schaffer, 2003). We focused on Philadelphia because it is a municipality with no guidelines for voting in long-term care. We compared voting practices in assisted living versus nursing homes, identified the challenges and pitfalls that staff face when dealing with resident voting, and focused particularly on facilities’ procedures for assessing voter competence.

**DESIGN AND METHODS**

**Definition and Identification of Long-Term Care Residences**

Eligible sites were nursing homes (n = 45) and assisted living settings (n = 39) in the city of Philadelphia that cared for persons 65 years and older. We identified residences through the Medicare website (www.medicare.gov), the Philadelphia telephone book, and telephone contacts with State of Pennsylvania agencies.

**Data Gathering**

We used a faxed letter and phone call to each facility to identify the person most familiar with voting practices. In the case of organizations that included both an assisted living component and nursing home, the appropriate respondent participated in separate interviews for each component. A research assistant administered a telephone survey to assess the following: (1) whether residents voted and the reasons they did not; (2) procedures for voter registration, voting, and voter assistance; and (3) how, if at all, staff decided whether a resident could not vote. We developed this interview using the questions published in a small previous study (O’Sullivan, 2002). It included questions to ascertain both site and respondent characteristics. To facilitate the pace of the interview while assuring the accuracy of data collection, we digitally recorded the interviews and transcribed answers to the open-ended questions.

**Data Analyses**

Answers to fixed-choice questions were summarized using appropriate summary statistics. We used Fisher’s exact test to compare voting practices in assisted living versus nursing homes, and to compare voting in sites that served as polling sites versus those that did not, and either Fisher’s exact test or the ranksum test to compare the estimated proportions of residents who voted and residents who wanted to vote but did not do so.

To analyze the answers to the open-ended questions, we used a three-step qualitative data analysis: open, axial, and final coding (Flick, 1999). Open coding had two phases. First, each investigator reviewed independently overlapping subsets of the interviews and generated a summary of the answer to each open-ended question. Next, the investigators met as a group to reach consensus on the meaning of each code and to combine similar codes and group them into categories.

To reduce the volume of codes developed in open coding while also fully characterizing the data, three research assistants used the list of codes for each question generated by the open coding to assign independently codes to each question in a sample of the interviews. They then met to examine agreement, refine the code categories to match the data accurately, and develop final consensus codes.

In final coding, the three research assistants used the final set of codes to code all the interviews. These results were then entered into STATA 7.0 statistical package, and kappa statistics were computed for each code. A set of consensus codes was generated by discarding all codes with a kappa of 0.4 or less, and all disagreements among the remaining codes were resolved by group discussion.

**Human Subjects’ Protections**

Verbal informed consent was obtained to participate in this University of Pennsylvania IRB-approved study.

**RESULTS**

**Site and Interviewee Characteristics**

Thirty-one of 45 eligible nursing homes (69%) and 20 of 39 eligible assisted living settings (51%) participated in an interview (overall response rate 61% [51/84]). The persons most familiar with voting were typically either activities or recreational therapists (n = 26, 51%), or social workers (n = 13, 25%), with the remainder either administrators (n = 9, 18%) or others (n = 3, 6%). The most common reasons for non-participation were inability to schedule an interview despite repeated calls and missed telephone appointments ([21/33] 64%). Nearly two-thirds (65%, [33/51])
of the sites were not-for-profit, one-third (17, [33%]) were for profit, and one was a public facility. Based on the reported number of residents per site on Election Day, we calculated that approximately 6,000 people lived in these settings on that day. A comparison of responding and non-responding sites showed no differences in the number of beds, maximum capacity, or for-profit status.

**Estimate of the Proportion of Residents Who Voted in the Mayoral Election**

One nursing home respondent was unable to provide an estimate. Among the remaining 50 sites, the estimated proportion of residents voting was 29% ± 28 (range 0-100%). There was no significant difference between the estimated proportions in the 30 nursing homes (25% ± 24, range 0-90%) versus the 20 assisted living settings (36% ± 34, range 0-100%). Two sites reported that all residents voted. Two sites reported that no residents voted. One, a nursing home, reported that absentee ballots were not received on time, and the other, an assisted living site, reported that no residents were cognitively or physically able to vote.

**Factors Associated with Resident Voting**

The three main explanations for why residents did not vote were: (1) perceived lack of resident voting ability due to cognitive impairment (n = 43, 88%); (2) perceived lack of resident voting interest: chose not to vote (n = 28, 57%), and lack of interest in voting (n = 23, 47%); and (3) site-based logistical problems, such as procedural mix ups or missed deadlines for registration or absentee ballot applications (n = 8, 16%), and too few staff to assist residents (n = 3, 6%). Fourteen (29%) of the sites specifically reported that some residents who wanted to vote were unable to do so due to problems or mistakes with either voter registration or ordering absentee ballots. Another factor frequently mentioned by the respondents (n = 15, 31%) was the residents’ physical problems.

We hypothesized that a facility serving as a polling site would report a higher proportion of residents voting and a lower proportion of residents who wanted to vote but were unable to do so. However, no difference was found between sites that were polling sites (n = 20) and those that were not (n = 29) in the estimated proportions of residents who voted (25% ± 22, range 0-90% vs. 38% ± 35, range 5-100%; z = 0.9, p = 0.37). The 14 facilities reporting that some residents wanted to vote but were unable to do so were nearly as likely to be polling sites (n = 6) as not polling sites (n = 8) (Fisher’s exact test p = 1.0).

**Procedures for Voter Registration, Voting, and Voter Assistance**

Just over half (n = 28, 55%) of the facilities had a written policy for voter registration. There was no difference between nursing homes and assisted living settings in whether or not they had a policy (Fisher’s Exact test p = 0.15). Most of these policies specified a procedure for change of address at admission to the facility (86%). Even among sites without a policy, assistance with change of address was generally offered to new residents. Six sites (two nursing homes and four assisted living facilities) stated that change of address was entirely the responsibility of the resident, and that staff would help only if a resident requested it; one site considered change of address the responsibility of residents’ families. Although sites generally had some role in voter registration, only a bare majority recorded registration information in either the care plan or some other document (n = 28, 55%). Only four sites kept a list recording whether residents were registered.

**Voting at the Polling Place.** Most sites (n = 42, 82%) reported that some residents voted at the polling place (23 nursing homes and 19 assisted living settings). Nine sites reported that no residents voted at the polling place and two sites could not answer this question. Voting at polling places was more common at assisted living settings (19/20) than at nursing homes (23/31) (Fisher’s exact test p = 0.07).

**Voting by Absentee Ballot.** Nearly two-thirds of the sites (n = 32, 63%) reported that at least some residents voted by absentee ballot (24 nursing homes and 8 assisted living settings). Two sites did not know the proportion of residents who voted absentee. Absentee ballot use was greater among nursing homes (n = 24) than assisted living settings (n = 8) (Fisher’s exact test p = 0.009).

**Assistance with Voting.** Among the 42 sites reporting that some residents voted at the polling place, 26 (62%) sites reported that someone provided assistance to voters, most frequently the long-term care staff (n = 16), followed by family (n = 5) and poll workers (n = 5). Someone assisted residents in completing absentee ballots at most (n = 27) of the 32 sites that used absentee ballots, and at most sites (n = 20), the long-term care staff provided this assistance. The reasons for needing assistance fit into two broad categories: Ballot-related and voter-related issues. Ballot-related issues included the ballots’ small font size, length, and complexity. Voter-related reasons included voters finding the ballot too confusing, trouble marking the ballot, and problems due to illness and cognitive impairment.
How Staff Judged Residents’ Capacity to Vote

Nearly two-thirds (n = 32, 63%) of the sites answered “yes” to the question, “Before the election, did anyone assess whether a resident is capable of voting?” At all but three sites this decision was made exclusively by staff. The most common method, described by half the sites, featured an assessment of resident cognition, and either an informal assessment of voting ability based on familiarity with the resident or asking the resident election-related questions.

Persons who used election-related questions described testing residents’ knowledge about current political figures: “We can assess if a resident is aware who the president is, who the mayor is. Then I will ask if they want to vote. They can vote based on their answers and the ability to answer the questions.” The following is an example of mixing these kinds of questions with knowledge of the election process: “I ask certain questions about voting procedures and process. If they give half of it and can remember the names of the candidates, they are fine with me.”

Persons who used cognitive assessments relied on the mini-mental state exam (MMSE; Folstein, Folstein, & McHugh, 1975) or measures of orientation, episodic memory or the ability to do tasks such as following directions or performing multi-step activities. For example, one respondent described how she assesses whether a person is capable of voting:

If they can follow directions, not necessarily their score on the MMSE, because some people just don’t test well. If they can tell me who they are, who’s in the election, who the president is, then I think they are capable. But if they can’t tell me where they are living, who I am, who they are, or anything about themselves, then I would think they wouldn’t know who are voting for. I think they’d be voting for whomever we told them to vote for. And we don’t do that. We make sure the person really knows what they are doing.

This answer also illustrates how assessments of cognition are blended with assessments of election-related issues.

Concerns About Voting in LTC

Questions about the assessment of voter capacity elicited additional information about the staff’s experience with voting by residents with cognitive impairment. Respondents conveyed frustration with whether their assessment technique was appropriate and the degree of discretion and power they have over residents’ voting rights, as well as other responsibilities related to citizenship. For example, one interviewee described her assessment process and then reflected on it:

Is this person aware there is an election going on? What it’s for? Is it for the mayor, for the president, or whatever? The irony is that a lot of people who are able to vote would also fail this test. Would this resident have the capacity to make an informed decision, or just go “eenie-meenie-minie-moe?” It’s pretty subjective on my part. It’s like when they get summoned for jury duty, I have to decide whether an Alzheimer’s Disease patient can sit on a jury or not.

Some interviewees expressed frustration over the capacity of some residents who do vote and a concern about voter exploitation:

What bothers me the worst is that I hate to see a person who goes to the polls and who doesn’t know the day. They’ll fall prey to whatever anyone tells them. They don’t know what they’re doing. They have no cognitive wherewithal about what they’re doing. It’s not fair.

In a related concern, some respondents mentioned their discomfort with cognitively impaired residents voting for candidates whom the respondent did not support. One interviewee recognized the extent of their authority over their residents, the consequences of the failure to exercise it properly, and the need for guidelines:

The right to vote is such a basic right—to feel like you’re taking that away from someone, particularly if they’re borderline—guidelines would help to make sure there are fair, objective applications—not “I’m sure she’s not going to vote for the person I like, so I’m not asking her to the polling place.” You do have quite a bit of power and authority over folks.

DISCUSSION

This survey of long-term care sites following the 2003 Philadelphia municipal election shows that in a city with no guidelines for voting in long-term care, election officials play a limited role, and access to the
polls is largely determined by the policies, practices, and attitudes of the long-term care staff, typically social workers or activities directors. Staff estimates of the proportion of residents who voted vary widely, and other survey responses suggest that these apparent differences in voter participation are associated mainly with attitudes and practices of staff rather than with facility characteristics or formal policies. The issue of greatest concern is how staff decide whether a resident can vote and whether staff should be making that determination. No staff member used a standardized method of assessing voting competence grounded in constitutional law, such as the test enunciated by the federal district court decision in Doe v. Rowe: Understanding the nature and effect of voting and being able to make a choice (Doe v. Rowe, 2001).

Our study had limitations that affect the strength of the conclusions we can draw. Although we were able to survey 61% of the eligible long-term care sites and there were no differences between respondents and non-responders in size, not-for-profit status and maximum capacity, it is possible that information from the non-responders to our survey would change the results. It is notable that the most common reason for refusal to participate was not being able to schedule an interview time, suggesting that non-participating sites would have had even less time for voter assistance than the participating sites.

Our findings are also filtered through the perceptions of voting practices of a staff member at each facility, and do not provide observational data about voters, those who declined to vote, and those who were not offered the opportunity. In addition, our survey was limited to LTC facilities in Philadelphia. Consequently, caution is needed in generalizing these findings to the nation. These initial efforts should be followed by more detailed studies in a variety of regions, involving interviews of residents and family members and Election Day observations. However, the methods used here, based on interviews with staff members responsible for resident voting, within 30 days of an election in a major city, is an efficient way to collect preliminary information on existing practices and policies in both nursing homes and assisted living facilities. In light of the limited data now available on these issues, this type of survey fills an important gap to guide further research and policy changes.

At present, LTC facilities receive limited direction from regulatory bodies or electoral authorities. Federal LTC regulations oblige nursing homes to respect residents' voting rights without providing clear guidance on how a facility can satisfy this obligation (Department of Health and Human Services, Centers for Medicare and Medicaid Services). Electoral agencies in 23 states have promulgated guidelines, but these guidelines vary substantially in content and detail (Smith & Sabatino, 2004). Some guidelines require election officials to engage in outreach only if a residence meets a threshold number of residents or absentee voters, while others require election officials to supervise voting in all cases. Some guidelines leave most of the responsibility with LTC staff, acting with minimal supervision from election officials, while others confer extensive responsibilities on election officials for all aspects of registration and voting. None addresses the assessment of the capacity to vote.

In light of recent Congressional efforts to facilitate voting by people with disabilities and to promote greater uniformity in state electoral practices (Help America Vote Act of 2002), federal attention to these issues seems warranted. Absent federal standards, however, our results suggest the need for immediate changes in policy and practice at the state and local levels. Failure to make these changes will mean that a growing population of vulnerable persons may lose its freedom to exercise a basic right of citizenship and the dignity associated with it. Lack of oversight may also result in election outcomes tainted by fraudulent manipulation of residents in LTC facilities. Under these circumstances, state and local election officials should exercise greater oversight of voting by persons in these facilities, as now occurs in some states (Smith & Sabatino, 2004).

Staff members from local election commissions or equivalent groups should visit facilities prior to registration deadlines to encourage and solicit registration, and return prior to elections to distribute applications for absentee ballots (now a task that anecdotal evidence suggests is often undertaken by functionaries of the political parties). Given that some voters will require active assistance with ballot completion, this too should be a responsibility of public election commission staff, rather than long-term care facility staff or family members. Moreover, if questions arise at the time of registration or at the time a ballot is being completed regarding the competence of a resident to vote, election staff and not facility staff should make the initial determinations.

To achieve these goals, states will need to create and fund election commissions that are adequately staffed to make the multiple visits to facilities that will be required, and suitably trained to address the variety of procedural problems that were identified in this study, including missed deadlines for voter registration and absentee ballot applications, and inadequate election commission staff on Election Day to assist all voters. It is not acceptable that at nearly one-third of the sites, some residents
who wanted to vote were unable to vote on Election Day, and that at one
site no one voted.

In jurisdictions unable or unwilling to provide appropriate funding
for their election commissions, the burden of performing these func-
tions will fall—as it typically does today—on LTC facility staff mem-
bers, a decidedly second-best solution. Nursing home and assisted living staff
do not view involvement in the elections process as a primary duty, are
not responsible to appropriate authorities for their election-related per-
formance, and typically lack the knowledge to protect residents’ rights.
Hence, if the tasks related to residents’ participation in elections fail to
them, they will need education about election laws and procedures and
particularly on how to facilitate voting by residents who want to vote
(Karlawish, Appelbaum, Bonnie, Karlan, & McConnell, 2006).

Facility staff are particularly in need of instruction on their proper
role in identifying residents who may no longer be competent to vote.
Currently, about two-thirds of the sites, staff members reported that
they typically decide whether a resident is competent to vote. The methods
reported most frequently were a blend of the results of cognitive tests, a
general sense of the resident’s abilities, and questions about the elec-
tion. Although staff are trying their best in a situation for which there is
lity if any guidance, their methods probably disenfranchise residents
who want to vote and are actually competent to do so. Staff appear to be
demanding a higher capacity than the law requires, judging from the
constitutional principles that govern voting exclusions and the few judi-
cial decisions that have addressed the matter (Karlawish et al., 2004).
One study using an instrument developed according to most ethically
and constitutionally robust voting capacity standards found that the ca-
pacity of persons with Alzheimer’s Disease may be reasonably well
preserved until the severe stage of dementia as measured by a MMSE
score less than 12 (Appelbaum, Bonnie, & Karlawish, 2005).

Finally, ballot design and formatting need to be more user-friendly and
accessible for residents with both cognitive and physical disabilities. The
most common reason residents needed assistance using absentee ballots
was that these ballots were confusing and difficult to read. This is a re-
mediable problem.

AUTHORS’ NOTES

Jason H. T. Karlawish is Associate Professor of Medicine and Medical Ethics, Se-
nior Fellow at the Leonard Davis Institute of Health Economics, and Scholar at the
Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania,
Philadelphia, PA.

Richard J. Bonnie is John S. Battle Professor of Law, Professor of Psychiatry and
Neurobehavioral Sciences, and Director of the Institute of Law, Psychiatry, and Public
Policy, University of Virginia, Charlottesville, VA.

Paul Appelbaum is Elizabeth K. Dollard Professor of Psychiatry, Medicine, and
Law, College of Physicians and Surgeons, Columbia University, New York, NY.

Rosalie A. Kane is Professor, Division of Health Policy and Management, School of
Public Health, University of Minnesota, Minneapolis, MN.

Constantine G. Lyketsos is The Elizabeth Plank Althouse Professor, and Chair, De-
partment of Psychiatry, Johns Hopkins Bayview, Baltimore, MD.

Pamela S. Karlan is Kenneth and Harle Montgomery Professor of Public Interest
Law, Stanford Law School, Stanford, CA.

Bryan James, M Bioethics is a PhD candidate and National Institute on Aging Fellow,
Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.

Charles Sabatino is Director of the American Bar Association’s Commission on Law &
Aging, Washington, DC.

Thomas Lawrence is Multi-Facility Medical Director, Long-Term Care for Main
Line Health/Jefferson Health System, Philadelphia, PA.

David Knopman is Professor of Neurology, Mayo Clinic College of Medicine,
Rochester, MN.

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REFERENCES

Administration on Aging: Department of Health and Human Services. (2003). Announce-
gov/press/oaan/May_2003/census.asp

of persons with Alzheimer’s Disease. American Journal of Psychiatry, 162:
2094-2100.

The (Columbia, SC) State, p. 3.


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