



Testimony of

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Thank you very much, Senator Manchin, for the invitation to testify at this important hearing on the critical work of the national aging services network. It is an honor to serve as the U.S. Assistant Secretary for Aging and to listen to individuals and families in communities throughout the country, I have seen firsthand how the Older Americans Act (OAA) and the aging services network support the values I know we all share:

- Helping older Americans and persons with disabilities maintain their health and well-being so they are better able to live with dignity;
- Developing and implementing person-centered approaches;
- Promoting self-determination, respect, empowerment, inclusion and independence;
- Protecting the most vulnerable among us; and
- Providing basic respite care and other supports for families so that they are better able to take care of loved ones in their homes and communities for as long as possible, which is what Americans of all ages overwhelmingly tell us they prefer.

Last year the national aging services network served nearly 11 million seniors and their caregivers through home and community-based services. This was made possible by the Administration on Aging (AoA), 56 State and territorial units on aging, 629 area agencies on aging, 246 tribal and Native Hawaiian organizations, nearly 20,000 direct service providers, and hundreds of thousands of volunteers. These critical supports complement medical and health care systems, help to prevent

hospital readmissions, provide transportation to doctor appointments, and support some of life's most basic functions, such as assistance to elders in preparing and delivering meals, or helping them with bathing. This assistance is especially critical for the nearly three million seniors who receive intensive in-home services, half a million of whom meet the disability criteria for nursing home admission but are able to remain in their homes, in part, due to these community supports.

Here in West Virginia, in FY 2010 nearly 50,000 persons aged 60 and over received services and supports through the aging services network which helped them to better maintain their health and well-being in their homes and communities. Nearly 30,000 of these individuals lived in rural areas. These services included nearly 1.5 million home-delivered meals served to persons who are homebound, nearly one million meals in senior centers or other group settings, and more than 280,000 rides to and from doctors' offices and other important destinations.

We are proud of the assistance provided by the aging services network around the country and here in West Virginia, as represented by some of the witnesses you have invited here today. Dedicated people like Suzanne Messenger, the State Long-Term Care Ombudsman in West Virginia, and the regional ombudsman staff and volunteers of Legal Aid of West Virginia who advocate for persons living in nursing homes, assisted living and adult family care homes. They have been leaders in West Virginia's Financial Exploitation Task Force, which evolved from the work of the Ombudsman Advisory

Committee, and which successfully worked last year to make “financial exploitation” a crime in this State.

And also to dedicated leaders like Brenda Landers, the director of the Metro Area Agency on Aging, as well as the other three area agencies on aging in West Virginia, who listen to older individuals and their family caregivers and respond to their changing needs and preferences so that they can provide individualized supports and assistance.

And to people like Janie Hamilton, director of the Charleston Senior Center, and to the other senior center directors and staff who, day in and day out, help to ensure that older individuals better maintain their health and independence in their homes and communities.

This important support system of community-based assistance here in West Virginia, and across the United States, is facing many challenges due to our increasing aging population, but it has demonstrated its ability to effectively provide assistance. An analysis of the OAA’s program data reveal that most indicators have steadily improved over the past eight years. Let me just summarize three important areas:

- **OAA programs help older Americans with severe disabilities remain independent and in the community:** One approach to measuring the value of the OAA’s programs is the nursing home predictor score. The components of this composite score are predictive of nursing home admission based on scientific

literature and AoA's Performance Outcome Measurement Project which develops and tests performance measures. The components include such items as percent of program recipients who are transportation disadvantaged and the percent of congregate meal individuals who live alone. As the score increases, the prevalence of nursing home predictors in the OAA service population increases, meaning AoA is reaching those most in need of help. In 2003, the nursing home predictor score of program participants was 46.57. In FY 2009, this score increased to 61.0.

- **OAA programs are efficient:** AoA and the national aging services network have significantly increased the number of persons served per million dollars of OAA funding. In 2010 OAA programs served 8,459 clients per million dollars of funding compared to 6,103 clients in FY 2002.
- **OAA programs build system capacity:** One of the main goals of OAA program funding is to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity, and foster the development and implementation of comprehensive and coordinated systems. This capacity-building at the State and community level is evidenced by the fact that for every dollar of Federal OAA funding for home and community-based services, States and communities leverage nearly three dollars in other funding from other sources.

I have seen firsthand how the advancement of new technologies, exciting innovations and an entrepreneurial spirit is assisting the aging services network in providing

support to families, older adults and persons with disabilities of all ages. It will be our families and caregivers that will remain the cornerstone of our support systems. We need to continue to work together and innovatively build upon what we have achieved since enactment of the OAA in 1965 in helping frail older Americans, persons with disabilities, and their family caregivers receive lower-cost, non-medical services and supports. These supports are critical for providing the means by which these individuals can remain out of institutions and live independently in their communities for as long as possible.

One of these important supports is prevention across the lifespan. The OAA, at its core, is about prevention - improving the social determinants of health. Additionally, the Affordable Care Act has begun to provide new preventive benefits and savings to millions of Medicare beneficiaries this year. Seniors and others covered by Medicare are already taking advantage of these important preventive services, including wellness visits, which can help prevent illness and save lives. If we can continue to encourage, support and establish more evidence-based prevention strategies that are applied to older adults and persons with disabilities, it will help address the epidemic of chronic diseases, and lower the health care costs associated with them. We need to work to ensure that older adults and all adults with disabilities are actively engaged in disease prevention and health promotion efforts. Positive and effective collaborations between the aging, disability and public health networks should continue to develop and expand.

Another important opportunity is to continue a holistic approach to health care through the integration of acute care, long-term care and community-based services. One of the basic concepts behind health care reform is to shift health care system incentives from one that is provider-driven to a system that is person-centered. Nearly one in five Medicare patients discharged from the hospital is readmitted within 30 days – that is approximately 2.6 million seniors at a cost of over \$26 billion every year.¹

AoA and the national aging services network are working with the Centers for Medicare & Medicaid Services, hospitals, Accountable Care Organizations, and a number of other partners to better manage the transition from when an individual leaves a hospital for home or another care setting. The approach is to better ensure that individuals and families have the information, discharge plan, and individualized community services necessary to support these frail and vulnerable persons at home or in their new setting. By investing in this strategy we can reduce health care expenditures, better address chronic diseases, improve medication management, and enhance the quality of life for millions of Americans.

A third opportunity is that we need to continue to invest in community and person-centered services that can meet the needs of an increasingly diverse population. A key component of this strategy is supporting the concept of aging in place so that older persons and persons with disabilities of all ages can remain at home in the community with the appropriate supports and services for as long as possible.

¹ Centers for Medicare and Medicaid Services. <http://www.healthcare.gov/compare/partnership-for-patients/index.html>

Included in this approach will be coordinating, with family caregivers and others, assistance that is tailored to individual needs, such as transportation, affordable housing, and a range of supportive services.

One example of this approach is a collaboration between AoA, the aging service network and the Department of Veterans Affairs (VA), which has often provided assistance to disabled veterans through institutional supports. Increasingly, the VA is working with the national aging services network so that more person-centered community-based assistance can be provided to veterans of all ages in their homes.

As you are aware, Senator, the OAA is currently due to be reauthorized. It has historically enjoyed widespread, bipartisan support, due in large part because one of its great strengths is that it does not matter if an individual lives in a very rural or frontier area, or in an urban center – the programs and community-based supports it provides are flexible enough to meet the needs of individuals in diverse communities and settings. In preparation for the reauthorization process, beginning in early 2010 AoA conducted an open process to solicit public input from throughout the country. To that end, more than 60 listening sessions were held and online input was received that represented the interests of thousands of consumers of OAA services. During this process, we consistently heard that the OAA:

- “Is not broken” and that it works well as it is currently structured;
- Is helpful, flexible, person-centered and responsive to individual/community needs;

- Its national aging services network structure is the “glue” that holds everything together and is effective in coordinating services from multiple sources to build a seamless delivery system;
- It meets the goals established by Congress in providing assistance to help people maintain their health, independence, dignity, and avoid premature institutionalization.
- It is effective in targeting the poor, near poor and those who are frail and at risk of nursing home admission.

As the extensive public input we received shows, the Older Americans Act and the aging services network it supports is a strong base on which to build for the future. We believe that the pending reauthorization can strengthen the OAA and put it on a solid footing to meet the challenges of a growing population of seniors, while continuing to carry out its critical mission of helping elderly individuals maintain their health and independence in their homes and communities. It is important that we continue to increase alternatives to institutional care that are person-centered, consumer-driven and support individuals in their homes and where we continue to work together to test innovative ideas and implement the best evidence-based practices.

During our input process we were consistently told that, as it is currently structured, the OAA is very helpful, flexible and responsive to people’s needs. We also heard a few themes, I will mention two today:

FIRST: Improve program outcomes by:

- Embedding evidence-based interventions in disease prevention programs;
- Creating incentives to enhance performance;
- Encouraging comprehensive, person-centered approaches;
- Providing flexibility to respond to local nutrition needs; and
- Continuing a strong commitment to efforts to fight fraud and abuse.

SECOND: Remove barriers and enhancing access by:

- Extending caregiver supports to senior parents who are caring for their adult children with disabilities;
- Providing ombudsman services to all nursing facility residents, not just older residents; and
- Using Aging and Disability Resource Centers as single access points for long-term care information to public and private services.

Let me give two brief examples of areas we would like to discuss as you consider legislation:

- Ensuring that the best evidence-based interventions for helping older individuals manage chronic diseases are utilized. These have been effective in helping people adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits.

- Improving the Senior Community Service Employment Program (SCSEP) by integrating it with other seniors programs. The President's 2013 budget proposes to move this program from the Department of Labor to the Administration on Aging at HHS. We would like to discuss adopting new models of community service for this program, ranging from intergenerational service that assists children, assistance with helping seniors remain independent in their homes, and continuing to support community organizations that rely on SCSEP participants for their valuable work contributions.

I commend you, Senator Manchin, for holding this important hearing and I look forward to working with you and with the Special Committee on Aging as the reauthorization process moves forward.

Thank you.