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REAUTHORIZING THE OLDER AMERICANS ACT: ENCOURAGING HEALTHY LIVING AS BABY BOOMERS AGE

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FRIDAY, AUGUST 27, 2010

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Pueblo, CO.

The committee met, pursuant to notice, at 11:05 a.m. in the Cottonwood Room, Colorado State University, 2200 Bonforte Boulevard, Pueblo, CO 81001, Hon. Mark Udall, presiding.

Present: Senator Udall [presiding].

MODERATOR. Good morning, everybody. I'd like to welcome you here to the city of Pueblo and the CSU Pueblo Campus. I'm pretty proud of this facility. I'm an alumni of the university.

At this time I'd please ask you to stand for the Pledge of Allegiance. [Pledge of Allegiance.]

Thank you. I'm also proud today to introduce our U.S. Senator from the State of Colorado Mark Udall. Senator Udall is on several important committees representing this great state. He's on the Armed Services Committee, Committee of Energy and Natural Resources, and the Special Committee on Aging. In addition to those special committees, Senator Udall chairs the National Parks Subcommittee.

So, Senator Udall, welcome to Pueblo. [Applause.]

OPENING STATEMENT OF SENATOR MARK UDALL

Senator UDALL. Thank you, Jerry, and it is wonderful to be here in Pueblo. I want to welcome all of you in the audience. We're going to have a very informative hearing, of that I have no doubt, this morning, and in that spirit, the Special Committee on Aging will come to order for this important field hearing in the great city of Pueblo in the even greater state of Colorado.

I have an opening statement I'd like to share with everybody and then we're going to hear from our first panelists. We have about 2 hours scheduled and there will be some time during the second panel for questions to come from the audience, as well. I'm very much looking forward to hearing what all of you may have to say and the questions you may want to direct at the second panel.

I'm very appreciative that the Chairman of the Committee, Senator Herb Kohl from Wisconsin, has loaned me his gavel to bring the focus of this panel back home to Colorado, and I want to also again say how grateful I am that so many of the panelists are here on this beautiful Friday morning.

Ms. Kramer, I know you've come all the way down from Oak Creek to be here and, Mr. Downy, I'm sure you've given up what's a sunny day in San Diego to be in an even sunnier environment here in Pueblo. It's a testament to your enthusiasm and your commitment to this very important topic.

Assistant Secretary Greenlee, you've traveled the farthest to join us today. I should tell you the Secretary told me that it's not heavy duty to come to Colorado but again I want to thank you for giving us the opportunity to showcase the great services and programs of the aging community right here in Colorado.

It's a special treat to be able to hear directly from you about the reauthorization of the Older Americans Act and to have you as a captive audience for our local organizations to both brag about their successes but also so they can give you their unique perspectives and some recommendations in the process.

I know you've hit the ground running since you were confirmed as Assistant Secretary for Aging and I'm confident that the Administration on Aging is being steered by an able and fresh-thinking leader at a time when services for our seniors are more critical than ever.

Now we're all here today to talk about strengthening a very important law which has provided essential services for our nation's seniors since 1965, the Older Americans Act. The core mission of the OAA has been consistent over the years. Let me do quick math. 1965 to 2010, is that 45 years? That mission has been helping our more life-experienced friends, life experienced in quotations, loved ones and neighbors maintain their independence in their homes and their communities, promoting a continuum of care for the most vulnerable among us.

Over the past 45 years, OAA has been improved, modified, and expanded, but its core mission has remained steadfast, and it has developed a strong aging network represented by many of you in this room here today, reaching across the country, in every region of every state, to serve as the backbone of the critical services it provides.

The bill, as many of you know, OAA is up for reauthorization and for those of you who don't do Washington speak, that means it's time to give the law another look and figure out how we can improve it.

With this reauthorization, I believe we have a great opportunity to modernize the Act for a new and unique generation of seniors. You are all familiar, I'm sure, with the staggering task we have before us in terms of serving the approaching wave of seniors.

The baby-boom generation, which I'm a member, I admit, I'm even on the right side of 60 now but that's another topic, starts to turn 65 next year and the percentage of our population in this demographic is growing rapidly. By 2020, one out of every six Americans will be 65 years of age or older.

These Americans fast approaching Medicare eligibility are truly of a different generation with different experiences and holding different expectations about what their golden years should be.

Now I've asked our panelists today to focus their remarks on how we can improve OAA from a prevention and wellness perspective. If the charge of the Older Americans Act is keeping seniors inde-

pendent, healthy, and in their communities, we can't be successful without focusing on proven disease prevention and health promotion programs.

Madam Secretary, I want to brag. Colorado is the healthiest, slimmest, fittest state, but we want to remain that way, regardless of the age of our citizens.

Now to serve this rapidly growing group which is more diverse and unique than ever before, we are lucky to have the Aging Network to rely on and what I think is great about this network and the services currently provided by the Older Americans Act is the flexibility it gives states and local entities to provide the distinctive needs of their communities.

One size fits all doesn't work very well here in Colorado and it certainly isn't going to work for my generation of baby-boomers.

So I hope that maintaining this spirit of flexibility remains a priority as discussion of reauthorizing the Older Americans Act continues and I'm curious to hear from all of you today how we might, from the Federal level, provide AAAs and providers with even greater ability and charge to be innovative and effective with their resources because leveraging resources is going to be key moving forward as it is across all spectrums of government and the private sector, and I hope we can find better ways of using what we have to make OAA programs work better and for more seniors.

Forming effective partnerships with communities, local businesses, governments, and the private sector needs to be a central part of these efforts, and I know many of you who are here today have become experts at finding inventive ways of working together to achieve impressive results.

I want to hear those stories and I want you to tell us how we can help break down any barriers that exist on the Federal level from being even more successful.

With that overview, let me make a few comments about the format of the hearing. As I mentioned, we're first going to hear from Kathy Greenlee, who serves as the Assistant Secretary of Aging at the U.S. Department of Health and Human Services. She'll speak about the Administration on Aging's ongoing efforts with regard to OAA reauthorization and once she concludes her remarks, I'm going to ask a few questions of her and she may even have questions of me. We'll see what results.

Then we'll take a quick break prior to inviting the second panel to take their places and provide their testimony. I'll do a similar question and answer session with them and then hopefully we'll have time and then I'll be able to open it up to the audience here to ask questions of the second panel. So the second panel should be ready for questions not just from me but from the audience, as well.

So, Assistant Secretary Greenlee, with that, if you'd join me up here, we have a placard and a microphone, and as you take your seat, let me just tell the audience a little bit more about Ms. Greenlee.

She was appointed by President Obama to serve as the fourth Assistant Secretary for Aging, a post she's held since her Senate confirmation last June. She brings over a decade of experience

working in different capacities to keep seniors healthy and happy and I'm very pleased she's able to be here today with us.

Assistant Secretary, please proceed with your testimony.

STATEMENT OF ASSISTANT SECRETARY KATHY GREENLEE, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Ms. GREENLEE. Thank you very much, Senator. Happy birthday. As someone who works in the field of aging, I did notice that you turned 60 last month. I turned 50 in March and we represent, I think, the spectrum of baby-boomers, the two of us, all committed to doing this work.

So I'm very pleased to be here with you today, to be in Colorado. I grew up in Kansas, lived there most of my life, and so I feel close to home when I come here.

It's an honor to be able to testify before the Senate Special Committee on Aging and I will do the same with your committee chair in a couple weeks up in Milwaukee, and it's nice to be here also to hear the testimony of my colleagues from Colorado.

I will promise you we are not strangers, that I have worked closely with the Colorado network, have been in Colorado before, and I've taken the opportunity to see services that are delivered here. You have the right to be proud and I'm aware of that.

So I want to thank you for having the hearing, and I commend you on your leadership. The reauthorization is unique and as we face, as you mentioned, the first boomers turning 65. Universally, since I became Assistant Secretary, people have indicated that they think this reauthorization is special. It's the opportunity to really be visionary and look at the future about what we need to do to strengthen the capacity of this network while still, maintaining the common goal of helping to serve as many seniors as we can and helping them stay independent.

I want to acknowledge Todd Coffey, who's here. Todd's the director of your State Unit on Aging. We had just been talking beforehand. Todd and I had a bonding experience when we got our flu shots together last year in Denver. So we know each other well and it's very nice to be here with Todd, as well as many members of your aging services network, area agency directors and so forth, that are here. You have good strong leadership in Colorado and you should certainly be proud.

The trick this morning in talking to you is to figure out how best to be succinct and also demonstrate the depth of my commitment to these programs and so I'm quite willing to answer questions and respond as I can.

You pointed out that the Older Americans Act was passed in 1965, and it was. President Johnson signed it into law and it is actually older than Medicare and Medicaid by 16 days. Those three laws passed together are really a triumvirate that were passed 45 years ago of services meant to blend together to support seniors.

In thinking about the differences between Medicare and Medicaid and the Older Americans Act, the beauty of the Older Americans Act is it was never intended to be an entitlement. It was always intended to be flexible. So I anticipate flexibility will be a theme. That certainly is the way this law has always been designed and always been delivered, so looking at the future on what other

flexibilities we can provide is quite appropriate. It's really what the law is supposed to do.

In 1965, there were 26 million Americans aged 60 and over and today there are 57 million. We know that there are many more seniors on the horizon. As you mentioned, the population is not only growing but it's becoming more diverse. Everybody, as they age, has the same simple goals and that's to be able to remain in their community, in their homes, with their families for as long as possible. Those of us who do this work understand that one of the critical partners in supporting seniors as they age are their caregivers, because caregivers are 80 percent of the backbone of the long-term services that we have.

Most people are cared for by their loved ones and that has never changed. It needs to be recognized as we move forward, that we will need to have an infrastructure that supports caregivers and continues to support the growing aging population.

I believe that the enactment of healthy care reform, known as the Affordable Care Act, is as significant for seniors as those three laws were in 1965. This gives us an opportunity to focus on our aging services network, to focus on the health and the lives of older Americans, and to figure out how we can best take advantage of the expertise that we have gained over the past 45 years on how to support healthy living and longevity in the community.

We are looking for those opportunities, are engaged and excited by the opportunities that health reform has brought to this particular network.

What I have done with regard to the reauthorization is to hold a series of listening sessions. I did a listening session in Dallas, TX, I did one in Alexandria, VA, and one in San Francisco. We heard from over 400 people who gave us written comments, over 300 showed up at these hearings in person to testify. They had 3 minutes apiece to testify and they came quite long distances to give us information about all of the services that we have under the Older Americans Act.

What I can share with you today are some of the things I heard at the sessions, and what I would expect that you would hear today. One is a strong commitment to the structure of the area agencies and this network with regard to being a single point of entry for information and referral. This is the backbone of the national structure that we have created for being able to access services, whether they're health promotion services, or basic information about supports in the community.

A strong commitment to self-directedness is a core value of the Older Americans Act, that the programs and the services are tailored to the needs of each single person. Unlike Medicare and Medicaid, you don't get the package, you get what you need and that's a big difference.

Flexibility, especially with regard to nutrition, came up quite a lot in the public hearings. Integration of medical services and health services comes up a lot when you talk about chronic disease and disease management. In other words how can we use the best of science and the best of social science to provide better outcomes, as well as concern about workforce and workforce development?

Even though 80 percent of long-term care in the U.S. is provided by caregivers, we will need increasing numbers of paid professionals and paraprofessionals to care for our growing numbers of seniors. Also, I had the pleasure of hearing testimony from Native Americans about the Title VI Programs. I was clear in my testimony we're talking about reauthorization, not reappropriation, that there's a difference between the law and the money that funds the Title VI programs. When we talk about Title VI, it's almost impossible to separate the two. Programs for the tribes are simply small and it's very difficult for tribal organizations to make an impact with the dollars because the amounts they have are so small. So we're looking for opportunities to be innovative and work with tribes.

I would like to just briefly run through the themes based on the specific titles of the law. The first title of the Older Americans Act is the guiding principles and those have not changed. It's the goal of enhancing the lives of older Americans. I don't anticipate we need to change that at all.

The second title of the law is about the importance of advocacy. Unlike many other laws, there's a statutory charge at the Federal level that we advocate on behalf of older Americans at every level, that the Assistant Secretary advocate, that the state directors advocate, and that the AAAs advocate, and this is not the same thing as lobbying. It's about giving voice to the concerns of the people that we serve. We are charged with that responsibility and proud of that and we must continue, I think, to be advocates.

Title III is where we serve most of the programs. It's where the home- and community-based services are, and where the nutrition programs are. We heard strongly about the need for two things: innovation and flexibility.

I heard a lot of input about nutrition, about whether or not we should consider combining congregate and home-delivered meals into one category, so that the States can be more attentive to the needs of their local communities and be more innovative with nutrition programs. We heard a lot of testimony from States about the need to be flexible with the other services, as well, so that they can meet the specific needs of individuals.

We heard also about the importance of our network in terms of being a single point of entrance, a single point of information, both through the interagencies and also through the aging and disability resource centers, which are a joint program between the Administration on Aging and the Centers for Medicare and Medicaid Services. So, as we move forward and look at what we can do, those will be the core things that we move upon.

We need to have a broader range of evidence-based interventions. We are committed at AOA to evidence-based programming, which means that if we are going to provide services, we must show health outcomes. We need to continue to support various types of kinship care for caregivers because with all kinds of families supporting each other, the family definition needs to be flexible and we certainly have grandparents raising grandchildren.

Then because I have driven from Denver to Kansas more than once, I am interested in and concerned, as you are, with rural issues and our inability to reach seniors in every location, both

rural and frontier. We have an Older Workers Program in the Older Americans Act that is administered by the Department of Labor. I had a joint webinar with the Department of Labor to take input on this program.

If you have an interest as you move forward to take testimony on Title V, we're quite willing to work with you to make sure that our colleagues at the Department of Labor get that input from you, as well.

Finally, it was clear in my listening sessions about our need to focus on elder rights, where we have a new opportunity. Title VII of the Older Americans Act has always embodied elder rights, elder justice, and the opportunity to address elder abuse, as well as the long-term care Ombudsman Programs.

This is where we fund legal services and other opportunities. Since Congress has now passed with health reform the Elder Justice Act, we are looking at how we can best marry these programs together, making sure that the Older Americans Act reauthorization picks up the very best of the Elder Justice Act so we can establish integrated services as we move forward. It's a wonderful time to be doing this particular work because we have so many knowledgeable people. This network will work with you and provide you with as much information as you want because they've been paying attention to both the reauthorization and health reform as it's been passed.

So it's wonderful to be here with you today. We look forward to collaborating. I can come see you at a closer venue, if you need more engagement in D.C., and quite willing to come to Colorado. My sister lives here and I've always had as many family members living in Denver or the Colorado area as I have in Kansas. So I'll come visit with you in Colorado or Washington or wherever I can to help you do what you need to do and what we need to do as a nation to really support seniors as they age.

Thank you.

Senator UDALL. OK. Thank you, Secretary Greenlee. You were better prepared and talked into the mike which I didn't do, so I hope you all can hear me better at this point.

Thank you for that both thorough and very succinct outline of both the successes and the opportunities in the future with OAA.

I would also thank the Secretary for her acknowledging that at one point the State of Colorado was part of the territory of Kansas and there are Kansans who want us back but the Secretary didn't make that request.

Ms. GREENLEE. No. [Laughter.]

Senator UDALL. Is the Chieftain here?

Ms. GREENLEE. I'm going to take the Fifth Amendment.

Senator UDALL. Well, let me start and we have, oh, about 10 minutes or so here for some questions.

One of the current themes is the question of rural care and we have a lot of rural in Colorado.

Ms. GREENLEE. Yes, yes.

Senator UDALL. The Plains, even along the front range, there are a lot of small wonderful little communities and a bunch of rural communities, and, of course, you get into the mountains and the plateau and Mesa Canyon Country of Western Colorado.

What have you heard in your listening sessions about the best ways to get evidence-based treatments and approaches and prevention programs into these rural communities? Could you expound on that a bit?

Ms. GREENLEE. Even though there are issues in rural areas, we need to keep in mind there are people, providers and systems there. It's imperative to be successful in delivering services to seniors that those systems work together and that we be able to integrate service delivery on the ground and take advantage of what's there.

I certainly hear testimony about the opportunities for technology, for telemedicine and for distance learning. This topic came up for me when I was the Secretary of Aging in Kansas, as well, and since I came to Washington.

I think we need to pursue that, but I think we also have to look at the unique nature of the rural region and do targeted outreach. The Older Americans Act has specific categories that we must reach. While it's not an entitlement, there are targets that we have to reach and isolation and underserved areas are one of those targets.

What came up when I was hearing testimony was whether or not we needed to add an additional category for frontier. There are rural areas and frontier areas and I certainly know the difference, but that's not necessarily the case. There are people living in very, very remote circumstances.

Senator UDALL. Frontier?

Ms. GREENLEE. Frontier, very, very remote, and if you go north of here, if you go to the Northern Plains, Wyoming, Montana, you can really think about people who are hundreds of miles from these services, and what is the best way that we can target those individuals?

As you know, time and distance are expensive and one of the challenges for us moving forward is to figure out whether or not the funding that we provide should take into consideration the cost of providing services to the frontier.

Our urban friends will talk about their density which also creates issues for them. So I think we just have to look at what the best way is to be specific and targeted and realize there are different needs there. As we know and I certainly know this as a Kansan, there are rural areas where the average age is much higher in their counties than in urban areas, that we have younger people who moved away from rural parts and from the country and those seniors can be particularly vulnerable.

Senator UDALL. One of the interesting developments, although it's not reached the level of large-scale development, is some seniors moving to towns east of Denver because they're safe communities, the cost of housing is reasonable, it's much easier for their children to visit them with their grandchildren in these places, traveling to the east an hour or two versus an hour to the mountains or to the west, and, interestingly, there may be draw into some of these smaller and still interesting communities for seniors and the baby-boomer generation, particularly as we also look at our assets and income streams we have and need to find areas where

the cost of living is something we need. I just offer that as an observation.

Ms. GREENLEE. Senator, if I didn't mention transportation specifically, Title III(b), the supportive services that we have, a large percentage of that goes to fund transportation. The issue of transporting seniors to doctors' appointments and to their families, is huge and growing. It is much broader than something that can be resolved through the Older Americans Act alone.

Transportation is not just a rural, issue but also an urban issue. It will continue to be a theme as we try to address increasing numbers of seniors. If the nation's goal is to help seniors live at home, then their engagement in their communities will be dependent upon a transportation system that probably needs to also be innovative and involved. We all need, I think, to have good partners in transportation who can help us figure that out.

Senator UDALL. Another item for Secretary Lahood——

Ms. GREENLEE. Yes, it's huge with regard to transportation.

Senator UDALL [continuing]. For the Department of Transportation, as well.

You mentioned again the need for innovation——

Ms. GREENLEE. Yes.

Senator UDALL [continuing]. In your listening sessions, could you share a couple of ideas when it comes to nutrition, wellness, and prevention that you hadn't thought of or you hadn't heard about but that popped out, as you talked about, the people on the ground being creative?

Ms. GREENLEE. There is an outdated image of seniors that they go to a congregate meal site, have a meal and go home. That model of senior engagement and senior centers is disappearing, fortunately, and I have been——

Senator UDALL. Did you say fortunately?

Ms. GREENLEE. Fortunately, I have had the opportunity—and Paul Downey is going to testify from San Diego so I just recognize San Diego in particular for their efforts.

I had the opportunity to be at some local senior centers where their ability to pull multiple funding streams together and their ability to provide comprehensive support to centers is astonishing. The ability to not just provide a meal but to do wellness interventions and support, to provide programming for diverse communities, to be the 2–1–1 system, the information referral system, in San Diego.

There are some wonderful places where senior centers in particular and area agencies have been able to figure out how to bring services to the location so that as a senior comes they can be supported in their health, their social engagement, and in their meals.

I'm quite happy and willing to partner with the National Association of Area Agencies on Aging to promote their best practices. There are simply phenomenal places in this country providing very unique services.

I was at a senior center in New York City and was impressed by what they had done in terms of working with other populations. They were the only senior center I've been to where the volunteers providing meals were teenagers with developmental disabilities, and this was a way to provide different and unique programming.

I've been to a location in Washington where there are adult day services and services for children with disabilities, as well as children without disabilities all in the same location. That's where the innovation is taking place and as much as I love State government, have come from State government, the innovation of this network needs to be supported by us at the State and Federal level. It happens on the ground and it's quite exciting.

Senator UDALL. Most great ideas happen on the ground.

Ms. GREENLEE. We need to support it.

Senator UDALL. It sounds like, as well, these organizations and these individuals are finding ways to stretch dollars in particularly tough economic times.

Ms. GREENLEE. Yes.

Senator UDALL. There's always a need for additional resources, but you haven't mentioned dollars once which is impressive.

Ms. GREENLEE. I only mentioned them when I talked about Title VI. I was very clear in the listening sessions that these are two different initiatives. My charge and my instruction to the network is let's look at the law and figure out what's in the way, what we need to improve on, and then we need to return to the conversation on appropriations and we must do that.

Senator UDALL. Sure. I mentioned in my remarks that the baby-boom generation is unique and I wanted you to expound a little bit on what you learned in your listening sessions and I do that, while apologizing to some of the younger Americans who are here who are sick of hearing about the baby-boomers, I'm sure, but we are a large group.

At some point we'll be gone and you'll have America all to yourselves, but in the meantime we are quite a cohort. We have had our own set of life experiences, parents of those who were the Greatest Generation, lived through the 1960's and 1970's and now into the 21st Century.

What sorts of insights have you generated as to the unique perspective and needs and expectations of the baby-boomer generation?

Ms. GREENLEE. In doing this work, I have a particular phrase that I really find disdainful. I don't like the phrase "silver tsunami." I do not see the——

Senator UDALL. What was the phrase?

Ms. GREENLEE. Silver tsunami.

Senator UDALL. Silver tsunami.

Ms. GREENLEE. I do not like the phrase and it's coined from the sense that the resources that we will need will be this huge burden that will engulf us as we address the needs of the baby-boomers. I think that is both limited and sad to have that approach.

More and more, as I talk to people and I'm on the young end of the baby-boom generation, I think what will happen is that the boomer generation will completely define or redefine what aging is. Many authors and theorists in the field of aging who talk about a third chapter, that is we have increased longevity and a "sweet spot" of the healthy years have been pushed out to a later date. We still will have decline in old age, but people in the 50 to 75 age range which is where the boomers now fall, have more social capital, have more innovation, have more creativity and opportunity to

give back to this country than ever before. So this is not just a drain in terms of what are we going to do when they're 90, but what can we do to harness the creativity and energy of boomers right now? I think that boomers themselves will redefine for us what they need to stay in the community. They will help us figure out transportation and other issues that are very hard.

Retirement is a phrase I don't even understand anymore and certainly boomers don't know what to call themselves, as well. So they'll probably always be boomers because they don't like the term senior. I do think that this cohort will change the way that we provide services for the better and that we will have better nursing home care. We will have more persons in our care in every setting. We will be able to find the best way to provide the lightest touch, the least expensive support, and then progress to more supports as someone becomes more frail and disabled.

I think it's a time of hope and opportunity for boomers and it's a very, very exciting time to be in the field of aging.

Senator UDALL. What you just said is illustrative of why you're such an important part of this effort and why you were chosen——

Ms. GREENLEE. Thank you.

Senator UDALL [continuing]. It's very inspiring to hear you talk on this because I've actually got goose bumps.

Ms. GREENLEE. Thank you.

Senator UDALL. I think that you're right, that the baby-boomer generation has an opportunity to give back to a very rich back nine of life, if you will,——

Ms. GREENLEE. Yes, yes.

Senator UDALL [continuing]. If you're a golfer or however way you want to characterize what's in front of us here.

There's also an opportunity to be of public service, dedicate yourself to causes greater than your own self interests, and I think that motivates many, many people as they age, as they get a little longer sense of history in their own lifespans. So that's the opportunity that is in front of us.

I'm tempted to end there, but I want to ask you one last question——

Ms. GREENLEE. Sure.

Senator UDALL [continuing]. Which is more specific.

Ms. GREENLEE. Sure.

Senator UDALL. I want to get on my question specifically. You talked about the recently passed health reform law——

Ms. GREENLEE. Yes.

Senator UDALL [continuing]. Boy, you missed some great town meetings here a year ago.

Ms. GREENLEE. Oh, yes.

Senator UDALL. I had a big one in Durango that went very well, given there were only 18 state troopers, sheriff deputies and multiple police there to protect me and everybody else from themselves.

But setting that aside, when you mentioned the recently passed healthcare reform law and how the aging network will be called upon to complement and support and enhance the coming improvements to the healthcare delivery, much as it did during the changes to the Medicare Prescription Drug Benefit, however this

time the policy's on a much larger scale, can you speak a little more on how you envision the aging network playing such a role, both via the services and the infrastructure that it provides?

Ms. GREENLEE. You referenced Medicare Part D, so in terms of education and information?

Senator UDALL. Yes, yes.

Ms. GREENLEE. I'm going to broaden my answer a little bit beyond your question.

Senator UDALL. Sure.

Ms. GREENLEE. I think the greatest opportunity for this network in health reform is what I call the gray area between the medical model and the social model, between opportunity to look holistically at an individual and say what do you need.

In a conversation about hospital discharge and readmission that was so much a part of the conversation——

Senator UDALL. Oh, sure, yes.

Ms. GREENLEE [continuing]. Of health reform, some of that conversation was about payment systems for hospitals, but many of us who work with seniors understood is that it's also about what happens when the person returns home. What we find are tremendous opportunities that are funded in health reform to look for innovative ways to work on care transition, care coordination, medical homes, that this network has a value to bring to the table.

There are some challenges in doing that. We didn't build a medical system and a social system that have the same database. So what we need to do is go back to the innovative practices in our field and say, look, here is the most holistic integrated model we can have in the community so that we have the best of the medical system, the best of the community supports, a recognition of the role of the senior and their caregiver, and we come up with all of the right combinations so someone is healthy and has a good quality of life and has good health. Those, I think, are the greatest opportunities.

With regard to education, I think the greatest role that our network can have is to provide some basic information, to overcome some of the misinformation about health reform, Medicare and what's going to happen in the new prevention benefits. We can continue to assist seniors in many of the ways by providing information that addresses that we have been to overcome some of their concerns.

But I think the network's stake in this case is about the opportunity to provide innovation, so that we can expand community services that are more integrated with our health care systems. I think that is the deliverable that the aging network has an opportunity to provide.

I also think that the Class Act that was passed in health reform is an important program, the Class Act is a new national voluntary long-term care insurance program included as a part of health reform. In a nutshell, workers can volunteer to park some of their own money, kind of like in a 401(k), in an account to help support their own independence when they become disabled.

It'll take roughly 10 years before anyone can receive those benefits, but at some point the Class Act represents an opportunity to find different kinds of funding so that seniors can have supple-

mental support to stay independent and that will also impact this network.

We have capacity opportunities to grow so that we can meet the needs of seniors. This growing number of baby-boomers provides phenomenal opportunities for the network.

Senator UDALL. So you referenced the EMR and I was admonished by my great staff here to not let you use lots of acronyms.

Ms. GREENLEE. Which one did I use?

Senator UDALL. Yet I've used them here. EMR, electronic medical records, which is an important part of the Healthcare Reform Act,——

Ms. GREENLEE. Yes.

Senator UDALL [continuing]. I think you were saying that could be an important part, access to that information, maybe even expanding it to the OAA application and programs here moving forward.

Ms. GREENLEE. Yes. When you think about the life of a senior and their transitions, especially when they need support they go from home to the hospital to skilled rehab and maybe some community services. The ability to translate and transport data and information across those settings is critical to having good quality outcomes. So as we look at electronic medical records, the social support system must eventually also be added to that system so that the information is complete about any one individual and their status.

Senator UDALL. That would include basics like where you live, your transportation options.

Ms. GREENLEE. Whether you have a caregiver because your caregiver may be the one who's helping with your medications.

Senator UDALL. Whether that caregiver's a family member. Certainly there could be privacy concerns, but I think there's obviously things that add value to it and utilizes the technology that has been developed in the last 20 years in the country, one of our strengths, by the way, in the infrastructure that would apply.

I could listen to you, as I'm sure everybody here, for quite a bit longer. I do think we've reached the point where we——

Ms. GREENLEE. Thank you.

Senator UDALL [continuing]. Need to take a short break. Once again, I can understand why Secretary Sebelius trusts you, leans on you, and it's obvious to me you're also very much involved in implementing the Affordable Care Act, and thank you for that good work.

I know history, I'm going to editorialize here, history will show what the Congress did over this last year in broadening coverage, including every American, in our healthcare system with the intent of maintaining quality and driving down costs was the right thing to do, and I look forward to working with you to implement that, as well.

Ms. GREENLEE. Thank you very much. Thank you, Senator.

[The prepared statement of Ms. Greenlee follows:]

Testimony of

Kathy Greenlee

Assistant Secretary for Aging

U.S. Department of Health and Human Services

Before the

Senate Special Committee on Aging

Field Hearing on

Reauthorization of the Older Americans Act

Pueblo, Colorado

August 27, 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

Specifically, we are hearing the following recurring themes:

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

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

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

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

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

Senator UDALL. Thank you for being here, Secretary.

Ms. GREENLEE. Thank the rest of you.

Senator UDALL. We'll take a 10-minute break and in the meantime, I know Jake Swanton is here. Everybody should know, make sure that the next group of panelists take their seats, and then I'll introduce the next group of panelists in about 10 minutes and we look forward to your testimony, as well.

Thank you very much.

[Recess.]

Senator UDALL. The Special Committee on Aging will come back to order. Although I didn't recess formally before, I'll call us back in to order.

I understand my mike is not as loud as Assistant Secretary Greenlee's was. So I'll try and speak into it so everybody can hear me a little better.

I want to ask the second panel to come up and take their seats and when they're seated, I'll then make a series of quick introductions and then we'll hear from them. So if you all would come up and join us?

All right. I want to thank this group for joining me here today, as I have before, and I know that Assistant Secretary Greenlee's remarks gave greater understanding of what the Administration's goals are for improving senior services and I hope they gave everybody else here a great backdrop for our next panel. Thanks again to the Assistant Secretary.

Our next panel is made up of local and national leaders on aging services and policy. They have bios in your program, but I do want to thank and acknowledge them beginning our second panel and ask them to join me up front as they've already done.

Steve Nawrocki is the executive director of the Senior Resource Development Agency here in Pueblo. Steve has served here in Pueblo since 1978 and will be able to give us a greater perspective on the needs and the work being done here in Pueblo. So thank you, Steve, for being here.

Paul Downey is the president of the National Association of Nutrition and Aging Services Programs and, as I've already mentioned, traveled all the way from Southern California to be with us here today. He also heads up the very successful programs of senior community centers in San Diego and will be able, I believe, to add some additional input on how to replicate the successes across the country.

Guy Dutra-Silveira is currently the director of the Pikes Peak Area Council of Governments, Area Agency on Aging. I know that's a mouthful, but it's important work, and in addition to being an impressive musician, I understand Guy's policy perspective will help guide our discussion on our region's needs and how the Older Americans Act can deliver for Colorado, including our veterans, given the importance presence they have in the Springs.

Dace Carver Kramer is the special consultant to the Northwest Colorado Visiting Nurses Association. As many of you know, the VNAs across the country are often the tip of the spear, if you will, on aging policy. Her 40+ years of work in the legislative and nonprofit environments will be a great addition to our discussion, especially her work in rural areas.

I want to thank each of our panelists once again for being here. We're going to begin with opening remarks. I hope you can keep them to 5 minutes, and then we will begin discussion and hopefully I want to get to some questions from our attendees.

I mentioned earlier acronyms and numerical titles of the Older Americans Act, they may not mean a lot to our guests here. So if you have a little voice in the back of your head for the benefit of the people here, please explain when you mention a title, whatever it may be, or the acronyms, it would be helpful.

So thank you, and we'll turn it to Steve. The floor is yours.

STATEMENT OF STEPHEN G. NAWROCKI, EXECUTIVE DIRECTOR, SENIOR RESOURCES DEVELOPMENT AGENCY, PUEBLO, CO

Mr. NAWROCKI. Well, thank you, Senator, and also it's a real honor to be able to here today and to be asked to be part of this panel and I would certainly like to welcome Assistant Secretary Greenlee to Pueblo, CO, not only as a director of a nonprofit agency that serves seniors and has a lot of Older American Act programs but also as a city councilman, and I would like to also welcome the rest of the distinguished panel.

I feel a little bit humble here. I'm just a little direct service provider and all of you have all these great things that you've been involved with. So it's a real privilege to be a part of it and also today is the kickoff of the State Fair. So we're checking to see if you've got your jeans and cowboy boots on. I see the Senator has his boots on, so that's good.

Senator UDALL. I've got a pair of jeans to change into later. How's that?

Mr. NAWROCKI. I did have an opportunity to put together with some of my colleagues from the Senior Resource Development Agency, and I'll refer to it as SRDA, just to keep in line with Jake, that we met—when he informed me that I had to submit some kind of a narrative that would be put into the record, I got together with our colleagues and we did some of that and I'm not necessarily going to talk about anything that we submitted for the record, but he did ask me to talk a little bit about the Pueblo area because it is unique in terms of it is urban and rural, even though the northern part of the state still considers Pueblo rural.

We are a city of about a 105,000. We have an art center and we have a lot of things going on in our community. The county is about a 155,000. It's a very diverse county, and I think that's one of the things that makes us such a great place to live.

Almost 19 percent of our population is 60 years of age or older. That's quite a high percentage of seniors living in our county. The state average is somewhere in the area of 12 percent to 13 percent. I think the national average is somewhere in the area of 15 percent. So we do have an aging population in Pueblo. People seniors choose to stay here and not leave our area and I think a lot of it has to do with the cost of living and the climate and just being a great place to live and the traditions of our community.

What I'm so excited about is listening to Assistant Secretary talk about what she sees as kind of the future in terms of senior services, a focal point, a place where there is like one-stop shopping,

and I know our colleague here from San Diego, after reading the information, that's exactly what's happening in your community, except you really are a large community compared to our community.

But we have been doing this in this community for over 30 years. We're celebrating next year our 40th Anniversary for the Senior Resource Development Agency. We have over 12 different types of services. Most all of them are reflective of meeting our mission which is keeping seniors living in their homes as long as possible and being independent and being productive and having a great quality of life.

We are the focal point for senior services within Pueblo County. We not only serve Pueblo County but we also serve 11 other rural counties. We also are the 2–1–1 for Southeastern Colorado and we also are the provider of Lifeline which is the emergency response systems from the Kansas border to New Mexico to the Four Corners area up to Colorado Springs. We even have an office in Colorado Springs. We have almost 2,500 subscribers.

It's a for-profit component of our agency and I think one of the things that's unique about our agency is that we have nonprofit/for-profit together and we take that money and we pump it back into our agency to help the programs that need to be subsidized on a regular basis and I think that's a key component about being able to provide a focal point.

It takes a blending of funding and just to be able to provide nutrition services, transportation, in home services, under the Older Americans Act. We just don't get the money and we provide it. We have to have support coming from the local area. The City and the County of Pueblo historically for over 30 years has been providing funding for the senior support system in our community somewhere to the tune of about $270,000 some a year is what they been providing recently to help us match and bring on other types of services for seniors in our community.

So we're very proud that we have that kind of local community support and I think it's paramount in order for us to be able to provide the array of services that we do.

Also within our community, it's again a very diverse community. Probably somewhere 2,000, 1910 Census, we're probably going to see that the Hispanic population is getting closer to 50 percent of our population within our county. Already within our public school system it's over 50 percent and that's reflected in the senior population. So there are those types of ethnic considerations that we have to take into—Pueblo used to be called the Little Chicago, Little Pittsburgh because of the steel mill and the diversity of Europeans that came to this community and which we are very proud of that heritage, plus of the Hispanic heritage that have contributed to our culture.

All those things have to be taken into consideration in terms of providing services to the seniors in our community.

The idea that we are talking about a blend of rural and urban, we are the only ones that provide transportation outside of the city of Pueblo. There is no other public transportation. A lot of seniors, as you're well aware, are aging in place today, so that they're living out in the mountain areas. They're not moving into town. They're

aging in place there and once they lose their ability to drive, as we all know, in this part of the country, when you can't drive your car that directly has an adverse impact on your independence.

So we feel very fortunate that we're able to provide rural transportation. We can't only do that with Title III money. We also have a blend of Colorado Department of Transportation money. By blending that funding with local funding from the city and county, we're able to serve our urban area, plus our rural area, and keep it as cost-effective as possible.

If one of those programs had to stand alone, there's no way. You can only imagine what it costs to drive 40 miles one way to pick up somebody, take them back in four trips, how expensive that would be if you're not having several different blended funding sources to help subsidize that and taking different types of passengers at the same time. So that's an example for rural transportation. It really does need to be, I think, a blend of funding and a blend of who you're transporting.

The Meals on Wheels Program, we are so proud of that. For over 30 years we've been serving, much like San Diego, 7 days a week, two meals a day, a hot and cold meal, delivered by volunteers, primarily it's confined to the urban area. The rural areas we provide frozen meals. We would like to be able to do prepared meals from our kitchen but just haven't been able to figure out how to keep the temperature requirements because, as you're well aware, within our Older Americans Act program we watch out for those seniors. Nobody is more protected than seniors when it comes to nutrition and I think that's a good thing, but we are very proud of that and some days we serve probably close to a thousand meals a day within our community.

On the weekends, we had to cut back. So now we only provide meals to those individuals that are in the most need. Our programs have never been there to supplant the care that are given by family members and so when they have the ability to have family members take care of them, that's what we would like to see happen, but for those that need it, there is no senior that should go hungry within our county and we're very proud of that.

In 30 years, we have never missed a day, not even in the big storm of 1997, we didn't skip a beat. We were able to deliver our meals, thanks to our volunteers.

I think this gives you kind of a snapshot of not only the diversity of services, transportation. We have information referral. We have the new ARCH Program in Colorado which, Senator, I better read it off. It's Adult Resources for Care and Health. We blend that together. It's case management and information referral.

What I like about that program, and plus we combine it with 2–1–1, is that it's a gateway for baby-boomers to find out how to access the aging network for their aging family members and so really this is the first opportunity for all of us that are in denial that we're ever going to get old which I think is a real characteristic of baby-boomers, that this is a chance.

I mean, it's not unusual for me to be out in a restaurant within our community and somebody comes up to me and says, Steve, my mom just had a heart attack, what do I do, where do I go, and this

is a person that's 60 years old and doesn't have any idea about the resources.

So I think these programs, like ARCH and the 2–1–1, as far as pure information referral, those are a must in terms of being able to have baby-boomers become more familiar with the aging network.

We have an array of other services. We also provide housing, 202 Housing Project that we have within our community. So again, I was so happy to hear the Assistant Secretary talk about this in terms of being a great delivery system to reach out to seniors and also look forward to hearing from my colleague from San Diego.

Thank you.

[The prepared statement of Mr. Nawrocki follows:]

Steve Nawrocki, Executive Director-Senior Resource Development Agency
Testimony re: Reauthorization of the Older Americans Act
August 27, 2010
CSU-Pueblo Campus

NUTRITION:

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

DISEASE PREVENTION and HEALTH PROMOTION

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

LEVERAGING RESOURCES and DEVELOPING COMMUNITY PARTNERSHIPS

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

Senator UDALL. Steve, thank you, and I would note that the Assistant Secretary was generous. She never did mention the D word, Denial, but I was ready for it to be mentioned at some point here during the discussion.

We'll turn to Paul and welcome again. Thank you for making the journey from Southern California.

STATEMENT OF PAUL DOWNEY, PRESIDENT, CALIFORNIA NUTRITION COALITION, STEERING COMMITTEE MEMBER, CALIFORNIA ELDER ECONOMIC STANDARD INITIATIVE

Mr. DOWNEY. Great. Well, thank you very much, Senator. I guess I would note, if you were in San Diego visiting the fair, you would change into shorts and flip-flops. So we're a bit different than here in Colorado.

But it is, Senator, my pleasure to testify today at this important hearing and I commend your interest in wanting to improve the Older Americans Act, particularly the Nutrition Program.

It's also a pleasure to be here again with our outstanding Assistant Secretary for Aging Kathy Greenlee. I have a lot of admiration for what she's done already in this position.

As you noted, I come wearing two hats today. I'm president of the National Association of Nutrition and Aging Services Programs, otherwise known as NANASP. I'm also president and CEO of Senior Community Centers of San Diego. I have 15 years in the Older Americans Act Aging Network.

I know you have a particular interest in programs and activities which promote wellness and foster disease prevention among older Americans and as the Secretary alluded to that's precisely what we're doing in San Diego.

Senior Community Centers serves about 1,700 meals a day, 365 days a year, to predominantly low-income seniors, many of whom live on less than $200 a month after paying their rent.

The link between nutritious meals, health, independence, and, frankly, the ability to simply survive is undeniable. This year in the unique partnership with visionary philanthropists, private and public partnerships, and collaborations with more than 25 different community agencies, we opened the Gary and Mary West Senior Wellness Center.

We firmly believe that it represents a model that can be replicated throughout the rest of the country in both rural and in urban settings. Our congregate meal numbers at the Gary and Mary West Senior Wellness Centers have increased every month since we opened in April to almost 700 a day. Nutrition is the core service around which we provide case management, lifelong learning and civic engagement.

We then leverage our community partnerships to provide an array of additional services at no cost to us and to the clients. Our partners include Sharp Healthcare, which is the largest healthcare provider in San Diego County, and the College of Health and Human Services at San Diego State University.

We have about 30 SDS use students representing five different disciplines, social work, gerontology, nursing, public health, and speech and language, and their professors who are out-stationed at the wellness center. Our seniors receive more services, students

learn about working with the elderly and the professors have research opportunities.

This is what the Older American Act dollars were intended to do, to leverage other resources beyond merely providing a meal at locations where seniors gather each day.

The next reauthorization must strengthen that ability at the local level to do this kind of leveraging. This can be accomplished by letting those in the aging network closest to the senior determine what is best in each of our communities, and let me be more specific.

The Nutrition Program must continue its requirement that meals need to meet the recommended daily allowance, RDA, especially since 73 percent of the participants are at high nutritional risk. Sixty-two percent of our home-bound seniors receive half or more of their daily food intake from the meal.

However, how this is achieved needs more flexibility. We anticipate a doubling of our minority elderly population in less than 20 years. To keep nutrition programs relevant to them, we must offer food choices that reflect greater cultural sensitivity. We have boomers in our programs and more will follow. They need different menu options and approaches to serving meals to keep the programs relevant.

One modification that we could make to benefit all the participants is to allow greater use of fresh foods and vegetables. We have too many obstacles and too many places now keeping that from happening.

As you can imagine, the interpretation of what can be accepted via donation varies significantly from state to state and even from county to county. I encountered this firsthand recently when I tried to accept a reoccurring donation of fresh fish from a sports fishing consortium. State and local regulations, which the Older Americans Act says that we have to comply with, created such onerous impediments that we had to decline the fish which was worth several thousand dollars for each donation and they were going to do it every single month. So a sizable amount of money that we basically had to decline.

We must have a system where laws at all levels of government work together consistently and fairly to encourage donations of fresh food and vegetables.

My NANASP views parallel my local views. We support greater flexibility at the local level on whether more funds are provided to congregate or to home-delivered meals.

For nutrition programs to deliver the outcomes they do, they must be adequately funded but that does not always mean more money. In this case, it is about making sure that dollars intended for nutrition stay in nutrition. Today, nearly $40 million in funds from the congregate nutrition program go into non-nutrition programs within the Older Americans Act.

There may have been a need for that before but we don't believe there still is when we have a rising demand in our programs. Those of us at NANASP truly appreciate your support of the 2009 Stimulus Bill which provided an urgently needed $100 million in funds for nutrition programs.

Our programs faced rising food and energy costs and loss of volunteers. These funds helped avert disaster.

But the need remains and we need to see funding levels for fiscal year 2011 as close to this level as possible.

NANASP also supports strengthening the Disease Prevention and Health Promotion Program in the Older Americans Act going forward, and we're calling on Congress to either transfer this program outright into the Nutrition Program or set aside funding for evidence-based nutrition programs which will help in prevention and promotion.

Finally, in the special recognition to our rural seniors, funding for transportation services has to be—we have to bolster funding because they are essential to nutrition programs and all of the wrap-around services.

NANASP has enjoyed working with the Administration on Aging in the early stages of the reauthorization process, working with Assistant Secretary, and looks forward to working especially with you, Senator Udall, and your colleagues on the Special Committee on Aging to achieve a successful, innovative, and forward-looking Older Americans Act.

Thank you.

[The prepared statement of Mr. Downey follows:]

National Association of Nutrition and Aging Services Programs
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Paul Downey Testimony
President, National Association of Nutrition and Aging Services Programs (NANASP)

Senate Special Committee on Aging Hearing-2011 Reauthorization of the Older Americans Act

Senator Udall:

It is my pleasure to testify today at this important hearing. I commend your interest in wanting to improve the Older Americans Act, particularly the nutrition program. It is also a pleasure to participate with our nation's outstanding Assistant Secretary for Aging, Kathy Greenlee.

I come today wearing two hats. I am President of the National Association of Nutrition and Aging Services Programs -- NANASP. I am also President and CEO of Senior Community Centers of San Diego with 15 years in the Older Americans Act aging network.

You have a particular interest in programs and activities which promote wellness and foster disease prevention among older Americans. That is precisely what we are doing in San Diego.

Senior Community Centers serves 1,700 meals a day, 365 days per year to predominately low-income seniors, many of whom live on less than $200 after rent. The link between nutritious meals, health, independence and, frankly, their ability to simply survive is undeniable.

This year, in a unique partnership with visionary philanthropists, private and public partnership and collaborations with more than 25 community agencies, we opened the Gary and Mary West Senior Wellness Center. We firmly believe that it represents a model that can be replicated throughout the country – in both rural and urban settings.

Our congregate meal numbers at the Gary and Mary West Senior Wellness Center have increased each month – to almost 700 meals daily. Nutrition is the core service around which we provide case management, life-long learning and civic engagement. We then leverage our community partnerships to provide an array of additional services – at no cost to us or our clients. Our partners include Sharp Healthcare, the largest healthcare provider in San Diego County, and the College of Health and Human Services at San Diego State University. About 30 SDSU students representing five different disciplines – social work, gerontology, nursing, public health, and speech and language -- and their professors are outstationed at the Wellness Center. Our seniors receive more services, students learn about working with the elderly and professors have research opportunities.

This is what Older Americans Act dollars were intended to do -- leverage other resources beyond merely providing a meal at locations where seniors gather each day. The next reauthorization must strengthen our ability -- at the local level – to do this kind of leveraging. This can be accomplished by letting those in the aging network closest to the senior determine what is best in each of our communities.

Let me be more specific. The nutrition program must continue its requirement that meals meet RDA requirements -- especially since 73 percent of participants are at high nutritional risk; 62 percent of homebound seniors receive half or more of their daily food intake from the meal.

However, how this is achieved needs more flexibility. We anticipate a doubling of our minority elderly population in less than 20 years. To keep nutrition programs relevant to them, we must offer food choices that reflect greater cultural sensitivity.

We have boomers in our programs and more will follow. They need different menu options and approaches to serving meals to keep these programs relevant.

One modification we could make to benefit all participants is to allow greater use of fresh foods and vegetables. We have too many obstacles in too many places now keeping that from happening. As you can imagine, the interpretation of what can be accepted varies significantly from state to state and even county to county. I encountered this first-hand recently when I tried to accept a reoccurring donation of fresh fish from a sports fishing consortium. State and local regulations – which the Older Americans Act says we must comply with -- created such onerous impediments that we had to decline the fish. We must have a system where laws at all levels of government work together – consistently and fairly -- to encourage donations of fresh food and vegetables.

My NANASP views parallel my local views. We support greater flexibility at the local level on whether more funds are provided to congregate or home delivered meals.

For nutrition programs to deliver the outcomes they do, they must be adequately funded. That does not always mean more money. In this case it is about making sure that dollars intended for nutrition stay in nutrition. Today nearly $40 million in funds from the congregate nutrition program go into non-nutrition programs within the Older Americans Act. There may have been a need for that before but we don't believe there still is when we have rising demand in our programs.

We appreciate your support of the 2009 stimulus bill which provided an urgently needed $100 million in funds for the nutrition programs. Our programs faced rising food and energy costs and loss of volunteers. These funds helped avert disaster -- but the need remains and we need to see funding levels for FY 2011 as close to this level as possible.

NANASP also supports strengthening the Disease prevention and Health Promotion program in the Older Americans Act going forward. We call for Congress to either transfer this program outright into the nutrition program or set aside funding for evidence based nutrition programs which help in prevention and promotion.

Finally and with special recognition to our rural seniors, we must bolster funding for transportation services which are so essential to the nutrition programs.

NANASP has enjoyed working with the Administration on Aging in the early stages of the reauthorization process and looks forward to working especially with you Senator Udall and your colleagues on the Special Committee on Aging to achieve a successful, innovative and forward moving Older Americans Act.

Please direct further questions to:

NANASP President Paul Downey (paul.downey@servingseniors.org.)
NANASP Executive Director, Robert Blancato (rblancato@matzblancato.com)

Senator UDALL. Thank you, Paul, and I'll turn now to Guy Dutra.

For Paul's benefit, I'm sure everybody else in the audience would understand this reference I'm going to make, that we have a member of the Colorado Springs community and Pueblo is always a nice event and there tends to be a bit of a sibling rivalry between Pueblo and Colorado Springs, but any time we can join these two communities, wonderful communities, it's important to bring them together in this way. It's always helpful.

So welcome to Pueblo County and we look forward to your testimony.

STATEMENT OF GUY DUTRA-SILVEIRA, DIRECTOR, PIKES AREA COUNCIL OF GOVERNMENTS AREA AGENCY ON AGING

Mr. DUTRA-SILVEIRA. Well, thank you. As a person who has a sister who lives here, I get down here a bit and enjoy that sibling relationship. [Laughter.]

So thank you for the opportunity to testify today. I'm here not only representing my own agency, the Pikes Peak Area Council of Governments Area Agency on Aging but also to some extent CAAAA which is the Colorado Association of Area Agencies on Aging.

I want to thank my colleagues for their faith in me in giving me this role.

I want to start by venturing an opinion. The 1965 Older Americans Act was a brilliant piece of legislation. It created simple support systems, such as Nutrition Programs, Transportation Services, In-Home Care, and Information and Assistance, that reduced the use of more expensive supports, such as Medicare and Medicaid.

It's crucial that these concepts be brought forward as we reauthorize the Older Americans Act so that we can enhance the quality of the lives of Older Americans at the same time while controlling public costs.

Every area agency on aging, or I will to refer to them AAAs, every one is unique and the region they serve is unique. With local control, AAAs are able to tailor-made their services to the communities in which they serve. In my area, we have two very rural counties and one that has the city of Colorado Springs in it. So it's very, very different.

My urban area, congregate meals are a very good option, but in Park and Teller Counties, the home-delivered meal is absolutely a must. Fortunately, we have funding for both of these options through C1, C2, Titles C1 and C2, and we have some ability to transfer funds between these two funding sources. We get to do this once a year when we do our funding requests and as flexible as this is, it's not flexible enough.

Let me tell you a brief story. Every year, we have the pleasure of the State Agency on Aging coming down and assessing our agency. Todd's smiling. That's a good thing. Generally, these assessments go pretty well but I want to tell you about one occasion on which we were found out of compliance and I'm going to ask you to avert your ears, Secretary.

Ms. GREENLEE. Are you going to swear, Todd? [Laughter.]

Mr. DUTRA-SILVEIRA. But what had happened is we had used congregate meal funds for a home-delivered meal. How did this happen? Well, we have some of our congregate meal sites in low-income housing units. This helps us target those in the greatest need in our community and one day one of the volunteer site managers had noticed that one of the regular diners was not there. So she inquired and found out that this person was ill.

Well, she had a brilliant idea. She filled a tray, covered it and took it upstairs to the person that usually dines there. Magically, this congregate meal had now become a home-delivered meal and we were paying for it via the wrong funding source.

So the state unit kindly pointed this out to us and told us that we could pay for it using C2 funds instead of C1. Well, to do that would have cost hundreds of dollars in new contracts, different regulations, different reporting. The volunteer meal site coordinator didn't know about different costs of money, didn't know about different regulations. She didn't know about in-service.

So the way I think of this is reporting regulations, different pots of money, hundreds of dollars, a meal or two to an ailing elderly, priceless.

The moral of the story here is self-evident. Putting funds in silos often results in less-effective, less-efficient service. This is why the Colorado Association of Area Agencies on Aging recommends that local transfer of authority within the Older Americans Act, Title III, Subtitles, be enhanced. Flexibility is one of our top priorities.

CAAAA also recommends that the reauthorization of the Act include language and funding authorization for aging disability and resource centers, also known as ADRCs. The challenges that clients in Colorado Springs face, for instance, are quite large because the service delivery is spread out amongst many, many agencies.

Fortunately, we had the opportunity to begin a new ADRC and using the ADRC, we have been able to closely follow every referral we make to disabled persons and elderly persons in our community. We've been able to have some case management services actually go to the person's home and bring that support and knowledge of the system to the client in a very convenient and very real way.

Also, data-sharing has begun between agencies. So a person can enter the system at one place and have their information shared with another and their history can be looked at between agencies. It's not a complete project by any means but it's underway.

There's also a new ADRC here in Pueblo, as Steve mentioned. It's called the ARCH Project. In Colorado, we always have to rename everything. So the Adult Resources for Care and Health is Colorado's version of the ADRC, and once again area agencies on aging stand ready to serve and tailor-make their ADRC or their Title III program or whatever it is to their community and make it work.

As we begin to look at the challenges and opportunities in the Affordable Care Act, AAAs stand ready to serve. In Colorado, we're already engaged in presenting evidence-based programs to many of our communities. Last year, Colorado AAAs gave over 4,000 individuals evidence-based programs. These programs were designed to help people stay healthy so they don't have to utilize medical and institutional services and they saved a lot of money by doing that.

Clearly, our AAAs are involved in healthcare in America. My recommendation is that funding for these programs that currently must compete with our other programs be dedicated and that it come from the Affordable Care Act.

One concern I have as a AAA director has to do with serving all of our elders. One of the recent opportunities that has come down is something called the Veteran-Directed Home- and Community-Based Service Program. This is a program that will provide case management to veterans and allow them to make choices that would help them stay in their homes, stay independent, and not rely on expensive institutional care.

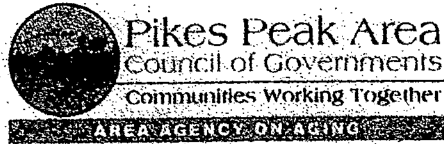
In my area, I have almost 80,000 veterans, yet I'm ineligible for this program because we don't have a veterans' hospital. Now this concerns me not only because I want to serve our veterans but also because my experience tells me that often one opportunity builds upon another. Those areas that have been able to institute ADRCs, for example, have had more access to funding for such things as the Medicare Improvement for Patients and Providers Act, also known as MIPPA.

I would ask that when we're starting new incentives, that we keep in mind those areas that already have less resources. They do not have less need. Many of these areas are rural. Please keep in mind they need service, too.

As we look at the reauthorization of the Older Americans Act and we encourage healthy living for baby-boomers and beyond, AAAs and Title VI programs must be vital partners. Their efforts, again tailor-made to their communities and free from the influence of special interests, will be part of the fabric that brings primary healthcare to all Americans while controlling costs and improving the quality of their lives.

Thank you.

[The prepared statement of Mr. Dutra-Silveira follows:]



Written testimony for the
Special Committee on Aging Field Hearing
Chaired by Senator Mark Udall
Friday, August 27, 2010 – Pueblo, Colorado

The original 1965 Older Americans Act was a brilliant piece of legislation. At its core is the concept that people have intrinsic value as they age and deserve help to remain independent in their homes and communities. I say it was a brilliant piece of legislation not only because it created services for our elders but also because it was sound fiscal policy. By creating simple support systems such as Nutrition programs, Transportation services, In-home care, and Information and Assistance programs, the burden on other more, expensive supports such as Medicare and Medicaid have been reduced. At a time when America is aging (1 out of every 5 Americans will be over the age of 65 in 2035) it is crucial that the concepts of the Older Americans Act be brought forward to enhance the quality of Americans lives while simultaneously reducing public financial burden.

One of the keys that has made the Older Americans Act successful has been the concept of local control. Every AAA and the Region they serve is unique. With local control each Area Agency on Aging (AAA) has been able to tailor make the services they deliver to the needs of their community. For my AAA, providing nutrition in rural Park and Teller Counties is a very different challenge than providing nutrition urban Colorado Springs. Congregate meal sites serving those in densely populated areas have been successful while the availability of home delivered meals for those who are home bound in isolated rural settings are crucial. Our current funding through Title C1 and C2 allows for both of these activities. Fortunately we are allowed to transfer some of our funds between these funding sources to customize our spending to our Region's needs. Transfers of this sort are allowed once each year. As flexible as this is, even more flexibility is needed. Let me tell you a story.

A couple of years ago our agency (the PPACG Area Agency on Aging) was assessed by the State to make sure that our programs were within the regulations and serving our communities well. These assessments are not only needed but they are welcomed as they help us reach our goals as an AAA. While the results of this assessment were generally positive, there were suggestions made by the State Unit on Aging. There were even a couple of findings that showed our AAA to be out of compliance with regulations. We had used Title III C1 funding (funding reserved for congregate meals) to provide a home delivered meal. How had this happened? To help reach those in greatest need, some of our congregate meals sites are located in low-income housing units. Well, it turns out that one of our regular diners was ill and could not come downstairs from her apartment to have lunch. A volunteer meal site

manager had gone through the line, gotten a meal, covered a tray and taken it upstairs to the ailing diner. This had now become a home delivered meal. Unfortunately our contract with our meal provider (the Golden Circle Nutrition Program) is only for congregate meals and uses only congregate meal funds. The State Unit on Aging correctly pointed out that we could pay for the meal using C2 or home delivered meal funds. While theoretically possible, the processes required to report that meal as home delivered (revised contracts, revised reporting and compliance with home delivered meal regulations instead of congregate meal regulations) would have made that meal cost hundreds of dollars! The volunteer meal site coordinator did not know about different pots of funding. She didn't know about different regulations. She did know about good service. Reporting the meal and complying with the regulations? Hundreds of dollars. A meal to an ailing elder? Priceless!

The moral of the story here is self evident. Putting funds in silos often results in less efficient, less effective service. This is why the Colorado Association of Area Agencies on Aging (C4A) recommends the local transfer authority within the Older Americans Act Title III subtitles which support core health and independence programs be enhanced. Flexibility of funding is a top priority.

Another recommendation from the C4A is that the reauthorization of the Act includes language and funding authorization supporting Aging Disability and Resource Centers (ADRC). As America ages access to Long-term Care services becomes more crucial. As a single point of entry for person-centered access, Aging Disability and Resource Centers (one of which is located right here in Pueblo) provide coordinated, cost effective service delivery for those who are elderly or disabled. By strengthening ties between and knowledge of available services – from hospitals and nursing homes to homemakers and basic transportation services - ADRCs can create efficiencies in health care spending while providing customized long-term care solutions based on consumer choice. Once fully implemented, ADRC's will reduce costs by supporting consumers in their communities with planning, options and benefits counseling and case management. Much of this will occur before access to expensive nursing home and medical resources are needed. By working with hospital discharge planners to identify community based supports ADRCs will reduce costly readmissions and keep elders and disabled persons healthy in their communities. Area Agencies on Aging, with their rich history of tailor made service delivery, are well suited to implement ADRCs in the complex and varied communities they serve.

In Colorado Springs we have also started a new ADRC (in Colorado we call them ARCHs for Adult Resources for Care and Help). Enhanced Information and Assistance has enabled us to follow closely the results of each referral made and our newly added case management services are bringing valuable support and insight into the homes of the disabled and elderly. The challenges clients face are immense because our service delivery system is spread amongst so many agencies. The ARCH project brings long-term care services into focus for clients while at the same time providing valuable input to the AAA and other community partners concerning clients' needs and gaps in service. Sharing of data between agencies has begun and will enable providers to have a more complete picture of the client while making navigation of complex systems more client-friendly.

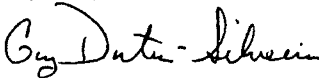
As we begin to look at the challenges and opportunities presented by the Affordable Care Act, AAAs stand ready to serve. Already in Colorado, AAAs are engaged in providing evidence-based health programs. Evidence-based programs are research-based programs which have been shown to have positive outcomes for their participants. AAAs throughout Colorado

collaborated to bring the "Matter of Balance" program to their communities. This is a program that began at Boston University in which participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. Stanford University's "Chronic Disease Self Management" and its Spanish counterpart "Tomando Control" is another program that many Colorado AAAs have been offering. This program helps elders with any chronic health condition better manage their health. While many programs are only available in certain areas of the State, Colorado AAAs are currently engaged in providing 10 different evidence-based programs to elders and Caregivers. These programs often rely on volunteers and lay people for implementation and can be provided at low cost. In the past year Colorado AAAs have provided evidence based programs to over 4,000 individuals. Clearly we are already involved in health care in America. Unfortunately, funding for these programs currently must compete with other, more traditional core Older Americans Act programs. Going forward the Older American's Act should authorize dedicated funding from the Affordable Care Act to support their efforts. Title IIID provides an excellent vehicle for these efforts.

A concern that I have as an AAA director is serving all of our elders. For example one of the newest opportunities for Area Agencies on Aging is to serve Veterans of all ages at risk of nursing home placement via The Veteran Directed Home and Community Based Service Program. This program will provide veterans the opportunity to self-direct their long-term supports and services that enable them to avoid institutionalization and continue to live independently at home. Again AAAs stand ready to serve. Unfortunately, in the region I serve, we do not have a veteran's hospital and are therefore currently ineligible to participate. This is despite the fact that we have over 80,000 veterans in El Paso, Park and Teller Counties. My experience tells me that often one opportunity builds upon another. This has been true with the advent of Aging and Disability Resource Centers. Implementing an ADRC has made funding for other programs such as the Medicare and Medicaid Improvement for Patients and Providers Act (MIPPA) more available. I would encourage the Administration on Aging, Congress, CMS, the Veterans Administration and all of our partners to go forward with new initiatives keeping in mind areas that have fewer resources but not less need. Many of these areas are rural. They must not be left behind.

As we look at the reauthorization of the Older Americans Act and encouraging healthy living for the baby boomers and beyond, Area Agencies on Aging and Title VI programs must be vital partners in the government's efforts to promote health and quality of life for our elders and those with disabilities. Their efforts, tailor made to the communities they serve and free from the influence of special interests, will be a part of the fabric that makes primary health prevention available to all Americans while controlling costs and improving quality of life.

Respectfully submitted,



Guy Dutra-Silveira
Director, PPACG Area Agency on Aging

Senator UDALL. Thanks, Guy, for that, and I'm generating a nice list of questions. I'm sure the audience is, as well. We'll now turn to Dace for her testimony.

STATEMENT OF DACE CARVER KRAMER, AGING WELL

Ms. KRAMER. We've heard a lot this morning about baby-boomers and I plead guilty, also. I actually 2 weeks ago retired from the Northwestern Colorado Visiting Nurse Association, but I'm reminded of baby-boomers as a college student. We all had a rather immodest view of our ability to create change and as I became passionate about one cause or another in college, I was not very good at my college studies. I didn't actually fail but my grades did go down and as you can see from my presence here today, I'm failing at retirement, too.

I'm passionate about aging and about rural areas and I do not intend to step away from my representation of an organization of which I am extremely proud. The Northwest Colorado VNA is the public health agency for a two-county region in the northwest corner of the state. Geographically, Routt and Moffat Counties comprise an area about the size of the state of Connecticut. We have only 50,000 people in our two-county region. So when people talk about Pueblo as a rural area, I am kind of amused and bemused by that.

We function as a public health agency but we do—and you'll have to forgive me as only 2 weeks apart from this, I cannot separate the present tense and the first person from my remarks about the VNA and the aging program.

So I will talk about the VNA first as the public health agency which has delivered an integrated system of health disease prevention and health promotion for many years to all citizens of our region, regardless of their ability to pay.

We start with pregnant mothers and we provide services to women and children, to school health programs, to immunization programs, all the way up through and including end-of-life care with Northwest Colorado Hospice. So it's a very visionary, very dedicated group of people.

In the last 5 years or so, Sue Birch, who's in our audience, our CEO, has dedicated herself to filling many serious gaps in the frontier area of our region with infrastructure for health promotion. Some of the things that have happened in the last 5 years are that the VNA operates a federally qualified health center for people who are uninsured and underinsured. So we provide primary care services and ancillary services to those people.

We acquired an assisted living center which houses about 19 people. It is the only one in the region. We recently renovated a house in Steamboat Springs area for respite and end-of-life care which is an absolute shining star in the Steamboat Springs area. We not only provide end-of-life care, respite care for caregivers, we have adult day services. We have a support program for children in this facility. So there a great many infrastructure improvements which have never—we've never had in our region and I credit the VNA for that.

Recently, I retired as the director of the Aging Well Program which is really one of the programmatic underpinnings of these fa-

cilities and services that the VNA provides. It was started in 2005. It has focused on the wellness and prevention services and programs that we, with the public health mission of the VNA, can offer to our seniors.

We do this by adopting and hiring certified instructors in evidence-based fitness activities. We have Arthritis Foundation exercise, aquatics, and Tai-Chi, fall prevention programs, such as balance, and we have engaged over the entire Western Slope in helping to recruit and implement the chronic disease self-management program which in Colorado has been renamed Healthier Living Colorado.

In our area, we provide that program in English and in Spanish and we also provide it for people with diabetes.

So it's the Healthier Living Diabetes Program in both English and Spanish.

One of the ways we leverage the effect of these programs through the VNA is we receive referrals from our primary care providers at the federally qualified health center. We identify people in need through our community outreach and prevention services team, community health educators, patient navigators. We partner with our two local hospitals, so their discharge planners know that we have wellness and prevention programming available to people who are discharged and are transitioning back to their homes.

This is a tremendous challenge in a frontier area. Most of our towns are not over 500 to 750 people. The way we manage to do it is that we partner with our community resources. Paul has talked about the leveraging of community resources. They include the hospitals. They include primary care providers. They include two community colleges to provide lifelong learning opportunities and then we identify social gathering places in our local communities which are the visible signs of gathering. They could be a coffee shop. It's the American Legion Clubhouse in Craig, CO.

We get partnerships with organizations that have facilities where people might logically come. We have no transportation, but we find that we have been so successful in integrating the services of the VNA, including wellness checkups, foot care, and the evidence-based programs that we provide with college classes. It might be memoir-writing. It might be something like computers.

The County Extension Service offers classes and lunchtime lectures. We bundle all this together and place it in a social gathering place. It might be a community center, also, and we find that people find their way to our program.

We have a population in the two-county region of over 60 that is about—I think it's about 6,000 people and in the last 4 years, the Aging Well Program has seen 1,400 participants over the age of 60 in our programs. We collect data from all these people on their personal health and I would like to break in a little bit and read you—we did a survey of personal health assessment in 2009 and we asked for comments about people's perception of their own health, their ability to age in place, and I have a couple I'd like to read you that were part of our survey.

"I'm no longer on oxygen. I have lost 10 pounds and I'm stronger. I'm stronger and in better health all around. I feel more invigorated and I breathe better. My blood pressure has improved. I can

do my own yard work and housework now. My balance has improved and the numbness in my hands is less severe. I feel I can do more physical things in life. I feel more positive about aging."

These are actual quotes from people who've participated in Aging Well Programs.

We also partner with—I feel like the kid standing outside the chain link fence because I have read all of the Older Americans Act and I can insert a little personal comment here. I was born in the state of Idaho and my—we moved to Washington, DC., when I was 5 years old. My father was asked to come to Washington as newly elected Senator Frank Church's first chief of staff. So I grew up in Washington but for those of you who have a little history in your background, you may know that Senator Frank Church was one of the founding members of the Senate Special Committee on Aging. He really pushed for the Older Americans Act that President Johnson signed into law because, in Idaho, many of the problems of the very rural and frontier areas, many of his constituents faced and he was passionate about aging and how to address those issues for his constituency.

So I have a personal connection to this and it's a longstanding one. I have great admiration for all of the members that sit on this committee and I appreciate the opportunity to be here.

Senator UDALL. Dace, nicely done, and that was an important historical perspective. I didn't know that particular part of Senator Church's very distinguished service to our country. He was quite an American.

Ms. KRAMER. Yes, he was. Thank you.

[The prepared statement of Ms. Kramer follows:]

Aging Well, a Collaborative Community Approach to Aging in Community

Written Testimony to the Senate Special Committee on Aging
Field Hearing on Reauthorization of the Older Americans' Act
August 27, 2010 in Pueblo, Colorado

Provided by Candace Kramer
Immediate Past Director and Special Consultant to Aging Well,
A program of the Northwest Colorado Visiting Nurse Association

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In 2009, 841 older residents of rural and frontier Northwest Colorado participated in a healthy aging program of the Northwest Colorado Visiting Nurse Association called **Aging Well**, operating since 2007 primarily in Routt and Moffat Counties. Aging Well logged over 16,000 separate encounters with these older northwest Coloradans that year.

To put these numbers in perspective, Aging Well has touched and, it is safe to say, improved the lives of almost 25% of the total over-60 population in the two-county region in the last three years. 219 Personal Health Self-Assessment surveys, randomly collected in 2009, yielded the following information:

- 92% of those surveyed felt their fitness levels improved with participation in Aging Well;
- 17% claimed they decreased medication dosages as a result of the Aging Well program;
- 70% felt their joint stiffness and pain had decreased;
- 50% felt that as a result of Aging Well, they didn't need to see their healthcare professional as often;
- 98% of those surveyed enjoyed the social aspects of Aging Well classes.

Here are a few comments from those who engage in Aging Well activities:

> *"I come to class mostly for pain reduction. I hurt my hip 2 ½ months ago and coming to class keeps me limber. The exercise invigorates me. Now I exercise on days I'm home."*
>
> *"Exercise class has helped me because I haven't fallen down in over a year. I am really happy about that. I like Tai Chi class the best...It teaches you how to use your muscles."*
>
> *"Deanna (instructor) got me started a year ago. I especially feel it in my hands. My balance is better too."*

Aging Well is a coordinated community response to health and social services for older adults in rural America. The goal of the program is to improve the functional and social health of older adults in rural and frontier regions so they may successfully remain at home in our communities for the balance of their lives. It is a blend of community health outreach services, evidence-based fitness, fall-prevention and chronic disease self-management classes, health education and awareness, lifelong learning opportunities, nutritional support and social interaction for older adults in rural communities. With collaborating partners that have included two community colleges, the State health department, two local hospitals and numerous primary care providers, local and regional AAAs, County Extension agents and others, Aging Well is a real-time

demonstration that a targeted program of disease prevention and health promotion in the context of comprehensive social services will:

- Improve individual and community health,
- Minimize the need for institutionalized long term care, and
- Save healthcare dollars.

With time and proper support, we anticipate being able to prove three things:

1. Older adults who regularly participate in Aging Well offerings and activities will have the knowledge and skills to more effectively self-manage disabling or chronic conditions, thereby improving their health and ability to age in place;
2. Rural communities adopting this model of comprehensive social and health services can significantly improve their population of older adults' ability to age in place;
3. Healthcare providers participating in a cohesive framework of community-based support that advances evidence-based disease prevention and wellness programs in response to community need will improve health outcomes and save healthcare dollars.

To our knowledge, there are no other coordinated community efforts in frontier areas of the country that combine physical, intellectual and social activity with basic health services, evidence-based wellness and prevention programming and self-care, and chronic disease awareness and self-management -- all under one umbrella. To increase participation and enhance our success, we rely heavily on our local area agencies on aging for meals and transportation services, community colleges to appeal to a younger segment of older adults, healthcare providers to refer patients to our programs, and private foundations for financial support. We recognize that all needs of our older citizens are not met by this program: transportation, for example, is an intractable problem in frontier areas, and our Title III funding for foot care and senior wellness checkups ran out in February.

Aging Well is not a unique local success story. In other parts of Colorado and the nation, there are senior center managers, AAA directors, neighborhood organizations and local communities striving to flex existing resources in creative ways to meet the needs of growing numbers of older adults residing in their midst. Some, such as PACE (Program for All-Inclusive Care of the Elderly) and NORC (Naturally-Occurring Retirement Communities), have even convinced federal and state legislators to provide public monies for support and sustainability of the programs they offer for seniors. The end results of these discrete experiments have, in several notable cases, been extremely successful in lowering the healthcare and social costs of aging in community.

But the "checkerboard" approach to providing senior services, relying on the ingenuity and resourcefulness of committed local providers in an environment of dwindling state, federal and grant funding, has inevitably yielded mixed and unpredictable results. Reauthorization of the Older Americans' Act is a timely opportunity to institutionalize best practices, implement evidence-based programming of health promotion and disease prevention, and *mandate a modernization of the mechanisms for delivery of comprehensive social and health services to older Americans*. From the point of view of a successful -- yet still without sustainable funding -- local program, Aging Well submits the following suggestions for consideration as the OAA is reauthorized:

1. Prioritize wellness and prevention as the contextual framework for the delivery of *all core services* by the AAAs. For example:
   - Mandate reallocation of funding so that *x*% must go to evidence-based programming, such as fitness classes, Tai Chi and chronic disease self-management
   - Re-frame nutrition requirements for congregate and meals on wheels, encouraging locally grown, fresh ingredients similar to anti-obesity models being introduced in schools.

2. Flex the funding conduits (State Units on Aging – Regional AAA – local AAA) to include and encourage other models and qualified organizations that have proven or are proving effective in meeting the reach and needs of older Americans (Aging Well, for example) by creating a set-aside pool of funds for this purpose
   - Where [evidence-based, senior wellness checks, congregate meals] programming is already being delivered by a local agency, allow reimbursement from federal funds without starting a territorial skirmish with the AAAs
   - Incent with enhanced funding (no additional funds, but a way to mandate collaboration) community-level collaborations that involve AAAs and other entities (community colleges, public health agencies, others) working together to deliver the core services in conjunction with wellness and prevention programming

3. Promote greater care coordination by creating linkages to CMS so that medical needs are met in the context of the social services provided by OAA.
   - Explore reimbursement of wellness and prevention/evidence-based classes delivered at the community level with Medicare and Medicaid funds
   - At the federal level, link OAA to the Center for Innovation at Medicare to open doorways for demonstration models that are working across the country

4. Authorize a new round of Community Innovations for Aging in Place grants to flush out new programs/organizations/community initiatives that can serve as demonstration sites for a new generation of Older Americans Act successes.

Thank you for the opportunity to describe a local success, opening the door for other communities interested in adopting the key elements and lessons learned from Aging Well, and perhaps advancing the discourse on how the Older Americans Act can be modernized and reauthorized to better serve a new generation of Older Americans as we age.

Respectfully submitted,

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Senator UDALL. Thank you. That is, I know Secretary Greenlee notes with interest, too, that part of the idea was driven by a man who represented a very rural state, the state of Idaho, and he saw the challenges, frankly, that people had as they aged in place and whether they were frontier or rural or even the few cities or the one city that's in Idaho. I guess Boise would be your city.

Well, with that, thank you for that broad-based testimony and for giving us some specific recommendations. I know that the Secretary was taking some notes and particularly, Guy, you made some specific recommendations.

Let me ask a couple questions and then those of you in the audience, I'll try and limit my questions to 5 minutes and then if some of you want to ask questions, I really want to provide that opportunity.

Steve, I want to pick up on something you talked about which was the fact that boomers have been eligible for OAA services now for about 4 years and, as we all know, many, many more of us will be eligible in the next 5 years, and we have this dual population dynamic at work and you alluded to this, where somebody at the young age of 60 who is concerned about their mother, I think it was, and yet that particular individual also is now in this cohort of seniors.

Maybe start with you and your comments on what you're seeing, what you're learning from this dual population.

Mr. NAWROCKI. Well, Senator, I was really excited when I turned 60 because I was eligible for our programs. I could actually eat at a congregate meal site for a suggested donation and I am now turning 65. So I'm at the other end of the baby-boomers.

But we have within our community, not unlike any other community, again we have such a large population of baby-boomers that are seeing their parents age, for those that are lucky enough to still be alive.

When I first got into the aging services about 20 some years ago, the fastest-growing segment of the population was 85+. Now it's over 90. I mean that's incredible. What does that tell you?

So when we look at the reauthorization of the Older Americans Act, 60 is the entrance into those services and people are living into their 90's, driving their cars, I mean in our area, we have people that are driving in their 90's, still getting drivers licenses. We have to start looking a little bit differently in terms of that's a lifetime in terms of possibility of services, the kind of resources that will be available, especially for baby-boomers when there could be 70 million of us that could be within that age cohort.

So again, I don't look at myself, even though I'm eligible for that congregate meal, I don't quite look at myself as the same. I feel quite young. I feel invigorated every day coming to work because, well, the people that are 80 and 90 that we're serving that are walking and talking and so I don't see that I'm in need of these services myself. Of course, my health could change. As long as you have your health you have everything and those people that I see every day, those are the ones that have their health, not the homebound that we're serving.

So that can happen at any age and that can also happen for people that are disabled that are under 60 that are not eligible for

Meals on Wheels unless they live in the senior high-rise and that's another area that I think we ought to take into consideration in terms of being more flexible and being able to serve in the community.

Those baby-boomers that are under 60 that are disabled, especially with all the past wars that we've had and the near future, we're going to have a lot of seniors in the future that are going to be disabled and I think we ought to take that into consideration, too.

Senator UDALL. Any other members of the panel want to comment on this dual cohort dynamic where we have parents of seniors who are part of the OAA needs?

Mr. DUTRA-SILVEIRA. I've been the director of my agency for about 3 years. Prior to that, one of the things I did was enter data for our caregiver program and what I noticed was not only would you have a 60-year-old taking care of someone that's 85 or 90 but it was also the 90-year-old woman taking care of her husband and the 85-year-old neighbor next door. So caregivers who are over 60 are not limited to young ones, they're not limited to taking care of one person.

Ms. KRAMER. We've had a philosophy with Aging Well that we need to ensnare people at the age of 50 to get them aware of the services that they may need in the future. So we have partnered with community organizations, like the community colleges, like fitness studios, restaurants, to make them aware that there is, first of all, marketing potential for this age cohort, but also to position these people to be much more aware when they become in need of our services, that those services exist, and I don't know how successful I can claim we are at that, but we do have the local newspaper which has devoted one page every week for the last 3 years free of charge to the VNA, to the Aging Well page, simply so we can put information that will be of use and interest to people of all ages in the senior spectrum and that's been a community success, I think.

Senator UDALL. That term is useful, all ages in the senior spectrum. That's an important way to put it.

Paul, let me move to you and open the floor for your comments on this topic, if you'd like, but also, given that you've come all the way from California, I know we want to pick your brain about how we could put the practices that you've pioneered into action in rural communities and other parts of the country and that's an open-ended question, broad question, but we'd like to hear you expound a little bit more on that topic.

Mr. DOWNEY. Sure. Thank you. Well, first of all, I think we have to be careful not to pigeonhole any people in the spectrum, I think, in the aging spectrum.

A couple of years ago I sat with my senior staff, all of us are baby-boomers, and I said, OK, who here would go to a senior center. Not one of us raised our hand. None of us could envision ourselves going to the model that Secretary Greenlee described, the old model of congregate meal in a church basement with nothing else and that was—no, that wasn't anything we would do.

So we tried to develop some things, innovative things that would be attractive to baby-boomers and, lo and behold, we discovered

that not only did it attract baby-boomers but, you know, we have 85-year-olds who come in every day to update their Facebook pages in our Cyber Cafe, in fact, their e-mails and participate in the classes and so we kind of discovered that even those of us in the field sometimes have misconceptions about what seniors want and that I think it can work in both ends.

I think what we're seeing is, and it was mentioned, the idea of leveraging services, is that we should do what we do best which, for most of us, is in the meal area, is providing meals, maybe providing some case management, but looking to partner in what we do primarily. Most of our partners, the 25 that we have, are not other senior organizations. They're healthcare organizations. They're legal organizations. They're community colleges. They're other groups that bring things that are beneficial and what we do is we give them free space, say I'll give you a free office, free space, telephone, with only two provisions.

One is you have to see anybody who walks in the facility, you have to see and serve, and, two, you have to be part of an interdisciplinary team that we've created, so that we make sure we have comprehensive services, and I think that model can work very well, even in a rural area, as well, with sort of a hub of services that go out to satellite, to smaller satellite sites, to reach some of the folks maybe in the rural and frontier areas, but by bundling services that are, you know, with good transportation, if you have it, where you leverage resources and then going out.

We do that in San Diego. San Diego County, I know, is certainly bigger than Rhode Island and probably bigger than a couple other states, as well, and we use that exact model ourselves, where our wellness center is our hub, but we have 13 sites spread out and we take those services and a day or two in each site, we'll take what we do in this hub out to the satellite and I think that can work really effectively because I think getting the folks out of their homes is critical because of the socialization piece.

Yes, you can get services to them, but if it's a caregiver providing services, they don't benefit from all of the other things and if you bundle them where you can, it also helps with the transportation issue. If you have a doctor, you know, medical, mental health, classes, meals, etcetera, in one location, then you can reduce some of those trips you need to make.

Senator UDALL. I just think basically we use the term all across the senior spectrum. In a sense, we're saying all across the community spectrum. I'm reminded, I think there's been an ad talking about the human race. It's a play on words in athletics and people actually running, but in the end, you want to take advantage of community services that are available to anybody in need, regardless of age, whether 6 months or 95, and that's an intriguing way to think about this.

I have a lot of questions, but I really want to get some audience involvement. So if anybody in the audience wanted to stand up and direct a question to the panelists. If you direct a question to me, I'm going to ask Jake to answer it, but please ask a question and I know if we run out of time, I can submit some additional questions for the record.

Sir, would you identify yourself?

Mr. AGUILERA. My name is Carl Aguilera, and I'm a pharmacist. I've got Sam's Club here in town. One of the questions that I—my question is before I moved to Pueblo, I lived in La Hara and we had some real tough problems in terms of retention and recruiting of primary medical, both primary—of medical providers, both primary and secondary. It was always real tough to get doctors in and even PAs, FNPs, and keep them there. At any rate that's my question.

I really don't know that I've heard that addressed per se. Anybody got any answers?

Mr. NAWROCKI. That's a loaded question. It so happens he's the brother of one of my colleagues on the City Council.

Well, first of all, within our community, rural/urban, that is a regional medical center. In other words, we serve all of Southern, as you're well aware, Southern Colorado and Northern New Mexico. People come to Pueblo for healthcare.

I mean, we have community health centers. I mean, it's just because of the lifestyle and the investment that people have. I mean, this is a struggling issue all over the Nation in terms of finding people that are willing to go into the rural areas. I know there are incentives at medical schools for kids that come from the rural areas to go back into those areas and they help pay and defray their costs. There's Rural Medical Service Corps.

But most people come to our city, as you're well aware of, and so it's more satellite service and a lot of physicians here go out to the rural areas and have a schedule where they meet in those communities.

Ms. KRAMER. Senator, may I refer this question to my former boss, Sue Burch, the CEO of the Visiting Nurse Association?

Senator UDALL. Sure.

Ms. KRAMER. She might have some thoughts about this.

Senator UDALL. Sue, would you? If you do, great. If you'd join us at the microphone? If you've been caught off-guard, I understand. It happens to me occasionally. We can have you submit some thoughts for the record, as well.

Sir, are you talking about both doctors and nurses, PAs, across the board?

Mr. AGUILERA. Yes. I know that the junior colleges or community colleges of Otero, Trinidad, Lamar, they all have nursing programs, but, you know, sometimes they stick, sometimes they don't. I think they do a real good job in training their nurses.

Senator UDALL. Sue, if you'd like, please.

Ms. BURCH. I would just respond to that question and suggest that there really are three solutions to this very significant problem.

We are so fortunate in the northwest corner to have created such an integrated model that it is now attracting the professionals that we need. In fact, we will be stealing from Wyoming a geriatrician to the Steamboat Springs area who is coming because of her belief in the integration of what we're talking about and I think it was Steve and Paul referred to not only do we have to break down the social and medical—actually, it was Kathy, but this physician said you are creating exactly what I yearn to work in and so we have seen the two recent physicians that have come to the region, to the

Moffett County, Craig area, come because of the flexibility that we are creating.

The other thing I heard up here, I think it was from—I keep thinking it was from this side of the table but it might have been Kathy, as well.

But the mandate really, and I would hope, I know it's not a mandate yet, but I would hope that AOA really—OAA, I'm sorry, really helps us push on this issue of inter-disciplinary teaming. It's a hospice model. We need to get it upstream way ahead of hospice and physicians and the professionals yearn to work together in a different way and it attracts them. It keeps them in. It keeps them very involved.

Then, last, I think we also have to create it so that our senior health centers, senior wellness centers, and it sounds like it's going on in San Diego, become hubs for training these students in geriatrics or in aging models and we are very fortunate to be attracting students from the University of Colorado as well as other locations, Regis and other schools, that are wanting to come and send their students, public health students, nursing students, physician students, because they love the social and medical mix and so those would be three very practical ways that we can infuse more of that and all of it is a relaxing of regulations and if I could just piggyback on the next question, I don't know if that helps at all, but I want to know from panel members and I know we have some examples locally, but what bridges, Kathy, are being built at the Federal level, at the national level, at the state level, and certainly at the local level, what bridges between departments will help us break down these silos, and what is being done at the administrative level to really foster more of this flexibility and integration?

Senator UDALL. Let's have the panelists respond and then as we conclude, I know that Assistant Secretary's also prepared to make some remarks and she may at that time want to respond, as well.

So if any panelists would like to respond, please.

Mr. DOWNEY. I cannot say how much I agree with the idea of the interdisciplinary team. That's one of the things we're teaching with our San Diego State model, but the interesting thing, I have a licensed clinical social worker who's my chief operating officer and she's in her 50's and she was taught as part of an interdisciplinary team and we got away from that and so what we're kind of doing is going and dusting off an old model that worked really, really well.

But if we're going to be successful and leverage resources, we have to do that.

Senator UDALL. Others want to respond to Sue?

Ms. KRAMER. I would just say, and this is really more directed at the Assistant Secretary Greenlee, the one thing I did not get a chance to say is that I'm not part of the Aging Network in the state, although many of my favorite people are in the network. We're not a AAA. We are a public health agency.

We do these things which meet the goals and objectives of particularly the 2006 amendments to the Older Americans Act, but we receive, other than a very small amount of funding which actually ran out in February because we exceed—our demand exceeded our

ability to cover it, we receive a very small amount of Title III funding for our senior wellness checks and our foot care program.

But some of the more innovative things that the Aging Well Program does are funded entirely by grant funds and I would like to really see some—again, and you spoke to it, but some bridging of the original intent of this Act which was to be a partner with Medicare and CMS and to try to find programs that are not penalized if they're an organic program that, like the San Diego program, like Aging Well, that aren't penalized because we don't have sustainable funding.

Next year, this program might go away because OAA does not support us. So that's my pitch for being a community collaboration that works and meets the objectives but is not in the traditional conduit for those funds.

Senator UDALL. If I might, too, respond to the gentleman's initial question, in the Affordable Care Act, there is a provision which was based on a piece of legislation I introduced called the Rural Physicians Pipeline Act and it was based, the legislation, on a model that's been developed at CU whereby recruiters go into rural communities, convince young future doctors that it makes sense to attend medical school, shoulder the burden that it will cost you financially with an understanding that that burden will be lessened if you will return to that rural community in which to practice medicine. It's been very successful.

It needs resources and the idea was attractive enough to me and my team and ultimately to the U.S. Senate that we included it in the final version of the landmark healthcare reform efforts.

Now we have to find the monies for it. We did get some initial appropriation from Senator Harkin's subcommittee, right, Jake, and so it's underway. This will take time obviously because training a doctor doesn't happen overnight, but if you think about that part of the pipeline being enhanced and funded along with this interesting idea that you create a magnet effect in rural communities that begin to implement this interdisciplinary approach, then that's certainly the beginning of meeting the challenge that you just outlined which we all know is a big one and one of the challenges—I know Kathy, Secretary Sebelius and all of us as we provide care to all Americans, we're going to need additional providers.

It's an important acknowledgement to make but it's a problem I'd rather have because what we're doing in providing care for all Americans is the smart and the right and the moral thing to do.

Who else would like to ask a question or make a comment?

Mr. COFFEY. Kind of an observation more than a question.

Senator UDALL. Yes, sir.

Mr. COFFEY. My name's Todd Coffey. I'm the manager of the State Unit on Aging.

Senator UDALL. You were referenced earlier, right?

Mr. Coffey. Yes, I was, sometimes in vain. My observation is I'm a member of the National Association of State Units on Aging which recently changed its name to the National Association of States United for Aging and Disabilities.

The main reason why we made that name change was to acknowledge that interaction and overlap between the services that the Aging Network provides for older adults as well as the people

with disabilities and to the extent possible that the Act can acknowledge that interaction and build in supports so we can serve people that might be 55 years old that are disabled, not eligible for Medicaid, can't access any other type of funding stream, and to customize programs that can meet both groups of people. I think that's an important goal of what NASUA is trying to do, too.

Senator UDALL. Thank you. Anybody care to comment on Todd's comments?

Mr. NAWROCKI. Senator?

Senator UDALL. Yes?

Mr. NAWROCKI. Again, I think I have kind of had alluded to that in terms of providing services to the disabled within our community. We're able to do that through some of our programs, but it really is difficult when they don't meet the criteria and that for all practical purposes, if they're living in a high-rise senior apartment building, then they can get Meals on Wheels.

But in terms of out in the community, there's such great need for that. I only see that growing because of all the disabled vets.

Senator UDALL. Again, I know we can continue at some length. I'm going to ask the Assistant Secretary to return to the dais, if that's comfortable, and share some of her final thoughts and responses and then when she's finished, I'll wrap up with some very brief comments, including a thank you to Jerry and Pueblo, and we'll move on to the rest of our day.

Madam Secretary, the floor is yours again.

Ms. GREENLEE. I'll try and be succinct, but there are so many areas and so many topics.

I wanted to back completely up and frame this really in the largest context that I know how. It is quite an honor to serve the country as Assistant Secretary. At this level, you have the opportunity to do something that you don't have at the state level and that's to represent the U.S. internationally. I have had that opportunity twice, to speak at a non-governmental organization event that AARP International did at the United Nations, and I also spoke at the International Federation on Aging Conference in Melbourne, Australia. At that point is the only time that I've been able to stop and really applaud the successes that we've had in this country.

Passing Social Security for seniors in 1935 has been pivotal to dealing with poverty. Most of the people in the world who are aging don't have that kind of comfort. Passing Medicare and Medicaid in 1965 was enormous for providing support people as they age in terms of their health, as well as preventing poverty, if they're dually eligible. Those successes are things we need to acknowledge that we have done and be very proud of.

Those very successes also present, I think, a challenge for all of us in this room, whether we're in the executive branch or the legislative branch. It can certainly lead to the question didn't we cover everything when we added those three laws? It's important that we all stop and champion together the fourth leg of this stool which is the Older Americans Act. Even with Social Security, Medicare and Medicaid, huge programs, there are still unmet needs that seniors have to help them sustain their lives in their communities and with their families. So regardless of how we go forward and my work in promoting the Act on behalf of the Administration and the

work of the Senate and Congress, the core need that all of us have is to stop and acknowledge that, yes, we need this. We didn't cover the waterfront with those three laws, that this law is critical, and as Dace was saying, the Older Americans Act does not support you but AOA does.

There's a complete distinction between what we can do with the law, in the way it's written, the way it's funded, and the fact that this is a critical service that we're providing. We all need to be champions, I think, for the fact that seniors need these services, however they're written and however they're funded, that they're necessary, and that they are vital to our communities and to our livelihood. Moving forward, they will be even more important. So wherever we go from here, that's the unifying message.

The eligibility age of 60 came up and I just want to address it because it will come up in the reauthorization and always has. The age issue can walk you completely around in a circle. The purpose of the law is to target those in most need. As we look at the reauthorization, we must all go back to that section and look at the definitions of people who are the most needy.

Although the law says that someone is eligible for services at 60, that is not the dynamic or the demographic of the people we tend to serve. Most of the people that we serve are the most frail, the oldest, and the most unhealthy Americans so that we have met the targeted goal of assisting people who are most needy.

The age of 60 itself has been interesting to explain. I first had to explain it to Secretary Sebelius when she was Governor Sebelius when she turned 60 and, yes, I'm not saying 60's old, but 60 is——

Senator UDALL. It wasn't that long ago.

Ms. GREENLEE. Yes. She's 62 now. Age 60 is a starting point. People wonder whether it should be moved to 65 to coincide with Medicare. Social Security now for many people starts at 67. People wonder if it should start at 50. The number itself can be tricky. The underlying issue is the real goal that we must figure out is what are the best ways to articulate the targeting of those in need. The number itself is not the issue, it's the targeting of the need. The other thing that's very important to consider when we're talking about a number is that health disparities do exist in this country. For people of color who have had difficulty accessing healthcare in the same way as have general population, certainly the white population has impacts these services, as well.

Once we start changing the number, we have to be mindful of the impact on all populations, so that we don't create disparities with the eligibility age itself. Then we can figure out how to best address the issues of disability.

I think that can best be done with having our partners from the field of disability at the table and recognizing that we have disability advocates and systems that are our companions and they need to be here.

In terms of the Affordable Care Act and the inter-disciplinary needs, they're there. Congress passed that law. We're working hard to implement it but issues remain with regard to rural providers, encouraging innovation, and building on partnerships between the Administration on Aging, the Health Resources Services Adminis-

tration, that funds the low-income clinics, as well as our partners at CMS.

Everyone at HHS is pulling together to find these opportunities. It has been an exciting time to be literally at the table with the Department of Health and Human Services when we try to implement this phenomenal change in the laws given with the things that we can do now to assist all Americans, as well as for seniors which, of course, is my main focus at A.A.

So thank you all very much for having me.

Senator UDALL. Thank you, Secretary, and let me make a few final comments.

First, I want to thank CSU Pueblo for hosting us. This is a wonderful resource and asset for Southern Colorado. President Garcia has been an outstanding leader, I know. I'm very proud to know him and honored to know him. If he'd have talked to me about getting into politics, though, I might have changed his mind, but, anyway, he's, I know, well served by his team here.

Jerry, thank you for your public service. Thanks for the nice introduction, leading us in the Pledge of Allegiance. I thank those who traveled a long way to be here with us.

On behalf of the Chairman Herb Kohl of Wisconsin, I want everybody here to know that the testimony will be taken seriously. It will be studied. The questions that were answered will be utilized as we move to reauthorizing OAA and I will submit some additional questions for the record, as well, to the panelists.

I really did want to hear from those who've taken the time to join us. I want to thank those in the audience who are part of this wonderful network that's involved with our citizens, and I wanted to echo what, Secretary, you said about Social Security, Medicare, Medicaid, and I've certainly learned a lot about OAA today and add this perspective.

One of the most important elements that sometimes isn't acknowledged, particularly by critics of Social Security and Medicare and Medicaid, and hopefully to a lesser extent by critics of OAA, is that because of those landmark programs our generation has known that our parents will be treated with dignity, with respect and will not live their final years in poverty, and that's enabled me and millions of other Americans to raise our families and pursue our careers with those assurances and with that security.

That's a wonderful gift that is a result of those leaders and those visionaries, both Democrats and Republicans, by the way, who supported these four key programs, and my final comment would be one that has, I think, both moral and practical components and that is, I think that we all agree as Americans there's a value that every one of us has a contribution to make throughout our lives and we would also, I think, agree that you measure society by how it treats its least fortunate and most vulnerable populations, whether they be children, the disabled, or the elderly.

Thank you, all.

[Whereupon, at 1:05 p.m., the hearing was adjourned.]

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