



NATIONAL ASIAN PACIFIC
CENTER ON AGING

Melbourne Tower
1511 Third Avenue
Suite 914
Seattle, Washington 98101-1626

Senate Health, Education, Labor, and Pensions Committee
Michael B. Enzi
Chairman
Dirksen Senate Office Building

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Testimony for the Roundtable Discussion on the
Reauthorization of the Older Americans Act

Clayton Fong
President/Chief Executive Officer, National Asian Pacific Center on Aging
Seattle, Washington

Mr. Chairman, members of the committee, and fellow aging advocacy colleagues. My name is Clayton Fong and I have the distinct honor serving as the Executive Director of the National Asian Pacific Center on Aging (NAPCA). I appreciate the opportunity to offer comments on the reauthorization of the Older Americans Act from the perspective of the seniors I serve – Asian and Pacific Island Americans.

NAPCA is dedicated to the needs and concerns of Asian and Pacific Island seniors in the U.S. As an organization, we have long held “improved access to eligible services” as the focal point for our mission. NAPCA serves as one of the thirteen national SCSEP sponsors. The SCSEP is critically important for our seniors and we would like to see it continue to serve this growing and diverse segment of senior Americans.

NAPCA supports the basic reauthorization principles articulated by the Leadership Council on Aging (LCAO) of which we are a member. Rather than going into these principles, I attach them for the record and focus my comments on a single component of the Older Americans Act – Title V, the Senior Community Service Employment Program (SCSEP). This particular program illustrates the nature of work of organizations such as ours who are committed to serving elders. SCSEP is directed to a particularly difficult to serve segment of senior Americans – low-income seniors. While all low-income seniors are difficult to serve, Asian Pacific Islanders are especially difficult to serve.

Presently there are approximately 1,100,000 API elders 65 and over that live and work in the United States. This population is expected to grow faster than any other minority group over the next decade. This increase in population is likely to include increasing diversity among API ethnic groups, languages, and nationalities. This diversity is magnified by differences in immigration history, citizenship status, English proficiency and by life-span experiences. These experiences impact life chances and influence how APIs enter and experience old age and aging.

These differences also make it difficult to serve this community. Over 70% of all APIs are foreign born, eighty percent of API elders speak a language other than English and a third live in a household where no adult speaks English. Language proficiency has a significant impact on an API elder’s experiences. According to the Census Bureau 60% of all API elders are limited English proficient (LEP). That percentage is higher for certain ethnic groups especially SE Asians, and Koreans. Not surprisingly, an API elder

survey conducted in 1998-1999 by NAPCA in five urban areas found that language barriers ranked highest among many unmet needs.

These elders, who tend to be the most vulnerable, will face daunting challenges in understanding what changes are being made to the social and health-related programs on which they depend. While mainstream seniors might be aware of such services through mailings, news media, and television, Asian Pacific elders can seldom be reached through these vehicles. This segment of older Americans requires more direct and continuous attention than those in the mainstream. NAPCA is committed to improving Asian and Pacific Islander Americans' access to the benefits for which they are eligible.

NAPCA is one of the national sponsors actively participating in SCSEP. We have chosen to operate our efforts by collaborating with existing community-based organizations rather than having stand-alone, NAPCA-staffed SCSEP programs in those communities with large Asian and Pacific Islander senior populations. We feel this approach is not only cost effective but also enhances the capacity of community-based organizations to serve seniors.

NAPCA along with the National Indian Council on Aging (NICOA) are the two smallest national sponsors in terms of allocation of enrollees. Because both programs have a national focus and literally operate in locations across the United States, these programs can only be cost effective if there are a sufficient number of enrollees over which to spread fixed costs of administration and management. If the number of enrollees allocated to these smaller programs fall below this 'critical mass' level, program costs per enrollee would make the program impractical.

We aggressively defend the need for a national sponsor, such as NAPCA, dedicated to serving Asian and Pacific Islander Americans since just the language barriers for this segment of seniors make it impractical, if not impossible, for mainstream organizations to serve our constituents. Clearly, there are economies of scale in having a national organization such as ours serve as a clearing house of information and regulatory requirements so that our constituents have an understanding of options and can make more informed choices. NAPCA operates as a clearing house in the sense that we translate difficult-to-understand information and regulations into forms that are easily understood and used by senior Asian and Pacific Islander Americans.

I submit that without a national sponsor focusing on the API seniors, this segment of the senior population would be underserved. This is not because states and other sponsors do not want to serve our constituents; it is simply because the prominent language and cultural diversity of API seniors make them a difficult group to serve.

Replacing the national sponsors with a block grant to the states would inevitably displace many low-income seniors, and particularly aged minorities. States will simply not be able to locate projects in areas where there are high concentrations of minorities to the same extent that national minority aging organizations currently do. Additionally, states would be unable to duplicate the language capacity of the existing minority networks at a level that would sustain the existing 1000 API seniors that are served every year.

Simply put, national minority aging contractors are more effective than states in representing the interests of minority enrollees and involving minority host agencies in the SCSEP. We have a better track record. We have the respect and confidence of the minority community. – In short, minority seniors will not be adequately served without the continued levels of support for the national organizations that are dedicated to the needs and concerns of minority seniors.

Finally, why block grant this program when national sponsors have outperformed the states by virtually every single important measurable barometer, including unsubsidized placements, fully utilizing allocated

funds, and serving older Americans with the greatest needs in terms of poverty status, limited education, and advancing age?

In the reauthorization of the Older Americans Act, NAPCA urges the committee to retain Sections 506(a)(2) and 506(a)(3) relating to Reservations for Territories and Organizations. Without this section of the law, low income Asian and Pacific Islander Americans will be less likely to be served. Second, we also urge the Committee to require that the federal agency administering SCSEP take into account the specific economic and cultural environment of seniors in assessing and evaluating placement in unsubsidized employment. Placement rates tend to move in concert with employment rates in a community; and, community differences must be accounted for in program evaluation and assessment. Finally, we cannot overemphasize the importance of the dual nature of SCSEP. Community service and employment training are a powerful combination.

NAPCA recently participated in discussions of SCSEP with other aging organizations on ways to improve how we serve low income seniors. The outcome of this self-evaluation and forward looking discussion is contained in a statement entitled "A Vision for America's Low-Income Senior Workers and Their Communities" which I endorse and include for the record.

Mr. Chairman and members of the Committee, I thank you for the opportunity to offer my views on behalf of Asian and Pacific Islander seniors.

LCAO OLDER AMERICANS ACT REAUTHORIZATION RECOMMENDATIONS

The Older Americans Act (OAA) is the major federal discretionary funding source for home- and community-based services for seniors. Programs supported through the OAA include home-delivered and congregate nutrition services, the Senior Community Service Employment Program, the long-term care ombudsman program, services to prevent the abuse, neglect, and exploitation of older persons, the National Family Caregiver Support Program, and other supportive services. These programs provide vital support for those seniors who are at significant risk of losing their ability to remain independent in their own homes and communities.

The Leadership Council of Aging Organizations (LCAO), which has played a significant leadership role in past reauthorizations, is committed to a reauthorization that will strengthen the OAA for both the seniors currently receiving services and for the baby boomers who, starting in 2006, are eligible to receive services provided by the OAA. The Aging Network established by the Act has been a successful model of service delivery for over 30 years and through this reauthorization should be positioned to assist the country's growing aging population to remain healthy, active, and in their communities for as long as possible.

The number one priority at the recent 2005 White House Conference on Aging, an event held only once a decade, concerned reauthorization of the OAA. Delegates from across the country, largely appointed by Governors and Members of Congress, expressed strong support for strengthening the program, along with serious concerns about its current underfunding. We urge Congress to act on the will of these delegates by updating and improving the Act and providing the funding needed for the OAA to keep seniors independent and productive.

Therefore, the LCAO makes the following recommendations to strengthen and enhance the OAA:

GENERAL

1. Increase OAA authorization levels by at least 25% above current FY 2006 funding levels to reflect inflation and ensure that the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly those over the age of 85, who are the most frail, most vulnerable and in the greatest need of aging supportive services.
2. Provide for a five-year authorization period to ensure continuity, promote quality improvements in programs and services and allow newly-authorized programs and amendments to be fully implemented.

TITLE II

3. Strengthen the National Long-Term Care Ombudsman Resource Center by increasing the authorized appropriation level to \$1 million annually to provide support and training for the Long-Term Care Ombudsman Programs that protect the rights and interests of residents of long-term care facilities and their families.
4. Strengthen the National Center on Elder Abuse by increasing the authorized appropriation level to \$1 million annually to promote understanding, knowledge sharing, and action on elder abuse, neglect, and exploitation.

TITLE III

5. Encourage and support the development and implementation of greater opportunities for innovative, community-based service delivery methods, including consumer-directed models that promote independence, autonomy, choice and control for senior adults and their caregivers.

6. Strengthen the National Family Caregiver Support Program (NFCSP) under Title III-E by:
 - a. Doubling the original authorization to \$250 million per year;
 - b. Revising the definition of “kinship” in the NFCSP to include non-blood relationships;
 - c. Adding a new program focusing on the needs of older persons with Alzheimer’s disease and related dementia and their caregivers, building on the success of the current state demonstration program; and
 - d. Promoting the value of senior volunteers, particularly low income seniors, in providing respite care to relieve caregiver stress.
7. Establish an authorization level of at least \$60 million for the Title III-D Health Promotion and Disease Prevention program, including \$25 million specifically for local implementation of evidenced-based promotion and prevention programs and a \$10 million set aside for a demonstration program on a community-based collaborative involving state or local aging, health care and public health providers to advance health promotion and disease prevention services.
8. Include statutory language in the Older Americans Act that increases support to the aging network to promote senior mobility and to facilitate coordination of human services transportation.

TITLE IV

9. Authorize funds for the Administration on Aging (AoA) to conduct a study on the status and effectiveness of the nutrition programs which should be done by an independent organization such as the Institute of Medicine, and thoroughly disseminate the study’s findings.
10. Authorize funds for a demonstration project to study the ways technological innovations can be used to promote the independence, health and well being of seniors and their caregivers.

TITLE V

11. Maintain the Senior Community Service Employment Program’s (SCSEP’s) dual structure of funding state and national grants and operating through State Units on Aging and the National Sponsoring Agencies.
12. Maintain the Title V SCSEP’s vital, historic focus on community service, which significantly benefits the aging network.
13. Reduce the barriers to participation of older workers in SCSEP. For example, strengthen the income security provided to low-income older workers in the SCSEP by exempting wages earned in the program as income for purposes of determining eligibility for Medicaid and other federal benefits.
14. Develop reasonable performance expectations based on population served, particularly regarding unsubsidized placements.
15. Oppose efforts to consolidate the SCSEP with other employment programs and oppose burdensome administrative requirements or significant programmatic changes. Low-income seniors face barriers to employment far different from the challenges other seniors face in seeking workforce engagement; to divert resources or program focus away from this population would significantly lessen the likelihood that they will find and retain meaningful employment. Frequent changes in SCSEP regulations and administration have created serious negative consequences for both participants and community-based organizations and it is now appropriate to let the changes of the last few years settle in.

16. Strengthen the involvement of the Administration on Aging in the Title V program by requiring the Secretary of Labor to consult with, and obtain the written recommendations of the Assistant Secretary for Aging on operation and administration of Title V.

TITLE VI

17. Strengthen Title VI Aging Grants to Indian Tribes and Native Hawaiian Organizations by increasing authorized appropriations level to \$50 million annually to provide for adequate delivery of nutrition and other supportive services.
18. Increase the authorized appropriations level to \$20 million annually for Part C, the Native American Caregiver Support Program, and provide training to Tribes to use the caregiver funds effectively.

TITLE VII

19. Strengthen the capacity of the aging network to develop and implement a comprehensive elder rights system through:
 - a. Authorizing funding to support the rights of elders through existing Title VII elder rights services. In particular, we recommend the following authorized funding levels:
 - i. Long-Term Care Ombudsman Program at \$45.5 million;
 - ii. Legal Services Developer at \$10 million;
 - iii. Elder Abuse Prevention at \$10 million; and
 - iv. Pension Counseling at \$10 million.
 - v. Native American Organization Provisions at \$10 million.
 - b. Authorizing a funding level of \$50 million to provide assisted living residents and recipients of home- and community-based services access to services of the Long-Term Care Ombudsman Program.
 - c. Recognizing the critical role of adult protective service (APS) in the prevention of and response to elder abuse, neglect and exploitation.
 - d. Statutory recognition of the existing role of state units on aging in administering APS programs.
20. Strengthen provisions and increase the authorized funding levels for Title VII services to enhance access to Legal Assistance to the Elderly and ensure the viability of elder abuse and domestic violence prevention, intervention and related elder justice activities and outreach demonstrations. Also, support Title VII services to enhance capacity and increase training of law enforcement officials and medical staff; broaden public education; and facilitate coordination among all professionals and volunteers involved with the prevention, detection, intervention and treatment of abuse and neglect of vulnerable older adults.

ADDITIONAL WAYS TO STRENGTHEN THE OAA

21. Establish a new title in the OAA that would support the Aging Network to work with state and local governments to actively prepare for the aging of the baby boomers, as well as today's elderly population. Through the new title, funds would support new resources in the Aging Network to coordinate community plans to prepare for the aging population's impact on the social, physical, and fiscal fabric of our nation's cities and counties. The new title would also establish a national resource center to provide the necessary guidance, training, and technical assistance to aging programs in their efforts to help communities develop livable communities for all ages. This title shall be evaluated and sunsetted as necessary.
22. Provide permanent authority and authorize funds to design and implement Aging and Disability Resource Centers to assist older people and adults with disabilities to make informed decisions about their service and support options and serve as the one-stop center for the states long-term care service and support system.

23. Include a national education and training program for new leaders in the aging network that would reinforce and broaden the capacity of aging network to meet future challenges and opportunities.
24. Authorize the creation of a new National Center on Senior Benefits Outreach and Enrollment. The Center would work closely with State Health Insurance Assistance Programs (SHIPs), State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and CMS Regional Offices to create and support a nationwide network of certified enrollment centers.
25. Establish a permanent, evidence-based disease prevention and health promotion program to support healthy, productive aging by capturing the critical lessons learned from the current Evidence-based Prevention Initiative demonstrations. Establish a range of programs in each state. Expand the size (both the number of providing agencies and the number of participants) of the best of the current demonstrations to ensure that these programs can go to scale and to develop more accurate cost estimates and establish readiness to implement criteria. Document adjustments that are being made to current organizational processes and systems to gain a better understanding of which practices can be modified and which practices need to be rebuilt. Provide incentive grants, training and technical assistance to the next generation of agencies that meet the readiness criteria to implement evidence-based prevention programming.
26. Strengthen collaboration between the Administration on Aging and the Corporation for National and Community Service to promote their roles as:
 - a. Catalysts in forging a national policy framework and infrastructure that greatly expands opportunities for millions of older adults to give back and participate in the affairs of their communities;
 - b. Innovators to foster the growth of promising practices, evidence-based and outcome focused program models, and community capacity building initiatives;
 - c. Collaborators with the private sector to change workforce policies and practices and support transition planning for retiring workers; and
 - d. Researchers to establish, and routinely assess against, a baseline for financial savings and cost benefits resulting from older adults remaining active, contributing members of society and from the direct and demonstrable impact they have on reducing serious social problems.
27. Strengthen the authority of state government to ensure that the Act's resources are targeted to those older persons most in need of support to maintain dignity and independence, such as the very old, the poor, the near poor who may not qualify for Medicaid, the frail, those geographically or socially isolated, limited English speaking individuals, and low-income minority persons.
28. Strengthen and broaden the federal leadership role of the Assistant Secretary for Aging to include new partnerships with the Centers for Medicare and Medicaid Services (CMS):
 - a. To administer the Home and Community-Based Services (HCBS) Medicaid Waiver Programs and other long-term care programs.
 - b. To ensure that older qualified individuals with disabilities have access to services in the most integrated setting appropriate to their needs.
 - c. To provide information, education and counseling to people with Medicare in partnership with CMS.
 - d. To assist in efforts to ensure the integrity of the Medicare program in partnership with CMS.
29. Strengthen collaborative efforts between the Administration on Aging, with its federal leadership role, and all relevant federal agencies with a significant aging portfolio, including but not limited to: the Department of Housing and Urban Development, the Federal Transit Administration, the

Corporation for National and Community Service, the Social Security Administration, the Centers for Disease Control, and the Centers for Medicare and Medicaid Services.

30. Strengthen and broaden the leadership role of the State Units on Aging and Area Agencies on Aging (AAAs) to eliminate the institutional bias in their state's long term care system through:
 - a. New partnership with the state Medicaid agencies to ensure that older qualified individuals with disabilities have access to services and adaptive equipment in the most integrated setting appropriate to their needs.
 - b. Requiring active participation in the development and implementation of the state's Olmstead plan, long term care rebalancing plans or meeting ADA Title II requirements for older people.
 - c. Statutory recognition of their expanded responsibilities in the design and implementation of home and community-based service systems including the State Medicaid Home and Community-Based Services Waiver programs for the aged and people with disabilities and other long term care programs.

31. Make proven Title IV projects, including legal hotlines, Family Friends, and Medicare Patrol Projects, permanent service options through stable and reliable funding sources.

Note: The numbering system used in this document is for reference purposes only and should not be considered a prioritization of recommendations.

A Vision for America's Low-Income Senior Workers and Their Communities

The following statement was adopted at a meeting held January 10, 2006, of the 13 national grantees funded by the U.S. Department of Labor.

For forty years, the Senior Community Service Employment Program (SCSEP) has provided part-time employment in a wide range of nonprofit and public agencies to low-income adults 55 and over. Every year, more than 100,000 older adults with poor employment prospects and the greatest need are able to re-enter the labor force. As extra help, SCSEP participants enable thousands of community and faith-based organizations to provide vital public services that would not otherwise be available to other needy seniors, children, and the general public.

The 2000 reauthorization of the Older Americans Act kept SCSEP intact while strengthening program accountability and the role of state governments. Congress concluded that SCSEP is an efficient and cost-effective program, serving practically every county in the nation, including hard-to-serve rural and urban communities.

The 2005 White House Conference on Aging recognized that SCSEP ensures that "the oldest, poorest and least skilled older workers do not fall through the cracks." Across the aging network, there is broad support for continuing SCSEP—with minor refinements—as our nation's most effective workforce program serving the most vulnerable older Americans.

Principles to Guide SCSEP Reauthorization (Title V, Older Americans Act)

1. Target services to older persons with the greatest economic and social need—including those from minority, rural, and urban hard-to-serve communities—by keeping the current age and income eligibility requirements.
2. Maintain and enhance the community service employment aspect of the program in addition to promoting economic self-sufficiency among participating seniors.
3. Maximize expenditures on participant wages and benefits and minimize administrative costs by retaining current policy on program budgets.
4. Support best practice and avoid disruption in the program by continuing to fund both national and state/territorial grants to operate SCSEP.
5. Strengthen the role of the Administration on Aging in SCSEP.

Possible Refinements to SCSEP

1. Amend section 502(e) to remove disincentives for private business concerns, community colleges, and other training providers to participate in innovative training and placement activities for SCSEP participants.
2. Fully implement a "balanced scorecard" to measuring SCSEP grantee performance that reflects Congressional intent, including service level to most-in-need, unsubsidized placement, and community service.
3. Streamline performance data collection.
4. Provide sufficient funds to respond to the projected increase in SCSEP-eligible persons.

This approach would respect Congressional intent in 2000 to update SCSEP without disrupting a proven program that has evolved to meet changing needs since its inception. Adopting these principles and refinements will enable SCSEP to serve the most vulnerable and hardest-to-serve older adults in a cost-effective, research-validated, and high-quality manner for the remainder of this decade.

Rationale

1. The number of older adults in poverty and at risk will increase significantly, according to the Census. By 2008 there will be 6.7 million persons aged 55 or over below poverty, a 22% increase from 5.5 million in 2000; by 2015, this number will increase to 9 million low income older Americans. Clearly the need for SCSEP is growing.
2. Current research about productive aging, employment, and civic engagement supports the validity of paid community service employment to assist older adults at risk. Working in bona fide part-time jobs provides not only needed financial aid but also contributes to participants' physical and mental well being, helping them avoid becoming increasingly dependent on others
3. SCSEP does more than help older job seekers find employment—it directly supports the day-to-day operation of thousands of community and faith-based organizations and government agencies. According to USDOL, 70% of these agencies reported that they would not have been able to provide the same level of services without SCSEP. Last year alone, SCSEP participants provided these agencies close to 46 million hours of paid community service. For instance, SCSEP participants and staff work as the primary older worker specialists at many WIA One Stops and have helped meet the increased demand for social services as a result of Hurricane Katrina.
4. SCSEP serves over 100,000 persons 55 and over each year, over twice as many as those served by WIA. Further, SCSEP serves a more needy population: about over 70% of all SCSEP participants are women; over 80% are 60 and older; over 80% are at or below poverty, about one-third have less than a high school education; and over 40% are from a minority group. In contrast, WIA nationally serves less than 4,000 persons 65 and over of any income and education level (likely due to performance disincentives currently built into WIA, according to GAO Report 03-350). In PY2004, national and state/territorial SCSEP grantees achieved ACSI customer satisfaction scores that were “substantially higher” than scores for WIA, and better than most organizations in the private sector.
5. The thirteen national grantees (selected by USDOL through a national competition in 2003) add significant value to the total SCSEP program and delivery system. They develop and replicate successful program models by partnering with national-level corporations, employer associations, social service agencies, and other providers. These national nonprofit organizations strengthen SCSEP at the state and local level by sharing best practices on serving hard-to-reach rural and urban communities, including minority and immigrant groups; collaborating with WIA One Stops, area agencies on aging, etc.; and leveraging local resources to support SCSEP. National SCSEP grantees represent unmatched expertise and experience that would be difficult to replace.
6. Since USDOL did not issue final regulations for SCSEP until 2004, many of the initiatives and improvements embodied in the 2000 reauthorization are only starting to take effect. For instance, the reauthorization requires stronger national and state grantee coordination, but the improved state planning process has been in place for only one year. At the request of the Senate Special Committee on Aging, GAO is conducting a review of SCSEP since the 2000 Amendments. It would be premature to make major changes without full implementation of Congressional intent from the last reauthorization in 2000.