



Testimony of
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Before the

Senate Special Committee on Aging

Field Hearing on

Reauthorization of the Older Americans Act

Pueblo, Colorado

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Thank you, Senator Udall, for the opportunity to testify before the Senate Special Committee on Aging at this hearing on the upcoming reauthorization of the Older Americans Act (the Act). I am pleased to discuss our efforts to solicit input from throughout the country, and to hear Colorado's perspectives on this important legislation that provides vital home and community-based services to older adults and their caregivers.

At the outset, I would like to commend you, Senator, for your leadership as a member of the Senate Special Committee on Aging with interest in many of the Older Americans Act programs administered by the Administration on Aging (AoA). We are grateful for the support you have provided to the Older Americans Act programs and especially for your strong interest in health promotion and disease prevention services.

I am impressed by the level of commitment and dedication of Colorado's aging network and by the interest and enthusiasm of your older citizens and their families. I would like to recognize Jeanette Hensley, Division Director, Division of Aging and Adult Services, the local area agencies on aging, tribal organizations, and other advocates for seniors in Colorado, and commend them all for their continued work on behalf of older citizens of your beautiful State. Colorado is a leader in so many areas related to the health and well-being of seniors and soon-to-be seniors, and the rest of our nation has much to learn from your citizens.

On July 14, 1965, President Johnson signed the Older Americans Act into law. Sixteen days later, on July 30, he signed legislation creating Medicare and Medicaid. These three programs, along with Social Security enacted in 1935, have served as the foundation for economic, health and social support for millions of seniors, individuals with disabilities and their families. Because of these programs, millions of older Americans have lived more secure, healthier and meaningful lives. The Older Americans Act has quietly but effectively provided nutrition and community support to millions of people across Colorado and across the nation. It has also protected the rights of seniors, and in many cases, has been the key to their independence.

In 1965, there were about 26 million Americans age 60 and over. Today, there are 57 million older Americans 60 and over, with many more on the immediate horizon.¹ Our senior population is not only growing larger, but becoming more diverse. The older population aged 85 and over is also projected to increase significantly. In 1990, there were 3.1 million persons 85 and over; in 2020, this figure is projected to more than double to 6.6 million persons.² Many will need long-term care, both in the community and when that becomes impossible, in nursing homes and other facilities. Reliance on family members, who currently provide 80 percent of the long-term care assistance for our nation's seniors, will increase.

¹ Source: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008.

² Source: Figures for 2010 and 2020 projections are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008. The figure for 1990 is from Appendix Table 5, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century, 2002.

The historic enactment of the Affordable Care Act (ACA) by President Obama on March 23, 2010 provides us with another tremendous opportunity to harness the successes and progress of the last four decades to further improve the health and lives of older Americans and support their caregivers. As you know, the ACA represents the biggest change in our national health care delivery system since 1965. And just as they were in 1965, the programs of the Older Americans Act - and our national aging network of State, tribal and community-based organizations, service providers, volunteers and family caregivers - will be called upon to complement, support and enhance these changes. How successfully we weave these multiple responsibilities together will say much for how we will care for seniors in the future.

As part of the process for reauthorizing the Older Americans Act (now authorized through FY 2011), early this year the Administration on Aging sought input from all interested parties, and offered a wide range of input options. Specifically AoA:

- Sponsored three on-site listening forums (Washington DC - February 25, 2010; Dallas - February 26, 2010; and San Francisco - March 3, 2010);
- Co-led the first of its kind listening webinar with Department of Labor (DoL) Assistant Secretary for Employment and Training, Jane Oates, to focus on workforce issues and the Older American Community Services Employment Program (Title V of the Act administered by the DoL);
- Encouraged the conduct of State/local listening events throughout the country with receipt of on-line summaries of the events; and
- Provided online and downloadable individual input forms on its reauthorization website.

Over 400 individuals from 48 States and Territories have participated in the public input process to date, including 310 who attended one of the three on-site listening forums. A total of 264 individuals have provided written, oral or online input, or panel presentations. In addition 12 State or local input events sponsored by six different agencies have been conducted. We believe the individuals and organizations that provided input represented the interests and concerns of thousands of consumers throughout the country. I am pleased to report that Colorado was an active participant in this process with its contribution to national aging organization surveys. The recommendations of the national organizations focused on providing/promoting:

- Single access points for long-term care information and services, evidence-based health promotion and disease prevention activities, and enhanced nursing home diversion/community living programs;
- Person-centered (self-directed) services;
- State/area flexibility to direct nutrition funding where most needed (i.e., consolidation of funding for congregate and home-delivered nutrition services funding);
- Integration of medical and human services-based long-term services and supports (LTSS), particularly in order to promote the aging network's role in health, wellness (both physical and behavioral health) and care management;
- Workforce development, utilization of technology and application of business models; and
- Increased capacity for Title VI Native American aging programs.

Overall, the types of input we received throughout the country can be grouped into two general categories-structure/administration; and service delivery and expansion.

Specifically, we are hearing the following recurring themes:

- The importance of the original Declaration of Objectives in Title I of the Older American Act that establish the guiding principles and goals of the Act in creating a society that enhances the lives of older individuals.
- The importance of the role of advocacy of the assistant secretary in coordinating and advocating on behalf of older individuals and aging issues within and across Federal agencies and departments. Also, the role of AoA and the entire aging network in advocating on behalf of older persons at the Federal, State, tribal and local levels was highlighted (Title II).
- The importance of home and community-based services and the aging network infrastructure for responding to the needs and preferences of older individuals to remain, when possible, in their homes and communities (Title III).
- The importance of Information and Assistance and the need for consolidated access, such as Single Entry Points or Aging and Disability Resource Centers (ADRCs).
- The need for flexibility in programming to respond to local and area needs – often mentioned in the context of consolidating congregate and home-delivered meals into one nutrition services allocation and program without prescribed levels of funding for each category from the Federal level.

- The need to include a broader range of evidence-based interventions as a component of Health Promotion, Disease Prevention.
- The need for greater inclusiveness of various types of kinship care and more respite services in the provision of caregiver services.
- The unique challenges of providing services and meeting the needs of individuals residing in rural, remote and frontier areas of the country.
- The importance of innovation, research, demonstrations and training authority and funding and how it has played a significant role in building and enhancing the field of aging. (Title IV)
- The strong encouragement for active collaboration between AoA and DoL to reinforce the dual purpose of the Older American Community Service Employment Program to offer community service opportunities while providing training and employment for low-income seniors (Title V).
- The need to fully recognize the sovereignty of tribal nations in Title VI and to consolidate programming for Tribes from other parts of the Act to Title VI. Also, comments were made to achieve greater parity with Title III.
- The importance of focusing on elder rights and elder justice issues and to look broadly at building an effective infrastructure through enhanced coordination with domestic violence, adult protective services, ombudsman, and consumer protection organizations and entities (Title VII).

Within the Administration, the process for the reauthorization has also begun. We are discussing the input we have received within the Department of Health and Human Services.

For the past 45 years, the Older Americans Act has become recognized and highly regarded for stimulating the development of a comprehensive home and community-based supportive services system that has enhanced the lives of older individuals and their family caregivers. We look forward to the reauthorization process as a means to strengthen and position this important piece of legislation so that its programs and services will continue to carry out the important mission of helping elderly individuals maintain their health and independence in their homes and communities.

Thank you for your attention and I would be happy to answer any questions.