

**STATEMENT OF  
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AND  
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SAINT JOSEPH, MICHIGAN**

**AOA LISTENING FORUMS ON THE REAUTHORIZATION OF THE  
OLDER AMERICANS ACT**

**ON BEHALF OF  
THE NATIONAL ASSOCIATION OF STATE UNITS ON AGING  
THE NATIONAL ASSOCIATION OF AREA AGENCIES ON AGING**

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Assistant Secretary Greenlee, we appreciate the opportunity to appear before you today on the first day of your important journey to receive input on the Reauthorization of the Older Americans Act. I am Irene Collins, Commissioner of the Alabama Department of Senior Services. I also serve as the President of the National Association of State Units on Aging. NASUA's mission is to design, improve and maintain state systems delivering home and community based services and supports for the elderly and individuals with disabilities.

Joining me on this panel is Lynn Kellogg, Chief Executive Officer, Region IV Area Agency on Aging, St. Joseph, MI. Ms. Kellogg serves as the President of n4a. n4a's primary mission is to build the capacity of its members to help older people and persons with disabilities live with dignity and choices in their homes and communities for as long as possible. n4a members are Area Agencies on Aging (AAAs) and Title VI Native American aging programs.

As two important partners in the Aging Services Network, we have been asked to provide you and the members of the public with an overview of the capacity of the Aging Services Network and the diverse clients it serves. This presentation shall provide a set of ten key findings on the capacity of the network and its future direction. Our aim is to present a fair assessment of where the Aging Services Network currently stands as well as an overview of our capacity going forward. Throughout our presentation we will be referring to our PowerPoint presentation. Copies of the PowerPoint presentation, as well as our joint presentation, can be found on our websites at [www.nasua.org](http://www.nasua.org) and [www.n4a.org](http://www.n4a.org).

Briefly, we will share with you the history of the Aging Services Network. In 1965, the Aging Services Network was established as part of a comprehensive plan to care for older adults. Enacted in the same year as Medicare and Medicaid, the Older Americans Act was created to be "responsible for community planning for aging programs and to serve as catalysts for improving the organization, coordination, and delivery of aging services in their states."<sup>1</sup> As slide 2 demonstrates, the network has increased its scope of work throughout the decades; today, it serves as the foundation for long-term health and social services and provides supports for individuals of all ages and abilities.

Secretary Greenlee, we have ten key findings that we would like to share with you as we begin the next phase in this important journey.

***First, the capacity of the Aging Services Network is much larger than the size or proportion of the federal appropriation.*** As you can see on slide 4, the percentage of federal funding that is spent for Older Americans Act programs is quite small at .06 percent of the federal budget. In President Obama's proposed FY 2011 budget, we were delighted to see a proposed overall increase for Older Americans Act

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<sup>1</sup> The Aging Services Network: Broad Mandate and Increasing Responsibilities, Public Policy and Aging Report, Summer 2008, Vol. 18, no. 3, Carol V. O'Shaughnessy



programs based at the U.S. Administration on Aging (AoA) of 7.4 percent, but even that generous increase will not allow us to serve all the individuals who are eligible for services.<sup>2</sup>

Slide 5 demonstrates the unique structure of the Aging Services Network and why its reach is far greater than the proposed FY11 \$1.625 billion request for AoA. As the slide demonstrates, at the top of the pyramid is AoA and their funding stream. Bolstering the work of the network are the 56 state departments on aging, nearly 630 Area Agencies on Aging (AAAs), the nearly 250 Title VI Native American Aging Programs, well over 30,000 service providers and an estimated half million volunteers. One of our network colleagues likens the Aging Services Network to the Verizon television commercial with one gentleman on a phone and millions of people standing behind him supporting his phone. We're a broad network and we've "got people."

**Second, the age wave has begun.** Please refer to slides 7 and 8. When the Older Americans Act was enacted, people 65 and older represented just 9 percent of the nation. Today, one in every eight Americans is an older American.<sup>3</sup> The population 65 and older will increase from 35 million in 2000 to 40 million in 2010 and then to 55 million by 2020. By 2030, a staggering 19 percent of Americans will be 65 and older. On slide seven you can see in red the "baby boomers" and how they have aged since 2000.

Already several states have higher than average concentrations of older Americans:<sup>4</sup>

- Florida (17.4%)
- West Virginia (15.7%)
- Pennsylvania (15.3%)
- Maine (15.1%)
- Iowa (14.8%)
- Hawaii (14.8%)
- North Dakota (14.7%)
- South Dakota (14.4%)
- Arkansas (14.3%)
- Montana (14.2%)
- Rhode Island (14.1%)

Almost 4 million older adults—nearly 10 percent of all seniors— were below the federal poverty level in 2007. In addition, another 6 percent of the elderly population was "near-poor" with income between

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<sup>2</sup> NASUA Summary of President Obama's FY11 Budget.

<sup>3</sup> *A Profile of Older Americans: 2009*, Administration on Aging, U.S. Department of Health and Human Services (this figure is for 2008, the most recent available)

<sup>4</sup> *Ibid.*, p. 6



poverty and 125 percent of poverty. For reference, in 2009 the federal poverty level was \$10,830 for a single person and \$14,570 for a couple.<sup>5</sup>

As the population ages, challenges increase. Slide 9 shows the number of individuals by age brackets with one or more limitation on their activities of daily living. Most older persons have at least one chronic condition and many have multiple conditions. Among the most frequently occurring conditions:

- Hypertension (41%)
- Diagnosed arthritis (49%)
- All types of heart disease (31%)
- Cancer (22%)
- Diabetes (18%)
- Sinusitis (15%)<sup>6</sup>

Such conditions can make it difficult for individuals to handle daily tasks that allow them to remain independent in their homes or communities. These are activities that we all take for granted, such as bathing, dressing, eating, and walking.

The characteristics of the population served by the Aging Services Network continue to diversify, with nearly two-thirds of states and a near comparable number of AAAs serving both the elderly and adults of all ages with physical disabilities. States and AAAs are now serving a more diverse population than ever before. In recent surveys, we found that nearly two-thirds of the state units on aging are serving individuals 60 years of age and older as well as individuals with disabilities, regardless of age. Similarly, while nearly 83 percent of AAAs are serve as the single point of entry for individuals 60 years of age and older, an increasing number are also playing that role for some services to a younger population with disabilities (In 2008, 63 percent of AAAs also served adults ages 18-59).<sup>7</sup> This trend evolved over the last several years from a variety of factors: state and local structural changes to departments that focused on an individual's functional needs rather than their diagnosis or age; federal changes to the Older Americans Act that required states and area agencies on aging to provide a single point of entry system for long-term services and supports; and creative new partnerships, such as the partnership that has evolved between the Aging Services Network and the Veterans Administration, which helps ensure our returning veterans have the necessary services and supports to enable them to live independently in their homes and communities. As slide 13 demonstrates, a recent AAA survey shows that the diversity of the clients served by the network continues to grow exponentially.

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<sup>5</sup> <http://aspe.hhs.gov/poverty/09poverty.shtml>

<sup>6</sup> Ibid, p. 12

<sup>7</sup> *Area Agencies on Aging: Advancing Access for Home and Community-Based Services*, 2008 Area Agencies on Aging Survey, n4a and Scripps, June 2009, p. 3.



Federal funding continues to decline relative to eligible Americans. The Older Americans Act services are intended to be available to all people age 60 and older who need assistance. The law further requires that services be targeted to those with the greatest economic need. Individuals considered in greatest need according to amendments made by Congress include: older people with low-income, members of minority or ethnic groups, older people living in rural areas, older people at risk for institutionalization, and older people with limited English.<sup>8</sup> Although the federal funding continues to decline relative to the population of eligible seniors, the numbers of individuals served is impressive. In 2008, the Aging Services Network provided:

- personal care services for nearly 110,000 clients;
- care management services for nearly half a million clients;
- 28 million rides;
- home-delivered meals for nearly 1 million Americans;
- just under 1.7 million congregate meals; and
- information and assistance to more than 12 million callers<sup>9</sup>.

All this in a single year.

The Aging Services Network also manages to provide these services to clients very efficiently. In 2008, a home-delivered meal provided by the Aging Services Network cost on average \$5.14. A meal prepared for an eligible participant in a congregate setting was slightly more expensive at \$6.75. A ride to the doctor's office or to another necessary appointment cost on average \$7.13.

Measure these small costs in terms of savings to the overall health care system. According to a recent Mathematica study, the home-delivered meals program had significant effects on the lives of recipients. Over 90 percent of the clients served indicated that the home-delivered meals allowed them to continue to live in their own home.<sup>10</sup> The same study indicated that on delivery days, two in three clients indicated that the home-delivered meal represented at least one-half of their total food intake for the day.<sup>11</sup>

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<sup>88</sup> There are many specific eligibility requirements under the OAA. Title V is targeted for those 55 and above; Title III generally targets those age 60 and older, except for nutrition programs and caregiving programs which can serve individuals with disabilities in certain circumstances and caregivers who are younger than 60 caring for older relatives.

<sup>9</sup> *State of Aging: 2009 State Perspectives on State Units on Aging Policies and Practices*, NASUA, October 2009, p. 62

<sup>10</sup> *Results from the Administration on Aging's Third National Survey of Older Americans Act Program Participants*, Final Report, March 12, 2008, p. 42

<sup>11</sup> *Ibid.*



***Although funding from the Administration on Aging has not kept pace with the number of individuals age 60 plus, states, AAAs and the other Network partners have successfully leveraged federal funding.***

Slide 18 demonstrates how the OAA's federal funds are leveraged. AoA starts the system by providing the seed funding and oversight and regulation for a greater program. The states then add their match to federal programs, as well as provide additional support through state-only programs for state specific program areas. The AAAs then add additional support of both local dollars and local-only programming efforts. Services providers support the Network through in-kind donations and they are able to deliver the vast array of services to the Network. Finally, the nearly half a million volunteers in the network lend their time, energy, and commitment to the program to enable meals to be delivered, seniors to visit their doctors, and senior centers to be staffed. One conservative estimate demonstrated that for every dollar invested by the federal government, state and local agencies on aging acquire more than \$2 in additional funding.

Slide 19 provides an overview of a very general grouping of who pays for the services in the Network. It is important to remember that the services provided by the Aging Services Network go well beyond the programs and services in the Older Americans Act. In fact, the largest single payer of services for most state aging departments is Medicaid. More than half of all AAAs also receive Medicaid funding.<sup>12</sup> Medicaid allows the Aging Services Network to build a comprehensive package of health and social services and supports that are person-centered and can best enable an individual to remain at home or in their community.

I am pleased now to turn the presentation over to my counterpart from n4a, Lynn Kellogg.

***The Aging Services Network continues to develop a comprehensive strategy of services for long-term services and supports for Americans of all ages and abilities that may help bend the cost curve on entitlements.*** There are five key functions that all states and AAAs provide under the Older Americans Act. Most recently, these core functions were articulated by our new assistant secretary into five key areas including:

- Supporting family caregivers;
- Providing support to maintain health and independence;
- Protecting vulnerable Older Americans;
- Supporting the national Aging Network ; and
- Employing senior workers.

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<sup>12</sup> *Area Agencies on Aging: Advancing Access for Home and Community-Based Services*, 2008 Area Agencies on Aging Survey, n4a and Scripps, June 2009, page 6.



In addition to these functions, slide 24 provides a more comprehensive list of services and supports administered by the state departments on aging and then coordinated and delivered through the AAAs. Cost-effective non-clinical services, such as adult day care, home-delivered meals, rides to medical appointments, homemaker services, and personal care services often mean the difference between the ability to remain at home and the requirement of moving to a more expensive and often times less desirable institutional level of care.

***The Aging Services Network is evolving towards more consumer-driven activities.*** The consumer-directed service delivery model provides older adults and younger individuals with disabilities the opportunity to exercise greater choice and control over the long-term services and supports that they receive<sup>13</sup>.

The history of the Aging Services Network has a strong history of compassion for assisting older adults and a strong social service component to help older adults remain independent. In large part because of the expansion of our efforts in working with the disability community, the Aging Services Network is evolving into a network driven first by the needs of the individual consumer. AoA for their part is helping to lead the way. The most recent examples are on the community living incentives grant program, as well as the work that we are doing with the Veterans Administration on providing consumer-directed care to veterans so that they can avoid more costly institutionalizations.

In a recent NASUA survey, more than half of the states reported that they are now running person-centered Medicaid waiver programs and 15 states indicated that they are incorporating consumer-directed programs into their AoA-funded initiatives.<sup>14</sup> AAAs report that the most typical services that include consumer-driven options are respite care, personal care, homemaker services and services under the National Family Caregiver Support Program (Title III-E of OAA).

***The Aging Services Network is providing evidence-based health promotion and disease prevention programs that allow seniors and individuals with disabilities to remain in their homes and communities.*** Nearly 80 percent of the states are now administering evidence-based disease management and health promotion activities. Evidence-based programs are interventions based on evidence that is generated by scientific studies published in peer-reviewed journals. The two most common programs that the states are using include the falls prevention program, A Matter of Balance, and the chronic disease prevention program, Chronic Disease Self-Management. Other programs that states are providing include programs on nutrition, depression, and substance abuse prevention.

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<sup>13</sup> For a fuller description of consumer direction, see “New State Strategies to Meet Long-Term Care Needs” Health Affairs, January 2010, p. 49

<sup>14</sup> State of Aging, 2009 State Perspectives on State Units on Aging Policies and Practices, October 2009



The Chronic Disease Self-Management programs are education courses led by specially trained volunteer leaders. The programs concentrate on patients' self-defined needs and self-management options for common problems and symptoms. Patients learn skills that help them to maximize their functioning and ability to carry out normal daily activities. The cost associated with this program was estimated to be \$197 per person in 2009, based on currently funded AoA initiatives. This cost could be reduced once a newly designed online version of the program is fully operational. An online program would also allow for greater accessibility of the program.

A key aspect of the prevention and wellness programs is to continue to build the capacity of the Network. Currently, states and AAAs are partnering with housing sites, grocery stores, meal sites, churches, libraries, and clinics to deliver these programs.

The A Matter of Balance program provides individuals with a plan that is designed to help minimize older individuals' risk of falling. More than one third of people age 65 and older fall each year; in half of the cases the falls are recurrent.<sup>15</sup> The cost of the current A Matter of Balance program averages \$87 per participant.

At-risk populations are the most important target of these activities. As reported in 2008:

- 70% of the participants are 70 or older
- 37% of the participants are 80 or older
- 48% of the participants live alone
- 30% of the participants are a racial or ethnic minority<sup>16</sup>

States are reporting significant savings for the evidence-based disease prevention and health promotion programs on reduced hospital admissions, emergency room visits, and other medical cost savings associated with injury.

***States and Area Agencies on Aging are encouraging the development of livable communities for all ages—the development of services and infrastructure to assist people across their lifespan—through the use of various grant initiatives and state-funded-only programs.*** The Aging Services Network can have a great impact on the development of a comprehensive system of long-term services and supports. A fundamental requirement of the Older Americans Act is to develop comprehensive state and local plans for aging. As such, states and AAAs are at the forefront of developing strategies that encourage home and community-based living. Slide 33 depicts all of the other ways in which the states and AAAs

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<sup>15</sup> Tinetti ME, Speechley M, Ginter SF, *Risk Factors for Falls Among Elderly Person Living in the Community*, New England Journal of Medicine, 1988, 319:1701-7.

<sup>16</sup> *Investments in Change: Enhancing the Health and Independence of Older Adults*, Administration on Aging, 2008, p. 16



are working on long-term care issues. Everything from ensuring the quality, protecting vulnerable seniors, determining eligibility, providing financing, and regulating community-based providers all fall under the purview of the Network.

In addition, states and AAAs are focusing on efforts to create and sustain livable communities. Livable communities for all ages are defined as places where citizens can grow up and grow old with maximum independence, safety and well-being. They are places that value and support people over their lifespan.

The aging of the baby boomers over the course of the next three decades will have a direct and dramatic impact on every community in the nation. The rise in the number of aging citizens will affect the social, physical and economic fabric of our nation's cities and counties, dramatically affecting local policies, programs and services in the areas of:

- aging, health and human services;
- land use, housing and transportation;
- public safety and disaster planning;
- workforce and economic development;
- volunteerism, lifelong learning and civic engagement.

Yet, despite the impact the rapidly aging population will have on communities, few are ready to meet the challenge. Although State and local governments already have a mandate to develop and implement community infrastructure and service systems in a variety of arenas, their plans are often developed without consideration for the effects that infrastructure or services will have on an aging population. To help communities address the needs of their aging citizens, the 2006 reauthorization of the Older Americans Act included language to encourage state units on aging and AAAs to broaden their planning efforts to promote the livable communities for all ages. Since that time the livable communities concept has continued to gain momentum. The aging community should be very encouraged by the Administration's efforts to promote livable communities through the *Partnership for Sustainable Communities*, which was announced in June 2009 by three federal agencies: Housing, Transportation and EPA. This initiative should translate into additional efforts to strengthen and provide resources to support the OAA planning language in the 2011 OAA reauthorization. Only then can we ensure that the assets and needs of older adults are realized in every community in this country.

Slide 34 demonstrates the increasing progress that states are making in redesigning their overall system for long-term care services and supports to focus more on home and community-based efforts. As you can see from the slide, 86 percent of the states reported that they have either redesigned their state long term care services and supports programming or are in the process of redesigning their programs.

States and communities continue to face extraordinary pressure due to the economic decline. For the last five quarters, NASUA has monitored the states on their overall fiscal health and more specifically the



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fiscal health of their state units on aging. Without additional funding to stabilize the Network and to assist it in maintaining services through the recession, all of the progress that has been made to date to build a foundation of services that support seniors and individuals with disabilities is at risk. States have reported dramatic increases in requests for such basic services as information, food, transportation, personal care, housing, and respite.

In my own state of Michigan the economic impact has threatened to cripple our programs with cuts of more than 20 percent.

As we look toward reauthorization of OAA in 2011, we need to build upon the momentum of the Aging Services Network to:

- Move from an agency-based system to a consumer-driven system that builds on emerging markets;
- Recognize and strengthen the critical role of SUAs, AAAs & Title VI entities in long-term services & supports; and
- Strengthen the states', AAAs' & Title VI entities' community planning role in the development of Livable Communities for All Ages.

As we move toward reauthorization, we also need to face our challenges as your Aging Services Network partners head on—from the budget crisis, the challenges in workforce capacity, the lack of technology, and the aging of the baby boomers. However, both Commissioner Collins and I believe strongly that the foundation of the Network is positioned to take on these challenges with the proper investments. The Aging Services Network has been able to withstand crisis after crisis to ensure that our most vulnerable citizens are protected. I like to say that we are a “Network on the Move.” We are the only network that can engage all communities towards a common goal. We have leveraged significant state and local resources to our mission. The Older Americans Act gives us a common mission and our great diversity is the glue that holds us together. And it is the Aging Services Network that is best poised to, with the appropriate resources, handle the aging of America.

Again, Secretary Greenlee, on behalf of myself and Commissioner Collins, we want to thank you for the opportunity to discuss the capacity of the Aging Services Network with you today. We look forward to working with you and your staff on the reauthorization of this vital American program.



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