

Steve Nawrocki, Executive Director-Senior Resource Development Agency
Testimony re: Reauthorization of the Older Americans Act
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CSU-Pueblo Campus

NUTRITION:

- I believe we should move toward a “needs-based” model in providing Meals on Wheels in lieu of using current criteria based on age and home-bound status. There are numerous disabled individuals who live outside of senior public housing that are in need and could be served under this new model.
- Based on need and a senior’s lack of necessary support systems, seniors should be able to receive two meals a day (one hot and one cold), seven days a week in order to adequately meet 2/3 of the necessary RDA.

DISEASE PREVENTION and HEALTH PROMOTION

- Congregate nutrient sites should have built-in disease prevention and wellness components (i.e. recreation, exercise, and nutrition education).
- Medicare and private insurance providers should be mandated to provide economic incentives to seniors participating in disease prevention and health promotion programs.
- It is my understanding that 60-70% of U.S. health care costs are spent keeping people alive in the final six months of their lives. Health promotion programs can potentially reduce these costs while increasing quality of life. There needs to be an effort to allocate more resources in preventative care to further mediate health care costs incurred in senior care.
- Health promotion is particularly vital within the population of home-bound seniors. Fall prevention training should include exercise and education within the home. In order for this to happen, there is a need to develop a program of qualified physical therapy para-professionals which can supplement the lack of certified physical therapists that make home visits.
- These in-home health promotion services should be coordinated through hospital discharge planners, home health agencies and older American home care programs.

LEVERAGING RESOURCES and DEVELOPING COMMUNITY PARTNERSHIPS

- Older American programs and services should be provided through a centralized focal point (one-stop shopping for seniors and family members seeking senior services). This is the most cost-effective approach versus services spread throughout a community with the additional cost of duplicated administrative services.
- Local government should provide matching funds and resources to support the establishment of centralized services. This leads to increased number and quality of services and raises quality of life for aging Americans.
- Cost-sharing should be the rule for generating program income for services. This can be best done through means testing with a sliding fee scale that has a tier for low-income seniors who would pay a suggested donation. This would generate additional program income to reinvest in older American programs and services.
- The formula used by states to determine the allocation of older American funds to urban versus rural areas should be re-evaluated since there is both a lack of rural services and they are more expensive to provide.
- To minimize duplication of services, health care providers may need incentives to be encouraged to coordinate with older American programs.
- Ideally, there should be extensive outreach to the children of the aging population to educate them regarding services available within their community. Children of older Americans need to be provided with resources to pre-plan for the care of aging parents.