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PREFACE

On March 12, 1991, the Southern Gerontological Society (SGS) convened for its annual meeting in Atlanta, Georgia. This 4-day conference focused on a number of issues affecting the elderly, including national aging policy issues. Among the many issues discussed was the reauthorization of the Older Americans Act (OAA). Since this measure is scheduled for reauthorization this year, the SGS directed a workshop to bring forth recommendations thought to be instrumental in sustaining and improving the quality of services authorized by the OAA.

For over 25 years, the OAA has been the primary vehicle for the organization and delivery of a broad array of services and programs to the Nation's elderly. This Act provides a comprehensive system of supportive and nutrition services to assist older individuals in maintaining their independence and dignity.

The policy workshop held on March 13, 1991, joined together a number of aging advocates, organizations, and professional staff to discuss this year's reauthorization of the OAA. As the participants noted, the OAA has enhanced the quality of life for millions of elderly persons. With the reauthorization imminent, participants took this opportunity to outline several of their recommendations for the 1991 legislative process.

The Special Committee on Aging is pleased to release this print which documents the proceedings of the Southern Gerontological Society's forum, as well as recommendations for the reauthorization process. I would like to express my appreciation to everyone who made this event possible, with special thanks to Dr. Ruth Payton and Dr. Larry Mullins.

DAVID PRYOR, *Chairman.*

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REAUTHORIZATION OF THE OLDER AMERICANS ACT

WEDNESDAY, MARCH 15, 1991

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Atlanta, GA.

The committee met, pursuant to notice, at 9 a.m., at the Hyatt Regency Hotel, Atlanta, GA.

Staff present: Heather Burneson and Anna Kindermann, professional staff, Special Committee on Aging; and Larry Mullins, president; and Ruth Paton, policy committee chair, Southern Gerontological Society.

OPENING STATEMENT OF LARRY MULLINS, CHAIR AND PROFESSOR, DEPARTMENT OF GERONTOLOGY, UNIVERSITY OF SOUTH FLORIDA AND PRESIDENT, SOUTHERN GERONTOLOGICAL SOCIETY

Dr. MULLINS. I look forward to the next several days. Tomorrow and the next day we will have rather typical paper sessions and interesting discussions, but today we have some policy discussions regarding reauthorization of the Older Americans Act. That is conducted by staff members of the U.S. Senate Special Committee on Aging.

I look forward to this. This area is something that I deal with in my classes and with students, but I always feel like I am sort of unknowledgeable in some ways in terms of what's going on. It's nice to have this opportunity.

STATEMENT OF CHARLES BOARDMAN

Mr. BOARDMAN. Barbara and I are co-chairs of this meeting. If you have problems, we're the two you ought to come to, so you'll know who we are. We're delighted to have you here.

I have a couple of things I want to announce. In your folder, in the program, there are two things. One is a room change thing that affects today's program, room changes made by the hotel which will affect where we will be meeting today.

Second, there are some cancellations. I have received a couple more, and I would like to touch base with you on those, if I may.

Beginning tomorrow, of course, we will have the conventional paper/symposium/roundable/workshop kind of format. There is a cancellation sheet in your program as well, but please add to that, on Thursday, between 8:30 and 10, Abstract No. 4, "Long-term Care Crisis in Rural America," by Doris Fort, has been cancelled.

That same day, Thursday the 14th, 3:30 to 5, No. 43, "Developing Options for the Mentally Retarded," by Alice Friend and others, has been cancelled. Catherine Healy, who was one of the presenters in that session, fell and hurt herself rather seriously yesterday. I know that your prayers are with her.

There is one other change that is not in your program. On Friday between 8:30 and 10, we are going to combine in the Rafael Room the symposium on "Employer Role in Meeting Employee Caregiver Needs" and the workshop "Elder Care-Corporate Benefits of the Nineties." Because of the cancellation that opened up some room, and those two seemed to go together in a rather appropriate manner. So we are going to hold those during that time slot in the Rafael Room. That is tomorrow 8:30 to 10 a.m.

I have one other announcement that has to do with signing up for the dine-arounds. There is an announcement board out front in the registration area, and if you will sign up for the dine-around—that is an eating experience in one of the local Atlanta restaurants within walking distance of this hotel—please do so. You have a wide choice, by the way. Please do so by noon tomorrow so we can get those reservations in.

That's it, and thanks so much.

Dr. MULLINS. Thank you, Chuck. Before we begin, I would like to thank AARP for their support. As we were trying to pull this policy discussion together—these things are always a bit tenuous until the last moment—AARP very kindly was waiting in the wings helping us out here, and I appreciate it and thank them.

Let me introduce Ruth Paton. Ruth is the Chair of the Policy Committee for the Southern Gerontological Society and has been quite instrumental in pulling what we have together today. She has been working on this for the last couple of years and has worked very hard at it, and I would like to give her a round of applause. I appreciate her. [Applause.]

I will let Ruth introduce these nice ladies, and thank you for being here.

STATEMENT OF RUTH N. PATON, PH.D., POLICY COMMITTEE CHAIR, SOUTHERN GERONTOLOGICAL SOCIETY

Dr. PATON. Thank you, Larry. I have also a couple of housekeeping details. There is one additional room change for this afternoon for the State panels. I think the best way for you to mark that is to pull your room change sheet that looks like this out of your folders, if you have it.

There will be two panels this afternoon rather than the four that were originally listed in your program. The first panel will be chaired by Marie Cowart, and it will meet in Lancaster C, which is just across the hall. The States that will be represented in that panel are Florida, Georgia, Mississippi, South Carolina, and Alabama. Alabama is an addition to that panel. So Florida, Georgia, Mississippi, South Carolina, and Alabama will be represented on that first panel.

The second panel will meet here in Lancaster E and will be chaired by Dr. Roger Lohmann from West Virginia. Represented on that panel will be Washington, D.C., Kentucky, Louisiana,

North Carolina, Virginia, and West Virginia. If you are from the States of Arkansas, Tennessee, or Maryland, we do not have a State representative from those States with us, and you may opt to go to either of the panels you would like to attend, either in C or E. If you have any questions about those changes, I will be glad to see you after the meeting and give them to you.

I certainly have not been alone in planning today's meetings, both this morning and this afternoon, and I would like to give additional credit, if I may, to members of the policy committee. We have had a representative from each of our member States: Carolyn Clark Daniels from Alabama, Dr. Doug Robeson from Arkansas, Marie Cowart from Florida, James Kantz from Georgia, Wilma Salmon from Louisiana, Dr. Joanne O'Quinn from Mississippi, Dr. Betty Landsberger from North Carolina, Dr. Harriet Williams from South Carolina, Joe DiBona from Tennessee, Audrey Markham from Virginia, Dr. Roger Lohmann from West Virginia, and Barbara Soniat from Washington, D.C.

My sincere thanks and appreciation to each of you. Those State members have worked very diligently and very hard to get the panels ready for this afternoon. I hope you will be able and will attend the afternoon panels.

It is my expectation that although the program says they will run until 4 p.m. that probably they will be through earlier than that, more like 3 or 3:30 so you will still have time to do some shopping or sightseeing or whatever. So let me encourage you to come to the panel first and then go have fun after that. I think the panels will be fun, too. It will not be just formal presentation—each of the State members will be making a brief presentation about State policy issues in their own State.

But then there will be dialogue between the panel and the audience. So do come and help us. We hope these panels will help inform us about State policy issues from one State to another, but will also give direction for the policy committee of SGS, and for SGS as a whole in the year ahead. So do come and lend us your ideas and expertise in that area. We will appreciate your participation very much.

Additionally, as Larry said, we have been working on this program for a couple of years, believe it or not. The person from the Senate Special Committee on Aging office who has been very patient, encouraging, and supportive through all of this has been Portia Mittleman, who is director of staff from that office. She is not able to be with us today, but I would certainly be remiss if I did not express my appreciation and the appreciation of the SGS to Portia for her efforts in making this legislative workshop and the testimony associated with that available today.

I would like now to introduce to you two professional staff members who are with us from the Senate Special Committee on Aging, and my sincere thanks to them. They are very busy young women and they have been running around the country a lot, and they got in very late last night, and we are delighted to have them with us. They are Heather Burneson and Anna Kindermann, and they are going to do an overview before we actually begin hearing the testimony and there will be opportunities for dialogue and exchange in

the morning session. So we hope you will feel free at various points to ask questions.

Additionally, I have been told that if anyone would like to submit written testimony following the hearing, we will have a period of 4 weeks in order to do that. That will be incorporated as part of this proceeding. So if you or anyone else would like to submit a written statement later on, you may feel free to do that.

I think I will turn the mike over to Heather.

STATEMENT OF HEATHER BURNESON, PROFESSIONAL STAFF, SENATE SPECIAL COMMITTEE ON AGING

Ms. BURNESON. Good morning. Thank you very much for having us here today. I would especially like to thank Ruth Paton, who has been very patient with us and our schedules. We are very glad to be able to participate in today's session.

As Ruth said, I am a professional staff member on the Senate Special Committee on Aging. I am responsible for housing issues, and some biomedical research issues, including nutrition.

Today we are going to be taping the session, and then compiling those tapes into a committee print. This will be referred to as a legislative workshop. In the absence of the Senator we cannot hold a hearing, per se, therefore, this will be referred to as a legislative workshop. It is not very different from a hearing, except that it is slightly less formal. In a hearing, the audience cannot ask questions and participate in the discussion. Even in Washington, the committee is holding more workshop or legislative-type meetings such as this, so we can hear from more people.

As Ruth said, you can submit testimony up until 1 month from today, at which time the document will be printed. There is no requirement for length, and it can be in the form of a letter. You can contact Ruth, and she will forward the information to us. Please feel free to call us in Washington if you have any questions.

As far as the procedure for today's meeting, because we have nine presenters, we would like to go through the entire panel of speakers and then open it up for discussion. The session is scheduled to end at 12 noon. I believe we will have plenty of time for questions and answers if we run straight through the panelists.

Let me begin by giving you just a little bit of background on the committee, and then I will turn it over to Anna Kindermann, who works specifically with the Older Americans Act reauthorization process for the committee. As many of you may know, Senator David Pryor of Arkansas is the Chairman of the Special Committee on Aging.

In addition to that position, Senator Pryor serves on the Senate Finance Committee, which has legislative jurisdiction over Social Security and Medicare. He is also a member of the Agriculture Committee and a member of the Government Affairs Committee. These positions put Senator Pryor in a very unique position, which he has used to focus the attention of this country on the problems of the elderly. Through this, he has gained a reputation for dedication to age-related issues.

The Senate Special Committee was established in 1961. In 1977, it was granted permanent status by Congress. It has a unique man-

date, in that it can explore and investigate any aspect of life that may impact on the elderly. The Committee staff is responsible for a wide variety of issues such as health care, housing, Social Security, minority issues, social services, and so on.

Although we will be focusing on the Older Americans Act today, I want to briefly tell you about the rest of the committee's agenda for 1991. If you have any questions at the end, I will be happy to expand on any of the issues.

We are looking at health care delivery in rural areas, focusing on staffing problems. Legislation may be developed to provide tax credits to professionals who move into the rural areas where they are drastically needed. Senator Pryor is also continuing to examine the rising costs of prescription drugs. He introduced legislation that passed last year which required the drug manufacturers to provide the lowest possible price to the Medicaid program that they are giving to any other organizations, such as the VA. This is something you may have heard about, and I would be happy to go into it in more detail, if there are any questions.

In addition, Senator Pryor is very concerned about the long-term care issue. He was a member of the Pepper Commission, which issued their recommendations in March of last year. Senator Pryor will be introducing a long-term care insurance bill that will address the lack of standards in the long-term care insurance industry.

Senator Pryor is also looking at the supply of federally-assisted housing. He is specifically concerned about the decrease in construction levels for Section 202 housing for the elderly. In November, the National Affordable Housing Act was signed into law, which is the first comprehensive housing legislation passed in more than a decade. Although it looks promising for low-income housing programs, we have years of work ahead to get the appropriations needed to meet the Act's authorization levels.

Finally this year, we are going to be looking at the Older Americans Act. Anna Kindermann, as I said, is responsible for that issue. She works closely with Senator Pryor on recommendations for reauthorization. I believe she is going to get into some more specifics on that. I welcome any questions you may have at the end of the session.

I would like to introduce Anna Kindermann now. Thank you.

STATEMENT OF ANNA KINDERMANN, PROFESSIONAL STAFF, SENATE SPECIAL COMMITTEE ON AGING

Ms. KINDERMANN. Good morning. Thank you very much. It really is a pleasure for us to be here today. I only wish we had the time to stay longer. As Ruth explained, we came in late last night, and we have to leave shortly after this session. We just happen to be especially busy right now, now that the Gulf War is behind us, Congress is really focusing its attention on legislation. I should also thank Ruth for inviting us to participate as well as for helping us to organize today's session.

As Heather said, I am responsible for the Older Americans Act. It is especially exciting to be involved with the OAA this year, in light of reauthorization. I would like to give you an idea of what

the Special Committee has done in preparation for reauthorization. For those of you who don't know, we conducted a series of legislative workshops focusing on various services and programs under the Act in order to determine what changes might be necessary or desirable as part of the reauthorization process. We will be putting together a committee print containing the proceedings of those workshops. In addition, we will be compiling a committee report which will make policy recommendations for the reauthorization.

One thing I think that is not clear is that the Special Committee on Aging is not a legislative committee. It is an oversight committee. The committee with legislative jurisdiction over the Older Americans Act is the Committee on Labor and Human Resources. The Subcommittee on Aging is working very diligently now, holding its series of hearings for reauthorization. It is our hope that Senator Pryor's amendments will be incorporated into the reauthorization vehicle now being considered by the Subcommittee on Aging.

Within the next couple of weeks, Senator Pryor will be introducing his proposal. He had originally planned to introduce it on January 23. I think in a handout you have there is a "Dear Colleague" letter outlining the proposal with an attachment that explains that it would be introduced on January 23. Unfortunately, the Gulf War threw Congress off schedule. We are just now beginning to refocus on the OAA, and the hearings are getting underway. He will probably introduce it within the next couple of months.

I would like to provide you with a few of the highlights of the bill. You do have the outline in front of you, and I will pinpoint some of the major issues.

The first is a demonstration project. As Heather told you, and as you may have known before, Senator Pryor was a member of the Pepper Commission, and he worked to develop recommendations for a long-term care system. One of the things that came out of the Pepper Commission was that we need some sort of framework for any long-term care system created down the line. Senator Pryor thought it might be wise to examine the already established aging network in order to determine whether that might be an appropriate structure for a long-term care system.

The one thing we want to be very careful of is that we don't make the Older Americans Act, which is primarily social services, obsolete. It is very important to Senator Pryor that this demonstration project focus on long-term care in the broadest sense, not just health care. That's where the dollars are, and that's where people may want to take off, but we have to make sure that Older Americans Act funds remain for the existing social services under the Act.

The demonstration project would examine the ability of area agencies on aging to be a focal point for access into a long-term care system. They would provide assessment, referral, and coordination with other public and private entities. There would, of course, be some State oversight of this. It would not be the area agencies on aging off and running on their own.

I want to stress that this is a demonstration project. People seem very concerned that the project may turn the Older Americans Act upside down, and that is not the intention at all. It is just a demon-

stration project to see whether the aging network can serve as an infrastructure for a long-term care system.

Other provisions would establish senior transportation under Title III as a separate subtitle. Senator Pryor believes that by separating it out, you are not only going to highlight this desperately needed service but also attract additional funding. This really hit home for him at a field hearing the committee held this summer, in Arkansas. It is a very rural State. So many people have trouble getting access to the services. Whether the services are provided is one thing. If they are provided and the people can't get access to them, it doesn't do any one any good.

Senator Pryor also hopes that a subtitle may attract additional funding for transportation. He does not propose setting a separate authorization for transportation under this new subtitle, because we really can pinpoint exactly how much money it would require. We have some data from the Administration on Aging, but I am not sure if it is as reliable as it might be. So it is our hope that Congress will appropriate more money, noting how important transportation is to older Americans.

There are also provisions to redefine information and referral under the Act to emphasize the importance of linking seniors and their caregivers to the services they need. I think in the past there has really not been much of a definition—for those of you who are familiar with the language of the Act—with what information and referral really means.

It is our hope that we will get around the fact that information and referral is not just giving somebody a telephone number to call, but that it will involve giving somebody a number and making sure that they are linked to the services they need. Many people, if they are given a phone number either can't get through or they have trouble and they may give up. So it is something Senator Pryor thinks is critical—not only making sure people receive the services they need but making sure that they have access to the services they need.

There are also provisions that will increase coordination between the ombudsman program, legal assistance, and protection and advocacy systems for the mentally ill and developmentally disabled. If you are not familiar with it, there was a demonstration project that was never authorized for coordination between protection and advocacy and ombudsman programs under Title IV. Senator Pryor would like to see that reauthorized, with legal assistance added. I think these could work well together. While they each have different functions, but they could work together and coordinate a little better.

We would also like to see the status of the Commissioner on Aging elevated to Assistant Secretary. That is really to assure that the Federal aging programs receive appropriate administrative resources. As you know, her hands are often tied because she does not have control over her budget, and there are many who feel that elevating her to Assistant Secretary status enable her to negotiate or sit around the table with the Secretary, and have more input on Federal aging policy.

It is our understanding now from the Commissioner on Aging that she has a little bit of that access now, but people would like to

see that beefed up. Senator Pryor would like to see her have control over the budget so there will be more travel for regional offices to get to the State units on aging, and AAAs, and down to the service provider level to provide the technical assistance that each level of the network needs.

Other provisions would be to define legal assistance to require at a minimum priority to legal problems in the areas of income, health care and long-term care, nutrition, housing, and utilities, protective services, and age discrimination. This is really kind of a roundabout way of targeting services to low-income elderly. By defining these services—and these would not be the only services, it would just require at a minimum that they give priority to these areas—target those service areas which low-income elderly often need. It would be a way of targeting those areas without getting into a political battle with targeting, as you are well aware is happening this year, and has been for the past few years, especially with fewer Federal dollars.

Finally, the bill has provisions directing the Administration on Aging to establish a blue ribbon panel to examine current reporting requirements under the Act and make legislative recommendations that can help streamline duplicative requirements. There is a lot of talk down at the service provider level and AAAs that they have all this paperwork to do for so many different programs, and they really can't provide services because they are spending so much time doing paperwork and don't have the time to provide the services, which is why they are there. The panel will look at ways to streamline those requirements so people have more time to provide services.

There are a number of other issues that are very important and often very contentious this year. They have come up in past reauthorizations. These include public and private partnerships, targeting and cost sharing. Although the Aging Committee's workshop series touched on each of these issues, a final consensus was not forged. It is Senator Pryor's hope that the hearings that are now being conducted by the Committee on Labor and Human Resources, Subcommittee on Aging, and in the House of Representatives, as well as comments from the Administration on Aging, pertaining to all these issues, will provide us with additional information and spark further needed debate.

Hearings in preparation for reauthorization are well underway. In late January, the House Select Committee on Aging, Subcommittee on Human Services, conducted a hearing on senior transportation. Last week, that same committee conducted a hearing on the drastic cuts that the Administration's budget proposal proposed for Title V, the Senior Community Service Employment program. On the Senate side, the Committee on Labor and Human Resources convened a hearing in late January as well, on elder rights.

There is a lot of talk on the Hill about creating a separate title which would lump together programs with an advocacy mandate, including legal assistance and the ombudsman program. That same committee, the Committee on Labor and Human Resources, will soon convene a hearing on targeting services to low-income minorities. That will be this Friday. They have a number of other hearings, I believe through May. They have not released the topics of

those hearings. I would imagine one might consider cost sharing. I don't think one will consider public and private partnerships, although that was covered by a House hearing last year.

More recently, the Special Committee on Aging conducted a legislative roundtable discussion which focused in part on nutrition programs under the Older Americans Act. During this forum, the National Association of Meal Programs, the National Association for Nutrition and Aging Service Providers, as well as the American Dietetic Association, presented the committee with some minimum standards which they hope can be incorporated into the reauthorization bill. Based on the findings from this workshop, Senator Pryor will probably introduce other legislation focusing in on nutrition.

That is really what the focus is right now on the Hill. As I said, we got off to a little bit of a late start this year in the committees with legislative jurisdiction, because of the war. But I think things are well underway, and I think it will be an exciting year. Everybody is lamenting the fact that there are so few Federal dollars. Believe me, we would like to get more Federal dollars, too. We will push for that. I don't know if they exist, but we will certainly push the appropriations process in that direction.

Thank you.

Ms. PATON. Okay. If you have questions, please hold them until we have had an opportunity for the presenters that are scheduled to speak, then there will be ample time for questions and dialogue on some of the issues that have been raised. The first presenter is Ms. Sandra Crane. I will ask the presenters if they will come to the microphone here.

Okay, Dr. Wimberley needs to go first. I will ask the presenters to come to this microphone if they will, and please introduce themselves and state where they are from. Dr. Wimberley?

STATEMENT OF EDWARD T. WIMBERLEY, PH.D., GEORGIA STATE UNIVERSITY

Dr. WIMBERLEY. Thank you very much. I am going to try to make this brief, because I know there are many people who want to speak. My remarks today will come from various perspectives. First, they come from a survey I did for Senator Bob Graham last year on the Hill. I was a Congressional Fellow. We will be giving you a copy of this report later on in the week, as soon as we get all the typos out of it. We hoped to have it today, but it just didn't happen.

The second part of my comments come from an experience of about 6 years as chairman of the Aging Program Advisory Committee for the Area Agency on Aging of the Houston-Galveston Area Council. I don't think Texas is represented here today, but to that extent, some of the comments will come from there. The people in the front seat are looking sheepish, because I am also supposed to reflect Georgia, since I am new to Georgia. So I will try to cover all three.

I want to suggest that the major problem that was identified in the survey I did among the Florida Area Agencies on Aging and the State unit on aging could essentially be stated as the issue of

targeting services with an Act that has an ambitious array of services targeted to the elderly, but with funding that has been static over time.

It becomes extremely difficult for area agencies on aging and for the State units on aging to decide how to target services. That was exacerbated in 1983 and onward after the advent of the prospective payment system and restrictions on Medicare and Medicaid, which made States and other providers look more closely at the Older Americans Act dollars to fill in the gaps; especially in the areas of home care.

Finally, with all due respect to Senator Pryor and his recommendations this year, the other thing that makes targeting difficult for providers is the "toying" with the Act that occurs from reauthorization to reauthorization, especially introducing new "hoops" that State units on aging have to hop through for funding or services that are linked or new services that have to be linked.

Some of the suggestions I heard earlier today, while admirable, I am afraid will further contribute to the complexity of administering the Act and will create less flexibility among AAAs and State units on aging in terms of their ability to flexibly meet the needs. In that regard, I will refer you back to testimony that was presented last year by Drs. Hudson and Binstock in Washington. I think both testimonies were helpful.

Why look at Florida? Florida is an important microcosm in the Southeast to study because of the concentration of elderly that are there. Right now, those 60 years of age and older account for 24 percent of the State's population, as opposed to a 17 percent average for the Nation as a whole. Likewise, Florida in 1980 had 117,000 people aged 85 and older, the oldest old, which, as of this year, has increased to about a little more than 200,000. In many ways, the State of Florida is an interesting microcosm to look at, because it may be 20 or 30 years ahead of the rest of the Nation in its aging.

Senator Graham's office asked me to survey the area agencies on aging in Florida relative to their priorities. I will not go through their rather elaborate list, because you can imagine if you sent a letter to any set of area agencies on aging in any State and you asked them open-endedly to tell a U.S. Senator exactly what they would like that you would get a rather exhaustive list; as we did.

But I think it is interesting to note where their concerns clustered, and to compare that with where the State Unit on Aging, in this case Dr. Larry Polivka, who is the Administrator of that program, responded on behalf of his department. The first set of priorities identified by the AAAs in Florida had to do with maintaining or increasing program funding, and/or expanding services. That is probably not a shock to anyone here.

These results, by the way, are consistent with comments from the AAAs polled here in Georgia, that in-home care services should definitely be increased. Eight of the ten responding, or 80 percent, agree to that, followed by transportation needs, increasing funding for case management, including case management for the elderly that are mentally ill, and providing funding for mental health services for the elderly.

The second agreement, although not as strong, had to do with modifying the rules applicable to the administration of the AAAs. The consensus from the Florida AAAs was that there should be flexibility in transferring Title III (B) funds—actually Title III (B), (C), (C)(1), and (C)(2). That was a priority that was shared by the State Unit on Aging.

The next priority that was very high was reprioritizing services. It was felt that Older Americans services should be targeted toward the frailest, oldest elderly. That was the case across a number of regions. As you are aware, the way that Florida is laid out and the way the elderly are concentrated in terms of socioeconomic status, rural and urban, you won't be surprised to know that the priority was shared across both rural and urban areas.

Finally, the other very popular item was the belief that there should be revision in service eligibility. Seven out of the ten AAAs that responded believed that there should be a sliding fee scale introduced. I can tell you that had I been speaking at a legislative hearing even 5 years ago, for any number of States, that would have been something people would have been reluctant to advocate. I think that this is indicative of a growing concern emanating from the provider level.

For the State Unit on Aging, there were a number of recommendations, some quite technical, and I am not going to go into all of them. Let met just highlight several that I think were most significant. First, the State Unit on Aging was interested in seeing greater administrative flexibility at the State level. They were interested in seeing the consolidation of Title III into a single title, allowing States to distribute funds flexibly across nutrition and in-home services.

The second recommendation was to delete language in the Older Americans Act which hold State units on aging to proportional distribution of access services, in-home services and legal assistance. Other recommendations that are interesting are that they are interested in revising service eligibility, favor a sliding fee scale, and were interested in seeing amendment of Section 305(A)(1)(e) amended to permit States the flexibility of requesting permission of the Commissioner of the Administration on Aging to divide the State into district planning and service areas, and serve as the AAA for the balance of the State.

They were also interested in seeing the elimination of the requirement that the State plan on aging be based on area plans—that's under Section 307(A)(1)—and introduce language compelling area plan policies to be based upon statewide policies, and priorities reflected in the State plan on aging. Therein, I think, is the most interesting outcome of surveying this State and its needs. Namely, there is a tension developing between the AAAs and the State Unit on Aging around how the administrative and planning process will proceed.

It is not an atypical process. It is going on here in the State of Georgia. It went on in Texas. I suspect for most of the States here there is a similar tension going on.

Basically it is spelled out something like this: the local AAAs would say, "We know our service environment, we know where the needs are, we need the flexibility of putting services where we

know the needs are." At the State level, the argument would be, "We have a greater perspective of the needs of all the citizens in the State. We have a better ability to assess that. We need to make sure that these resources distributed by the State are fairly distributed, and we are in the best position to do that."

Now, there is truth in both of those statements. But because of static funding, because of a lot of language in the Act that makes flexibility impossible, what you end up having is State units on aging and AAAs fighting one another, when in essence they are in basic agreement around the need for targeting.

So the recommendation that I would make to this group based on this survey is that you look very carefully at the issue of bottom up versus top down planning and administration in the Act. The way the Act reads in public language is essentially a bottom up phenomenon; that the AAAs are supposed to develop their own plans that percolate up.

In reality, when you have restrictions on funding, like those in Title III (B), (C), (C)(1), and (C)(2), you are effectively giving top down messages about how the program should be developed. When the funding is static and you fund through a State agency, then you are going to have a situation where you will inevitably have a conflict between the local and State levels.

With that, I would like to conclude my remarks, and I thank you.

[The prepared statement of Edward Wimberley follows:]

Preparing for the 1991 Reauthorization of the Older Americans Act: A Florida Perspective

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ABSTRACT

In preparation for reauthorization of the Older Americans Act (OAA), administrators of Florida's area agencies on aging (AAAs) and the statue unit on aging (SUA) were surveyed to identify priorities for change. Responses reflected a perceived need for additional funding for in-home services, increased administrative flexibility, and competition between AAAs and the SUA over planning and administration that may typify other state aging programs.

Older Americans Act, targeting, program planning, administration

Table 1
Older Americans Act Authorization Levels and Appropriations
Fiscal Years 1988 - 91

Authorization Levels
FY88-91 (in thousands of dollars)

Act Titles and Services	1988	1989	1990	1991
■ Title II				
Federal Council on the Aging	$210	$221	$232	$243
■ Title III				
Grants for State and community programs on aging:				
Supportive services and centers	379,575	398,554	418,481	439,406
Nutrition services	645,130	684,837	727,778	773,017
■ Congregate	(414,750)	(435,488)	(457,262)	(480,125)
■ Home Delivered	(79,380)	(83,349)	(87,516)	(91,892)
■ USDA Commodities	[1](151,000)	[1](166,000)	[1](183,000)	[1](201,000)
In-home services for frail elderly	25,000	26,250	27,563	28,941
Assistance for special needs	[3]25,000	[3]25,000	([3]---[4])	([3]---[4])
Health education and promotion	[3]5,000	([3]---[4])	([3]---[4])	([3]---[4])
Elder abuse prevention	[3]5,000	([3]---[4])	([3]---[4])	([3]---[4])
Long-term care ombudsman	[3]20,000	([3]---[4])	([3]---[4])	([3]---[4])
Outreach for SSI, Medicaid and food stamps	([2])	[3]10,000	10,000	([4])
■ Title IV				
Training, research and discretionary projects and programs	32,790	34,619	36,349	38,167
Home care demonstration projects	([2])	[3]2,000	[3]2,000	([2])
Ombudsman and advocacy demonstration projects	([2])	[3]1,000	----------	([2])
■ Title V				
Community service employment for older Americans	386,715	406,051	426,353	447,671
■ Title VI				
Grants for Native Americans	[5]13,400	[5]16,265	[5]19,133	[5]22,105
Part A - Indian Program	(12,100)	(14,900)	(17,700)	(20,600)
Part B - Native Hawaiian Program	(1,300)	(1,365)	(1,433)	(1,505)
■ Title VII				
Older Americans personal health education and training program	([6])	([6])	([6])	([6])
Total	[7]1,538,000	[7]1,604,797	[7]1,667,889	[7]1,749,550

[1] Public Law 100-175 requires the Secretary of Agriculture to main a reimbursement level of 66.76 cents per meal for fiscal year 1988-91.
[2] Not authorized.
[3] The law requires that total appropriations for programs funded in fiscal year 1987 increase by at least 5 percent over the previous year before appropriations for these new authorizations are made.
[4] Such sums as may be necessary.
[5] The law creates a separate Part B for funds for a Native Hawaiian program. As shown in the table, the law authorizes specific amounts for Part A, the Indian Program, and for Part B. The law further specifies that Part B receive funding only if the total appropriations for title VI exceed the fiscal year 1987 funding level ($7.5 million). Part B will receive the first $250,000 of any appropriations exceeding the fiscal year 1987 level, and half of any increase above the first $250,000, up to the authorized amount.
[6] This title is repealed.
[7] Plus such sums as may be necessary for certain programs.

Table 1 cont.

Appropriations

FY88-90 (in thousands of dollars)

Act Titles and Services	1988	1989	1990 (post sequestration)
■ Title II			
Federal Council on the Aging	$191	$188	$186
■ Title III			
Grants for State and community programs on aging:			
Supportive services and centers	268,072	274,352	271,987
Nutrition services	560,611	576,507	574,387
■ Congregate	(344,664)	(356,668)	(351,924)
■ Home Delivered	(75,635)	(78,546)	(78,981)
■ USDA Commodities	(140,312)	(141,293)	(143,482)
In-home services for frail elderly	4,787	4,834	5,756
Assistance for special needs	none	none	none
Health education and promotion	none	none	none
Elder abuse prevention	none	none	none
Long-term care ombudsman	957	988	974
Outreach for SSI, Medicaid and food stamps	none	none	none
■ Title IV			
Training, research and discretionary projects and programs	23,935	22,173	25,332
Home care demonstration projects	(---)	none	--- ---
Ombudsman and advocacy demonstration projects	(---)	none	--- ---
■ Title V			
Community service employment for older Americans	331,260	343,824	357,013
■ Title VI			
Grants for Native Americans	7,181	10,710	12,541
Part A - Indian Program	--- ---	--- ---	--- ---
Part B - Native Hawaiian Program	--- ---	--- ---	--- ---
■ Title VII			
Older Americans personal health education and training program	(---)	(---)	--- ---
Total	**$1,196,994**	**$1,233,576**	**$1,248,176**

Source: Senate Special Committee on Aging, 1990

Introduction

The Older Americans Act (OAA), the principal legislation supporting social services for the elderly, is to be considered for reauthorization by the 102nd Congress. Enacted in 1965, the OAA is divided into seven titles which in turn break down into nine parts and sub-parts. Table 1 indicates what programs are included within each title, their authorizations levels (FY88-91) and levels of appropriation (FY88-90). (Senate Special Committee on Aging, 1990) The trend of appropriations lagging well behind authorization levels has persisted throughout the eighties, following a period of robust funding during the late sixties and seventies. (Hudson, 1990) Comparatively, while OAA funding levels have remained relatively flat, the elderly have grown in absolute numbers and as a percentage of the working population. (Social Security Administration, 1990) As the number of elderly have increased, so has their need for health and social services that accommodate their increased rate of chronic illness and disability. (AARP, 1990)

Faced with an aging population and fiscal constraints emanating from a growing budget deficit, a middle eastern war, and a recessionary economy, the Congress will re-visit the reauthorization efforts of 1984 and 1987 and again decide how to disperse limited funds appropriated under Title III of the OAA to some 30 programs specified within the act. (Binstock, 1987) This process, often referred to as "targeting", will involve prioritizing services and service recipients and creating standardized funding formulas dedicated to the highest priorities. (Stanford, 1990)

The "targeting" of services has historically been one of the most contentious issues involved with reauthorizing the OAA. Since the act's inception, its mission has always exceeded funding levels. Adequately funding the OAA to meet it's mission would entail funding in the billions of dollars, and even in the best of times, Congress has never been willing to commit the funds required to adequately fund all OAA services. (Cutler, 1984)

Essentially, Congress is confronted with two basic policy options. It can continue making incremental changes in the act, such as introducing mean-testing or allowing for flexibility in the allocation of Title III funds, or it can make wholesale changes in the legislation in an effort to either

satisfy priorities currently encompassed within the OAA, or to meet newly identified priorities. Among the non-incremental options presented to Congress during the early re-authorization hearings the most popular include dedicating Title III funds to coordinating services to the elderly via case management, and allocating OAA funds to states under a block grant model. (Hudson, 1990; Binstock, 1990)

Historically, Congress has favored incremental approaches to modifying existing legislation, as opposed to radically overhauling programs Given the nation's current economic woes, it is unlikely that more radical changes in the OAA can be anticipated. Nevertheless, issues associated with targeting scarce resources will likely persist into the future, and at some point, more radical departures from current policy may need to be seriously considered.

Assuming that more radical changes in the OAA may be considered, if not during this session of Congress, in some future session, an effort was initiated to determine what administrator's of OAA programs considered to be priorities for reform. Since Florida has one of the largest concentrations of elderly in the nation, it was decided that polling the administrator of Florida's state unit on aging (SUA) and the executive directors of the eleven area agencies on aging (AAA) should provide an informative state perspective on the reauthorization process.

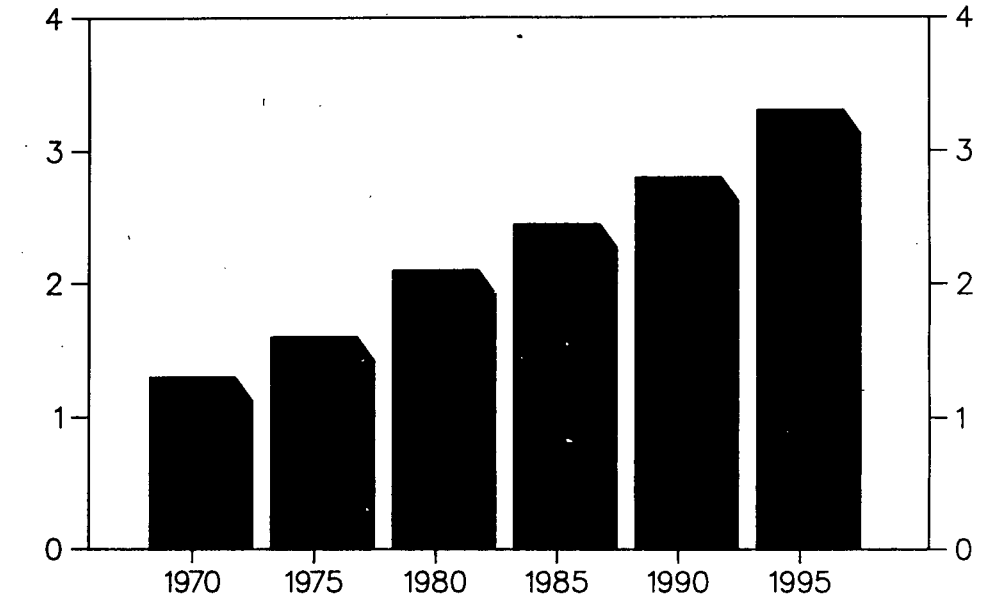
This paper documents the responses of those actually engaged in administering OAA programs throughout Florida. These responses are grouped into thematically consistent categories and are compared across units of administration in an effort to identify areas of congruence and divergence between AAAs and Florida's SUA. Particular emphasis is placed upon the extent to which respondents advocate incremental versus radical program change.

Florida's Aging Program Environment

Table 2

Florida's Growing Elderly Population

1970 – 1995 (Projected)



Source: Florida State Plan on Aging, 1991

Long known as a retirement mecca Florida boasts one of the fastest growing elderly populations in the nation (Table 2). With those age 60 and older numbering three million in 1990 and accounting for 24% of the state's population, Florida's older population is proportionately larger than that of the nation (17%). Even more striking is the growth in Florida's oldest-old (85+). Having increased from 117,000 in 1980 to 206,000 in 1990, Florida's proportion of oldest-old is expected to increase 200% by the year 2000, an increase twice as large as projected national growth. Based on this dramatic increase in those age 85+, Florida expects nursing home payments under Medicaid to reach $3.0 billion by the year 2000. (Florida State Plan on Aging, 1991)

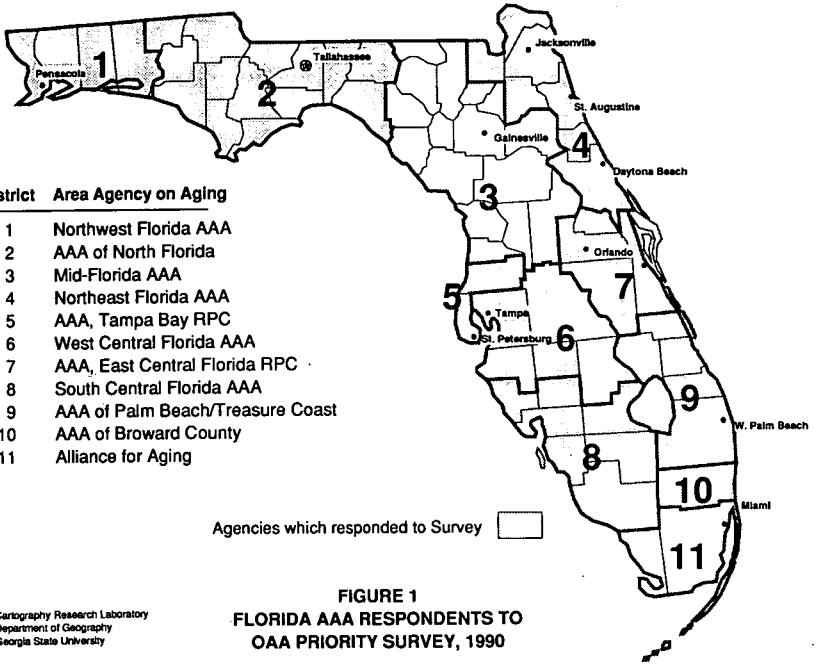
Despite the fact that the majority of Florida's citizens age 60 and older are physically and fiscally sound, $38.5 million in OAA funds will be spent in 1991 for a variety of health and human services. Of this amount, $24.5 million will go to congregate and home delivered meals, $13.7 million to supportive services, and $355,000 to in-home services (Title IIID). These funds will be distributed by the Aging and Adult Services Program of Florida's Department of Health and Rehabilitative Services, and will be administered by eleven Area Agencies on Aging statewide. In addition to federal funds, the state of Florida will spend $43.2 million on it's "Community Care for the Elderly" program, $11.7 million on "Home Care for the Elderly," and another $3.8 million on Alzheimer's programs. (Florida State Plan on Aging, 1991)

Methodology

In an effort to determine the priorities for reform of the OAAs, the executive directors of each of Florida's AAAs were contacted by letter and asked to provide a narrative in which they identified their region's priorities. Ten of Florida's eleven AAAs responded with narratives (Figure 1). Only Mid-Florida Area Agency on Aging (Gainesville) failed to respond. Responses were listed for each respondent without benefit of priority ranking. Larry Polivka, Ph.D., Florida's Assistant Secretary for Aging and Adult Services also responded with a comprehensive set of recommendations.

Outcome

Priorities reported by the ten AAA respondents clustered around the following general themes:



District	Area Agency on Aging
1	Northwest Florida AAA
2	AAA of North Florida
3	Mid-Florida AAA
4	Northeast Florida AAA
5	AAA, Tampa Bay RPC
6	West Central Florida AAA
7	AAA, East Central Florida RPC
8	South Central Florida AAA
9	AAA of Palm Beach/Treasure Coast
10	AAA of Broward County
11	Alliance for Aging

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FIGURE 1
FLORIDA AAA RESPONDENTS TO OAA PRIORITY SURVEY, 1990

a. maintaining, increasing, or reallocating program funding, and/or expanding services,

b. modifying rules relating to the administration of area agencies on aging,

c. re-prioritizing OAA services;

d. revising eligibility criteria.

Comparatively, the priorities reported by Florida's state unit on aging clustered around the following themes:

a. revising eligibility criteria,

b. allowing states greater flexibility in administering OAA services,

c. increasing the state's allocation for Title III services;

d. increasing state control over program planning.

Table 3 summarizes the responses of the AAAs while Table 4 characterizes the priorities of Florida's SUA. According to table 3, AAAs enjoyed significant consensus relative to increasing funding for in-home services (70%), introducing cost sharing via a sliding scale fee (50%), and targeting services to the oldest, frailest elderly (40%). More limited agreement was demonstrated regarding expanding transportation services (30%), funding case-management and mental health services for the elderly (30%), and increasing funding for congregate and home-delivered meals (20%).

When areas of consensus are considered in terms of overall priority themes, AAAs in Florida exhibited the greatest consensus relative to increasing program funding and/or expanding services, with a total of eight priorities reported pertaining to this theme. A total of five priorities were reported for "Reprioritizing AAA Services" and three priorities involved "Revising Service Eligibility". Within these categories, AAAs achieved consensus regarding introducing a sliding fee scale (50%), targeting services to the frail elderly (40%), and avoiding means-testing (20%). Interestingly enough, while priorities listed under "Modifying Rules Applicable to the Administration of AAAs" were virtually as numerous as those involving

Table 3

OAA REAUTHORIZATION: FLORIDA'S AAA'S PRIORITIES

MAINTAIN OR INCREASE PROGRAM FUNDING, AND/OR EXPAND SERVICES

Districts 2, 4, 5, 6, 7, 9, & 10

- In-home care services should be increased

Districts 2, 4, & 11

- Transportation needs to be expanded; particularly regarding access to medical services.

Districts 5. 6. & 11

- Increase funding for case management, including case management services for the elderly, mentally ill.

Districts 6, & 7

- Provide funding for mental health services for the elderly

Districts 9, & 11

- Increase Title III funding for home-delivered meals, and congregate meals.

District 7

- Funds should be provided for training those delivering services to the elderly
- Maintain and/or increase funding for employment services under Title V

District 11

- Increase Title III funding for adult day care, information and referral, and outreach.

MODIFY RULES APPLICABLE TO THE ADMINISTRATION OF AAA'S

Districts 5, & 8

- AAA's should be given flexibility in transferring Title III C-1 (congregate meals) and Title III C-2 (home-delivered meals) funds.

District 11

- Allow AAA's to directly provide information and referral and case management services, as opposed to contracting for services.

District 8

- AAA's should have their roles expanded to allow input into national policy and resource allocation.

District 1

- The role and function of area agencies on aging in delivering services and advocating on behalf of the elderly should be re-assessed in light of demographic, fiscal, and program outcome factors.

District 6

- Increase the number of professional staff associated with AAA's

District 10

- Consider cost-of-living differentials in funding services to urban and rural elderly

District 5

- Allow AAA's to prioritize service funding as local needs assessments indicate,

- Require states to spend 10% of their combined allotments under Title III on AAA administration and include program development and coordination as administrative costs.

- Reauthorization should be at least a four year period to allow for adequate program planning.

REPRIORITIZE AAA SERVICES

Districts 4, 5, 7, & 10

- OAA services should be targeted toward the frailest, oldest, elderly (85+)

District 1

- OAA defined services should be re-defined in light of current knowledge of the demographics and behavior of today's elderly, as well as in anticipation of changes in the elderly population in years to come.

District 10

- Re-assert the OAA's orientation toward prevention of age-related disability and illness, as opposed to using the program as a "poor", elderly social service program.

District 5

- Reprioritize OAA funding to states such as Florida which have a large number of temporary residents residing for as many as six months yearly.

- Include the urban elderly in a special needs category based on increase in the cost of living in urban areas.

REVISE SERVICE ELIGIBILITY

Districts 2, 7, 8, 9, & 11

- Introduce cost sharing via a sliding fee scale based on income.

Districts 5, & 10

- Avoid means-testing services and utilizing sliding fee schedules.

District 1

- Age eligibility should be changed to 65, allowing case-by-case exceptions.

Table 4

OAA REAUTHORIZATION: FLORIDA STATE UNIT ON AGING PRIORITIES

ALLOW STATES GREATER ADMINISTRATIVE FLEXIBILITY

■ Consolidate Title III into a single title allowing for states to distribute funds flexibly across nutrition and in-home services.

■ Delete language in the OAA which requires states to spend a specified portion of Title III-B funds on access services (transportation and information and referral), in-home services (homemaker, telephone assurance, etc.) and legal assistance.

INCREASE STATE CONTROL OVER PROGRAM PLANNING

■ Amend Sec. 305 (a) (1) (E) to permit states the flexibility of requesting permission of the Commissioner of the Administration on Aging (AOA) to divide part of the state into district planning and service areas to serve as the AAA for the balance of the state.

■ Eliminate the requirement that the State Plan on Aging be based on area plans (Sec. 307 (a) (1)), and introduce language compelling area plan policies to be based upon statewide policies and priorities reflected in the State Plan on Aging.

INCREASE STATE ALLOCATION FOR TITLE III SERVICES

■ Repeal paragraph 2 of Sec. 304 (a) which requires each state to be allocated at least as much of Title III funds as was allotted to the state during FY'84. Changing demographics make this provision outdated.

REVISE SERVICE ELIGIBILITY

■ Amend 45CFR 1321.67 (c) to allow for a sliding fee schedule.

expanding programs, services, and financing, consensus was only achieved (20%) regarding allowing flexibility in transferring Title IIIC-1 and C-2 funds.

Priorities reported by Florida's Assistant Secretary for Aging and Adult Services were primarily concerned with "Allowing States Greater Administrative Flexibility", and "Increasing State Control Over Program Planning." State priorities were much more specific than those provided by the AAAs and were essentially targeted toward:

a. consolidating Title III into a single title,

b. Deleting requirements that states proportionately spend Title III-B funds on in-home, access, and legal services.

c. allowing states to divide into distinct planning and service areas, allowing State Units on Aging to serve as the AAA for the balance of the state;

d. eliminating the requirement that State Plans be based upon area plans, introducing language that would require area plans to be based upon priorities specified in the State Plan.

Florida's SUA reported three priorities coinciding with those of the AAAs. First, Florida's Aging and Adult Services Program was interested in increasing state allocations for Title III services, though they favored doing so by removing the requirement that states at a minimum receive allocations equal to those distributed to their state in FY'84. Second, the SUA was interested in introducing language into the OAA that would permit the introduction of a sliding fee scale. Finally, the SUA was interested in achieving program flexibility over all Title III funds; doing away with categorical distinctions between in-home and nutrition services. The AAAs also favored revisions in Title III, but were primarily interested in achieving flexibility in their use of Title III C-1 and C-2 funds.

Interestingly enough, only one of the respondents proposed radical revisions of the OAA. Most recommendations fell well within the incremental options favored by Hudson (1990). This may be taken as yet one more area of agreement between the AAAs and Florida's SUA, since both agree that now is not the time for radical changes in the OAA.

Bottom-Up versus Top-Down Control

In reviewing the priorities reported by Florida's AAAs and its SUA, its is particularly interesting to compare priorities involving the degree of administrative authority and control desired by each party. While the AAAs achieved little consensus in this survey regarding modifying rules applicable to their operation, several of their priorities reflected a desire for more autonomy in administration and planning. For instance, Alliance for Aging in Miami expressed an interest in being able to become a direct service provider as opposed to contracting for services, and South Central Florida Area Agency on Aging in Fort Myers suggested that the roles of AAAs should be expanded to allow input into national policy development and resource allocation. Similarly, Northeast Florida Area Agency on Aging in Pensacola called for radical organizational changes in AAAs to reflect the changed environment in which services for the elderly are rendered (though failing to specify what would replace current AAAs). The Tampa Bay Regional Planning Council was the most detailed in its call for administrative rule changes. It's recommendations included allowing AAAs to prioritize local service needs, requiring states to earmark 10% of combined Title III funds for program administration, and increasing the interval between Congressional reauthorizations to four years.

Dr. Polivka, on the other hand, presented an agenda that would significantly strengthen the roles of SUAs, especially in the areas of service distribution and planning. It is in the area of planning that philosophical differences between the two groups are best illustrated. Historically, program planning under the OAA is a bottom-up exercise. Recognizing this fact, Florida's AAAs seek to further enhance local control over OAA funds and services. Comparatively, Polivka is responding to the growth in demand for OAA services (a growth in demand that puts Florida 30 - 40 years ahead of the rest of the nation), as well as the unwillingness of Congress to adequately fund the OAA's legislative mission. Confronted with the need to "do more with less", Polivka's recommendations appear to favor program efficiency over local control.

The priorities of Florida's AAAs and its SUA are also interesting when compared to the state's goals and objectives as outlined in the 1992-94 Florida State Plan on Aging (Table 5). Florida's State Plan on Aging is the product of a workgroup formed in 1990, comprised of representatives of the SUA and AAAs which developed the format AAAs would utilize to write their multi-year service plans. According to this document, (Florida State Plan on Aging, 1991)

Table 5
Florida Statewide Goals and Objectives for 1991-94

Goal #1

Develop a comprehensive range of well-defined and flexible service options designed to meet the diverse needs of the independent, semi-dependent and dependent elderly and their caregivers in every community within the state.

Goal #2

Improve the coordination, inter-agency linkages and referral capability among all the elements of the service systems, including those of public, private, voluntary, and religious/fraternal organizations.

Goal #3

Improve the accessibility of services to the independent, semi-dependent and dependent elderly including the specially targeted populations of those in greatest economic or social need with particular attention to the low-income minority elderly.

Goal #4

Evaluate and promote improvement in the quality of services delivered to the elderly with agency-administered funds.

Goal #5

Reduce the inappropriate institutionalization of the frail elderly through the provision of increased community-based services.

Goal #6

Establish a comprehensive system of mental and physical health promotion and preventive care for older persons.

Goal #7

Establish a consolidated, comprehensive system for outreach, information, referral, intake, assessment, care planning, case management and service monitoring.

Source: Florida State Plan on Aging, 1991

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"The state plan is designed on the principle of providing only the broad policy or strategy guidance essential for program effectiveness, while allowing wide flexibility to the area agencies on aging to adapt their programs to local needs, priorities and concerns. The aggregate array of area plans, over the course of time has been the basis for the emphasis and policy decisions represented in each of the succeeding state plans on aging, because they are both developed from common informational elements and data bases."

This statement affirms the bottom-up orientation of OAA programs and stands in sharp contrast not only to the top-down administrative needs reflected by Florida's SUA, but also in regard to portions of the OAA which rigidly proscribes how Title IIIB, C-1, and C-2 funds shall be spent.

Overview

The tension exhibited between the needs of Florida's SUA and the state's AAAs relative to coordination and control of programs and services typifies the ongoing history of the Older Americans Act. In 1973 the focus of the OAA was shifted from direct service delivery to an emphasis upon advocacy, service/program planning, and local coordination. This expanded mission was never matched with the funding required to achieve these goals. While legislatively intended to generate grass-roots local constituencies and to encourage local control and support, the act was widely criticized throughout the seventies for its inability to effectively coordinate services (Estes, 1974; Reilly 1975; Kaplan, 1975; Eagleton, 1978; Boggs, 1978) As Polivka's recommendations suggest, the problem of coordination or targeting services still plagues state and local aging services. Polivka's recommendations are designed to bolster the SUA's ability to set statewide priorities within which local AAAs must develop their local plans. While local control and "bottom-up" agenda building has been the hallmark of the OAA since 1973, Polivka's recommendations suggest a need for counterbalancing local agenda building with "top-down" agenda development on the part of SUAs.

This competition for control over agenda building and service planning is complex and vital. As Hudson (1990) has indicated in testimony before the U. S. Senate Special Committee on Aging, the national network of AAAs funded through the OAA have effectively generated strong local support among providers, public officials and constituents, and have succeeded in generating significant funding resources (40%) beyond OAA sources. They

have also effectively promoted program innovation and have served as focal points for community-based aging concerns. Despite their inadequate funding levels and inability to comprehensively coordinate aging services, AAAs have been responsive to the local needs of their elderly, and have tailored services accordingly.

Recommendations such as those presented by Polivka which call for more state control over program spending and priorities unavoidably threaten the autonomy of AAAs, and in most instances are strongly resisted by local providers and constituents. Unfortunately, scarce federal resources, a burgeoning older population, and the steady erosion of health care benefits funded through Medicare and private insurers compel states such as Florida to either "fish-or-cut-bait" on contentious issues like state versus local control, or for that matter, in regard to introducing a sliding fee scale. Polivka's recommendations reflect this perspective, while the recommendations of AAA directors faithfully reflect the perspective of local providers attempting to bridge the gap between supply and demand for services.

Commentary

Like its peers and predecessors, Florida's aging network continues to struggle with issues associated with targeting services. The state is not yet prepared to radically revamp the OAA, preferring instead to make incremental changes. At the local level, several agencies would like to see the OAA re-dedicated to its original preventive orientation. However, most respondents seem more concerned with enhancing their ability to meet the most pressing needs of their constituents. To that end, all parties desire more funding, more flexibility, more control, and more autonomy.

These desires, expressed locally through the AAAs and at the state level through the SUA, appear to be in direct contradiction with one another. An either-or paradigm is implied in which bottom-up coordination dominates top-down approaches or vice versa. This inflexible dichotomy need not be the only alternative available. Local and statewide planners both confront a common and historic problem of service allocation and finance. Each seeks to resolve this impasse under their own autonomy. Unfortunately each possesses resources and perspective which the other needs. Local AAAs possess the virtue of being intimately familiar with their service environment. They know where gaps in services exist and when given an

opportunity, can favorably address local priorities. State units on aging lack this perspective but are capable of observing trends across regions and can utilize this information to maximize the impact of OAA funds statewide. Local AAAs are incapable of such a broad perspective. Unavoidably, these two administrative units are dependent upon one another. While it is politically palatable to emphasize the role of the local AAA in program planning (as reflected in Florida's State Plan on Aging), effectively implementing OAA programs requires an equal emphasis upon bottom-up and top-down planning.

In the months to come, Florida has an opportunity to reassess its priorities regarding the Older Americans Act, and in so doing, could conceivably influence the course of the 1991 reauthorization. Former U. S. Senator Lawton Chiles (D-FL) has recently been elected Governor, and reforming the state's aging programs is high on his list of priorities. Since taking office in January of 1991, Governor Chiles has begun revamping DHRS's Aging and Adult Services Program, transforming it into a separate agency. Chiles does so at a time when Florida faces a state budget deficit of as much as a billion dollars. Having campaigned for Governor in a populist style, it can be anticipated that Chiles will be supportive of enhanced local control of OAA programs and services. However, as former Chairman of the U. S. Senate Budget Committee, Chiles is well aware of how under-funded the OAA is, and appreciates how cuts in Medicare, Medicaid, and other federal programs have strained OAA resources. Given these constraints, Governor Chiles almost certainly appreciates the value of top-down planning and administration.

The Congress may be particularly responsive to former Senator Chiles's views on the reauthorization of the Older Americans Act. Their interest will be grounded not simply in Chiles's vast experience with such programs, but also on the basis of his constituency: one of the largest concentrations of elderly in the nation. Governor Chiles, more than most policymakers, should be in the position of bringing a truly balanced and pragmatic perspective to this policy debate. Hopefully, he will be able to support a majority of the priorities reported by executive directors of Florida's AAAs and by Florida's Assistant Secretary of Aging and Adult Services. If he so chooses, Governor Chiles has the opportunity to strike a balance between needs for autonomy and control at both the local and state level by equally supporting bottom-up and top-down planning efforts and by developing a mechanism for negotiating a state plan that integrates both sets of

priorities. Without doubt, such a process of negotiation will be complicated and often difficult to achieve. Nevertheless, the priorities which emerge should more nearly reflect appropriate concerns at both levels of administration.

This an achievable goal if Florida's new governor is willing to advocate for an emphasis in the re-authorized Older Americans Act for more integrative, two-way program planning. The politically palpable but administratively impractical bottom-up emphasis to planning and administration which has characterized the OAA since its inception could be fruitfully replaced with a more effective bottom-up/top-down model that allows for a negotiated and integrated SUA/AAA state plan. It will be intriguing to learn whether Florida and its new Governor will support revisions of the OAA along these lines.

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Dr. PATON. Ms. Sandra Craine will be the next presenter.

STATEMENT OF SANDRA CRAINE, ATLANTA JEWISH COMMUNITY CENTER

Ms. CRAINE. Good morning. I am with the Atlanta Jewish Community Center, and I would like to make some concise, generic remarks as a service provider about the Older Americans Act. I want to publicly express our support for the reauthorization of the Older Americans Act of 1965 and its amendment. My specific concern is the appropriations of Title III and V of the Older Americans Act as it relates to the elderly services communities, case service programs, social service block grant program, and programs for Alzheimer's victims.

The Atlanta Jewish Community Center Senior Adult Services operates as a subcontractor with the Atlanta Regional Commission and the Office of Aging. As a provider, our goals are: one, to secure and maintain maximum independence and dignity for older persons capable of self care with appropriate supportive services; two, to remove individual social, economic, physical, and transportation barriers to personal independence for older individuals; and three, to provide a continuum of care for the vulnerable elderly, including the best possible physical and mental health care and suitable housing. As you hear me repeating these goals, you know that they are consistent with those stated in the Older Americans Act.

Our current services include a senior center operation, congregate meals, adult day care and respite, home sharing and the supportive services of outreach, nutrition education, transportation, information and referral. We are proud to be a service provider and proud to be able to do these services.

However, there are some needs that we would like to talk about. One of them is outlined in the Act from Senator Pryor, and that is to address the critical need of transportation. We believe it would be an excellent idea to create a separate subtitle under Title III for transportation services to address this need.

Also, we strongly advocate the increased Federal appropriations to the State of Georgia to effectively meet the needs of the growing number of older adults. This national trend is evident in Georgia, the number of people 60 years of age grew faster than the under 60 population. Therefore, it is very important for us, even though there are limited resources, to maintain the eligibility level of the age of 60.

Georgia is the fifth fastest growing State in the Nation. One other statistic cannot be overlooked, and that is the increase in number of older Georgians in the 75-plus group, which corresponds to the national trend of the fastest growing population group. This major shift in population will significantly impact planning and service delivery in the future. Our treatment of the elderly will become more important in the future, as they comprise a larger proportion of the Georgia population. Therefore, increased moneys and appropriations are necessary to fulfill the mandates of the Older Americans Act targeted to meet the challenges of the 21st century.

Thank you.

Dr. MULLINS. Next we have Ms. Betsy Styles form Georgia. Betsy.

STATEMENT OF BETSY STYLES, PROGRAM DIRECTOR OF AGING SERVICES, ATLANTA CATHOLIC SOCIAL SERVICES, ATLANTA, GA

Ms. STYLES. Good morning, everyone. Thank you so much for this opportunity of raising some of the issues that I feel are important in talking about the reauthorization.

I am Betsy Styles. I am the program director of Aging Services at Catholic Social Services, representing the Archdiocese of Atlanta, an area that covers the northern half of Georgia. Before that time. I was a service provider in a low-income area of the inner city of Atlanta for 13 years, an ecumenically based program. The goal of the unit that I represent now from Catholic Social Services in Aging Services also is to serve the elderly in our target area, which of course is a very, very big area. It includes rural and inner city.

There are four other units within Catholic Social Services that serve minorities. They are Hispanic, Legalization, Refugee, and Counseling.

Most specifically, I want to thank the Commission on Aging of Catholic Charities, which put out a questionnaire to all of its aging services throughout the United States, asking our opinion about the reauthorization and will testify in Washington. So what I will be saying today on a local level, you will be getting nationally from Catholic Charities Commission on Aging, which will be meeting in New Orleans the day after tomorrow. So I hope to hear what they have come up with, and the results of that report.

When I was called yesterday to bring some of our ideas to you, I pulled from that, so you will know where they come from.

One of the things, in saying to you what I feel I am representing today, I feel I am representing a silent minority. That is, that—and I drew up a whole bunch of demographics for you, and actually the black and the white are the largest number of persons in Georgia.

But if anyone saw the paper 2 days ago, across the top of it it said "The minorities will be the majority by the year 2050." That says, while we are dealing with decreasing funds, and increasing elderly, we also have another silent majority that is going to be coming forward in 2050, and that is the minority of Asian, Hispanic—as you know, the different categories that I have listed there for you.

The U.S. Census right now says white, black, Asian-Pacific Islanders, American Indians. Then they very quickly say that Hispanic comes from both white and from other races. So you have another hidden group in there that is not noted very well.

The diversity in the growth of the minorities in the 1980's to becoming the majority by 2050 indicates that the Older Americans Act must include changes and flexibility. I heard what Dr. Wimberley said about flexibility. I think that has to be your key word to meet this population shift. These are the things I propose that you look at, particularly in the fact that we have so few older persons of Hispanic, so few persons of Asian descent. We look to the majori-

ty, which of course is our black population. But we need to be looking at the Hispanic and Asian as well.

I propose that there be a uniform definition of this multicultural group—in other words, let's get it defined so that you know where your older persons are. Number two, to administer services uniformly to these groups, even though their numbers may be small, they are the future elderly. Number three, flexibility must be built into how to reach the language limited and socially isolated, such as the use of video, and TV broadcasting of services. Maybe even a Sesame Street for the Korean and Vietnamese.

Number four, nutrition programs should be—here's the word again—flexible to include culturally specific meals. Now, I know this is done in other parts of the country, because I have been there. But in checking here, I have found—and this is both home delivered meals and congregate—in Georgia we have one menu for the entire State of Georgia, and there is only one culturally specific meal served, and that is the Jewish kosher meal. I think we need to be looking at how to reach others.

Number five, amend the Act to strengthen its targeting the isolated, non-English speaking persons to: one, be served by those agencies that have staff who speak the language or have access to interpreters; two, promote international language signs in all public areas.

I have lived in four different countries, because my husband was a chaplain in the Air Force. I can't begin to tell you, that even in Turkey where we lived, there were signs that were in French, German, Spanish, and we really need to be thinking of ourselves in America as international, to have all these languages here.

Three, we need interpreters to be furnished by the lead agency, or have access to them to access public services. We need to amend Title III to have the Older Americans Act more involved in ensuring interstate formulas meet the intent of targeting services to those in the greatest economic or social need.

Again, getting back to definition, and I don't want to take away from what we are already serving, what I am saying is we need to have some kind of an action plan, looking at a person who does not speak the language, who is at home and whose main role may be babysitting—how are they going to learn to participate in this society and what is going to happen to them when they are older?

The other things I am going to go through rather quickly, but that is really my main point. Recommendation number two is that I strongly urge the increase in funding of the Older Americans Act. Decreasing the funding as the demographics clearly indicate an increase in the elderly population is a policy that is only going to lead to disaster for one-fourth of the American population in the year 2030. I have put a scale in there, and I am sure you have seen them more than once, of the numbers that would be at that time. It would be down to one in three by 2050.

We are already witnessing the curtailment, the cutback; the services that are discontinued. In two counties, we have just lost or are losing services that will no longer be maintained. How can we continue to serve, and how can they continue to serve if they don't have the funds to do it?

The reason for the shift is that the demand of the frail elderly upon human service agencies is not being met and the funds are limited to those vulnerable populations. Whether this means nutrition sites could be transformed into adult day care sites should be investigated as to its feasibility vis-a-vis—and here again comes the flexibility—the State statutes and the need of the population served. In other words, don't turn all of them into it, but it might be something that is needed. Due to the cost of adult day care and respite services, cost sharing should be established by a certificate of need so that co-payment could be made by a person's insurance company or Medicare or Medicaid, which means more legislation.

If I were to prioritize, and this is what they asked us to do from Catholic Charities, the program areas to receive additional funding, I would say Meals-on-Wheels, due to demographic growth of the 75-plus age group. Two, in-home services, to include custodial services, co-funded with Medicare, Medicaid or insurance companies. The majority of the elderly remain in the home so why aren't the services present to maintain them?

Three, training and research. This is the future and must never be shortchanged. Four, employment. With age discrimination in the workplace, the elderly must be given every advantage to gain employment. We just had that in our paper, that one of our Congressman, Buddy Darden, is trying to get the limitation taken off of what persons can earn. I applaud him and others.

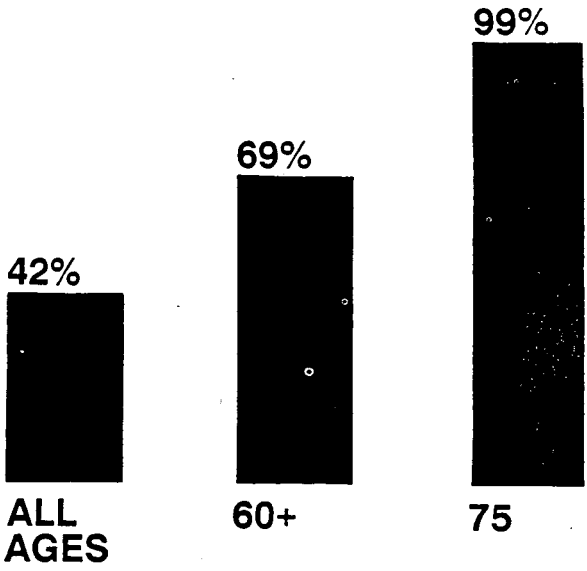
They just told me time, and I had four others, so I will just quickly say to you that I hope that the Commissioner and the AOA will be raised to a status in which they can really represent what will be the majority of the persons in America. The other thing is the White House Conference on Aging that was not held in 1991. I would like to see it made mandatory that it be held before each reauthorization and not at the whim of the U.S. President.

Also, to recognize the change in multi-cultural demographics and develop a plan of action now to meet the needs of these special populations as they begin to age. Don't wait until it becomes an emergency situation. Then further, to encourage church and synagogue and agency collaboration, continuing education projects—and I gave you an example of one that AOA funded that is in your handout.

Thank you very much.

[Subsequent to the hearing, the following information was received from Ms. Styles for the record:]

1970 - 1985 CHANGE IN POPULATION BY AGE ATLANTA REGION



THE ATLANTA REGION PROJECTED INCREASE IN THE 60+ POPULATION

1985	237,427	
		80% INCREASE
2010	427,677	

TABLE 10

DISTRIBUTION IN 1980 OF POPULATION BY AGE AND RACE

Total Population	Persons	Percent
Total Population	1,779,226	100.0%
White Population	1,290,090	72.5%
Black and Other Population	489,136	27.5%
White Population		
Total White Population	1,290,090	100.0%
White Population 60+	150,570	11.7%
White Population Below 60	1,139,520	88.3%
Black and Other Races Population		
Total Black and Other Population	489,136	100.0%
Black and Other Population 60+	41,332	8.4%
Black and Other Population Below 60	447,804	91.6%

Data Source: 1980 Census. STF2 Table 36.

In the Atlanta Region in 1980, 1,617 persons aged 60+ were of Hispanic origin. Table 11 shows the distribution of Hispanic elderly by county.

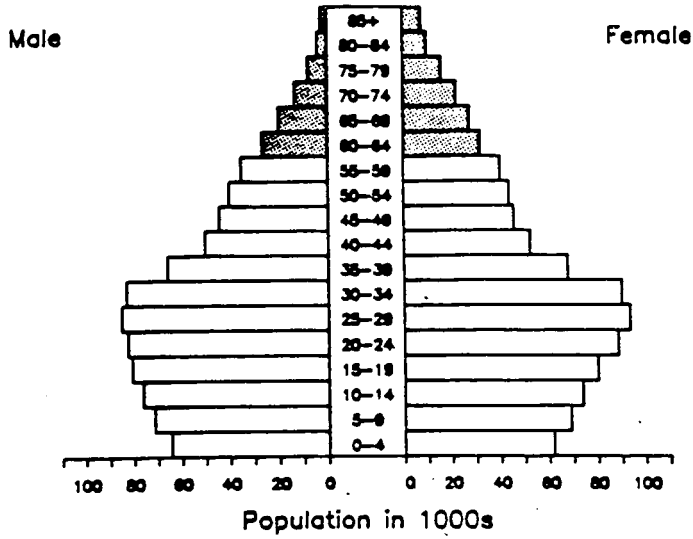
TABLE 11

DISTRIBUTION IN 1980 OF HISPANIC POPULATION AGED 60+

Area	Total	Percent	Female	Male
Atlanta Region	1,617	100.0	987	630
Counties:				
Clayton	72	4.5	42	30
Cobb	143	8.8	99	44
DeKalb	487	30.1	279	208
Douglas	34	2.1	20	14
Fulton	788	48.7	491	297
Gwinnett	79	4.9	50	29
Rockdale	14	0.9	6	8

Data Source: 1980 Census STF1A Table P-6.

Age Composition of the Atlanta Region, 1980



Age Composition of the Atlanta Region, 2010 Forecast.

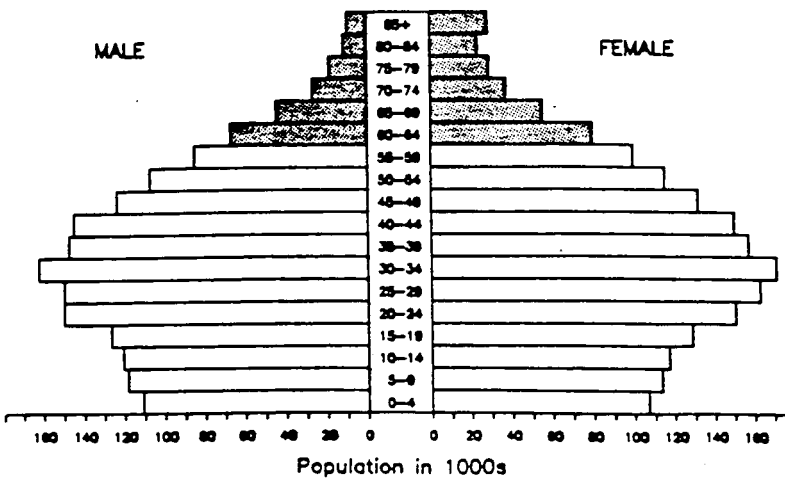
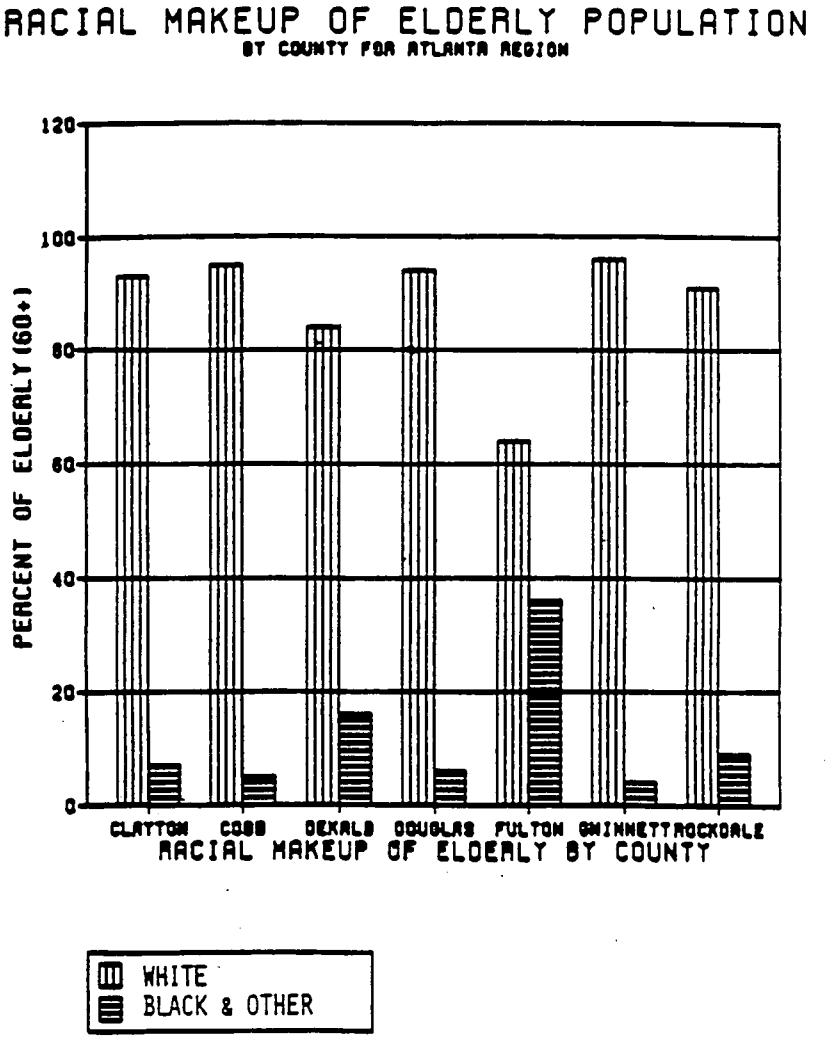
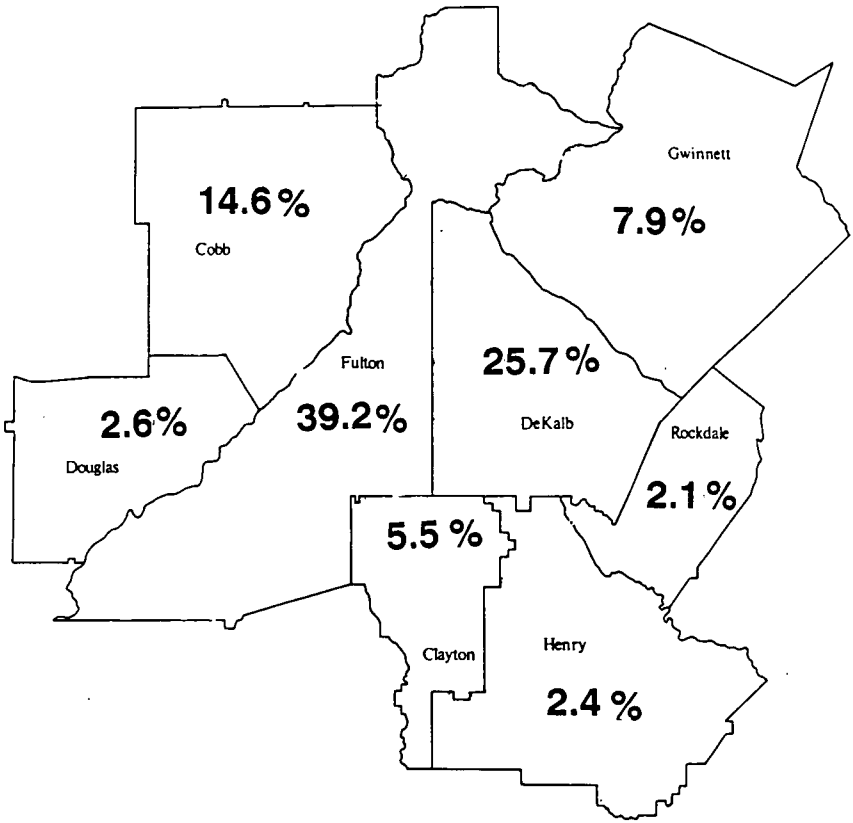


Figure 6

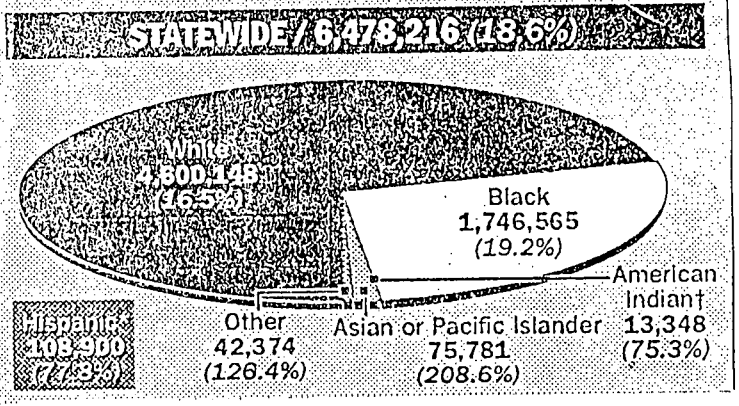

RACIAL MAKEUP OF ELDERLY POPULATION
BY COUNTY FOR ATLANTA REGION
PERCENT OF ELDERLY (60+)
120
100
80
60
40
20
0
CLAYTON
COBB
DEKALB
DOUGLAS
FULTON
GWINNETT
ROCKDALE
RACIAL MAKEUP OF ELDERLY BY COUNTY
WHITE
BLACK & OTHER

Atlanta Region



Georgia's population growth by race

Figures in parentheses represent the percent change 1980-1990.



AREA / Total population *(% change)*

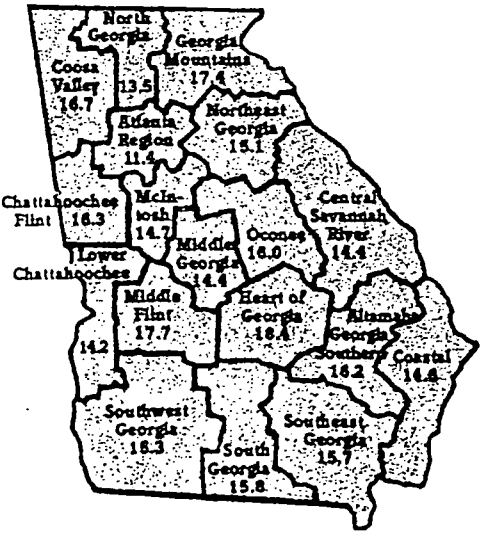
*Persons of Hispanic origin can be of any race.
†Also includes Eskimos and Aleuts

Source: U.S. Census Bureau

Facts on Aging

- Older people prefer to live at home and to remain independent.
- Older people are Georgia's fastest growing resource. There are currently more than 900,000 older citizens age 60 and above in Georgia; by the year 2000 this number will increase to more than 1,000,000.
- Georgia has the 6th fastest growing 60+ population in the United States. Between 1990 and 2010, Georgia's 60+ population is projected to increase by 71%.
- The number of Georgians over 85 years old is growing at three times the rate of those under 65.
- Those persons age 85 and older are most likely to need assistance in performing tasks associated with daily living.

Percentage of population 60+ in Georgia: 1987



Dr. PATON. Carolyn Clark-Daniels, please.

STATEMENT OF CAROLYN CLARK-DANIELS, CENTER FOR THE STUDY OF AGING, UNIVERSITY OF ALABAMA

Ms. CLARK-DANIELS. Good morning. Thank you for holding this session in Atlanta. I am Carolyn Clark-Daniels from the Center for the Study of Aging at the University of Alabama. I am a political scientist. I research policy issues in gerontology.

Two matters I would like you to consider today are the services provided under the Older Americans Act and the training and payment of ombudspersons. First, a team of three researchers from the Center for the Study of Aging, Dr. Lauren A. Baumhover, Dr. R. Stephen Daniels, and myself, have just completed a telephone survey of adults over the age of 60 and Older Americans Act services.

We conducted this needs assessment in seven western counties of Alabama. We used a random sample of listed phone numbers and spoke with 469 individuals over the age of 60. Forty-five percent of these people were from rural areas, 43 percent from small towns, and 12 percent from urban areas. Over 90 percent had lived in their communities for over 5 years. These people ranged in age from 60 to 96. Fifty-six percent of these people had incomes of less than $7,500.

We questioned these individuals about their knowledge, use and need for Older Americans Act services in their communities. The table that you have in front of you provides information from the survey. Overall, knowledge of services was under 50 percent. Only nutrition sites and transportation services were known by 75 percent of the individuals. Use was considerably lower than knowledge. The services most used were participation in senior centers and meals received at nutrition sites.

The respondents identified weatherization, health education for seniors, and senior centers as the services most needed in their communities. From this study of use, it is apparent to us that not all the services that are targeted for the elderly are reaching those they are targeted for.

The second issue I want you to consider concerns ombudspersons. In the State of Alabama, all ombudspersons are hired full-time but always have another job. In other words, they work part-time as ombudspersons. They receive little or no training insofar as the Older Americans Act is concerned about their responsibilities under the Act or the authority they have to act under the Act. Even when the ombudspersons understand their authority, they are not given permission by their superiors to carry out their duties.

I have an example here I think is important. When a boarding home was shut down quite recently because of very poor living conditions, an ombudsperson was called to counsel the individuals that were being displaced. She stated she did not have the qualifications and she didn't have the authority to go. Another senior services organization was called, and they went and counseled these people.

Furthermore, we have conducted a survey of licensed and unlicensed boarding homes in the State of Alabama. We plan to con-

tact ombudspersons concerning the location of these boarding homes in the areas we look at. We were told by one ombudsperson who is very knowledgeable that there would be problems because not all ombudspersons know where the boarding homes are. This fact was confirmed quite recently at a meeting of ombudspersons. We had to go to hospital social workers to find the information we wanted. My question for you folks is why hospital social workers? I think ombudspersons should know where the elderly poor reside.

Training of ombudspersons about their responsibilities under the Act, how to use their authority, how to respect and work with older individuals, and how to counsel the elderly would improve the quality of care they provide. Training ombudspersons is the key to better job performance. Along with training, I strongly urge the undertaking of a nationwide survey of all individual ombudspersons to ascertain what they do know about their jobs, when they know about the Older Americans Act implementation in their area.

Also, I would like to see the survey include questions about how much authority the ombudspersons think they have under the Act and how much of this authority they are allowed to use. Possibly the reports you folks get from the States and from the various AAAs, may not truly reflect what is happening out there.

Finally, because the position of ombudspersons is treated as a mostly untrained, part-time position in Alabama, older Americans needing assistance may be faced with delays in getting help. We in Alabama need well-trained, full-time ombudspersons who are paid a fair salary. One of the problems is that the current salaries are quite low. Raising salaries would mean the possible employment of individuals who are qualified to deal with older Americans and employment of those who do not hold other jobs.

Thank you for your time. Thank you for letting me tell you about my concerns.

Dr. PATON. Marie Cowart, please.

STATEMENT OF MARIE COWART, DIRECTOR, INSTITUTE ON AGING, FLORIDA STATE UNIVERSITY, TALLAHASSEE, FL

Ms. COWART. Good morning. I am Marie Cowart, Director of the Institute on Aging at Florida State University in Tallahassee, Florida, which is the capital of Florida. I am also a professor of urban and regional planning in the area of health and aging.

I will be brief. I want to thank you for being here and allowing us this opportunity. I also want to thank Ruth Paton for the work she has done to arrange this meeting.

You have already heard that Florida reflects the aging of our country. With increasing numbers of older persons, particularly the oldest old who require care, we in Florida have a concern about the ability of the aging network of services for seniors to sustain itself over time. Services for seniors are labor-intensive, and yet we sense that there may be short- and long-term problems with maintaining an adequate labor supply to provide social and long-term care services for the elderly. You heard a good example from the previous speaker.

While there is little documentation about the working conditions, and continued supply of this important segment of workers, we do suspect that current signs of turnover and shortages in personnel are ominous indicators of the future continued supply. We are concerned that there is virtually no literature on this subject, and that at the national level planning for the service needs of the elderly is not apparent in the form of a specific plan for personnel to deliver these services. I was pleased to hear that the Committee will be looking into staffing adequacy in rural areas. I think that is certainly an important dimension of this problem.

To better understand the problems of assuring an adequate and appropriate supply of workers for Florida's senior services network, under the sponsorship of the Florida Pepper Commission, and using none of our valuable State Older Americans Act funding, we are committed to studying these and related problems. We wish to better understand the dynamics of the work situation of employees in the aging network, and to plan for adequate personnel to care for Florida's elderly over the next decade.

Our findings will be available to you. Meanwhile, let me leave you with one thought. An aging network employs large numbers of low-wage workers, who are often part-time, with few or no fringe benefits, and virtually absent of any pension plan. Many of these employees are women, who may be single heads of households, and who may be minority. With our employment practices in the aging services network, are we preparing the next generation of clients who, because of their future potential for impoverishment, will be dependent on public services?

Thank you.

Dr. PATON. Betty Landsberger.

STATEMENT OF BETTY LANDSBERGER, ASSOCIATE PROFESSOR EMERITUS, SCHOOL OF NURSING, UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, NC

Ms. LANDSBERGER. Like the others, I would like to thank you very much and thank the Southern Gerontological Society and Ruth Paton especially, for setting up this session and giving us a chance to appear here and let you know what we hope will happen as far as reauthorization of the Older Americans Act is concerned.

My name is Betty Landsberger. I am an associate professor emeritus of the School of Nursing at UNC Chapel Hill, a place known to members of the Atlantic Coast Conference, I think, because of last Sunday's game.

I come here—not to play basketball—as a veteran member of the board of our county Department on Aging, and for 5 years a member of the Advisory board of our Area Agency on Aging. The first thing I would like to do is make a plug for the advisory boards for the area agencies. I think they have a lot of value for advocacy in our counties with respect to government to the county commissioners, very particularly. They are a link between the professionalism of the area agencies and the county commissioners who have to worry about everything, from taming wild animals in some cases, to looking after giving flu shots.

They also are a way to help counteract a bit something that has been mentioned, and that is the lack of people knowing about the Older Americans Act program. I think many of these programs exist, and those of us serving on these boards can take back to other groups we belong to the news about the existence of these rather elderly programs.

I would like to say that other nations are graying just as we are, and they are faced with providing for the special needs of a rapidly growing number of older people. The Older Americans Act, I have found, is the envy of the industrialized countries that I have visited, and indeed, I think of the whole world. The reauthorization called for this year in 1991 gives Congress the opportunity to examine the changes needed to keep this precious set of protections for our later years. Changing conditions have brought about the need for several steps that we must now take.

In trying to prepare myself for this testimony, I noted the recommendations outlined by the National Association of State Agencies and area agencies. What I have to point out really comes from the work they did in examining the total Act. As a spokesperson for the women's issues in the AARP, I would like to begin with those dealing with long-term care. I think that long-term care is probably on the top of the list, for good reasons, of the Women's Initiative of AARP. I think as Ms. Cowart said a few minutes ago, there are other women's issues involved here, and that is, as she very rightly pointed out, what are we contributing to the problems women will have as the years go along and these people retire.

In the first place, about long-term care, the first point is that the Act should be amended to provide a lead role for States and area agencies on aging in the development of a national community based long-term care program. Also, to emphasize the role of the aging network in other Federal long-term care systems. I think that what you presented a while ago from the committee itself really addresses this, and as other people have mentioned, my next point deals with the ombudsman's program.

The Act should be amended to create a separate title for the long-term care ombudsman's program. This is really our only key to monitoring the quality of long-term care. It is a very important issue, and just as you heard a few moments ago, these people are often on a part-time basis, they have to cover several counties, they have only the help in North Carolina of the members, volunteer people, from the counties that belong to the area agency groups. They are the advisory committees for this, and this obviously needs the kind of attention that it will get if it becomes a separate title in the Act.

The next recommendation also deals with something mentioned before. It is a change for financing in-home long-term care services. The Act should be amended to allow area agencies to implement cost sharing for all in-home services. The cost of services should be shared on a self-reported ability to pay basis, using a sliding fee scale. This is important, it seems to me, not only to bring in some more funding for these services which are, as has already been mentioned, very great and of general importance in need.

But also, it makes them available to people whose incomes are above the present eligibility standards, and people who often would

be glad to and could pay for some in-home services can't get them because their incomes keep them away from it. It seems to me it is a sensible kind of an adjustment to make.

Then the point about the important role played by family members in the long-term care picture calls for this change in Title I of the Act. The statement of objectives should emphasize the importance of providing support to family members and other caregivers providing voluntary assistance to those older citizens needing long-term care services. As we know, in this country and as far as I know, throughout the world, 80 percent of long-term care is provided by this group of people. We owe them a lot, and it is time we began to make some sort of adjustment in this situation in their favor.

I think the only other point I would like to speak about—there are a few others listed in the written material I prepared—are the matters of legal assistance, which was mentioned before. I would like to see added to the list that was on the sheet you passed around the matter of guardianship. Guardianship really is becoming more and more important and receives very, very little attention. I think that as one of the rights to be protected by legal services, it would be a great help.

Again, I would like to thank you very much for this opportunity.

Dr. PATON. Dr. Ansello.

STATEMENT OF EDWARD F. ANSELLO, PRESIDENT, ASSOCIATION FOR GERONTOLOGY IN HIGHER EDUCATION IN WASHINGTON AND DIRECTOR, VIRGINIA CENTER ON AGING, MEDICAL COLLEGE OF VIRGINIA, VIRGINIA COMMONWEALTH UNIVERSITY, RICHMOND, VA

Dr. ANSELLO. Distinguished convenors, panel members, ladies and gentlemen. My name is Edward F. Ansello, and I am President of the Association for Gerontology in Higher Education in Washington, and Director of the Virginia Center on Aging at the Medical College of Virginia, Virginia Commonwealth University in Richmond. I am pleased to be here and I express my appreciation to the Southern Gerontological Society (SGS) for the invitation.

I am actually going to be up here twice, once in the capacity to represent the Honorable Thelma E. Bland, Commissioner of the Commonwealth of Virginia Department for the Aging. Our Virginia Center on Aging and the Department for the Aging work in consort in a number of enterprises. She is unable to be here and has asked me to read her testimony. I will do that first. Then I will speak on behalf of myself as an academic gerontologist and as President of the Association for Gerontology in Higher Education, specifically on Title IV of the Older Americans Act.

I wish to say something first, in common with the two persona I will have here today, an observation on the basis of published reports on the cost to the United States of Operation Desert Storm an estimated $6 to $9 billion. It cost an estimated minimum of $150 million a day extra during the 6 weeks of Operation Desert Storm, prior to the ground offensive, at which time the costs were thought to double or triple. This means that in less than 6 hours of any given day during the war, the Congress and the American people

spent more than was appropriated for the current fiscal year for all education and training of personnel, research, and demonstration projects under Title IV of the Older Americans Act.

It is not only a question of having enough money for the Older Americans Act, as has been brought up before. It is a question of priorities.

Commissioner Bland has made eight suggestions and I will give these to you. The first suggestion, of course, is to increase funding. Her comment is that "we urge reaffirmation of the commitment to older Americans through a substantial increase in Federal funds to implement the Act." As I will mention later on, one subset, Title IV, is appropriated today at considerably less than one-half the appropriation for the fiscal year 1980.

Second, we support a reconsideration of cost sharing for clients who can afford to pay and who receive services under the Act. The current constricted fiscal environment, the growing number of persons who are waiting for services, and the strong support of many older persons for cost sharing suggests the need for this change in the Act. Cost sharing will allow the expansion of critical services. Adequate protection of clients' rights and assurances for an equitable sliding fee scale must also be written into the Act regarding such a provision.

Commissioner Bland's third point is regarding direct services. We believe that area agencies on aging should be allowed to provide direct services without waivers as part of their area plans. The growing needs of the elderly and the inability of the private sector to meet these needs affordably, especially in rural areas, and especially for those in greatest social and economic need require a reconsideration of this issue. In many instances, the area agencies can provide services in a more cost effective manner. In rural areas, area agencies are frequently the only service provider available.

Point number four—Commissioner Bland also recommends a separate title for the ombudsman program. We recommend consideration of a new title in the Act which would more clearly delineate the long-term care ombudsman program from other title III services. Furthermore, we support adequate funding for the ombudsman program to support the development of a local program in each area agency on aging.

In 1989, Virginia's nine local programs handled 90 percent of the ombudsman program complaints. The current appropriation is inadequate to support the ombudsman program and a new title would ensure that our efforts to maintain a quality program would not compete for funds with other Title III funded services.

Fifth point—block grants. We oppose any block granting of Title III. The distinct funding categories allow area agencies and State units to use the separate sections of Title III as a base to develop services.

Sixth point—eligibility at age 60. Clearly, the rapidly growing population of older persons is overall healthier and more independent now than at any previous time. But the numbers of frail elderly are also increasing and many of them, particularly among the poor and the minority, are in their sixties. We continue to support

age 60 as the minimum eligibility age for services under this Act, recognizing the need to focus first on the frail elderly.

We recommend that Title III(D) be strengthened by providing adequate funding to achieve its goals. Title III(D) has the potential to ensure that resources are used to assist those most in need of help with maintaining independent living if adequate funding is provided.

I think there is probably a middle ground—taking a little editorial license—a middle ground here between those most in need at age 60 and general availability at age 70, which is something that I support.

Seventh point—case management. We recommend that the Act be modified to emphasize that each area agency on aging will have an identifiable case management component to give older persons access to services in a coordinated manner. Area agencies on aging can and do serve as the leader in case management activities for older adults. The Older Americans Act should encourage and strengthen this role. Parenthetically, Commissioner Bland is encouraging case management pilot studies and case management evaluations during the next fiscal year.

Last, Title V. We recommend that the administration of Title V be placed under the Administration on Aging. This will encourage a more coordinated response to those older persons eligible for the program.

Thank you for Part 1.

Dr. PATON. Mr. Rick Wingo.

STATEMENT OF RICK WINGO, GEORGIA OFFICE OF AGING

Mr. WINGO. Thank you. My name is Rick Wingo. I am with the Georgia Office of Aging and I am representing Dr. Fred McGinnis here today. I want to thank Senator Pryor and the Senate Special Committee on Aging for having these hearings, and you, Ms. Burneson and Ms. Kindermann, for being here and listening to us. We appreciate the opportunity.

I had some prepared comments, but having heard what previous speakers have said, and think I will depart from these prepared comments. What I would like to say is that the Georgia State Unit on Aging fully supports the National Association of State Units on Aging's policy statement of December 1990. I think you already have a copy of that.

Let me begin—my comments will be rather short—by saying that the Older Americans Act is 25 years old, and it works just fine.

Americans really don't know what Title III(C)(2) is, and they probably don't care. It's bureaucratic. But they do know what Meals-on-Wheels is, and they like it. It's as simple as that—they like it. They want to know that mama or grandma or elder uncle is getting some support in their community, support that they may not be able to provide because they live too far away and they can't provide the help themselves.

The problem with the Older Americans Act is that the infrastructure is there to support OAA programs—which is the State units on aging and the AAAs and the service providers—but that

infrastructure is fragile. It is fragile because we need more money. That's just it, we need more money. Georgia gets $13 million a year out of that less than $1 billion—I think it's about $780 million now. That's simply not enough. We get some $3 million from the Social Services Block Grant. We get about $1.5 million for Title V for the senior employment program and some other odds and ends. That's not enough.

Let me tell you why it's not enough, just to give you some examples. Our vehicle fleet averages over 120,000 to 150,000 miles, depending on how you count the vehicles, per vehicle. Last year the rear end fell off one of the vans in one of our areas. Thank God nobody was on it, but it fell off.

We have waiting lists in every area of the State for nearly every service, and we have had them for years. We have senior center directors who are doing part-time work, not because the work is not there, but because we don't have the money, the AAAs don't have the money to pay for full-time work. We ask them if they would work 37.5 hours or 30 hours a week, and still try to get everything they need to do done.

We could go on with these examples. I want to reinforce that last point that was made by the previous speaker. Where are our national priorities? We spend, I think, $5 billion a year on SDI, the Strategic Defense Initiative. Why? We are spending $1 billion a copy for the B-2 bomber. It will cost more than its weight in gold when you add in the projected cost overruns. Why? The airplane doesn't even have a mission.

What could the people in this audience do if they had that kind of money for the elderly, which as you know will represent one in four of us in the first quarter of the next century? Who is going to take care of these elderly people? What will be their long-term care arrangements? If the younger generation is working, trying to keep up, who is going to take care of these folks? Do we really need to spend this kind of money on defense?

We need some more help for these hardworking area agencies on aging and their service providers, very, very badly. We cannot squeeze any more here. Testimony heard today discusses shifts between Title III(B) and III(C). Well, you move zero over to zero and you still have zero. Honest to goodness, I think that there is going to be a backlash against whoever just happens to be in office in the not too distant future if some things don't start getting national priorities. President Bush speaks about a new world order. We need a new domestic order and we need to know where our priorities lie.

I think you will hear, and you have heard, the same types of things, particularly if you have some Area Agencies on Aging and service providers here. We have got to have some more help from the Congress. We cannot keep going back to the state house here in Georgia. They have helped marvelously in the last 5 years or so, when they perceived that there was no money coming from the Congress and the last two administrations. They jumped into the trenches for the elderly.

So have the county commissioners. We have county commissioners in Georgia funding 100 percent of certain meals programs and other programs. But they are having budget problems. And the

place where the money is is not really in the statehouse or the courthouse. It is in the Congress. The problem is, as the last speaker just said, a matter of priorities. We need to know what the priorities of the Congress and the current administration are. We think it should be the elderly.

I thank you for your time. We appreciate your being here.

Dr. PATON. Dr. Larry Mullins.

Dr. MULLINS. I am Larry Mullins, chair and professor of the Department of Gerontology at the University of South Florida and President of the Southern Gerontological Society. I think what I will be saying or basically reflecting, are thoughts from the National Association of Area Agencies on Aging (NAAAA). Much of what I have heard today is reflected in these comments.

I think what I am hearing is basically about a need for more money, greater emphasis being placed on the area agencies being able to coordinate services in such a way that will provide them ways to develop their own resources and increased services through such means as private sector grants, contracts and initiatives; second through cost sharing; third through fund transferability between titles III(B) and III(C), which may be between zero and zero, as you indicated. The funds derived should enhance, rather than supplant, existing Title III funds for services and programs.

I think that in general, what you are seeing in these comments is that we are not getting enough money for what we need to do. I think it's quite clear in all the comments we have had that not only is there a lot of work to be done, but there is a lot of money that it will take to do that, and where is that money coming from? I think there is a continued effort in things that I hear and things I read in these materials of ways to try to reorganize and restructure to do things in a better way, to try to enhance the fiscal soundness of the various programs we have.

But at the same time, it needs to be done in a manner that is going to provide the greatest benefit for the older person in the community. I should emphasize that some of the comments that are included in the NAAAA materials were also presented by Dr. Landsberger regarding such things as continued emphasis within the Act on serving all older persons, with special emphasis on outreach to minority.

We heard another speaker talk about the idea of blacks and Hispanics—really trying to target those groups, as well as low-income individuals and other targeted groups as identified in the Older Americans Act. This basically would reaffirm the basic mission of the Act, I think.

Most of the comments that the NAAAA has tend to be quite specific to Title III regarding cost sharing and so forth. I would like to point out a couple of them.

One is that any new responsibilities or special mandates introduced into Title III programs must be accompanied by additional funding. The cost of services should be shared on a self-reported ability to pay basis using a sliding fee scale, as one of the other presenters emphasized. Those who are unable to pay should not be denied or given a lower priority for services, and funds should be used to enhance the service delivery efforts of the aging network, and again, not supplant other sorts of activities.

Another area that they emphasize, again reflecting other things I have heard, relates to the creation of a separate title for the long-term care ombudsman program. The new title should include an authorization level sufficient to fully operate the program with the authority and capacity of the ombudsman program in assuring quality care and long-term care and community residential facilities being expanded.

They also emphasize that the program reporting requirements should be streamlined and that the national data base on aging should be reactivated and included in the Act. I don't think I have heard this today. The national data base should collect information on unmet service needs. While an abundance of information is being collected, little is useful in really determining unmet service needs. Information on service utilization activities and kinds of services provided and the level of unmet need is crucial for planning within the aging network, and also for the Congressional budget appropriations and oversight processes.

Standardized nomenclature and methodology are needed to ensure that the information collected would not increase data reporting requirements, however. The data base should be a joint effort among the Administration on Aging, the National Association of State Units on Aging, and the National Association of Area Agencies on Aging.

The last point I would like to make that is reflected in the NAAAA material is that Title III funded services should maintain maximum flexibility to meet local needs and conditions. The Act should be amended so that the adequate proportion provisions for funding of services will be determined by local needs and resources and be defined in the area agency on aging area plan.

Thank you.

Dr. PATON. Dr. Ansello, would you like to do Part 2 for us?

Dr. ANSELLO. Sure, thank you. Hi. I know you are getting a lot of information; I don't know whether these proceedings are being tape recorded or not.

Dr. PATON. Yes, they are.

Dr. ANSELLO. Oh, good. When you go back to Washington, I would like to suggest that you think about the fact that the Southern Gerontological Society (SGS) is an organization of practitioners and academics. I would like to share some academic perspective now, but I would like to speak to the larger issue of the Older Americans Act and its conceived balance between practitioners and academics.

Until the Reagan years, the Older Americans Act reauthorization language always spoke of the aging network as a broad array of researchers, educators, and practitioners. The aging network so conceived was to incorporate area agencies on aging, state units on aging, institutions of higher education, advocacy groups, research forums, etc. What has happened in the last several years, especially under President Reagan's direction, is that the aging network has been more and more narrowly conceived.

Operationally now, it is basically State units on aging and area agencies on aging. This more narrowly conceived aging network is being asked to do more and more without some of its former partners involved in the process. If you look at fiscal appropriations,

not authorizations so much, but appropriations, what you find is that those other players of the original aging network are mostly covered under Title IV of the Act.

Title IV has been continuously emasculated at the very time when modest increases have been given elsewhere. This has tended to throw off the balance of interplay, and I think a message to bring back to Washington is to restore the balance. Just like the balance of what constitutes SGS, the balance ought to be there in Title IV and in the overall Older Americans Act. Indeed, the aging network ought to be practitioners and it ought to be researchers, advocates and educators; it ought to be a variety, an array.

That is just by way of a preface. Let me speak specifically to Title IV has three basic components: education and training of personnel to work with the elderly; research; and demonstration projects. The Title's historical function has been to support projects in the social and behavioral aspects of aging, and to encourage the cross-fertilization of beneficial interchange among those of us who work in research, education, and practice. This broad array of personnel was to constitute the aging field or the so-called aging network.

I would like to make a number of recommendations in regard to Title IV in my capacity as President of the Association for Gerontology in Higher Education and as one who has been working in this broadly conceived aging network for the past 21 years. The first recommendation is for significant increases in authorization levels for Title IV. This kind of goes without saying. We could probably just say "point No. 1" and we would all stand up and ditto it. But significant increases in authorization levels for Title IV are needed.

Title IV's authorization levels should be increased significantly to take account of inflation, substantial reductions in appropriations during the early 1990's and the need to expand the program in the 1990's. Title IV is currently authorized at just under $38.2 million, but only $25.3 million was appropriated in fiscal year 1990. That's year old data.

In contrast, I want to make a comparison to a decade earlier. In contrast to fiscal year 1990 when $25.3 million was appropriated to Title IV, Congress appropriation $54.3 million in fiscal year 1980. In other words, it had over twice the support a decade earlier. Furthermore, Title IV and other Older Americans Act programs should be reauthorized for a period of at least 4 years, and preferably 5 years, in order to ensure continuity of work.

The second point is to emphasize the historical function of Title IV for supporting social and behavioral projects. The 1991 amendments should clarify that Title IV's primary mission is to support social and behavioral aspects of aging, rather than health and biomedical. Agencies such as the National Institute on Aging, the Bureau of Health Professions and the Department of Veterans Affairs fund and undertake research, training, and demonstration projects related to the health and biolmedical aspects of aging.

Title IV is special in its attention to social and behavioral aging. Furthermore, social and behavioral projects funded by the Administration on Aging should be supported for 2, 3, or 4 years, instead of the current practice of 17 months, if real progress is to be made.

The truth of it is that approximately 50 percent of all 17 months AOA funded discretionary projects are extended at no cost. Basically what happens is that a good idea gets watered down over time.

The third point, separate authorizations for the three major components of Title IV. Title IV should have separate authorizations for education and training of personnel to work with the elderly, research, and demonstrations and other activities. This arrangement of separate authorizations would give greater visibility to these activities and provide more accountability.

I think the direction of many of the speakers so far today has been to disentangle, rather than to block grant, with good reason. Existing separate provisions would remain in the law for such high priority Title IV activities as legal assistance for older Americans, and special projects in comprehensive long-term care.

The fourth recommendation in Title IV is to emphasize Title IV's major role, which is to serve the board aging community, rather than a more narrowly defined Aging Network. The 1991 amendments should reemphasize that Title IV's role is to serve the broad field of aging, as it has throughout much of its history. During the Reagan Administration, the Administration on Aging used Title IV primarily to support the activities and mandates of State units and area agencies on aging.

Moreover, these State and area agencies were in effect given sign-off authority on discretionary projects within their jurisdictions. This practice has subjugated others in the broader aging community, for example, national aging organizations, higher education institutions and other service providers, to the priorities and policies or State units and area agencies on aging.

Number five, emphasize a greater role for institutions of higher education. Title IV should provide a greater opportunity for institutions of higher education to contribute to the development and implementation of discretionary projects.

For example, the just completed Title IV grant program competition for discretionary projects which began to be operational on October 1, 1990, listed 23 priority areas. Of these 23 priority areas in the last call, 10 were limited to State units on aging and area agencies on aging. There was no priority area that was limited to applications from nonminority institutions of higher education. If you were a nonminority institution of higher education, there was no way you could apply in the last go-around. That is certainly an alteration of the conception of what the aging network was supposed to be about.

Furthermore, the resources at our Nation's colleges and universities are being used inadequately at present in local and State aging related training. We have virtually no training money at the Virginia Department for the Aging. Yet there is training expertise at institutions of higher education that is basically going unused. It is going uncatalogued and it is going untranslated to practical needs.

Gerontological expertise which could be brought to bear in solving some of the problems that previous speakers have mentioned, that could be brought to bear in solving problems confronting older Americans, is being underutilized. Whenever they are developing their training programs, State and area agencies on aging should make greater use of the accumulated gerontological resources of in-

stitutions of higher education. Not to do so is wasteful of previous Title IV expenditures. There are lots of problems. Among other things, AOA does not keep a clearinghouse of its Title IV funded projects.

Sixth, personnel studies in gerontological competencies for State and agencies staffs. The 1991 amendments should mandate ongoing studies of personnel needs in the field of aging. As the American population grows older, and the field of aging becomes more complex, the need intensifies to determine the levels, numbers, and qualifications of personnel in employment fields which serve older Americans.

Moreover, Title IV should provide that professional personnel in State units and area units on aging meet basic levels of gerontological competencies, or engage in some appropriate mechanism for ongoing training. That means funding for training.

Seventh, ongoing clearinghouse and dissemination services for Title IV projects. I think it is ludicrous that we fund all these projects then we don't catalogue them, and we don't disseminate the findings to State units and area agencies on aging. What little money there is going into Title IV is inappropriately exploited, so to speak.

The Administration on Aging should provide support for clearinghouse and dissemination services for the products of Title IV projects, beyond the life of a particular discretionary grant. It is fine to be funded for 17 months. I once was funded for 29 months through continuous, no-cost extensions. It is great—you go to conferences, you give your findings, your share, and whatever, and as long as your project is alive, you disseminate your findings. When it ends, the project findings too often disappear.

At present, advances in pilot programs in aging related education, training and research often go unreported and unshared with others of us who are laboring in this broad field of aging and broad aging network, as originally conceived. AOA had for a limited period of time such a clearinghouse service. But this was repealed during the Reagan Administration. An ongoing, permanent, clearinghouse is needed to help give visibility and wide attention to Title IV projects which could benefit the broadly conceived aging network and aging Americans.

Last, with your indulgence, AOA-Office of Human Development Services relationship. The 1991 amendments should strengthen the relationship between AOA and the Secretary of Health and Human Services, making it a direct reporting line. This should be done in such a way as to insure that AOA discretionary projects and funding announcements do not fall under OHDS authority with its far-flung responsibilites, but rather are set by AOA itself in concert with the broad-based field of aging. I think the Senator's suggestion of an assistant secretariat for the Commissioner is quite appropriate.

I believe that the above considerations, when incorporated into the reauthorization of Title IV of the Older Americans Act, can make significant improvements in the quality of research, education, and training and demonstration projects that address the benefits and problems associated with the gift of time.

Thank you.

Dr. PATON. Thank you very much. Before we move into the informal dialogue and exchange portion of the program, I do want to formally say thank you to those who have prepared written comments for this workshop. Some of you have been called on very much at the last minute, and we appreciate your flexibility and willingness to fill in.

A number of people have gotten caught at the last minute with frozen funds and with illnesses, situations over which they had no control, and this session seemed important enough to me to keep trying to fill those slots with people I was pretty well confident would be here for the session anyway.

So for those of you that pitched in at the last minute, I really appreciate your willingness to help us in so very many ways.

I am ready to open the floor to questions, dialogue, and discussion. To make any comments you do need to move to the microphone, if you will do that.

Let's take a 5-minute break and then come back. Don't let us lose you for your comments when you return, please.

[Recess.]

Dr. PATON. Okay, I understand that Anna and Heather, independent of the Older Americans Act, are working on issues of guardianship and respite care. Those have both come up this morning. Heather mentioned some other areas in which she is working—rural health care, prescription drugs and their costs. I am just going to say at this point let's consider your questions fair game. Is that all right? For any of those areas, as long as we have their expertise here, I think it is good to have that opportunity and that dialogue to address any of those comments that you have.

So I would say let's be flexible at this point and entertain your questions. The one thing I do need for you to do is go the the microphone.

Dr. MULLINS. Can we ask questions of other people, of the presenters?

Dr. PATON. I don't see why not. I think open dialogue is the advantage of this kind of legislative workshop session, to be able to have that informal dialogue, so I would say yes. Just go to a microphone to ask your question, and if you are going to answer, go to the microphone, if you would, please.

Questions? Larry, did you have one?

STATEMENT OF ANNE EATON, VOLUNTEER

Ms. EATON. Thank you all. I am Anne Eaton. I have been in aging for 23 years, first as a volunteer, second as a professional, and then in my old age, I returned to being a volunteer.

I agree with Betsy Styles that the White House Conference on Aging should not be at the mercy of the President. I think it should be under the jurisdiction of the Secretary of Human Services. And it should be at least every 10 years. I was there in 1981 and I was surprised I have not heard anything about it this year.

Number two, I think it is very nice of you younger people to take care of us. I very much would like for you to say that you are not doing anything for us, but in cooperation with us. I do agree with Mrs. Landsberger who says advisory committees are very good. The

older people should not be excluded from Advisory committees, because who knows more about old people than the old people themselves?

Title III—we need more funding. I have not heard anybody here say they are willing to pay taxes. Read my lips. You need more taxes. If you go to other countries and hear what people pay there, they pay much more taxes than we do. If you want something good, you have to pay for it. It does not mean the Government alone must pay, it means you. If I would ask anybody around here if they would like to pay more taxes, well, they wouldn't elect me if I was running. So you have to be realistic.

Title IV—it is very important that there is research on people over 80. Do you know lately within the past 2 weeks I have been discriminated against? I could not qualify for being in a research project because I am over 80. And one of the people I talked to was from the Veterans Administration. So if you want any research in the field of people over 80, which is the greatest increasing population sector in the United States you will have to include us. We are discriminated against.

As to demography—you know, we have just gone so far. Many of you are a result of World War II, baby boomers. You just wait, how the demography will change after this war in the Persian Gulf. I don't think I have heard anybody say they are doing any research on that. The Census of 1990 does not cover this increase of births. It will come out when these new baby boomers get older which will affect the costs of the care for the these future elderly. I think that's very important, that you consider that.

The Older Americans Act covers people 60 and over, and usually benefits start at age 65. If you ever want to do any research on the older population you really run into trouble. For example, transportation, which was mentioned just a few minutes ago. The Older Americans Act says 60, but you can't ride at half price in the city of Atlanta, because you have to be 65. So I think all these things have to be considered.

Thank you, and please, the next time, do something together with us and not for us.

Ms. KINDERMANN. I want to briefly give everyone an update on the White House Conference on Aging. We are just as concerned as you are that the President has not called it. He had as an excuse the war for a while, and there remains $1 million set out for this White House Conference on Aging. It probably will not happen this year on any scale that would be useful to anyone. Even Reagan had a White House Conference on Aging in 1981, and it was a large scale conference. I am quite surprised that the President has not realized that this is a major faux pas that he will pay for later on.

The feeling is now, and this is pure speculation on our part, we have spoken to the White House person who is responsible for this, a man by the name of Clayton Fong, who said there has been no planning and no effort to start any coordinating speakers, or anything. We have heard a lot of rumors, but he is supposedly the source, and he is offering me no encouraging information

What we are speculating is that now that the war is behind us, the President will try and do some sort of small scale conference. Again, that is pure speculation, on our part.

In the meantime, I know many States are having their own, just as before when they got ready for the White House Conference in 1981, and previous conferences. They started garnering support and having their own conferences, State conferences on aging. I think that's very important, and if any of you are involved with States that are doing those programs, we would love to see the materials that come out of those. We do have materials from the Illinois Conference on Aging if you would like to see them.

Ms. LANDSBERGER. I would like to second this attention to the White House Conference on Aging, because as I mentioned, I am the spokesperson for the women's initiative of the AARP. It is very evident that it was the occurrence of preparing for and then participating in the White House Conference of 1981, which was responsible for all that has occurred in the way of attention to women's issues since that time, it is really quite phenomenal, the growth. For instance, the Older Women's League, the appearance in AARP of attention to women's issues where 57 percent of the members are women. In all sorts of ways, and I attribute the occurrence of what happened in the White House Conference with the credit for this very important matter.

Thank you.

Ms. KINDERMANN. I should fill you in also, the committee with legislative jurisdiction, Labor and Human Resources, Subcommittee on Aging, which is chaired by Senator Adams from Washington State, has introduced the vehicle for reauthorization. It is a shell bill. All it is is the Older Americans Act as we know it, to be amended during this year's reauthorization process.

But when he introduced that on January 23d, it is in the Congressional Record, we could probably get a statement that went along with that, one of the priority issues for Senator Adams will be women's issues. He has become very active in those issues. And also the ombudsman's program. That is very big on the agenda this year, and improving that, whether it be a separate title or separate title with other advocacy services, an elder rights title. I just wanted to let you know where we were on that.

STATEMENT OF AUDREY BURDETT, ATLANTA, GA

Ms. BURDETT. I am Audrey Burdett from Atlanta. I would like to ask you if you would please share with us some of the work you are doing on guardianship. I have constant problems with Protective Services, and I hate to pull Protective Services in just as a last resort, so could you share with us some of the work that is being done?

Ms. KINDERMANN. Actually our work on guardianship is very preliminary at this stage, but I can give you an idea of what is going on and what we are thinking about. There has been a lot of concern, not only about imposing guardianships on individuals, and taking away people's rights without adequate legal counsel. People's rights are being taken away from them when they may not actually need a guardianship. There may be other ways of going about it.

We would like to see a little more focus, and I know on the Hill this is something that is big, on insuring that those who are being

placed under guardianships, the wards, have more rights, that they have an attorney that will defend their rights, or someone to speak on their behalf, rather than having a court impose a guardianship on them with three doctors testifying that this person is incompetent. There is often no one to speak up for the ward.

We are now in the process of getting some research done on State guardianship laws, for those States which have them. Often they define incompetency just by virtue of age. That is very scary. The problem from a Federal Government standpoint that if we do come up with any Federal legislation, is how to attack this issue without infringing on State's rights.

We would like to see minimal procedural protections in place at the Federal level and also make sure that there is some sort of review process for guardianships, not just giving a statement of the ward's finances every couple of years. Even though that is required under State law, it is often not done. Perhaps some kind of monitoring of the guardianship, a formal review that is mandatory, and is actually followed through on.

Again, our information and the way we will proceed with this legislatively is very limited at this point. I would expect that in the next couple of months it will increase and you will start hearing more. There was, on the House side and on the Senate side, a bill on the House side Representative Roybal and on the Senate side a companion bill by Senator Glenn, a bill entitled the National Guardianship Rights Act of 1991. It has been introduced before. It is extremely comprehensive. I don't think it is something that could pass, just because it is so comprehensive and expensive.

However, the fact that it is out there shows that there is a real concern and a need to do something. I know that Senator Adams' subcommittee also is very interested in this. There is some speculation that they may incorporate something into the Older Americans Act with respect to guardianships. I am not sure exactly how they would do that. But there is some talk of that.

Dr. PATON. I would like to recognize the lady in the back on the side. Yes, if you will identify yourself and then Barbara Soniat, I think I saw you next, then Dr. Mullins and then Carol.

STATEMENT OF JOANNE METRICK, SOUTH CAROLINA STATE UNIT ON AGING

Ms. METRICK. I am Joanne Metrick. Though I work at the State Unit on Aging in South Carolina, I am not speaking for the State Unit. I have been familiar with the Older Americans act reauthorzation since 1977. I have watched things come into the Act and disappear from the Act, and I am using that as the basis for my comments.

The first thing I want to say is subtitles are an administrative mess, from the State level, from the local level, the area level, every time you subdivide for some special interest group, you create more administrative paperwork, more unnecessary reporting, and it has no positive impact on the older person that this Act is supposed to serve.

I take Title III (D) as a prime example. The funding was pathetic. It creates administrative paperwork, and all you really needed to

do was require an increased emphasis on in-home services, and increase the Title III money by a similar amount of funds. Then you would have had a lot more flexibility and a lot more older people would be served.

The first time I saw this was when Title III(C) was added and Title VII disappeared. I was working in the Title VII program at that time. When we subdivided Title III into (B), (C)(1), and (C)(2), at that time we lost home delivered meals. We had to charge administrative costs to the (C)(2) pot of money and we had to elimiante some clients who were being served under Title VII when they allowed home delivered meals. I have never seen an increase in services from a subtitle in the Act.

The other thing is cost sharing is floating around in every document that comes through our office. If we institute cost sharing in the Older Americans Act, we had better do it very carefully. There will be people who refuse to pay for a service because they have been getting it for 5 or 10 or 15 years free, or for a donation. If the person truly needs that service, there has to be protection for the person in any kind of cost sharing implementation.

Also, who will control the income? Currently with donated income, there are a lot of controls. I know the regulations in the last reauthorization said that you could not use the deductive alternative from Part 92, but in essence, when you read Part 92, you do use the deductive alternative in the end. That has created a lot of conflict in the local service provider and regional level. Funding that comes from cost sharing should be at the discretion of the person who generated the income.

Then collection methodologies will be another administrative nightmare, with no increased additional funds I can see billing costs for people who have agreed to pay a certain amount—it has to be very carefully thought out. The main thing I would like to see in a reauthorization is an extensive aditing of the Act. There are paragraphs in that Act that contradict themselves from one place to another, sometimes within the same paragraph. Everything I read is "add this to this section" and "add that to that section." It will be so incomprehensible that it will mean nothing to anyone who is trying to implement the reality behind it.

P&A funding for area agencies on aging—currently the Administration on Aging, I think, has interpreted that these new subtitles, (D) and (G) and all these others, the area agencies may have administrative costs for those activities, but they cannot charge them to that pot of money, because they are so pitiful. In essence what you are doing is further diluting the effect of Title III(B), because the administrative costs are coming out of III(B), where you want to increase transportation services and you want to increase services to the frail elderly.

The last thing, particular to South Carolina, I never paid any attention to the disaster relief reimbursement part of the Older Americans Act until 1989. If there is truly a need for disaster relief reimbursement, that money should come to the disaster areas string free. There are so many rules and regulations and pieces of paper and such a delay between getting those funds when there is a true disaster that they are ineffective.

Allocations to the State should be targeted if States are expected to target allocations below the State level. We have significant provisions in our locally adopted funding formula for regions. We think some of those provisions for acknowledging the rural areas, the low-income minority elderly, should be in the National allocation formula.

And please define "rural area." I called the National Resource Center on Rural Elderly, and asked them for a definition. They did not know what a definition of a rural area is. So in the definition section, I strongly support a definition of rural area.

STATEMENT OF BARBARA SONIAT, DIVISION OF AGING STUDIES AND SERVICES, GEORGE WASHINGTON UNIVERSITY

Ms. SONIAT. I am Barbara Soniat, from George Washington University, Division of Aging Studies and Services. I am also the principal investigator for an Office on Aging funded Geriatric Assessment and Case Management project, which is an education service delivery and research, if we can get extra funding for that program, in Washington, D.C.

I wanted to echo the comments of the gentleman from Georgia, I think he has left, who complimented the Act the way it is written and emphasized that the problem is with funding. I think as we look at other policies and you look at the Older Americans Act over the past 25 years it has been kind of a model of policy for a particular constituency group, and what is happening now is that it is not funded at a level that it can be implemented and continue to be enhanced.

I would like to make a comment about cost sharing. I think it is really important, first of all, to realize that that is something that has to be considered as an only way of expanding the dollars, or one way of expanding the dollars for aging services. However, looking at some of the other objectives within the Act that that could potentially conflict with, I think it is an important thing to do.

For example, in our program, we work with a lot of older people who are vulnerable, isolated, resistant to accepting help, who fall into the category of protected clients. If we had a rigid cost sharing program, we would not be able to serve this population, because very often what you have to do is encourage them to accept help that they initially say they don't want. You can't turn around and ask them to pay for it. That's a contradiction.

So that's one of the things, if you talk about outreach to minorities, outreach to low-income people, these populations are often hard to reach, and they will be even harder to reach if you are asking them to give you financial information before you can provide services to them. I think that's one critical piece in terms of cost sharing that needs to be taken into account.

Also, as aging programs look more at protecting people and guardianship situations, that situation also should be exempt from anay cost sharing considerations. In the District of Columbia, cost sharing in adult day care and in in-home services has worked fairly well. All of our adult day care programs have cost sharing. Our in-home services have cost sharing.

The other programs have voluntary donations. What we are finding is that in case management, for example, we are having to consider cost sharing in order to keep those programs going. We are concerned about what the impact of that is going to be.

In reference to the guardianship work you mentioned, in the District of Columbia the ombudsman program works very well. It is a program in which the Legal Counsel for the Elderly, which is an AARP agency, is very closely linked to the ombudsman in the various wards. That partnership seems to work effectively. It may be something that other States want to look at in terms of a model that has been developed there. Also as you look at a national guaradianship, I would assume you would be looking at what AARP and the Legal Counsel program they have funded have done.

The District has a guardianship law that is model legislation. It includes a lot of protections for older people. The problem is with funding it. It is very costly to provide the representation that potential wards need in order to have their rights protected.

The other comment I wanted to make is that as we look at the Older Americans Act I think we have to also look at some of the other pieces of legislation that impact on it, the cuts in Medicare, the cuts in Medicaid. To some extent the fact these programs, which legitimately should fund more in-home services are not doing that. We have the Older Americans Act trying to pick up the slack, trying to fill in the gap, and with the amount of funding, that is much less funding for the Older Americans Act. It really is kind of an impossible task to try to do that. Perhaps we ought to be stronger advocates for more in-home services, more of the health related services, services for the frail elderly, Medicare and Medicaid and some of the other Federal programs.

Dr. PATON. Dr. Mullins and then Ms. Daniels.

Dr. MULLINS. I have a couple of observations based on some of the information in the presentations thus far. One is, you mentioned a women's initiative. I hope it does not eliminate an interest in the men as well. That's one of the problems in our field. There is a colleague of mine who gave a presentation several years ago on the forgotten minority, which was older men.

Second, one of the ladies mentioned the idea of taxes in other countries, that they are much higher than here. I should point out that several of the countries, especially in Scandinavia, these days they are actually trying to reduce their tax structure. They are going back from what is a maximum of 60 percent of their taxation to what would be 50 percent of 45 percent. They are looking for ways to cut costs and field issues in a more efficient manner as well.

The third point is a question directed at Ed Ansello. There was something he mentioned in his testimony, he mentioned the interface between the universities and academic research and the State offices on aging, or the State units on aging. Could you elaborate on what you have in mind, dealing with that? I think in our organization that is the sort of effort we are looking toward ultimately. Can you elaborate on that idea?

Dr. ANSELLO. I had a very pleasant conversation with Anna Kindermann during the break. We were talking about the language of the Older Americans Act as it referenced the Aging Network. One

of the commenters in the advance just said she had been monitoring the Act since at least 1977. She may well be able to confirm what I am saying.

All the way up until the Reagan years the Aging Network was described in writing much more broadly than it is today. It was described as a community composed of the State unit on aging, the area unit on aging, institutions of higher education, research agencies, even for-profit research agencies, advocacy groups, etc. The idea was that the Aging Network would be able to apply for support through this Older Americans Act, especially through Title IV. The results of the research, the demonstration projects, the pilots, etc., would be shared within that community.

When I talked about the interplay, this is what I had in mind. As an example, some of us may remember fondly what used to be called Title IV(C), the multidisciplinary centers on aging. These were centers that interacted with the broad aging community. Much of Title IV does not exist any longer. Title IV used to be oriented toward funding those who were not State units on aging, and were not AAAs, i.e., all the rest of the Aging Network to fund them to undertake projects, demonstrations, pilots, training of personnel, etc. in order to fuel and assist what is now more narrowly conceived as the Aging Network.

What's basically happening is we are all being victimized by the narrower and narrower delineation of the Aging Network. Those of us who labor on the practitioners side say we need more skilled personnel, we need more ideas about how to handle the clients, we need to get more help with case management, and so on, as well as, of course, more money, which is the basic issue.

On the other hand, you have the people in the broader aging network who need to interact with practitioners. It is like the hidden minority you were talking about; there is a hidden minority in the aging network itself, namely the institutions of higher education, advocacy groups, and associations. They are doing their work without benefit of sharing their findings with the now more narrowly conceived network. That's what I am talking about. One need not have a very robust long-term memory to be able to recall this is how it was until recently. It has only been in the last 10 years or so that the aging network has really devolved into its current status. That's what I was speaking to.

Ms. CLARK-DANIELS. I want to second the notion of a Federal protective services or guardianship act. Strictly speaking, I have looked at a number of State laws, and if the laws were implemented as written, an older person could be taken from their home and held without due process being followed.

Dr. PATON. Questions? Yes, Gordon.

STATEMENT OF GORDON STREIB, PROFESSOR EMERITUS, UNIVERSITY OF FLORIDA

Dr. STREIB. My name is Gordon Streib, from the University of Florida, professor emeritus. I have been active in gerontology for about 40 years.

I have been aging for about 70 years. I have been a member of this society from its founding. I appreciate the opportunity to comment to you folks from Washington.

I think the major issue is one that is easy to speak to this audience, one that at least three or four speakers have spoken about, namely the priorities of our National Government. I am sure that those of you in Washington that represent the Senate Aging Committee know about this. I don't know all the complications of the politics. Ed Ansello gave us some numbers that are pertinent to the issues.

I have a book which discusses the rise and decline of the great powers. I am not a prophet, but I think we are headed for trouble, because we spend so much of our national treasure in the way Ed Ansello and several other people mentioned. I don't know what the political answer is. This lady who just spoke mentioned the need for higher taxes, a topic which would not get either of us elected to any office. But obviously if we do not have higher taxes then we have to figure out how to rearrange the money that is appropriated.

Ms. PATON. Thank you, Dr. Streib. Other comments?

Ms. EATON. I want to reply to Dr. Streib. I don't have the answer, but before I got into my third career of gerontology, I was in the field of industrial engineering and system engineering. I do think it is very essential to save. I do think a lot of agencies, and you won't like what I am saying, could be conducted more efficiently than they are. This is business. This is not only doing good for people. I think a sincere effort must be made to modernize agencies. So far I have not heard many things about modernizing agencies. You won't like it, but I think it is a must if you want to save money and use them for services.

Dr. PATON. Other comments?

Dr. STREIB. My name is Gordon Streib. I am not a systems engineer but I welcome the suggestion that we modernize and reorganize government. I would like to point out that that one reason for the high cost of our military hardware was the large numbers of system engineers and others, many of whom just sit at desks and are paid by the Government because it helps to inflate the cost of the projects. This is not well known, but whistleblowers have great difficulty when they point out how many of these high-priced engineers just sit and wait for something to do, because it helps to inflate the costs of these objects—missiles and other things.

So I welcome the suggestion. How do you make these service agencies more efficient? I have limited knowledge. I do know how hard these people work. I heard someone say how they should cut people's hours because they can't raise their salary, and then ask them to do more work. That is an interesting way to shape a more efficient way of running an organization: Asking people to work for more hours and pay them less.

Dr. PATON. Other comments or questions?

Ms. KINDERMANN. I wanted to talk a little bit about cost sharing. This is really my own personal view. I think the woman who mentioned that the Act ought to be edited severely has a very good point. Part of the reason is, the OAA is especially popular on the Hill. Granted we don't get the money for it, but it really is popular

because it is not considered a welfare program. It has not been means tested in the past.

I think everybody's biggest fear with this whole idea of cost sharing—and my biggest fear—is that if we ever go down the road toward the mean tested program, it will become obsolete because it will not have any popularity with some of the more conservative Members. That really scares me, and I think we ought to be especially cautious when we are talking about cost sharing—there are sliding fee scales, there is self-reported income, we still have to be careful of not heading down that road.

I understand your concern at having so little funding and needing anything to augment the little resources we have. I can assure you that Senator Pryor is behind pushing the appropriations process. Senator Adams, who is on the committee with legislative jurisidiction over the reauthorization is also a member of the Appropriations Committee. He will push it. We will do our best. The Act has become a Christmas tree because everybody wants to get their bit in at the last minute. It is an easy way for them to gain some political support from their elder constituency and at the same time it is not considered a welfare program, so they won't have to take political responsibility for backing something like that. God forbids we help out the poor and needy.

I guess that's what I wanted to share.

Unidentified SPEAKER. Are you maintaining that the conservative Congress Members would be opposed to means testing because of the intrusion that self-disclosure of resources would require or be required?

I was curious, you mentioned that you thought conservative politicans would be opposed to means testing. Is that because means testing is intrusive into the clients' privacy. I have heard some conservative politicians favor means testing because of its attractiveness for fiscal constraint and that kind of thing. I was wondering what your opinion was on that.

Ms. KINDERMANN. No, that's not what I was getting at. I was getting more at the fact that our welfare programs—this isn't my view, but there is a view out there, and I shouldn't pin it all on conservative politicans or Republicans, I should not get up there and say that, but I think there is a view that any type welfare program is stigmatized. Why are we giving people things for free? Why aren't they helping themselves? Why can't they pull themselves up by their bootstraps? I think there is a thought along those lines in a lot of the welfare programs.

In the Medicaid program, a lot of the poverty programs, they don't get a lot of support for that very reason. That's really what I was getting at, not the intrusion on somebody's privacy for their income. That's something I think is a concern, how much should people know? Should it be self-reported? Also, there is a concern among many of the minority groups that if you have some kind of voluntary contributions for services that those that can afford to drop a dollar in the bucket or the box, however it is done, discreetly or otherwise.

But those that can't afford to—and there are varying view on this—are a little embarrassed that they cannot do so. Rather than participating in a service that they should be eligible for and are

entitled to participate in, these groups are backing off. That is a big concern among some of the special population groups, in all of them, not just the African Americans, but the Native Americans and many of the other groups. There is also the other argument that they want to pay for services and they are actually more willing to pay for services than some of the people that can actually afford it. That was brought to my attention yesterday. I was speaking with somebody who brought that up.

So it is a very, very sticky issue. The targeting is intertwined. We have scarcer and scarcer resources. We really have to target these funds toward those most in need. But how do you define most in need? There are all sorts of special populations out there that are most in need, the frail, women, men, all of us. Without more resources, you are exactly right, we can't impose more and more demands.

Senator Pryor's proposal really was an attempt to beef up services that were already there. None of those items, other than the demonstration project, giving States some funds for protective services, guardianships, etc., are cost items. The provisions are an effort to beef up services that seem particularly important and came up as important during the special committee's legislative workshop series. The demonstration project is going to be costly, giving States more money is going to be costly, but the overall package really was aimed at being a low cost package.

To the woman who was upset about creating the separate subtitles, I have heard that concern raised over and over again. We have heard it from Arkansas quite a bit, about more reporting requirements and creating administrative nightmares. We understand that it is a gamble to take it out and separate it as a subtitle. In Senator Pryor's eyes, the gamble is worth it if it can attract more funding. We are not setting a separate authorization level for it at this time, in part because of some of your concerns.

Also, some of the provisions on data collection and setting up some sort of blue ribbon panel to streamline reporting requirements and get more accurate data and disseminate more accurate data out in the field of aging within the network, I hope will alleviate some of your concerns.

STATEMENT OF MERNA ALPERT, ATLANTA, GA

Ms. ALPERT. I am Merna Alpert, I am from Atlanta. I have been a practitioner almost all my professional life. I am very concerned with all this talk about lack of resources, cost sharing, paying for services. Nobody seems to have raised the issue of people whom may not fit the new poverty levels which have been made so much lower since 1980, who may or may not be able to afford to pay the full fee for services they need. They are now the ones getting lost in the shuffle, because they don't qualify for public support.

There are very few private or nonprofit sources they can use that they can possibly afford. Yet they need the same services. They need Meals-on-Wheels, they need transportation, the linkage things that make it possible to get health care, to go to the community center, to volunteer or have volunteers come to them when they are isolated.

There seems to be no attention to paid to that issue, and that worries me. Because there is a large proportion of people in that category. I don't know who to address that to.

Ms. KINDERMANN. You raise a very good point. I think the idea of special populations should incorporate all those people. But again, that's the tough question we are all facing. We have not only faced it in this reauthorization, we have faced in the past, with static funding that essentially means cuts, because you are not even allowing for inflation. You can't serve everybody as the Act requires.

That's what so unique about this Act, it is supposed to help all those in need, those 60 plus. But how can you help all those in need with a graying population that is continually growing, unless we start garnering some more support? On Capitol Hill—you are right—we need to get some more support for the elderly, toward senior citizens, not pitting the young against the old, which I was discussing with Dr. Ansello before. That's a really big issue, too. We need to stop pitting them against one another. All of us are growing older. We all start young and grow older.

I think you raise a very important point. I am sorry I don't know the answer. I wish I did. I hope we will figure out some way to answer this by the time we reauthorize the Act. But I am not very optimistic about that.

Ms. ALPERT. I have an answer which may be slightly unrealistic. It is not that there is a lack of funds or resources, there are loads of them. As other speakers have said, how much goes into defense? How much goes into waste and bribery? Transfer those funds to human services funds for all ages. Get people in Congress to begin to think that way.

As I say, I know it is not really realistic, but that's the way to work it.

Dr. PATON. Thank you all very much. There are some handouts remaining here. If you did not get one, there are two handouts from Senator Pryor's office.

I would again be terribly remiss if I did not say thank you to the local arrangements committee, particularly Pam Lathrop and Barbara Thompson. Among the other difficulties we had there is a hearing going on in this city at this very hour on SSI, which Arthur Fleming is chairing. That's where most of our senior citizens folks are today. So there have been lots of complications, and we really want to say thank you to the local arrangements committee.

Thank you again to Healther and Anna for your time and for coming to share your time and expertise. Thanks to all of you for coming. Remember, if you would like to submit a written report you may do that within 1 month. You may send it to me or to the Special Senate Committee on Aging. I can be reached at Kent School of Social Work, the University of Louisville, Louisville, KY, 40292. My number is in the membership directory, my name is spelled P-A-T-O-N.

We have a roundtable lunch, and you are about to run, and Larry wants to make a closing comment. So thank you all for coming.

Dr. MULLINS. Very quickly, I would also like to thank the Senate Special Committee on Aging and Senator Pryor and you for your involvement. Both the formal and informal presenters, thank you. Enjoy lunch. I will see you in the afternoon and over the next few days.

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