

**Statement of the National Council on the Aging  
Reauthorization of the Older Americans Act  
Senate Committee on Health, Education, Labor and Pensions  
Subcommittee on Retirement and Aging  
February 14, 2006**

Thank you for the opportunity to submit this statement on behalf of the National Council on the Aging (NCOA). I am Howard Bedlin, Vice President for Public Policy and Advocacy.

The delegates to the recent once-per-decade White House Conference on Aging (WHCoA) were asked to vote on their priorities from among 73 resolutions that were crafted by the White House Conference Policy Committee. A majority of the over 1,200 delegates from across the nation were selected by Members of Congress and the governors. To the surprise of some, those delegates – leaders in the aging network from every corner of the country – chose as their **number one priority the resolution regarding reauthorization of the Older Americans Act (OAA)**. That is a powerful statement to Congress, to the White House, and to the nation.

Since its enactment in 1965, the OAA has been reauthorized 14 times and has made an enormous positive difference in the lives of millions of older Americans. The Act established the primary vehicle for organizing and delivering community-based services through a coordinated system at the state level. Nutrition, home care, senior center services, transportation, employment, protections against abuse and neglect, disease prevention, family caregiver support – all of these have been extremely beneficial over the years. Programs operating through the OAA provide vital support for those elders who are at significant risk of losing their ability to remain independent in their own homes and communities. These services help older persons avoid or delay costly nursing home care.

The Act works well, given its limited finances. Funding for the program has essentially remained frozen at \$1.783 billion since FY 2002 – failing to keep pace with inflation or increases in need due to demographics. The most recent federal PART Performance Measurements concluded that AoA programs:

- address a specific and existing problem, interest or need;
- are not redundant or duplicative of any other Federal, state, local or private effort;
- are free of major flaws that would limit effectiveness or efficiency;
- effectively target resources to reach intended beneficiaries; and
- use strong financial management practices.

While current OAA programs work well, much can be done to leverage relatively modest additional resources to achieve significantly greater results. Too many frail older Americans should be able to remain independent in their homes and communities, but – for a wide variety of reasons – are prematurely admitted into expensive nursing homes. Too many low-income seniors are not applying for and receiving assistance they are eligible for. Too many family caregivers are burning out under growing financial, emotional and physical burdens. Too many older Americans were found in a recent study to be food

insecure. And we are not taking full advantage of experienced, able-bodied seniors who want to volunteer to give back to their communities. NCOA proposes several key improvements to the OAA that would help address these concerns.

We support a smooth, non-contentious reauthorization of the OAA, and hope that it can be accomplished during 2006. In an attempt to promote such a process this year, as co-chair of the Community Services Committee of the 54-member Leadership Council of Aging Organizations, we worked with many other groups to craft a consensus document on OAA reauthorization issues. We believe the document is an accurate indicator of the reforms the aging network generally agrees upon.

A small set of controversial issues delayed the last reauthorization for 5 years. We believe that, on balance, the Act is in good shape and that these same controversial issues should not be revisited in the upcoming reauthorization. We should learn from the experience from the previous reauthorization and not reopen and pour salt on old wounds that reflect carefully crafted compromises that are now working well.

For example, one of the major controversies that held up reauthorization last time concerned cost sharing. To help break the logjam, NCOA and the National Association of State Units on Aging (NASUA) collaborated on a delicately balanced compromise that is the foundation of the current law provision. We oppose reopening this contentious issue.

Nutrition providers are currently required to provide participants with an opportunity to make non-coercive, voluntary contributions, and AoA data show that many seniors do contribute. These voluntary contributions by seniors account for 32% of the total income in congregate meals programs and 25% in home-delivered meals. That system works well and should be retained. We should not be erecting additional barriers to participation in nutrition programs. Congress should do its utmost to assure that no senior who needs nutrition assistance is denied because of inability to pay mandatory cost-sharing.

It is important to note that the 2000 reauthorization required the AoA to complete a study of cost-sharing practices, to determine their impact on participation [see Section 315(d)]. That study has not been completed. Clearly, we should await the results of this analysis before considering any change to the compromise in effect.

The other primary controversy from the last reauthorization concerned the Title V Senior Community Service Employment Program (SCSEP).

#### **The Title V Senior Community Service Employment Program (SCSEP)**

SCSEP is our nation's most effective workforce program for low-income older Americans, and NCOA strongly hopes that it is not again a source of controversy in this reauthorization. The best course for Congress to take with Title V is to continue it as it is, with minor improvements.

The 2000 reauthorization of the OAA made significant changes in the SCSEP, based largely on another compromise initiated by NCOA and NASUA, and it took four more

years – until late 2004 – for the Department of Labor to issue final regulations for those changes. Thus, the sponsoring agencies and the program participants are still adapting to the new rules and systems that were only recently made final.

We are concerned that the Department of Labor may propose far-reaching structural changes to SCSEP, such as eliminating the historic emphasis on community service (which benefits program participants, the aging network, and communities served), eliminating national sponsors, eliminating service to participants under age 65, and eliminating fringe benefits for participants. The President’s budget proposal, released last week, clearly pointed to an intention to eliminate national sponsors and block grant the funds to the states, in addition to other significant legislative changes.

NCOA strongly opposes these changes, which would make the program far worse, not better. Such changes are unwarranted, and would be disruptive and harmful to older workers and communities. There is not a single senior organization that would likely support these proposals.

There is broad consensus that the follow principles should help guide Congress’s efforts in reauthorizing Title V, many of which are likely to be included in the final report of the WHCoA in June: (1) Continue the current system of funding both national and state grants, including the current percentage split of the funds; (2) Maintain the program’s historic dual emphasis on both community service placements and unsubsidized placements for participants; (3) Maintain the current age and eligibility requirements for participants, so that services can be targeted to persons with the greatest economic and social need; (4) Retain current policy on program budgets; and (5) Strengthen the role of the Administration on Aging in SCSEP, because Section 505(a) of the OAA does not appear to be working as intended.

We suggest that SCSEP can be improved by developing measures of grantee performance that more closely reflect Congressional intent and by streamlining performance data collection.

In summary, SCSEP is a proven program that has a good track record of providing training and placement for difficult-to-serve populations of older adults. The program should be allowed to continue doing what it does well. During the last attempt to reauthorize the OAA, the primary reason for the 5 year delay may well have been a proposal to shift the funding formula of 78% for national sponsors and 22% to states, to a 50%-50% split. Any attempt now to overturn the current compromise (which national sponsors and states supported) and go, in effect, from a 78%-22% split to a 0-100% split could harm older workers, derail efforts to reauthorize the program this year, and deflect attention from important proposals that would help seniors – such as *Choices for Independence*.

#### **AoA’s Choice for Independence Initiative**

In sharp contrast to the approach that the Department of Labor appears to want to take, the AoA is proposing an initiative that we think can strengthen and improve the OAA and provide significant benefits to seniors in need. The proposed *Choices for Independence*

initiative has three components. The Consumer Empowerment component can provide important information on planning for long-term care, including using reverse mortgages to stay at home. The Community Living Incentives component can help address the expensive institutional bias in our nation's long-term care system by improving access to more cost effective home and community services for vulnerable, moderate income seniors. The Healthy Lifestyle component can build on AoA's current, highly successful Evidence-Based Prevention Demonstration Program to assist older adults to make behavioral changes that have proven to be effective in reducing the risk of disease and disability. Additional comments on the significant opportunities that exist under the Act on health promotion and disease prevention are provided below.

NCOA is supportive of the *Choices for Independence* initiative and looks forward to receiving additional detail on the proposal, and to working closely with AoA and Congress to incorporate it into the OAA. Although we appreciate the proposed \$28 million investment in the initiative, we believe additional resources will be needed to fully achieve the proposal's goals, and that funding should not be taken away from current OAA programs.

### **Strengthening Evidence-Based Health Promotion and Disease Prevention**

A variety of federal agencies and private funders have recently supported rigorous studies on health promotion, prevention, chronic disease self-management, and related topics that have resulted in a strong base of efficacious interventions that can make a measurable difference in the quality of life of older adults and their caregivers. These interventions are generally much less expensive than medical treatments and can be implemented through community aging service providers much more easily than through medical care systems.

Unfortunately however, there is considerable delay in the diffusion of these innovative and proven interventions into the hands of those who can run the programs. This deficiency must be addressed now. Over 70 percent of health care spending on seniors is directly related to problems associated with chronic disease – problems that can be effectively addressed through less expensive non-medical interventions such as physical activity, falls prevention, dietary modification, and supports for behavior change. But these interventions will not reach the seniors who can benefit from them if we do not make a priority of the systematic translation of highly structured research interventions into practical, real world programs.

Due to the foresight of AoA's leadership, we have an excellent start on addressing this problem. Although their Evidence-based Prevention Initiative was launched with a modest investment, it has succeeded establishing a basic foundation on which to build a national program. By every indication, this initiative is demonstrating remarkable success.

NCOA recommends building on AoA's current, highly successful Evidence-Based Prevention Demonstration Program to assist older adults to make behavioral changes that have proven to be effective in reducing the risk of disease and disability among the elderly. Reforms should focus on low-cost, evidence-based interventions at the community level that support self care, physical activity, and fall prevention. Special emphasis should be

placed on reaching older adults with one or more risk factors and reducing health disparities.

Specifically, we should establish within the OAA a permanent, fully-funded program composed of a limited repertoire of specific interventions that have proven effective in supporting healthy, productive aging. This permanent program should:

- Implement specific evidence-based programs across the fifty states based upon State and agency readiness to implement and monitor the most successful tested prevention/promotion interventions. Working with federal research agencies and other scientists, establish criteria for programs that qualify as evidence-based and prepare a list of programs that meet these criteria and are suitable for implementation under this program.
- Provide training, technical assistance and systems development for States and local areas to support evidence-based prevention programs at community sites and for frail elders at home. Provide incentive grants to study new, published, efficacious interventions that are best suited for testing in community settings and with diverse populations.
- Establish a system for documenting the impact of these programs on health care utilization and health status. Develop more accurate measures and estimates to track program costs, implementation processes, and program improvements and to disseminate evidence-based innovations and improvements.

### **Creating a National Center on Senior Benefits Outreach and Enrollment**

The history of public benefits outreach efforts to low income seniors is very discouraging. Studies show that even after 40 years, large percentages of older Americans who are eligible for important public benefits are not receiving them. An estimated 47% of the elderly eligible for Supplemental Security Income (SSI), 70% of seniors eligible for food stamps, 67% of people eligible for Qualified Medicare Beneficiary (QMB) protections, and 87% of those eligible for Specified Low-Income Medicare Beneficiary (SLMB) protections are **not receiving the assistance for which they are eligible**. It is a national tragedy that this help is not getting to those in greatest need. Congress's responsibility should not end after a program for our poorest seniors is enacted. Additional steps need to be taken to better ensure that eligible beneficiaries actually receive the help Congress intended.

There are many trusted, non-profit community organizations and many caregivers that can help find and assist low-income seniors, but they will need easy-to-use tools to help seniors understand what they are eligible for and to assist them with enrollment. Trusted intermediary organizations also need resources to be able to reach beneficiaries and provide one-on-one counseling and enrollment assistance. While some support is currently being provided in conjunction with outreach for the new Medicare prescription drug benefit, there is no focused, coordinated effort to assist low-income seniors in receiving the range of assistance they are eligible for under the law.

The public and private sectors must work together to develop a sophisticated, cost effective, permanent, person-centered program to assist those in greatest need get the help the law provides. NCOA recommends that the OAA authorize the creation of a new National Center on Senior Benefits Outreach and Enrollment. The Center would work closely with the aging network, as well as State Health Insurance Assistance Programs (SHIPs), CMS Regional Offices, and other federal agencies to create a nationwide network of certified, coalition-based Enrollment Centers using state-of-the-art technology and best practices to achieve cost-effective results. Services provided by this nationwide network should include:

- Promoting greater use of person-centered strategies, as opposed to single benefit outreach strategies, to find and enroll seniors in all of the benefits for which they are eligible;
- Promoting and maintaining the use of the latest technologies and integrated systems by updating web-based screening, decision support and enrollment tools;
- Promoting the use of in-reach strategies which utilize computer matching of existing lists of low-income program enrollees to find and enroll seniors in need;
- Conducting research and benchmarking on best practices and the most cost effective methods for enrolling seniors in benefits they need; and
- Providing training and technical assistance on the most effective outreach, screening, enrollment and follow-up strategies through a network of regionally-based trainers.

### **Tapping the Potential of Civic Engagement**

Rather than recognizing older adults as potentially powerful resources, our nation has viewed the aging population primarily as a problem. Thus, policy debate concentrates on costs associated with perceived decline and increasing frailty, and repeatedly misses vital opportunities. This negative focus promotes a national aging model that stigmatizes and dis-empowers, stifles creativity and discourages meaningful contributions. In the next 20 years, the population of the persons 65 and older in the United States will double as 77 million baby boomers reach retirement age. They will also live longer and more healthily. Aging baby boomers will be, and should be treated as, powerful allies and assets.

A June 27, 2005 *Business Week* article stated convincingly that: “If society can tap [Boomer] talents, employers will benefit, living standards will be higher, and **the financing problems of Social Security and Medicare will be easier to resolve**”. [Emphasis added] The article goes on to state that: “Increased productivity of older Americans and higher labor-force participation could add 9% to gross domestic product by 2045 on top of what it otherwise would have been. This 9% increase would add more than \$3 trillion a year, in today’s dollars to economic output.” This is the type of calculation and reasoning that needs to take root in communities across the country. It is time to consider a national strategy and a policy agenda that not only measures work productivity and economic output, but also recognizes the value and return on investment of new initiatives that can foster and support volunteering and service. We must develop new models for civic engagement to make effective use of the incredible resource that these

seniors can offer our society. The net result would be billions of tax dollars saved because of wise forethought and planning.

Currently, civic participation occurs to some degree on its own, but its extent is surprisingly limited without organizational support. Thus, for civic engagement to reach its full societal potential, visionary leaders must lay the foundation. The reauthorization of the OAA can galvanize the creation of vital support, with AoA playing a central role in partnership with the Corporation for National and Community Services (CNCS). The OAA has historically focused on the needs of the frail elderly while paying insufficient attention to the significant benefits to be derived from older adults making meaningful contributions. The demographic and longevity revolutions collide to challenge AoA's limited and now outdated role. This reauthorization is the time to correct this costly oversight. As part of AoA's established aging network, cadres of older adults across the country could be strategically mobilized to tutor and mentor children, facilitate access to health services, strengthen families, provide respite to caregivers, and bolster the long-term care system -- all civic activities shown also to contribute to their own well-being. There is much to gain by leveraging relatively small investments in civic engagement into major returns on the value of contributions in education, health care, transportation, housing, and long term care.

Specifically, the OAA should include language to authorize the following activities:

- In coordination with the CNCS, develop a civic engagement fund for innovations, under title IV of the OAA. The purpose would be to foster the growth of promising practices, evidence-based and outcome-oriented program models, and community capacity building initiatives focused on developing older adults as community assets;
- Conduct a research based cost-benefit analysis to establish a credible base line on the potential for federal and state budgetary savings resulting from enlisting older adults, through paid and unpaid, positions which have direct and demonstrable impacts on serious social problems; and
- Develop a national blueprint on how to best tap older adults as a new source of social capital to address critical local needs of national concern and recommend public policy changes necessary for its implementation.

#### **Authorizing the Family Friends Program**

One of the most effective current programs successfully tapping the potential of senior volunteers is the Family Friends program, a national family support program that recruits and trains volunteers 55 and older to make weekly visits to the homes of families who have children with disabilities and chronic illnesses. For twenty years this highly successful intergenerational program has been administered by NCOA.

Family Friends is unique among volunteer programs. It provides in-depth, home-based intervention by highly-trained volunteers who focus on both the child and his/her family. Volunteers support the families with whom they work in many ways – such as engaging the children in educational and recreational activities that promote development,

connecting families to resources and services, accompanying families on doctor visits, providing breaks for parents, and expanding the social networks of the families.

Studies of the families involved in the program have shown important positive results for those families, including decreased use of hospitals and increased ability of parents to cope with emotional strain and to control what is happening in their lives.

The national Family Friends program is at a crucial point in its history. The need for its services is increasing and the pool of potential volunteers is increasing. In order to help communities that want to start a Family Friends program and provide the necessary training for volunteers, Family Friends needs a permanent authorization. We ask that the OAA reauthorization include such an authorization for the Family Friends program.

### **Other NCOA Recommendations**

We continue to work with our members to solicit their views on reauthorization, and to review the implementation strategies from the White House Conference. The final report to Congress is expected in June. For example, we are:

- looking closely at the senior center resolution #15 from the conference, which, according to the WHCoA website, included a draft implementation strategy to “support an expanded role for senior centers as focal points for community based services and civic engagement;”
- analyzing how to include language to increase support to the aging network to promote senior mobility and to facilitate coordination of human services transportation;
- considering how to best respond to the concerns of many senior centers who want to have the opportunity to provide input into the development of area plans; and
- reviewing possible improvements to the National Family Caregiver Support Program.

Thank you again for this opportunity to share our views. We look forward to working closely with members of the Committee to enact a reauthorization bill this year that will empower and support older Americans, their families and communities.