S. HRG. 111–842

THE OLDER AMERICANS ACT MAKING REAUTHORIZATION WORK FOR WISCONSIN'S SENIORS

FIELD HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING
UNITED STATES SENATE

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

MILWAUKEE, WI

SEPTEMBER 7, 2010

Serial No. 111–24

Printed for the use of the Special Committee on Aging

Available via the World Wide Web: http://www.gpoaccess.gov/congress/index.html
U.S. GOVERNMENT PRINTING OFFICE

63–679 PDF WASHINGTON : 2011

For sale by the Superintendent of Documents, U.S. Government Printing Office
Internet: bookstore.gpo.gov Phone: toll free (866) 512–1800; DC area (202) 512–1800
Fax: (202) 512–2104 Mail: Stop IDCC, Washington, DC 20402–0001

SPECIAL COMMITTEE ON AGING

HERB KOHL, Wisconsin, *Chairman*

RON WYDEN, Oregon
BLANCHE L. LINCOLN, Arkansas
EVAN BAYH, Indiana
BILL NELSON, Florida
ROBERT P. CASEY, Jr., Pennsylvania
CLAIRE McCASKILL, Missouri
SHELDON WHITEHOUSE, Rhode Island
MARK UDALL, Colorado
KIRSTEN GILLIBRAND, New York
MICHAEL BENNET, Colorado
ARLEN SPECTER, Pennsylvania
AL FRANKEN, Minnesota

BOB CORKER, Tennessee
RICHARD SHELBY, Alabama
SUSAN COLLINS, Maine
GEORGE LeMIEUX, FLORIDA
ORRIN HATCH, Utah
SAM BROWNBACK, Kansas
LINDSEY GRAHAM, South Carolina
SAXBY CHAMBLISS, Georgia

DEBRA WHITMAN, *Majority Staff Director*
MICHAEL BASSETT, *Ranking Member Staff Director*

CONTENTS

THE OLDER AMERICANS ACT: MAKING REAUTHORIZATION WORK FOR WISCONSIN'S SENIORS

TUESDAY, SEPTEMBER 7, 2010

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Milwaukee, WI.

The Committee met, pursuant to notice, at 1 p.m. in the Main Hall, Wilson Senior Center, 2601 West Howard Avenue, Milwaukee, WI, Hon. Herb Kohl, presiding.

Present: Senator Kohl [presiding].

MODERATOR. Good afternoon and thank you all for coming today to our hearing on Older Americans Act.

This is an official Senate hearing that will be transcribed and placed in the Congressional Record. As such, there will not be an opportunity for questions from the audience today. However, if you'd like to submit a written statement, we'll be happy to include it in the hearing record, and on all your chairs are forms which you can use to write comments and ideas to the Senator and members of the panel.

The deadline for testimony is Tuesday, September 21, and if you have any additional questions, please see Cara Goldstein or myself immediately after the hearing and we'd be happy to help you in any way.

OPENING STATEMENT OF SENATOR HERB KOHL, CHAIRMAN

The CHAIRMAN. Thank you very much, and thank you, ladies and gentlemen, for allowing us to come here today to the Wilson Senior Center.

It's very nice to be holding an Aging Committee here in my hometown.

Back in 1965, President Johnson signed into law the Older Americans Act which provides the bulk of aging-related programs. Today, it serves over 10 million Americans all across our country and over 386,000 seniors right here in our State of Wisconsin.

The Older Americans Act helps seniors live independently in their communities through home care, home-delivered and group meals, family caregiver support, transportation, as well as other services, and last year the Federal funding for these OAA programs was $2.3 billion.

Every 5 years, the government takes a look at OAA programs to assess whether they're meeting the needs of the people they serve.

Today, we are here to listen to your ideas for strengthening and improving OAA programs.

I am Chairman of the Senate Aging Committee. I'll work closely with my other Senate colleagues to ensure that your recommendations play a prominent role in the debate over the future of these very important programs.

I also have been a strong supporter for a long time for adequate funding for OAA programs each and every year. I've long championed the National Family Caregiver Support Program which provides needed assistance and respite services to family members who care for an elderly or disabled relative.

Also, I'm a long-time supporter of the Long-Term Care Ombudsman Program which provides an advocate for elderly and disabled patients to help resolve complaints of abuse and neglect in long-term care programs.

Not surprisingly, the need for such vital OAA programs has increased during these difficult economic times. Over the next year we'll be looking to find the areas in which OAA programs are not meeting the needs of today's seniors so we can fill in those gaps during the next reauthorization next year.

Today, we're very fortunate to be joined by the United States Assistant Secretary for Aging Kathy Greenlee. We're particularly proud to host her here in our State because our State is a model for OAA programs in many ways, as you will hear from our other witnesses.

So we thank you again for being here today and we look forward to hearing your input and ways that we can improve on the OAA Act during reauthorization, not only here in Wisconsin but for seniors all across our country. Thank you so much.

[Applause.]

PREPARED STATEMENT OF SENATOR HERB KOHL

Hello, everyone. I'd like to thank you for joining us here today. It's so nice to be holding an Aging Committee hearing here in my hometown.

In 1965, President Johnson singed into law the Older American's Act which provides the bulk of aging-related programs. Today, it serves over 10 million Americans nationwide, and over 386,000 seniors right here in Wisconsin. The Older Americans Act helps seniors live independently in their communities through home care, home-delivered and group meals, family caregiver support, transportation and other services. Last year, federal funding for OAA programs was $2.3 billion.

Every five years, Congress takes a fresh look at OAA programs to assess whether they are meeting the needs of the people they serve. We are here today to listen to your ideas for strengthening and improving OAA programs. As Chair of the Senate Aging Committee, I will work closely with my colleagues to ensure your recommendations play a prominent role in the debate over the future of these programs.

As a member of the Senate Appropriations Committee, I have been a strong supporter for adequate funding for OAA programs each year. I have long-championed the National Family Caregiver Support Program, which provides needed assistance and respite services to family members who care for an elderly or disabled relative. I am also a longtime supporter of the Long-Term Care Ombudsman Program, which provides an advocate for elderly and disabled patients to help resolve complaints of abuse and neglect in long-term care.

Not surprisingly, the need for such vital OAA programs has increased during these difficult economic times. Over the next year, we will be looking to find the areas in which OAA programs are not meeting the needs of today's seniors so we can fill in those gaps during reauthorization.

We are very fortunate to be joined today by U.S. Assistant Secretary for Aging Kathy Greenlee. We are particularly proud to host her here in Wisconsin because

our State is a model for OAA programs in many ways, as you will hear from our other witnesses.

Thank you again to all of you for being here. I look forward to hearing your input on ways we can improve the Older Americans Act during reauthorization, both for Wisconsin's seniors and seniors nationwide.

The CHAIRMAN. Our first witness today is Kathy Greenlee. Kathy's the Assistant Secretary for Aging at the United States Department of Health and Human Services.

Kathy Greenlee brings over a decade of experience advancing the health and independence of seniors and their families. Prior to becoming the Assistant Secretary, Ms. Greenlee served as Secretary of Aging for the State of Kansas, as well as the Kansas State Long-Term Care Ombudsman.

We're very fortunate to have her with us here today, and we would look forward and be delighted, Ms. Greenlee, to receive your testimony.

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

Ms. GREENLEE. Thank you, Senator. It's a delight to be with you today.

I'd like to say hello to all my fine colleagues from Wisconsin who are in the audience with us.

It's an honor to be able to testify before the Senate Special Committee on Aging at a field hearing. I would like to be able to briefly discuss what we've been doing at the Administration on Aging to solicit input, and I also look forward to remaining for the whole hearing so I can hear what the members of the other panel and the audience have to say, as well.

Senator, your leadership in the field of aging precedes you and is certainly much well known outside of Wisconsin and it's something that I was very well aware of, both as the Kansas Ombudsman and the Kansas Secretary of Aging. So I would like to thank you.

You serve in essential positions in Congress the Senate Appropriations Committee, Judiciary Committee, and, of course, as Chair of the Special Committee on Aging. It's critical to have champions for seniors, and I'd like to commend you for what you've been able to do for the seniors of Wisconsin as well as for the seniors of the Nation.

This is the first visit I've made as Assistant Secretary to Wisconsin. As a lifelong Kansan, I'll tell you I've spent my tourist dollars here but I've been to Dane County. I've been to Door County. But this is the first chance to come and really talk to you about the needs of Wisconsin seniors and also to commend you on the leadership of your network.

As you just mentioned, the Wisconsin model, the Aging and Disability Resource Centers have led the Nation, and I'd like to specifically acknowledge Donna McDowell. Donna is the bureau director of the Wisconsin Aging and Disability Resource Bureau and I know you know of Donna's leadership here. She's also served on her National Association Board and has been a national leader in this work, as well.

This is a great place, I think, to be a senior and you're well deserving of these good services.

As you just mentioned, the Older Americans Act was passed in 1965, 16 days before Medicare and Medicaid were passed. Those three laws, the Older Americans Act, Medicare and Medicaid, really form the foundation of the programs that we have in this country, along with Social Security, to help seniors maintain their health and dignity as they age.

The Older Americans Act, I think, is a quiet member of that team but has been steadily for 45 years assisting seniors in getting nutrition and supportive services so that they can remain independent as they age.

I have seen the demographics here, and I've seen the demographics in the Nation. We are becoming an older Nation, as you know, more seniors, more diverse seniors, and one of the highest-growing populations are the seniors that are 85 years and older.

We have much to do to be able to provide adequate resources to seniors to support them as they age and allow them and support them in remaining in their homes and communities. We also have much to do together to support family caregivers and I know you will hear from a family caregiver this afternoon.

As you know, family caregivers are 80 percent of the long-term care system in this country. Their work is essential and important, not just to their loved ones but to all of us.

I think it's also important, before we talk specifically about the Older Americans Act, to acknowledge that this was an historic year for seniors with the passage of the Affordable Care Act and I know of your support for many of the provisions in the Affordable Care Act that address seniors.

I think the Affordable Care Act provides this network a tremendous opportunity to showcase what we know best, how to support seniors and their health and their living in the community, and we look forward to finding new ways to work with our partners within the Department of Health and Human Services but also with the Members of Congress on how we can use the Affordable Care Act to its fullest.

One piece of that that's so important is the Elder Justice Act. It passed after 10 years, and we're very, very pleased.

[Applause.]

The Elder Justice Act is critical. What I began doing on my own journey with regard to reauthorization was hold a series of reauthorization listening sessions. I had a full day hearing in Dallas, one in Alexandria, VA, and one in San Francisco in March.

I had testimony from over 300 individuals at those three hearings. In addition, I did a webinar with Jane Oates, who's the Assistant Secretary for Employment and Training at the Department of Labor, to talk specifically about the Senior Community Services Employment Program, Title V, of the Older Americans Act. We also took input on our website and encouraged community organizations to hold gatherings so that they could provide us their information about the reauthorization and there are many things that we know by having these national hearings and some of the concepts are overarching and not specific to a specific title.

The single point of entry for individuals seeking services is critical, and something that you know very well. Person-centered care and self-directed care are universal concepts that need to continue to be embodied with the Act.

States and local organizations have talked about the need for flexibility and being able to tailor the services to the unique needs of an individual. That flexibility has been a hallmark of this Act, so we can provide specific services to a specific individual and their family and that continues to be something that's very much embraced, as well as the integration of medical services with human services, so that we can look to find the best of science to help integrate into the best of social services, and then, of course, the workforce.

I mean, all of us know that even though family caregivers are 80 percent of the long-term care, we need increasing numbers of workforce to help with geriatrics, everything from geriatricians to direct care workers, and that certainly was a common theme as I took testimony.

With regard to the specifics on the Older Americans Act, the comments were grouped into a couple of categories, one having to do with the structure and the other having to do with service and delivery.

I'll just run through some of these, and I could talk about each of these topics at length and I know I don't have time to do that.

The original Declaration of Objectives in the Act is still valid, that the guiding principles of helping to create a society that enhances the lives of older individuals is still critical. The role of advocacy is also something that needs to be supported and embraced up and down the network, starting from my role as Assistant Secretary to the grassroots individuals, to really advocate on behalf of seniors.

I heard a lot of people talk about one of the best things about the Older Americans Act is the requirement that individuals advocate on behalf of seniors.

The importance of home- and community-based services. All of the programs that we have within Title III, which is where we have supportive services and nutrition funding, were universally supported in the testimony that I have received, as well as, as I said, the Aging and Disability Resource Centers and flexibility.

We also, in the last few years at the Administration on Aging, have been focusing more on health promotion and evidence-based health programs. That concept has been embraced by this national network. We want to have good science behind the health services that we provide to seniors and their supporters.

Of course, support for caregivers. There are caregiving relationships of all kinds and what we need, I think, is to be responsive to the needs of caregivers and see that families come in different kinds. We have family members caring for each other. We have friends caring for people. We have grandparents raising grandchildren, that caregiving is critical.

I certainly don't need to point out to this audience that the issues of the rural nature of this country in many States comes up and when I hear from my friends further to the West and the North Central Plains, they even talk to me about what it's like to live on

the frontier, that there are people who are aging in rural America who have quite a distance to travel to receive services.

It's also been presented to me the need to continue to be innovative. We've always funded through Title IV of the Older Americans Act innovation and training, and I've met many people who got into this work because we were able to support them through the Older Americans Act, as well as I mentioned the need to collaborate with the Department of Labor on community services and supporting seniors who need job support and the ability to give back through community services.

Title VI of the law, and I am trying to describe these to the audience by description, not just title, but Title VI of the law is specific for tribal organizations. Our relationship at the Federal level is directly with the sovereign organizations of the Tribes and we fund those programs directly instead of funding them through the State.

We hear a lot of support for continued consolidation and flexibility among the Tribes and even though we've been talking about reauthorization, not appropriations, I do want to share the incredible comments that I received about the lack of resources in Indian Country, that the Tribes really do as much as they can with very few resources, and we understand the need to be innovative and creative as we partner with them.

Then last but certainly not least but only finally because it's Title VII is the Elder Rights, Elder Justice, the work with the Ombudsman Program, and the elder hotlines.

I think one of the interesting puzzles for us moving forward is to figure out how best to use the Elder Justice Act that's just passed, the Affordable Care Act and Title VII of the Older Americans Act so they fit hand in glove and strengthen each other as we move forward.

Our opportunity internally with reauthorization has just started. I've been working with people in the Office of The Secretary to work within the Administration, so I can't tell you specifically what we will do or present, but want to confirm to you that we've been listening and this is a tremendously good law. I encourage people to pay attention to the needs of seniors. I applaud you for what you've been doing and really want to recognize, Senator, your leadership and your concern about the reauthorization.

Thank you very much.

[Applause.]

[The prepared statement of Secretary 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

Milwaukee, Wisconsin

September 7, 2010

Thank you, Chairman Kohl, 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 Wisconsin'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 Chairman of the Senate Special Committee on Aging, and as a member of the Senate Appropriations and Judiciary Committees whose jurisdictions impact 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 older workers and elder rights/consumer protection.

This is my first visit to Wisconsin since I was sworn in as Assistant Secretary over a year ago; however, I trust it will not be my last. I am impressed by the level of commitment and dedication of Wisconsin's aging network and by the interest and enthusiasm of your older citizens and their families. I would like to recognize Donna McDowell, Bureau Director, Wisconsin Aging and Disabilities Resource Bureau, as well as the Coalition of Wisconsin Aging Groups and other advocates for seniors in Wisconsin. I commend them all for their continued work on behalf of older citizens of your beautiful State. Wisconsin is a leader in so many areas related to the health and well-being of 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 Wisconsin 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.

I would like to thank you, Chairman Kohl, for your leadership in ensuring inclusion of the Elder Justice Act in the Affordable Care Act. This is landmark legislation that takes an important step in addressing the growing crisis of elder abuse.

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

- 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 Wisconsin was an active participant in this process with comments offered on providing information and assistance to clients of all ages; as well as strengthening and funding for advocacy activities, home modification equipment, disease prevention/health promotion activities and legal services.

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) -- first created here in Wisconsin in 1998.
- 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. I would be happy to answer any questions.

The CHAIRMAN. Thank you very much. Thank you very much, Secretary Greenlee, for your testimony.

We're looking forward to working with you to reauthorize the OAA. I'd like to ask you has the Administration set any priorities for Older Americans Act reauthorization and what do you view as some of the critical improvements that need to be made for the future of OAA?

Ms. GREENLEE. Senator, it's easier for me at this point because I'm still working internally with regard to what we will present, rather than giving you specifics but to identify opportunities.

I think it's clear in looking at the mission of the Administration on Aging, the mission of the Older Americans Act, and many of the components of the Affordable Care Act health reform—that we as a Nation have embraced community living and community services, and that there are many things that we can do and need to do moving forward to look at community services across populations, so that we can meet the cultural needs of people who have diverse backgrounds, that we can work with seniors as well as people with disabilities. A common platform for all of us moving forward as an aging and diverse Nation is community care and community support.

The Older Americans Act will always be a piece of this but will never and was not intended to be a huge, huge component but a supportive and critical part. So I think, looking forward, that the opportunities and the innovation are looking at what we can do to make sure that each of these amplifies the other and that we can support seniors living in their homes and independently.

I believe that that's what seniors and their families want. I also believe personally that we will always have a need for skilled long-term care in some setting that's in a congregate setting, such as skilled nursing homes. So while nursing home residents are 3 percent of the population, they are some of the most vulnerable, and while we talk about community services, we must always remember that people who lived as long as they could at home but needed care in a different setting.

The CHAIRMAN. In terms of access and affordability, how much more or less difficult is it to provide services in urban areas versus out in the country?

Ms. GREENLEE. I don't mean to be glib, but it depends on if you're talking to a rural or urban provider. That's serious because the rural providers, and I know this coming from a rural State, will talk about the tremendous cost of time and distance, that delivering a meal 50 miles away, a hundred miles away is expensive.

Our urban counterparts, our urban providers will also talk about the difficulty of density, of having a great number of people to serve and transportation, I think, is the underlying concern for both, that we have many people, seniors aging in rural counties, without access to transportation, but we also have transportation problems in cities and the chore is to figure out how best to use transportation resources, regardless of where someone lives, to get them the services that they ask for.

The CHAIRMAN. As we all know, funding for the current OAA programs is already stretched very thin. Some programs have more applicants than we are able to serve. While we hope to expand

OAA in many areas, it seems to me we also need to consider where we can consolidate in order not to have runaway costs. Do you have some ideas on that?

Ms. GREENLEE. The guidance I would give at this point, Senator, is flexibility, that is the beauty of the law, and to the degree that we at the Federal level can support the States and the area agencies in being able to be flexible with their services and creative with their services. This is a grassroots network that we built and supported and the most effective use of resources are on the ground where a local provider can assess what other kinds of supports and systems are in place for an individual and provide the most cost-effective and efficient programs possible.

So I think continuing to support the grassroots network is the solution.

The CHAIRMAN. Last year, as you know, Federal funding for OAA was $2.3 billion and as we look forward to reauthorization, I would suppose you're very much aware and cognizant and sensitive to the need to provide the same level and quality of services while still not stretching that budget unnecessarily. You're very much mindful of that, I'm certain?

Ms. GREENLEE. One of the best conversations I've had recently in Washington is with the individual who heads the CMS Office, Centers for Medicare and Medicaid Services, for Innovation Programs.

I think the future going forward will require us to better figure out how much we should invest in medical services and how much we should invest in social services, so that they complement each other, rather than expecting each to grow independently of the other. I think there are some opportunities moving forward to use the best practices of this network to be able to demonstrate that if we provide home services and meals, we can show demonstrated cost savings to both Medicare and Medicaid with fewer hospital visits and fewer emergency room visits.

We need the time and the opportunity to look for those best practices and be able to highlight the network and from that we will have the experience that we need to go more global or at least on a national scale. I think we have to look at these together.

The CHAIRMAN. How has your experience in the State of Kansas enabled you to hit the ground running?

Ms. GREENLEE. Yes, it's been very helpful to have been in a State and had the unique position of having a variety of jobs that are very important now from being the ombudsman to also running a Medicaid agency and being familiar with nursing homes.

I feel like I've had the wonderful opportunity to see services on the full range from when seniors first starting needing help to when they're in a supported dementia unit in a skilled nursing facility.

I've seen all of the services and the underlying goal, I think, for everything that we do is supporting the health of seniors. I had one of those epiphany moments in a nursing home in Abilene, KS a couple of years ago, when I realized that all residents are in the nursing home for one reason they lost their health, and so we must support health, support community services and make sure that we have quality nursing home care when it's needed.

The CHAIRMAN. That's very good, Ms. Greenlee. We very much appreciate your taking the time and showing the interest to come here to Wisconsin to provide your testimony and we're looking forward to working very closely with you over the coming year as we've indicated here today we reauthorize the OAA Act.

We've received many testimonies for the record that we would like to have a chance to review with you and request that you consider them as the Administration goes about reauthorizing the program. We very much appreciate your willingness not only to be here today but to stay for the duration of this hearing so that you can hear what is offered from the great State of Wisconsin to you to consider as you go about your responsibilities.

Thank you so much for being here, Kathy Greenlee.

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

[Applause.]

The CHAIRMAN. All right. We turn now to our second panel. The first witness on the second panel will be Kay Brown. She's the Director of the Education Workforce Income Security Team at the U.S. Government Accountability Office, which is GAO. There, she focuses on improving government performance and delivering benefits and services to low-income as well as vulnerable populations.

After her, we'll be hearing from Dorothy Williams. She's a family caregiver from Wauwatosa, who cares for her 101-year-old mother, who has dementia. Dorothy will describe her experiences with the respite services she has received through the Family Caregiver Support Program.

After Dorothy, we will be hearing from Stephanie Sue Stein, who is the Director of the Milwaukee County Department on Aging. Ms. Stein administers Older Americans Act programs through the Milwaukee County Aging Resource Center. She's on the Board of the Wisconsin Geriatric Education Center. She's also a member of the State of Wisconsin Long-Term Care Council.

Finally, we'll be hearing from Heather Bruemmer. She's the Executive Director and State Ombudsman for the Wisconsin Board on Aging and Long-Term Care where she oversees the Long-Term Care Ombudsman Volunteer Program. She also chairs the state's Long-Term Care Council and she actively serves on the Coalition of Wisconsin's Aging Group Advisory Council.

We thank you all for being here today and we'll start out with Kay Brown.

STATEMENT OF KAY BROWN, DIRECTOR, EDUCATION WORKFORCE INCOME SECURITY TEAM, U.S. GOVERNMENT ACCOUNTABILITY OFFICE

Ms. BROWN. Senator Kohl, I'm pleased to be here today to discuss our ongoing work on services provided through Title III of the Older Americans Act.

My remarks are based on preliminary results from our national survey of local area agencies on aging and our site visits to four States. This work is part of a larger study that we are conducting for you.

Today, I will discuss two topics: what we have learned about requests for Title III services and how agencies have coped with these requests.

First, regarding requested services, local agencies responding to our survey told us that for seniors, home-delivered meals and transportation were requested most frequently. For caregivers, respite care was in highest demand. In fact, for all three of these services, a number of agencies, close to one in four, told us they cannot meet all of the requests.

In addition, state and local officials said the number of requests are increasing.

Given these circumstances, local agencies sometimes must make difficult decisions about which applicants to serve and how much service to provide. Many agencies told us how they reach out to those groups targeted under the law, such as low-income or minority individuals.

Further, most agencies reported conducting at least some screening to assess applicants' need for services, like home-delivered meals or respite care.

On the other hand, most local agencies did not screen for congregate meals or transportation services.

In addition to these known service needs, an unknown number of seniors who may need services do not request them. In our final report due out next year, we hope to estimate the number of individuals at high risk of needing services, such as transportation and home-based care.

Moving on to my second issue, how agencies have coped with these increasing requests, particularly in the current economic environment. As we know, agencies providing services under the Older Americans Act rely on multiple funding sources. Many reported overall decreases in funding from Fiscal Year 2009 to 2010.

Forty-four of 64 survey respondents said state funding, which is the second largest source of funding for these programs nationally, has decreased. Funds from local government, voluntary client contributions, and private sources have also fallen.

So how did local agencies respond? First, as in prior years, many responded to changes in demand by transferring funds among programs, most often from congregate meals to home-delivered meals or support services, and some ended up having to reduce services due to funding cuts. Twelve of 64 reduced support services and 12 reduced nutrition services.

However, more States found ways to maintain levels. Some took steps to reduce administrative costs by, for example, stretching meal services supplies, limiting raises for employees, or leaving vacant positions unfilled. State officials in Wisconsin told us that, due to state budget cuts, the agency was unable to fill vacant positions and had cut planning, administration, and monitoring activities in order to avoid cutting services.

Others we visited responded to limited funding and growing service requests by providing service to all who requested it but in smaller doses, such as fewer transit rides or fewer respite care hours.

The additional $97 million from the Recovery Act specifically designated for home-based and congregate meals helped some local agencies to temporarily fill gaps in their nutrition services budget. Many expanded existing programs, though, and some created new programs. Ultimately, the majority of these agencies expressed con-

cern about how expenses now covered by the Recovery Act will be met when the funding ends at the end of this year.

In conclusion, Title III provides invaluable supports for older Americans. The need for these services will only increase over time as the number of people aged 60 and older continues to grow.

Further, the current fiscal stress and looming deficits may continue to strain program resources. As a result, it will be increasingly important for home- and community-based services networks to make sure they're focusing on those in greatest need.

This concludes my prepared statement. Thank you.

[The prepared statement of Ms. Brown follows:]

United States Government Accountability Office

GAO

Testimony
Before the Special Committee on Aging, U.S. Senate

For Release on Delivery
Expected at 1:00 p.m. CST
Tuesday, September 7, 2010

OLDER AMERICANS ACT

Preliminary Observations on Services Requested by Seniors and Challenges in Providing Assistance

Statement of Kay E. Brown, Director, Education, Workforce, and Income Security Issues

GAO-10-1024T

GAO
Accountability • Integrity • Reliability
Highlights

Highlights of GAO-10-1024T, a testimony before the Special Committee on Aging, U.S. Senate

September 7, 2010

OLDER AMERICANS ACT

Preliminary Observations on Services Requested by Seniors and Challenges in Providing Assistance

Why GAO Did This Study

Administered by the Administration on Aging (AoA) in the Department of Health and Human Services (HHS), Title III of the Older Americans Act (OAA) is intended to assist individuals age 60 and older by providing supportive services. Title III, Medicaid and Medicare, state, and other sources of funding provide for several types of services, including congregate and home-delivered meals, transportation, and support for caregivers.

This testimony reports on ongoing GAO work in preparation for the reauthorization of the OAA and a full report to be issued by GAO in 2011. Based on preliminary findings, GAO describes (1) Title III services most requested by seniors and how state and local agencies reach those most in need, and (2) how agencies have coped with increasing requests in the current economic environment.

To do this, GAO reviewed aging plans from the 50 states and District of Columbia; conducted site visits to 4 states; interviewed national, state, and local officials; and analyzed preliminary responses to a Web-based survey of 125 Local Area Agencies on Aging for fiscal year 2009. The survey data used in this document reflect a 54 percent response rate as of July 30, 2010. The survey is still in progress and our results are not generalizable at this time. GAO shared its findings with AoA and incorporated their comments as appropriate.

View GAO-10-1024T or key components. For more information, contact Kay Brown at (202) 512-7215 or brownke@gao.gov.

What GAO Found

Seniors frequently requested home-delivered meals and transportation services, and based on preliminary responses to GAO's survey and information from site visits, demand for some Title III services may be increasing. Some agencies said they were unable to meet all requests for services in fiscal year 2009. For example, 13 of 67 survey respondents said they were generally or very unable to serve all seniors who requested home-delivered meals, and 15 of 63 said they were generally or very unable to serve all who requested transportation assistance. Local officials cite seniors' desire to remain in their homes as they age, and the economic downturn as possible reasons for increased requests. Given this demand, providers must make decisions about which applicants will receive services. OAA requires providers to target those with the greatest economic and social need,—low-income, minority, lacking proficiency in English, and rural residents—and local officials said they advertise, conduct outreach, and coordinate with other local organizations to identify and serve these groups. Additionally, most local agencies reported screening potential clients to assess level of need, for example, to determine those most at risk of hospitalization due to poor nutrition. In addition to these known service needs, an unknown number of other seniors may need services but not know to contact OAA providers, some officials told GAO.

Local agencies who responded to GAO's survey reported using the flexibility afforded by the OAA to transfer funds among Title III programs to meet increased requests for specific services. Twenty-eight of 61 local agencies said they transferred funds in fiscal year 2009, most often removing funds from congregate meals to home-delivered meals or other services. Although the American Recovery and Reinvestment Act (Recovery Act) provided an additional $97 million specifically for meal programs, Title III programs are heavily reliant on state funds, and 44 of 64 local agencies responding to our survey said their state funding was reduced for fiscal year 2010. To cope with funding reductions, some reported cutting services to seniors. Twenty-seven of 65 local agencies said they cut administrative expenses in fiscal year 2010; others relocated offices or left agency positions vacant. Some state and local officials said they provided less service to individuals so that more could get some amount of assistance. Some agencies said they used Recovery Act funds to replace lost state and local funding or created new programs, but the funding was restricted to meal services and was a relatively small percentage of total OAA allocations.

The proportion of Americans age 60 and over will continue to grow over the coming decades, and demand for Title III services also will likely grow. Therefore it will be increasingly important for service providers to focus services on those most in need.

Mr. Chairman:

Thank you for inviting me here today to discuss the preliminary results of our work that you requested on services and funding provided under the Older Americans Act of 1965 (OAA).[1] Title III of OAA provides for a broad range of home- and community-based services for older Americans and their caregivers, including providing meals, transportation, assistance with personal care and housekeeping, and time off (respite) for seniors' caregivers. About 10 million seniors age 60 and older, or about 18 percent of the national 60 and over population, benefited from these programs in fiscal year 2008, the most current year for which these data were available. In fiscal year 2009, Congress provided $1.2 billion for grants to states for home- and community-based services under Title III of the OAA.[2] Future funding will be determined in the reauthorization process in 2011.

Demographic studies show that older Americans will make up a larger proportion of the country's population in coming decades, with those aged 65 and older projected to increase from 40 million in 2010 to 72 million in 2030.[3] Delivery of services related to long-term care, nutrition, and other needs of seniors will likely be increasingly in demand as well, particularly services that help individuals remain in their homes and communities.

Currently, an economic downturn has challenged many seniors' ability to meet basic needs as well as the resources of agencies that provide assistance. The American Recovery and Reinvestment Act of 2009 (Recovery Act)[4] provided a one-time addition of $97 million for Title III home-delivered and congregate meals for seniors. The Administration on Aging (AoA) requires states to expend these funds by December 30, 2010.

[1]Pub. L. No. 89-73, 79 Stat. 219 (codified as amended at 42 U.S.C. §§ 3001 - 3058ee). It was most recently reauthorized by the Older Americans Act Amendments of 2006, Pub. L. No. 109-365, 120 Stat. 2522.

[2]Services funded through the OAA are not entitlements. The number of clients served is limited by available funding, and funding from OAA funds make up about one-third or less of total funding for services, which are delivered by state and local providers. Other funding sources include Medicaid, Medicare, state government, Social Services block grants, and voluntary contributions and donations.

[3]Population Division, U.S. Census Bureau; table 2, Projections of the Population by Selected Age Groups and Sex for the United States: 2010 to 2050 (NP2008-T2). Released August 14, 2008.

[4]Pub. L. No. 111-5, 123 Stat. 115, 179 (2010).

For today's testimony, we focused on the following questions: (1) Which Title III services are most requested, and how do state and local agencies reach those seniors most in need? (2) How have agencies coped with increasing requests in the current economic environment?

Our analysis is based on preliminary responses to a GAO Web-based survey of a random national sample of 125 local area agencies on aging.[5] As of July 30, 2010, our response rate was 54 percent. These agencies are the frontline administrators of Title III services for seniors, and our survey asked them about fiscal year 2009. We also reviewed 51 aging plans from states and the District of Columbia, reviewed relevant statutory provisions, conducted site visits to 4 states, and interviewed national, state, and local officials involved in Title III programs. This testimony is part of ongoing work for a report requested by the Special Committee on Aging and scheduled to be issued in early 2011 in which we intend to estimate need for and potential gaps in Title III services, and provide results from our completed survey. We discussed our preliminary results with AoA and incorporated their comments as appropriate. For more information on our scope and methodology, see appendix I.

We conducted this performance audit from December 2009 to August 2010, in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions.

Background

The purpose of Title III of the OAA is to help seniors maintain independence in their homes and communities by providing appropriate support services and promoting a continuum of care for the vulnerable elderly.[6] The OAA laid the foundation for the current aging services network. This network is comprised of 56 state units on aging (SUA), 629 area agencies on aging (AAA), 244 tribal and Native American

[5]Because the survey is still in progress and the desired response rate had not been achieved by September 1, 2010, as we prepared for today's testimony, our results are not generalizeable at this time. Our full report is to include final survey results intended to be generalizeable.

[6]42 U.S.C. § 3021.

organizations, and 2 organizations serving Native Hawaiians, as well as nearly 20,000 local service provider organizations.[7] These organizations are responsible for the planning, development, and coordination of a wide array of home and community-based services within each state under Title III of the OAA. This testimony focuses on three categories of services—those provided under parts B, C, and E of Title III of the OAA. Part B covers, among other things, supportive services and senior centers, including transportation, help with homemaker tasks and personal care, and adult day care.[8] Part C covers nutrition services, including home-delivered and congregate meals.[9] Part E authorizes the National Family Caregiver Support Program, which provides counseling, support groups, and relief from caregiver duties (respite services) for caregivers.[10] (See table 1.)

Table 1: OAA Expenditures on Title III Services, Parts B, C, and E, FY 2008

(Dollars in millions)	
Select services provided through OAA Title III	**OAA Title III expenditures[a] by service**
Part B: Support (Assistance) Services	
Other services	$105.5
Transportation	68.0
Information and assistance[b]	53.2
Case management	34.4
Homemaker	27.1
Legal assistance	24.8
Personal care	12.7
Adult day care/Health	11.8
Outreach	11.4
Chore[c]	5.8
Assisted transportation	3.7
Part C: Nutrition Services	
Congregate meals	265.5

[7]The 56 SUAs include states, the District of Columbia, Puerto Rico, and 4 territories.

[8]42 U.S.C. § 3030d.

[9]42 U.S.C. §§ 3030e – 3030g-22.

[10]42 U.S.C. §§ 3030s-3030s-2.

(Dollars in millions)

Select services provided through OAA Title III	OAA Title III expenditures[a] by service
Home-delivered meals	228.2
Nutrition education	3.5
Nutrition counseling	1.0
Part E: Caregiver Services	
Respite care	55.1
Access assistance[d]	30.9
Counseling/support groups/caregiver training	15.9
Supplemental services[e]	14.1
Information services[f]	13.6

Source: State Program Reports Data from the Administration on Aging's AGIntegrated Database (AGID) - http://www.agidnet.org/ (last accessed Jan. 29, 2010).

[a]Expenditures for the 50 states, District of Columbia, and U.S. territories.

[b]Information and assistance refers to brochures, literature, and information provided to seniors and care givers about services, programs and resources they may wish to access.

[c]Chore services includes assistance with heavy housework, yard work, or sidewalk maintenance.

[d]Access assistance refers to assistance to caregivers in locating services from a variety of private and voluntary agencies.

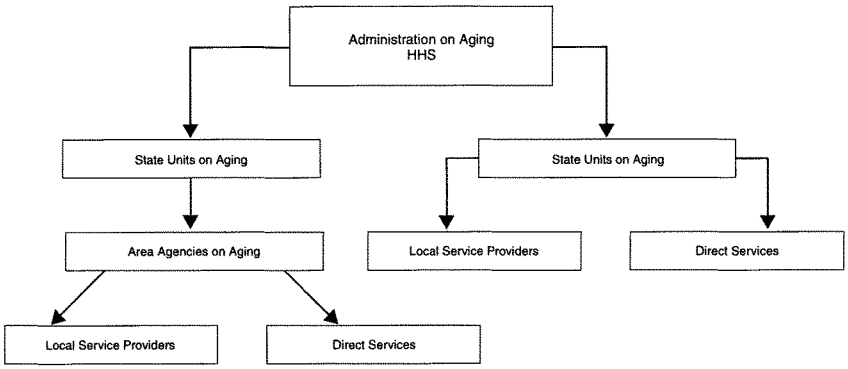
[e]Supplemental services are provided on a limited basis to complement the care provided by caregivers. Home modifications, assistive technologies, and emergency response systems are examples of supplemental services.

[f]Information services refers to information given to caregivers about available services within their communities.

AoA at the Department of Health and Human Services provides grants to the states through the SUAs. Grant amounts are based on funding formulas weighted to reflect a state's age 60 and over population, which is generally the group eligible for services.[11] For example, in fiscal year 2009, the state of Florida received about $87 million in Title III dollars compared to the state of Montana, which received $6 million, because more seniors reside in Florida. SUAs then typically allocate funds to Area Agencies on Aging (AAA) to directly provide services or to contract with local service providers. In a few states, the SUA directly allocates funds to local providers or provides services. (See fig. 1.)

[11]42 U.S.C. § 3024.

Figure 1: Flow of Title III Funds



Source: GAO.

A significant amount of program funding is also provided to state and local agencies by other sources, such as federal Medicare and Medicaid, states, private donations, and voluntary contributions from seniors for services they receive. According to a 2009 study published by the National Association of Area Agencies on Aging and Scripps Gerontology Center of Miami University, 99 percent of AAAs secure funds from additional sources, and the average AAA utilized funding from six sources to provide services in their communities.[12] The amount secured by AAAs varies.

OAA services are available to all people age 60 and older who need assistance. The law did not, however, establish an open-ended entitlement available to all seniors, nor was it intended to meet all of seniors' needs. OAA requires providers to target, or place a priority on reaching, seniors with the greatest economic and social need, and defines them as individuals who have an income at or below the poverty level, or who are culturally, socially, or geographically isolated, face language barriers, or

[12] *Area Agencies on Aging: Advancing Access for Home and Community-Based Services, 2008 Area Agencies on Aging Survey*, National Association of Area Agencies on Aging and Scripps Gerontology Center of Miami University (June 2009).

have physical and mental disabilities.[13] Targeting these seniors who are most in need may include a local agency locating a congregate meal site in a low-income neighborhood or working collaboratively with organizations that represent minority seniors. In addition, some services are targeted to vulnerable groups by definition. Examples of these include the long-term care ombudsman program, family care-giver support services, and assisted transportation to those with limited mobility. OAA gives state and local agencies flexibility in determining which populations to target.

The recent health care reform legislation—the Patient Protection and Affordable Care Act—contains new provisions for senior health care, including one removing barriers to home- and community-based services under Medicaid.[14] While these changes may shift the provision of some services for seniors from OAA to Medicaid, the extent of this shift is unknown; nevertheless, seniors will likely continue to look to OAA-funded providers for a range of assistance.

[13]42 U.S.C. § 3025(a)(1)(E) and (2)(C) and (E).

[14]Pub. L. No. 111-148, § 2402, 124 Stat. 119, 301-04. Medicaid law already authorized waivers under which states could, if certain conditions were met, cover most home and community based services under Medicaid. 42 U.S.C. § 1396n(c).

Agencies Report Increased Requests for Meals and Transportation and Varied Efforts to Reach Those Most in Need

Local agencies who responded to our survey identified home-delivered meals and transportation as frequently requested services in fiscal year 2009. These agencies also said they receive many requests for information and assistance services—help locating resources and programs—and for respite for caregivers. In preliminary responses to our survey, 49 of those 61[15] local agencies said more seniors requested home-delivered meals than congregate meals. Forty-four of our 67 survey respondents thus far cited transportation and 43 cited information and assistance as the support services requested most frequently.[16] One local official we spoke with in Wisconsin highlighted the importance of transportation services for his rural clients,[17] while an agency official in Massachusetts said OAA transportation services can be important in urban settings because seniors often prefer them to mass transit options.[18] In addition, 36 of the 63 local agencies who have responded to our survey and track such requests said respite services were most frequently requested by caregivers in fiscal year 2009. Respite care provides temporary caregiving for seniors so that a family member can take a break or engage in other activities.

Some agencies responding to our survey said they are currently unable to meet all requests for services. Thirteen of 67 agencies said they are generally or very unable to serve all clients who request home-delivered meals; 15 of the 63 agencies that provide transportation services said they are generally or very unable to meet all transportation requests. Of the 64 agencies that provide respite care, 17 said they were generally or very unable to meet all requests.

State and local officials we spoke with also said requests for some OAA services are increasing. Specifically, officials at several local agencies we

[15]At the time of this testimony, 67 local agencies had responded to our survey. Because not all respondents answer every question, the numbers of total responses vary from question-to-question.

[16]Support services provided through Title III, Part B, include transportation, information and assistance, and a number of home-based care services. For a full list of Part B support services, see table 1.

[17]Our past work has noted the importance and difficulty of providing transportation to seniors in rural areas because alternatives to seniors' own transportation are less likely to be available and special transportation services are limited. GAO, *Transportation-Disadvantaged Seniors: Efforts to Enhance Senior Mobility Could Benefit from Additional Guidance and Information*, GAO-04-971 (Washington D.C.: August 2004).

[18]Our past work has found that mass transit options may pose scheduling and accessibility challenges for seniors. See GAO-04-971.

visited described increased requests for home-delivered meals, transportation, or home-based services.[19] Officials attributed these increases to several factors. First, some agency officials said there are increasing numbers of Americans who are age 60 and older and eligible for services. According to U.S. Census data, more than 9 million more Americans were 60 years and older in 2009 than in 2000, and the Census Bureau projects that population group will continue to grow. Secondly, some agency officials told us requests for OAA services such as home-delivered meals and home-based care are increasing as more seniors stay in their homes longer rather than move to assisted living facilities or nursing homes.[20] For example, state officials in Wisconsin said their client population is increasingly older and those who remain in their homes less likely to go out, leading many to request home-delivered meals.

Lastly, most agencies who responded to our survey said requests for services have increased since the economic downturn began. Forty-eight of 61 said they have received increased requests for home-delivered meals, 44 of 62 for support services such as transportation, and 40 of 61 agencies for caregiver services since the downturn began. Twenty-five of 60 agencies said they had increased requests for congregate meals, even as long-term trends show a decline in use of this service.[21] A survey conducted by the National Association of State Units on Aging to determine the impact of the economic crisis on state-provided services also found requests for the types of services provided by OAA increased, particularly for home-delivered meals, transportation, and personal care.[22] Some researchers have concluded that older Americans have been hard hit

[19]Agency officials' observations about seniors' increased interest in home-delivered meals are echoed by data describing trends in the use of OAA meal services. Although congregate meal programs still served more clients than home-delivered meal programs in fiscal year 2008, the Congressional Research Service found that from 1990 to 2008, the number of home-delivered meals served grew by almost 44 percent, while the number of congregate meals served declined by 34 percent. See Collelo, Kirsten J., *Older Americans Act: Title III Nutrition Services Program*, Congressional Research Service, RS21202 (November 2009).

[20]In addition to home-based services provided by OAA programs, many receive services through Medicaid. Provisions of the Patient Protection and Affordable Care Act, such as that authorizing the Community Choice First Option, which establishes an additional Medicaid waiver, and that constituting the CLASS Act, which establishes a national voluntary insurance program, may provide additional sources of coverage for in-home care services. Pub. L. No. 111-148, §§ 2401 and §§ 8001 – 8002, 124 Stat. 297-301 and 828 – 47.

[21]See Collelo, Kirsten J., 2009.

[22]National Association of State Units on Aging, *The Economic Crisis and Its Impact on State Aging Programs: Results of All State Survey* (November 2009).

by the economic recession for reasons such as depreciating home values and retirement accounts.[23] These increasing economic challenges may lead to increased need for services like those provided by OAA programs.

Given the number of agencies that cannot meet all requests for services and the increasing demand for certain services, agencies must make decisions about which applicants to serve. To reach and serve seniors with the greatest economic or social need, local agencies responding to our survey reported a range of strategies. Over 50 of 67 agencies said they advertise, conduct outreach, and coordinate with other local organizations to reach and provide services to seniors who are targeted by OAA: seniors who are low-income, minority, or live in rural areas. At least 47 of 67 said they use these approaches to reach seniors who speak limited English, another group targeted by OAA. Additionally, most local agencies reported screening potential clients to assess, whether seniors requesting home-delivered meals or respite care had physical limitations that made these types of services particularly beneficial. For example, at one local agency where demand often exceeds supply, an official said preference may be given to those most at risk for hospitalization due to diagnosed malnutrition or chronic diseases managed through nutrition, such as diabetes. Most local agencies did not screen for congregate meals or transportation services.

Some officials we spoke to said there are additional seniors who need services but do not contact OAA providers to request them. For example, one local official in Illinois said needs assessments and anecdotal information indicate a much greater need for services than requests to the agency indicate. Similarly, researchers from one organization we spoke with surmised that if more seniors knew about the types of services available through Title III, the requests for such services would be greater. [24]

[23]Hicks, Jennifer and Eric R. Kingston, "The Economic Crisis: How Fare Older Americans?" *Generations Journal of the American Society on Aging* (Fall 2009).

[24]In our final report, we hope to estimate the numbers of individuals in need of meal, transportation and home-based care services, and to provide information on what characteristics are related to need for these services and to the likelihood that these needs are being addressed. We plan to do this by conducting regression analyses of publicly available national data on the 60 and over population.

Agencies Often Move Funds among Programs to Meet Requests and Cut Costs to Cope with Reduced Funding

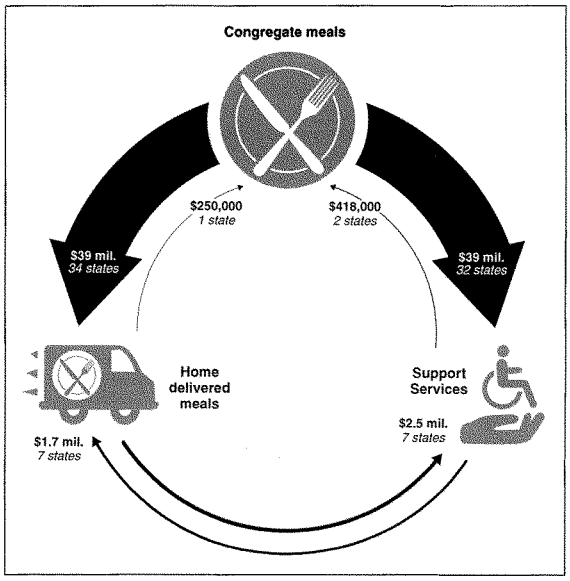
Local agencies have adopted a number of coping mechanisms to address seniors' requests and decreased funding. Preliminary responses to our survey indicate agencies utilize the flexibility provided by the OAA to transfer funds among Title III programs to meet requests from seniors for services.[25] Twenty-eight of 61 local agencies responding to our question said they transferred funds among programs in fiscal year 2009, most often removing funds from congregate meals, which are less requested, to home-delivered meals or other services. On a national level, nearly 20 percent of OAA funding for congregate meals in fiscal year 2008 was transferred out of the program by states and split almost evenly between home-delivered meals and support services, AoA data show. (See fig. 2.)[26] As a result, support services and home-delivered meal programs experienced an 11 percent and 20 percent net increase, respectively, in Title III funds. On the state level, 34 states transferred funds from congregate meals to home-delivered meals in fiscal year 2008, according to AoA data.

The ability to transfer funds offers states flexibility, yet some officials have questioned the need for meal funding to arrive in two streams. For example, Wisconsin state officials said maintaining separate funding for congregate and home-delivered meals creates a cumbersome process in which the state has to deal with multiple rules to allocate funds to services that are most needed. Similarly, Rhode Island state officials said they would like to see a single Title III, Part C, meal program because requests for congregate meals have decreased. In addition, in fiscal year 2008, 32 states transferred funds from the congregate meal program to Title III, Part B, services such as personal care, homemaker assistance, and transportation services. Local officials in Wisconsin told us federal funding for Part B services is not sufficient to meet requests.

[25]OAA allows states to transfer funds among Title III Part B support services and Title III Part C meal programs. 42 U.S.C. § 3023(c)(2). States may transfer up to 40 percent of funds among Part C meal programs, and may transfer up to 30 percent of support services funds to the meal programs and vice versa. The Assistant Secretary of Aging also can grant a waiver that allows states to transfer additional funds. Funds for Title III Part E caregiver services cannot be transferred under this authority.

[26]Fiscal year 2008 is the most recent year for which state level data are available.

Figure 2: Fund Transfers among Title III Programs, Fiscal Year 2008

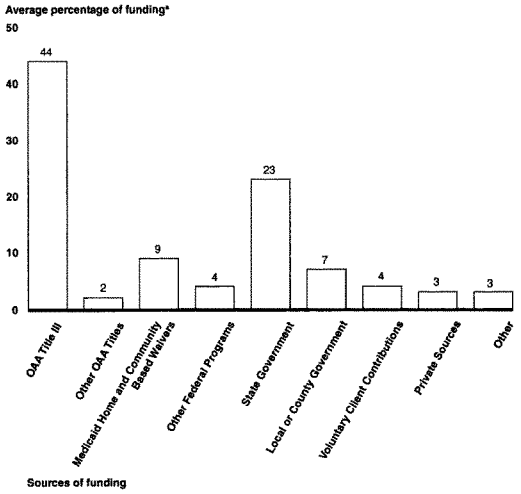


Source: GAO analysis of AoA Fiscal Year 2008 State Program Reports.

In addition to receiving federal funding, the programs created by Title III of OAA receive funding from other sources as well. (See fig. 3.) OAA funds to states and local agencies increased in fiscal year 2009 by $97 million due to Recovery Act funding explicitly for meal programs. But many of the local agencies responding to our survey reported overall decreases in funding from fiscal year 2009 to fiscal year 2010. Forty-four of 64 local agencies said state funding – the second largest source of funding for these programs nationally—decreased for fiscal year 2010. This is consistent with information reported by the National Association of State Units on Aging (NASUA). NASUA found that most states reported state budget

shortfalls in fiscal year 2010 and reduced budgets for aging services. Local agencies also use funds from local governments, voluntary client contributions, and private sources, and our preliminary survey results indicate these funds also declined in fiscal year 2010.

Figure 3: Percentage of Funds from Various Sources, as Reported by 58 Local Agencies, Fiscal Year 2009 (Preliminary Data)



Source: GAO analysis of preliminary survey data from 58 local agencies.

Some local agencies responding to our survey reported reducing services as a result of funding cuts. Twelve of 64 local agencies said they reduced support services, an additional 12 of 63 reported reducing nutrition services, and 9 of 64 reported reducing caregiver services.

To replace lost state and local monies and maintain service levels to seniors, just under half of those responding to our survey said they took some steps to reduce administrative and operations costs and used

Recovery Act funds to fill budgeting gaps. In our preliminary survey results, 27 of 65 agencies reported cutting administrative expenses, 22 of 54 reported cutting capital expenses, and 26 of 62 reported cutting operating expenditures in fiscal year 2010. Local agencies responding to our survey said they cut expenses in many ways such as by relocating to a smaller building with lower overhead costs, stretching meal service supplies, decreasing travel expenses, and limiting raises for employees. Additionally, 29 of 63 said they did not fill vacant positions. These preliminary survey data are consistent with what we heard from state officials on our site visits. State officials in Wisconsin, for example, told us that as a result of the state's budget deficit, the agency was unable to fill vacant positions and had cut planning, administration, and monitoring activities in order to avoid cutting services to seniors. Illinois state officials told us the last budget cycle included a 10 percent decrease in state funds for aging services, and there were layoffs, required furlough days, and positions left vacant as a result.

Some state and local agencies we visited also told us they adapt to limited funding or increased requests for services by providing less service to all rather than full service to only some. For example, a local official in Massachusetts said that some seniors are given fewer transit rides so others can be accommodated. A state official in Illinois said some local areas resolve the funding shortfalls by reducing the number of hours they provide respite services for each caregiver.

Local agencies said they used Recovery Act funds to fill meal budget gaps or to expand existing nutrition programs or create new ones. Nationwide, the Recovery Act provided $65 million for congregate meals and $32 million for home-delivered meals, or about 13 percent of the total OAA allocation for meals in fiscal year 2009.[27] Unlike regular Title III meal funds, Recovery Act meal funds could not be transferred among programs. Thirty-nine of 61 local agencies said it was moderately to extremely challenging that Recovery Act funds could not be transferred among meal programs.

Many local agencies responding to our survey said they used Recovery Act funds to replace funds lost from other sources; 35 of 52 local agencies said

[27]SUAs that administer Medicaid programs received additional Recovery Act funds. 42 U.S.C. § 3023(c)(2). State officials in Wisconsin said although the funds were not specifically for OAA programs, they did help maintain some SUA program operations.

they used Recovery Act funds to expand existing nutrition programs. Fourteen of 43 local agencies said they used Recovery Act congregate meal funds to create new programs and 6 of 37 used Recovery Act home-delivered meal funds to do so. City of Chicago officials said that they used excess congregate meal funds to create a new breakfast program since they could not transfer the funds to their home-delivered meal program. But many of those responding to our survey expressed concerns about how expenses covered by Recovery Act funds will be met when the funding ends. Fifty of 61 local agencies said sustaining services currently paid with Recovery Act funds will be a moderate to extreme challenge. A local agency director in Wisconsin told us Recovery Act funds helped replace lost state funds and delayed a blow to nutrition programs which is now expected to hit in fall 2010 after the funds are spent. City of Chicago officials expressed concern about their ability to maintain their new breakfast program.

Concluding Observations

OAA Title III programs are an invaluable support mechanism for many seniors, providing a varied network of care and services as they age. Seniors' needs for the types of services provided through these programs will only increase over time since demographic studies show a larger proportion of Americans will be age 60 and older over the next few decades. Programs that allow seniors to remain in their own homes and communities afford seniors the independence and dignity they desire. As current fiscal stress and looming deficits continue to constrain available resources, it will be increasingly important for all elements of the home and community-based service network to focus services on those in greatest need.

Mr. Chairman, this concludes my prepared statement. I will be happy to answer any questions you may have.

Appendix I: Objectives, Scope, and Methodology

To determine the Title III services requested most often, local agencies' use of federal funds, and steps agencies take to deliver resources to those most in need, we conducted a web-based random national sample survey of 125 Area Agencies on Aging (AAA). The survey included questions about: (1) utilization of OAA Title III services, (2) requests for OAA Title III services, (3) approaches for measuring unmet need to target resources to areas of greatest need, (4) use of OAA Title III funds, and (5) the economic climate and use of American Recovery and Reinvestment Act (Recovery Act) funds. We drew a simple random sample of 125 agencies, from a pool of 638 agencies. This included all 629 area agencies on aging (AAA) that operate in the 50 states and District of Columbia, as well as nine State Units on Aging (SUA) in states that do not have AAAs. We included these nine state agencies in our pool for sample selection because the SUA performs the function of AAAs in those states. We conducted four pretests to help ensure that survey questions were clear, terminology was used correctly, the information could be obtained, and the survey was unbiased. Agencies were selected for pre-testing to ensure we had a group of agencies with varying operating structures, budget sizes, and geographic regions of the country. As a result of our pretests, we revised survey questions as appropriate. In June 2010, we notified the 125 AAAs that were selected to complete our survey and e-mailed a link to complete the Web survey to these agencies beginning July 1, 2010. The survey is on-going, and the information included in this testimony presents preliminary results, based on the 67 responses (54 percent) we received as of July 30, 2010. Some individual questions have lower response rates. The practical difficulties of conducting any survey may introduce nonsampling errors. For example, difficulties in interpreting a particular question, sources of information available to respondents, or entering data into a database or analyzing them can introduce unwanted variability into the survey results. We took steps in developing the questionnaire to minimize such nonsampling error. Due to the preliminary nature of the results, the information presented in this testimony is not intended to be generalizable to all AAAs.

We also reviewed relevant statutory provisions and used site visit interviews and Administration on Aging (AoA) State Program Report data to answer our two research questions. In March 2010, we visited Illinois, Massachusetts, Rhode Island, and Wisconsin. These states were selected due to varying sizes of the population age 60 and over and Title III expenditures. Additionally, we considered geographic region, proximity to AoA regional support centers, and a desire to interview at least one state without AAAs (Rhode Island). We interviewed officials from the SUA, AAAs, and AoA regional support centers. We also analyzed AoA State

Program Report data available on the agency's Web site and at www.agidnet.org. We assessed the validity and reliability of this data by interviewing AoA officials, assessing official's responses to a set of standard data reliability questions, and reviewing internal documents used to edit and check data submitted by states. We determined the data were sufficiently reliable for purposes of this review.

To determine steps agencies take to deliver resources to those most in need, we also analyzed the most recently available state aging plan for the 50 states and District of Columbia. Each state is required to submit a state aging plan to AoA for review and approval covering a two, three, or four year period. The aging plan should include state long-term care reform efforts with an emphasis on home and community-based services, strategies the state employs to address the growing number of seniors, and priorities, innovations and progress the state seeks to achieve in addressing the challenges posed by an aging society.

GAO Contact and Staff Acknowledgments

For future contact regarding this testimony, please contact Kay Brown at (202) 512-7215 or e-mail brownke@gao.gov. Key contributors to this testimony were Kimberley M. Granger-Heath, Susan Aschoff, James Bennett, Ramona Burton, Andrea Dawson, Justin Fisher, Luann Moy, Barbara Steel-Lowney, and Craig Winslow.

The CHAIRMAN. Thank you very much, Kay. Now we'll speak to Dorothy Williams. We'd love to hear your testimony.

STATEMENT OF DOROTHY WILLIAMS, FAMILY CAREGIVER, WAUWATOSA, WI

Ms. WILLIAMS. Hi. I'm Dottie Williams, and I represent a family caregiver. I take care of my 101-year-old mom in our home, and I do this 24/7, 52 weeks of the year.

Two years ago, my mom broke her hip and when she was being discharged from a rehab facility, I was asked to meet with a Milwaukee social worker to see if they could help me and I didn't think it was any help because my mom had a tiny sum of money saved for one year of nursing home in case something catastrophic happened and we couldn't care for her anymore in our home.

Lo and behold, this wonderful social worker told me that there was a fund through a national funding but it wasn't for my mom. It was respite care for me, and it wasn't based on income, it was based on need. I was really blown away. In fact, I probably started to cry.

Anyway, I was accepted in the program and she said it was for respite. So I hadn't really thought about respite. I had been told about respite, but I thought I was strong. I was fine. I didn't need it. But here was this respite given to me and I started using it. I worked through an agency and I started having dates with my husband. I started to reconnect with friends. I saw my doctor, and I realized I had become this dried-out sponge that wasn't a very nice person.

If you've taken care of anybody with dementia or anybody with disability, you realize you have to be happy, can never lose your temper, can't pout or throw a temper tantrum. You have to always be pleasant and cheerful and positive, and I realized I hadn't been that person and the respite care really rejuvenated me, filled me up again, and helped me be a better caregiver.

So I realized, you know, you hear the phrases about wanting something or is it about needing something. I realized that respite care for a caregiver is a need. It isn't a want.

Then, last, I would just urge you to please renew the OAA Act. It funds this National Family Caregiver Program that I receive funds from. I would love it if there was a way to expand it for more families or other needs or even lengthen it. This is a short-term program. It isn't a long-term program.

Wisconsin, fortunately, has some other programs in place to help people, such as my mom and myself, and I just want to again thank you for this wonderful gift that was given me.

Thank you.

[The prepared statement of Ms. Williams follows:]

Testimony for Senate Field Committee Sept 7th, 2010, Milwaukee, Wisconsin

My name is Dorothy Williams. I live in Wauwatosa, Wisconsin, in Milwaukee County.

I have been asked to speak on behalf of family caregivers who have been recipients of services through the National Family Caregiver Support Program (NFCSP) in Milwaukee County funded by the Older American's Act and administered through the Family Caregiver Support Network (FCSN) at Interfaith Older Adult Programs, Inc.

I care full time in our home for my 101 year old mother, Margaret Dunn, who has senile dementia and who has lived with us for almost 9 years after walking out of her home and becoming lost one Sunday morning. With my husband's support, I feed her, look after her hygiene and her health care, administer and regulate medication, incorporate her into family and church life, and include her in social activity where appropriate.

Two years ago my mother broke her hip. Although her hip was successfully repaired, this contributed to a worsening of her dementia. I had to quit my job at that point to care for her full time. As she was being discharged from the rehab facility, I was asked whether I would like to meet with a Milwaukee County social worker about programs that might be available to us. I wasn't very optimistic, as I thought most aid was linked to income. My mother has a very modest amount saved up that would cover approximately one year of nursing home care. That, with her Social Security and modest pension made us ineligible for aid based on financial need. I agreed to meet anyway, and it was at this meeting that I first heard that federal funds were available for respite to family caregivers of family members with dementia/Alzheimer's through NFCSP in Milwaukee County funded by The Older Americans Act and administered through FCSN. **Here** was a fund that took nothing into account except the **need of the caregiver**.

Until that meeting, I had not given any thought to respite care for myself. Since my husband's retirement, we were on a tight budget. I had read the literature about care giving but I was sure I was functioning OK. The availability of this aid forced me to begin to care for myself. I went to the doctor. I saw friends. I had dates with my husband. I realized how drained I had become, and I began to take care of myself and not feel guilty about it.

Anyone who has cared for someone with dementia knows that you must always be friendly, always be patient, always be kind, never lose one's temper and never become irritable; in short, to exhibit a superhuman attitude. If I displayed any of those negative emotions, my mother would cry. Not a good thing. That bit of money made me realize how important respite care for caregivers of loved ones with dementia or any other disability really is.

Interfaith Older Adult Programs, Inc., which includes Pat Bruce and her staff at FCSN, was wisely chosen by Milwaukee County to administer the NFCSP funds. Pat Bruce and her staff at FCSN made the liaison with a local care giving agency easy. They have been a friendly, knowledgeable and patiently

encouraging resource. I have been most impressed with the integrity and creative stewardship of the funds they have been entrusted with. In a society where there is temptation to waste funds or misuse funds, or to act arrogant or powerful, Pat Bruce and her staff at FCSN seem to work miracles with modest resources, while helping families in Milwaukee County who are caring for their elders. I would strongly urge anyone who wants to improve elder care giving or dementia care or family care giving to have FCSN give advice on how to make a program work on the ground.

I was told that the respite fund was available for a limited time, which leads to an observation on the superiority of family care giving over institutional care. My mother has been with us for nine years. She interacts with our family, her relatives in the area who visit us, and those we visit with her. Even though her communication skills have declined, she is exposed to the many and varied events of family life. She is not confined with a population of other elderly persons suffering from dementia.

I believe that family care giving of elderly family members should be encouraged, as good for the elderly person, and much less costly than institutional care. There is a place for institutional care, but it is as a last resort, when dementia or Alzheimer's has reached a stage that is beyond what a family member is capable of handling, or when there are no family caregivers available. The dollars spent for family caregiver respite are a pittance compared to daily institutional costs.

I would urge you to please extend The Older Americans Act and continue to fund the National Family Caregiver Support Program. Please expand these programs to increase areas of service. Funding for this Act has only been modestly increased in past years. Please generously expend the funds to continue to help **more** families care for their loved ones. I would recommend that family caregivers be given more ongoing funds for respite as in Wisconsin's Alzheimer's Family Caregiver Support Program (AFCSP). Each year that dementia increases, the family caregiver needs more respite, not less.

There are thousands of family caregivers out there. Many families are keeping their loved ones off Medicaid. We are not earning a salary doing this. Family caregiver respite funds really make a difference in the quality of our lives.

Thank you for listening to me.

Dorothy Williams

The CHAIRMAN. Thank you very much, Dorothy.

[Applause.]

The CHAIRMAN. Stephanie, we'd love to hear from you. Pull the microphone up as close as you can.

STATEMENT OF STEPHANIE STEIN, DIRECTOR, MILWAUKEE COUNTY DEPARTMENT ON AGING

Ms. STEIN. OK. Senator Kohl, thank you so much for having this field hearing here. I know that your heart is with the people of Wisconsin and the people of Milwaukee and our heart is with you and we are so appreciative of your efforts in the Senate around elder rights and justice and pension rights and nursing home safety, but, most of all, for 90,000 people in Wisconsin, let me thank you for senior care and what you did for these citizens.

[Applause.]

It's also a wonderful opportunity to meet and hear Secretary Greenlee. We now know that the Administration on Aging is in very good hands and that is a relief. Thank you so much for being here.

[Applause.]

As Congress moves to reauthorize the Older Americans Act, please keep in mind that the Older Americans Act programs are truly the fundamental national underpinnings of home- and community-based care.

In Milwaukee County, Wilson Park, where we are today, hosts one of our 30 congregate meal sites where every day thousands of people get a good meal and friendship and have some fun. Every day in Milwaukee County, because of the Older Americans Act, we deliver 850 home-delivered meals to homebound seniors. Every day, hundreds of people receive rides because of the Older Americans Act to see their doctor, to go shopping, or to come to a nutrition program and get out of the house.

Dozens of people, like Dottie, receive care through the National Family Caregivers Support Program, so that caregivers can continue on with the difficult and blessed job of caring for the people that they love.

The last reauthorization was pretty special to Wisconsin because it began to replicate aging and disability resource centers which we are so proud started in this State and are still very supportive.

[Applause.]

The Act also expanded nursing home diversion, a big thing close to our hearts, and helped us offer more wellness and prevention services to help people stay out of institutions.

I hope, as you leave, you'll look at our fitness center here where older people for free get a personal trainer and get to work out and get strong and stay as strong as they can possibly be.

So the programs in the Older Americans Act are very important, they are very appreciated, and they are very under-funded. So any money, extra money that can be appropriated for the title, Senator Kohl, will be greatly appreciated in Wisconsin.

However, the Older Americans Act is more than programs. The Act is based on the principles of the full participation of our Nation's older Americans in all aspects of our complex society and in order to support those principles, it created very important struc-

tures: the Administration on Aging, our State Aging Unit, and Area Agencies on Aging throughout the United States to help carry out the Act.

As an area agency on aging, the Milwaukee County Department on Aging has had great success because the Older Americans Act orders that we lead, we listen, and that we advocate.

As an area agency on aging, we lead collaborations to find lasting solutions for issues in our community. Our collaborations have resulted in onsite services and supports in public housing and low-income housing, a mature worker center where older people seeking employment can go to one place and help them in their job search run by the Interfaith Program for Older Adults, a Robert Wood Johnson Foundation grant, which allowed us to transform seven neighborhoods into caring, connected, elder-friendly communities, an economic security initiative led by Family Service, our Intergenerational Council and our Wellness Council, and many, many other initiatives.

The Older Americans Act requires that we listen to older adults. They are to be our advisors. In this community, older adults lead our work through our Commission on Aging, our advisory councils, our nutrition council, our neighborhood teams, and all of our trained senior statesmen in this community. Older people contribute to every aspect of the work of our area agency.

Now, I could recognize dozens of people in this room but I really want to thank the current Chair of our Commission on Aging Barbara Bechtel.

[Applause.]

Our Chair Emeritus of the Milwaukee County Commission on Aging, Commissioner Gwen Jackson.

[Applause.]

They keep me very busy, Senator. Finally and most important, the Act requires us to be effective, visible advocates.

In Wisconsin, we have helped advocate for a real affordable drug program, Senior Care, an end to waiting lists for home- and community-based care, Family Care, a strong Ombudsman Program, and a well-funded Benefit Specialist Program to help others.

On August 24, our Commission on Aging and Advisory Council held a public working session on reauthorization of the Older Americans Act so we could submit recommendations to you and the Administration on Aging and all of our recommendations are attached to my written testimony, but our highest priorities turned out to be continued support and the growth of wellness and prevention and not just for older people but for their caregivers, too.

A national transportation initiative as a new part of this Act because, as Secretary Greenlee testified, transportation is an underlying issue no matter where you live in this country.

[Applause.]

The formalization of aging and disability resource centers everywhere in the United States, so that everyone has the opportunities we have in Wisconsin and, most important, a way to fund advocacy.

We would like the Administration and Congress to consider creating state protection and advocacy agencies for aging in every State modeled on the disability protection and advocacy agencies

that are so, so successful in this State and the rest of the country because it is through advocacy that the other systems get changed and we get to make better use of that very small Older Americans Act money.

Finally, I'd have three personal things I'd like to ask, Senator. One is that we need a national effort to rebuild and modernize outdated non-appropriate nursing homes in this country.

[Applause.]

We need a national effort to bring older adults into the technology revolution, so that when three-quarters of our citizens are walking around with buttons in their ears and pushing screens, older people will have some idea of what's going on in those devices.

[Applause.]

I would like us to work on a national agreement about what assisted living really means, what it really offers, so consumers know what to expect when it comes to this huge industry that is very different that calls itself assisted living.

[Applause.]

Everywhere in the United States there are great expectations about the reauthorization of the Act and I know that with your help, many of those expectations can be realized.

Thank you so much, Senator Kohl.

[Applause.]

[The prepared statement of Ms. Stein follows:]

Testimony of

Stephanie Sue Stein

Director

Milwaukee County Department on Aging

Before the

Senate Special Committee on Aging

Field Hearing on

Reauthorization of the Older Americans Act

Milwaukee, Wisconsin

September 7, 2010

Senator Kohl, it is my honor to appear today before the Special Senate Committee on Aging. Senator, your work on behalf of seniors is without compare. You have championed our nation's elders' rights to be free from abuse and exploitation, to have pension and income security, and in Wisconsin, the right to a real affordable prescription drug plan, Senior Care. On behalf of the over 150,000 persons aged 60 and over in Milwaukee County, I thank you for your support of the Older Americans Act and for your interest in improving it in the 2011 reauthorization.

It is a pleasure to meet and appear with Assistant Secretary Greenlee whose accomplishments in aging services are remarkable.

The mission of the Milwaukee County Department on Aging is to affirm the dignity and value of older adults of this county by supporting their choices for living in and giving to our community. The Older Americans Act of 1965 promulgated principals and programs that are the backbone for allowing us to carry out that mission.

Everyday, seniors in this community enjoy food and fellowship at our 30 congregate meal sites. Another 850 receive a hot nutritious home-delivered meal and a caring visit from their driver. Everyday, hundreds of seniors get rides to their doctors. They are also transported to senior centers, nutrition sites, and adult day centers. Everyday, dozens of caregivers of our frail elders receive counseling, support, and respite. Everyday, people's lives are improved by immediate information and assistance through our Aging Resource Center. Everyday, the state of Wisconsin supplements Older Americans Act funds in the areas of elder abuse, legal services, and benefit counseling.

The programs supported by the appropriations of the Older Americans Act are the underpinning for home and community based services open to all citizens 60 years of age and over. They are important, appreciated, and as most would agree – are underfunded. Any additional money in the Older Americans Act programs would be greatly appreciated. However, I contend it is the mission, principals, and structures of the Older Americans Act that have led to lasting change.

First, the Older Americans Act mandates that we lead. As the designated Area Agency on Aging for Milwaukee County, it is our responsibility to be the visible, effective advocate for older people and to be the focal point for all issues, concerns, and dreams of our citizens. We take that role very seriously.

We convene workgroups, form counsels, foster partnerships, train senior leaders, and take every opportunity to say to this county, state, and nation, that our older citizens are an important and effective party of the fabric of our society.

Together in Milwaukee County, we, the Area Agency on Aging, county and city government, service providers, and older people themselves, have used our position at the Area Agency on Aging to:

- Demand and design service provision in public and low-income housing.
- Organize seven neighborhoods and municipalities into connected, caring communities where older people can age in place.
- Create an Intergenerational Council to foster understanding between citizens of all ages.

- Form a Wellness & Prevention Council so that community collaboration can bring our elders more opportunities to become and stay well.
- Collaborate on an Economic Security Initiative that will assure easy access to all economic opportunities.
- Support the Interfaith Program for Older Adults to operate our Mature Worker Center.

Most importantly, we piloted, with the State of Wisconsin, a long-term care redesign called Family Care. We were one of nine original Aging & Disability Resource Centers and one of five counties chosen to operate a Care Management Organization. In Milwaukee County, home and community based care is an entitlement – no more waiting lists. As an Area Agency on Aging, it is our duty to lead the effort to find solutions for all aging issues.

Next, the Older Americans Act mandates that we seek the advice of older people. In Milwaukee County, we are led by older people who serve on our commissions, boards, advisory groups, neighborhood teams, and governing boards. We not only listen to older people, but we follow their lead in figuring out what we must do next.

The Older Americans Act requires us to advocate. We have successfully advocated for an end to waiting lists for home and community based care, for a real affordable prescription drug program, for economic security, for elder rights and justice, for the support and services and structure that truly allows everyone to live in and give to our community, etc.

On August 24th, the Milwaukee County Commission on Aging sponsored a forum on the 2011 Older Americans Act Reauthorization. Together we crafted our wishes and the full list of Milwaukee County's recommendations is attached. They include: creating State Protection and Advocacy organizations for aging (modeled on the disability Protection and Advocacy agencies), expanding wellness and prevention, nationalizing Aging & Disability Resource Centers, beginning a transportation initiative, and six additional recommendations.

Senator Kohl, we need your leadership in Congress to help us realize these goals. In the meantime, I know that we will forge ahead with solutions, through collaboration, advocacy, and older adult leadership, we always have, we always will.

The Older Americans Act has given us the power to lead, listen, and advocate. It can only get better with reauthorization.

Thank you.

The CHAIRMAN. Thank you very much, Stephanie, and now we'll hear from Heather Bruemmer.

STATEMENT OF HEATHER BRUEMMER, EXECUTIVE DIRECTOR AND STATE OMBUDSMAN, WISCONSIN BOARD ON AGING AND LONG-TERM CARE

Ms. BRUEMMER. Thank you so much, Senator Kohl. It truly is an honor to be here. Thank you so much for the opportunity to testify on the reauthorization of the Older Americans Act.

I also want to recognize Assistant Secretary Kathy Greenlee for her strong advocacy for the older adults.

Senator Kohl, I know Stephanie made a list of all of the great successes you've had, but one that I really want to recognize and thank you for is the criminal background checks. Thank you so much. That's just so important——

[Applause.]

For our vulnerable individuals residing.

Since 1978, the Ombudsman Program has been a core program of the Older Americans Act. It's the only program in the Act that specifically serves consumers of services provided by residential care facilities. It provides critically needed home- and community-based services that delay institutionalization.

In November 2008, we had a very significant thing happen here in Wisconsin where we now have more assisted living beds than we do nursing home beds, and I only see in the future that this trend will continue.

We all appreciate and value the importance of living in one's own home and as a result there's been a remarkable growth here in the State of Wisconsin of home- and community-based services available for our seniors.

However, there are some elders who benefit from living in assisted living and nursing homes because they're unable to safely live in their own homes.

Wisconsin was one of the first States to pilot the Long-Term Care Ombudsman Program which was created by Congress and our State has continuously relied and improved resources available to our senior services. In 1981, the legislature created the Board on Aging and Long-Term Care and our program continues to grow. We provide advocacy services for nursing homes, assisted living, such as residential care apartment complexes, community-based residential facilities, adult family homes, and persons who reside in their own homes receiving Medicaid Waiver Program dollars.

As long-term care services and supports have grown in scope and complexity, Federal support for the Long-Term Care Ombudsman Program has not always grown with them. While the mandate to serve residents in assisted living was added to our mission in 1981, there is no new fiscal authorization for this function.

Ombudsmen visited about 79 percent of all nursing homes on a quarterly basis last year. Only 46 percent of all board and care assisted living received quarterly visits. Very significant, and I would say here in Wisconsin we would agree with that.

Throughout the country, it has been increasingly difficult for ombudsman programs to serve residents in assisted living. So it's very important, I think, for everyone to know that it is not—the lack of

sufficient funding is certainly not for the lack of trying by you, Senator Kohl. You've been a great champion and great support for the Ombudsman Program.

Each year the Long-Term Care Ombudsman Program resolves hundreds and thousands of complaints made on behalf of aging consumers nationwide. Seventy-seven percent of these complaints are partially resolved which is pretty significant. We know that the complaints coming in truly are of great concern.

The majority of ombudsmen spend time in skilled nursing facilities, so it's important to know what is happening in our Wisconsin assisted living facilities here. We believe that people have complaints and concerns. However, we can't confirm that with any degree of certainty due to our inability to visit those facilities.

We offer significant consumer protections to residents. I think what we've noted in the last years, complexity and diversity of consumers who live in assisted living facilities continues to grow as well as in nursing homes. Significant concerns, such as falls, medication errors, pressure ulcers, and abuse situations, are on the rise here in the State.

We spend a tremendous amount of time investigating those complaints, but, most importantly, we also try to provide education and guidance to facility managers and staff to help prevent these reoccurrences.

We also spend time educating and empowering facility leadership, individuals and families in providing care that is consumer-centered. You know, our seniors are our greatest gift and they're full of wisdom and full of life experiences. So it's important to know who is that individual that we're serving, what is their life history, and really make sure that they have meaning and full relationships with their caregivers. Every senior deserves the best quality life and care.

I would like to propose the following modifications to the Older Americans Act. The section of the Act relating to the process of and limitations on disclosure of client information needs clarification and emphasis. The current language needs to be emphasized to make clear to facilities that it is this right guaranteed to individuals is of the utmost importance to meeting the goals of the Act.

Ombudsmen throughout the country report having contact with more and more individuals who cannot speak for themselves and have no legally authorized representative to speak on their behalf and those are our most vulnerable people who we really need to advocate for and protect.

We ask that the provisions in Title VII be amended to add language that states to intensify the training and efforts, to educate the public how important it is to complete the documents necessary to have a trusted, and I can't emphasize that enough, a trusted surrogacy relationship with the personal advocate. We spend so much time here in Wisconsin with individuals that have no family, that really depend on our advocacy services.

We support the recommendation which would amend Title II of the Act to propose a base appropriation for our National Ombudsman Resource Center. It has proven to be a valuable site for ombudsmen programs throughout the Nation for training, resources,

and technical assistance, despite inadequate funding throughout its history.

This, along with the addition of Becky Kurtz as the Director of Long-Term Care Ombudsman Program, will well serve the needs of ombudsman programs nationwide.

We wish to thank Assistant Secretary Greenlee for her foresight in creating this position. Wisconsin has such a unique ombudsman program. We're very fortunate with the support of you, Senator Kohl, in Wisconsin. Not every State has that support. So thank you.

The Older Americans Act gives us a strong foundation and reauthorization gives us this wonderful window of opportunity to build an even more stronger foundation. It is extremely important that Congress and the aging network come together to strengthen our Long-Term Care Ombudsman Programs to provide a safe, homelike environment and protect those members of our aging society who are receiving services and residential care.

As one who speaks for Wisconsin's many vulnerable facility residents and consumers of long-term care, I want to thank you once again, Senator Kohl, for allowing me to share with you the thoughts about the reauthorization of the Older Americans Act.

Thank you very much.

[Applause.]

[The prepared statement of Ms. Bruemmer follows:]

STATE OF WISCONSIN
BOARD ON AGING AND LONG TERM CARE
1402 Pankratz Street, Suite 111
Madison, WI 53704-4001
(608) 246-7013
Ombudsman Program (800) 815-0015
Medigap Helpline (800) 242-1060
Fax (608) 246-7001
http://longtermcare.wi.gov

Testimony of
Heather Bruemmer, Executive Director/State Ombudsman
State Of Wisconsin Board on Aging and Long Term Care
Before the Senate Special Committee on Aging
on the
Reauthorization of the Older Americans Act
September 7, 2010

Chairman Kohl and members of the committee, I want to also recognize U.S. Assistant Secretary for Aging, Kathy Greenlee who is a former state Ombudsman and is a strong advocate for older adults. Thank you for this opportunity to testify on the reauthorization of the Older Americans Act (OAA). My name is Heather Bruemmer. I am Wisconsin's State Long-Term Care Ombudsman. Since 1978, the Ombudsman Program has been a core program of the OAA. It is the only program in the Act that specifically serves consumers of services provided by residential care facilities. The OAA provides critically needed home and community based services that delay institutionalization. In November of 2008, the number of Wisconsin Assisted Living beds surpassed the number of Skilled Nursing Facility beds indicating a significant trend that is expected to continue into the future. All of these elders rely on the advocacy services of the Ombudsman Program. We all appreciate and value the importance of living in one's own home and as a result, there has been a remarkable growth in the amount of home and community based services available for seniors in Wisconsin. However, some elders can no longer live safely in their own homes and must move at some point in their lives to either an assisted living facility or a nursing home.

Wisconsin was one of the original pilot states when the Long Term Care Ombudsman Program was first created by Congress, and our state has continuously relied on and improved the resources available to aging consumers from this program.

In 1981, our Legislature created the Board on Aging and Long Term Care to house the Long Term Care Ombudsman Program. Since that time, the program has grown in size and in responsibility, now serving clients of nursing homes, community-based residential facilities, adult family homes, residential care apartment complexes, and persons who reside in their own homes and receive services through the Medicaid waiver programs.

As long-term care services and supports have grown in scope and complexity, federal support for the LTC Ombudsman Program has not always grown with them. While the mandate to serve residents in assisted living was added to our mission by the 1981 amendments to the OAA, there was no new fiscal authorization for this function. There still has been no funding specifically directed to this objective. Nationally, while ombudsmen visited 79 percent of all nursing homes on a quarterly basis last year, only 46 percent of all board and care, assisted living and similar homes received a quarterly visit due to funding inadequacies.[1] Throughout the country, it has become increasingly difficult for Ombudsman Programs to serve residents in assisted living. The lack of sufficient funding is certainly not for the lack of trying by champions of the Long Term Care Ombudsman Program such as yourself, Chairman Kohl, and the members of this committee.

Each year, the LTC Ombudsman Program resolves hundreds of thousands of complaints made by or on behalf of aging consumers nationwide.[2] Nationally, 77 percent of these complaints are resolved or partially resolved to the satisfaction of complainants as a result of Ombudsman activity. The majority of Wisconsin Ombudsmen's time is spent in skilled nursing facilities. Were we to address the needs of people living in assisted living with the same intensity as we do the concerns of those living in nursing homes, our numbers would be immense.

"What is happening to the individuals living in Wisconsin's assisted living facilities?" Intuitively, we believe that individuals living in assisted living have complaints and concerns that are going unheard. The Ombudsmen cannot confirm this assumption with any degree of certainty due to their inability to visit and advocate for the persons in these provider facilities.

---

[1] Source; 2008 AoA National Ombudsman Reporting System Data

[2] In excess of 250,000 complaints were lodged in nursing homes and board and care facilities in 2008 – source; AoA National Ombudsman Reporting System Data

The LTC Ombudsman Program offers significant consumer protections to residents. The complexity and diversity of consumers who live in residential care facilities is growing. Significant concerns such as falls, medical mismanagement, medication errors, pressure ulcers, and abuse situations have been on the rise in Wisconsin. Ombudsmen spend a tremendous amount of time investigating these incidents, but also providing education and guidance to facility managers and staff to help prevent reoccurrence of these problems. Unfortunately, the Wisconsin Long Term Care Ombudsman Program is confronted with the reality of inadequate resources to be proactive to help reduce these critically important concerns.

Ombudsmen spend time educating and empowering facility leadership, individuals and families in methods of providing care that is consumer-centered, consumer-directed and based upon meaningful relationships with caregivers. In Wisconsin, we focus on providing service to individuals, taking into account their life history, the rights they are entitled to, and their preferences for services that will provide the highest quality of life and care.

I would like to propose the following modifications to the Older Americans Act which, I believe, address the issues that the Wisconsin Board on Aging and Long Term Care feels most strongly about.

The sections of the Act relating to the process of and limitations on disclosure of client information need clarification and emphasis. The current language needs to be emphasized so as to make clear to facilities that this right guaranteed to individuals is of the utmost importance to meeting the goals of the Act. We would also recommend amending §712(d) of the Act to change all references to "files" relating to residents or clients to "information".

Ombudsmen throughout the country report having contact with more and more individuals who cannot speak for themselves and have no legally authorized representative to speak on their behalf. We ask that provisions in Title VII of the OAA be amended to add language that will encourage states to intensify their efforts to educate the public as to the value and importance of completing the documents necessary to establish a trusted surrogacy relationship with a personal advocate.

Wisconsin supports the recommendation which would amend Title II [§202(a)(18)(B)] of the Act to provide a base appropriation to the National Ombudsman Resource Center (NORC) with subsequent annual increases. NORC has proven to be a valuable site for Ombudsman Programs to obtain training, resources, and technical assistance despite woefully inadequate funding throughout its history. This, along with addition of Becky Kurtz as the Director of Long Term Care Ombudsman Programs will serve well the needs of Ombudsman Programs nationwide. We wish to thank Assistant Secretary Greenlee for her foresight in creating this position.

The OAA gives us a strong foundation – and reauthorization gives us a window of opportunity to build an even more robust foundation. It is extremely important that Congress and the aging network come together to strengthen our Long Term Care Ombudsman Programs to provide a safe, homelike environment and to protect those members of our aging society who are consumers of residential care services.

As one who speaks for Wisconsin's many vulnerable facility residents and consumers of long term care, I want to thank you, Sen. Kohl and members of the committee, for allowing me to share with you our thoughts about the reauthorization of the Older Americans Act. I will be happy to answer any questions that you may have.

The CHAIRMAN. Thank you. Stephanie, you spoke about or referred to inappropriate outdated nursing homes as an issue that needs to be dealt with.

Would you tell us a little bit more about your thoughts on that issue?

Ms. STEIN. I sure will, Senator Kohl. I think that people realize that nursing homes happened as a result of Medicaid, a payment source, and some Federal money that helped people build and at that time, people thought that people who lived in nursing homes had to be treated in a medical model. So there are long corridors and nurses stations and two and three people in a room. It is not the way that any of us want to live the rest of our lives.

[Applause.]

I don't believe that the nursing home industry really wants to continue serving people that way, but there is no way for them to access capital, especially nursing homes who serve people on Medicaid.

You know, there are some great experiments going on in this country through the Pioneers of Nursing Home Care, but they are primarily folks who are developing new models and new systems for people with a lot of resources who can afford to privately pay for them the rest of their lives.

Most older people enter nursing homes on private pay and then go on Medicaid because their money is all gone and Medicaid payments are simply not enough for nursing home operators to have the capital to build facilities so that people can get care in a dignified, home-like, personalized way, and I think, you know, the Older Americans Act is about home- and community-based care.

We're about home-and community-based care, but it is a national shame that we walk into these places and we give them lots of citations and we expect them to get better and they are in facilities that are simply not appropriate for people to live in.

[Applause.]

The CHAIRMAN. Are you suggesting that we have way too many facilities that should not be operating anymore?

Ms. STEIN. Oh, there are many facilities that shouldn't be operating anymore, Senator, but often poor people and people who are going to become poor have no other choices but to enter those facilities.

The CHAIRMAN. Thank you. Now to each member of the panel, as we all know, we have a very important person with us here today who will be central to the reauthorization of the OAA in terms of specifics and advocacy ideas that she will take and this is your chance to zero in on maybe one thing that you want her to remember.

She's not going to take six or eight ideas from each of us but she will take one idea that you want her to remember as she goes about her job over these next several months and into next year. So I'll give you each an opportunity to speak with her courteously but sternly.

Who would like to advocate first for something you really feel strongly about in the reauthorization? Go ahead, Stephanie.

Ms. STEIN. Secretary Greenlee, I was so happy when you sat up here and said that everywhere you go in this country people tell

you don't lose the advocacy in the Older Americans Act, but it's more than not losing it.

We are required to be advocates but there is no money to be advocates and there is no checking up if people are advocates, no requirements, and I really think that the disability community has had for a long time a model of advocacy through their protection and advocacy agencies and wouldn't it be wonderful if we could replicate those agencies for aging in every State and then we'd know there would be advocates that we would work with that could organize the entire State, could change systems, and work on behalf of other people.

So in this State, advocacy has changed almost everything that we've done and I'd sure like that to happen everywhere.

[Applause.]

The CHAIRMAN. Go ahead, Heather.

Ms. BRUEMMER. Thank you very much. I think the message I'd like to share is with elder abuse protections. I think it's so vital. I oftentimes find, especially within the Ombudsman Program, that we're reactive rather than proactive.

If we had the resources to go out and train and provide the adequate information and tools for individuals to help protect themselves and have the right advocacy services, it would be tremendous. It's so important. The vulnerability and as we know through the demographics, it's just—Wisconsin is an aging state and we need to be proactive with the appropriate resources, being able to get into facilities timely and being able to get into people's homes to make sure that they are protected and well cared for.

The CHAIRMAN. Thank you.

[Applause.]

Dottie, would you like to say something to Kathy?

Ms. BROWN. Actually, I would like to make a request that when we finish our two jobs that we have ongoing right now, the one I mentioned that is on studying the unmet need for services and also we have a job that we're doing for the Senator on elder abuse and a better understanding of the nature and extent of elder abuse and what kinds of things the government can do to help at the local level.

So my request would be that when we finish those reports, we talk again.

The CHAIRMAN. Thank you very much, Kay.

[Applause.]

Dottie, say a few words to Kathy.

Ms. WILLIAMS. I feel that these experts have said many of the things that I've been thinking about, but I do appreciate what Kathy Greenlee said about the funding for rural needs.

I'm not an expert on any of this, but it would be nice if there was a way to network between agencies, you know. Some counties run out of funds, some counties don't use all their funds, and if there was a way to have a more equitable networking so that counties could help each other care for the seniors that are in their counties.

That's all I have to say. Thank you.

The CHAIRMAN. That's very good.

[Applause.]

Dottie, I'd like to ask you whether those people who are anticipating or just getting into the caregiving program that you're involved in need to get some training and introduction before they're involved? Could that be very important?

Ms. WILLIAMS. I guess I learned on the fly. I mean, I'm just my mother's daughter. I guess I was pretty ignorant. I didn't ask a lot of questions and probably I should have talked to the Director of Aging earlier and that was my fault.

I think if I had accessed more departments, I would have had more knowledge and when I was receiving help, it was sort of in a transition period when Milwaukee County was having Interfaith take over some of these responsibilities. So it was kind of a learning experience, both with Milwaukee County as well as Interfaith, and so everybody was kind of learning at the same time, but having been involved with Interfaith now, there are a lot of resources available and I feel very confident in contacting Interfaith and Pat Bruce, who is very helpful in helping me, and I think they would help you with training if you needed it.

I have not found in my situation that I needed particularly professional training because in my situation, dealing with my mother who has dementia, it's a very gradual process and so you're kind of learning along with that person.

The CHAIRMAN. Good. Well, we want to thank you all on this panel. You're clearly and obviously people with great expertise and knowledge and experience and good judgment. We couldn't have found four better people to come and represent the issues and I'm sure that Kathy feels that she's fortunate to have heard from you today. So we thank you for coming.

[Applause.]

Thank you so much and maybe we'd like Kathy to come and sit before us once more and make some final judgments and opinions.

Ms. GREENLEE. Thank you, Senator. I'd like to join you in thanking the panel members for providing their insights and what is sometimes both passionate and very personal information.

I have a quick announcement and then if I could make some general comments. One of the things that we do at the Administration on Aging is administer lifespan respite grants. The program that we've talked about today, the Family Caregiver Program, has been around for 10 years at the Administration on Aging, but a year ago we began administering grants called Lifespan Respite because, as I mentioned and as you know, caregiving really spans the lifespan.

For the second year we've had $2.5 million to administer, and I announced this morning 12 additional grants. We had 12 last year, 12 this year, and we were pleased to announce this morning that Wisconsin has received one of these lifespan respite grants. So I just wanted to say congratulations to you all.

[Applause.]

Yes, go team or something. The purpose of the grants is coordination. Unlike the Family Caregiver Program where it's specific to an individual, we understand that there are respite programs that need better coordination, more information, a comprehensive need for volunteers, and the lifespan respite grants are meant to help a State coordinate their respite services and so they can be as good

quality and grow as they can. So I'm very proud of you and congratulations to Wisconsin for that grant.

Then just a couple of comments. Just in reflection, I said I listened to 310 people and you really got to the ground in four. So I was impressed that you go to the same place I did in terms of hearing from the network.

The project in front of us, as you know, is to reauthorize the law and you and I certainly know what that task involves and for the audience, when you reauthorize a law, you look at the law and say, well, is it written the way we want it or should we write it a different way? It's about what's written in the law.

I have heard a lot of opinion about things that could be written differently and will work with the Administration on whether we should change the law.

With regard to the Older Americans Act, it's almost impossible to talk about the law and not talk about the funding, but the reauthorization is about the law. Appropriations is about the funding, and this comes up time and time again and you heard it certainly in the GAO report, that there's tremendous need for these services and they provide tremendous value.

Right now in front of Congress, the President has recommended for the Administration on Aging a 10 percent increase in Older Americans Act funds. He recommended $102.5 million increase for our programs. That money was characterized overall as a family caregiver or caregiver initiative. That money would allow us through OAA to support direct caregiver services, direct care recipient services, and would double the lifespan respite grants that I just mentioned.

I have been meeting with Members of Congress and their staff and will do everything I can to support the President's request for increased funding for the Older Americans Act.

I very much appreciate being able to come to talk to you about both the authority and the law and the appropriations that go with it and look forward to seeing you again either in Wisconsin or certainly in Washington.

Thank you very much.

[Applause.]

The CHAIRMAN. Thank you. Thank you very much, Kathy, and all of our witnesses and ladies and gentlemen, for being here today.

I think the purpose of the hearing was to be sure that Washington, through Kathy Greenlee, got a very strong opinion from experienced people here in the great State of Wisconsin about the things we can do to strengthen services to older Americans and the people on the panel acquitted themselves and brought that information, that experience, I think, to this hearing very, very well. I'm sure Kathy feels that she's more than gotten back knowledge here which she put in by way of coming here and you're coming here in such huge numbers to represent the issue and to impress upon us how much you care about services to older Americans, I think, has made a very strong impression on her. I assure you it's made a very strong impression on me.

So we thank you deeply for giving us your time today and we hope to return to you by way of good valuable service all that you've brought to us by your presence.

Thank you so much.
[Applause.]
[The committee adjourned at 2:07 p.m.]

APPENDIX

Testimony at Hearing on the
Older Americans Act Reauthorization
September 7, 2010 -- Milwaukee, Wisconsin

I want to thank Senator Herb Kohl and U.S. Assistant Secretary for Aging, Kathy Greenlee, for holding this hearing in Milwaukee to gather Wisconsinites' input into reauthorization of the Older Americans Act.

I am Loree Cook-Daniels, Policy and Program Director for FORGE, which is a 15-year-old, Milwaukee-based, national organization for transgender people and their significant others, friends, family and allies, including service providers and professionals who work with transgender individuals. We are very thankful to the Administration on Aging for funding the National Resource Center on Lesbian, Gay, Bisexual and Transgender (LGBT) Aging, and are very pleased and proud that FORGE's Transgender Aging Network was asked to be a partner in that Center, the only one of 11 partners that is headquartered in the Midwest.

Since there are other people here and across the country who will be talking about the need to recognize the special needs of lesbian, gay, bisexual and transgender elders in the Older Americans Act reauthorization, I want to concentrate my testimony on the *particular* and *unique* needs of transgender elders, and why we are morally obligated to ensure we can respectfully and appropriately serve these elders.

Had the famous and groundbreaking transsexual Christine Jorgensen survived, she would now be 84 years old. While the positive impact Ms. Jorgensen had on transgender elders cannot be overestimated, we as a society have not taken responsibility for the costs and damage we inflicted on those who followed her through the doors she opened. If transgender people who are now 65 and older changed genders in their 20s, 30s, and 40s, the experts they consulted and who had to approve them before they could receive hormones and/or surgery were extremely conservative. Those experts would *not* prescribe hormones or do surgery on anyone who was married. Transgender people were *required* to divorce even loving spouses who wanted to stay married. If they would be gay or lesbian in their new gender, they weren't permitted to change genders at all. They were advised to *abandon* their children and have no further contact with them. They were strongly advised to leave their communities, move to somewhere where no one knew them, and make up fictional histories. They were told to never tell anyone about their gender history.

Transgender Aging Network · po box 1272 · milwaukee, wi 53201 · 414.559.2123
LoreeCD@aol.com · www.forge-forward.org/tan

Let me spell it out: in a society where the majority of elder caregiving is done by family members, we stripped away transgender people's families.

That isn't all the damage we have done. The federal government has *still* not outlawed employment discrimination against transgender people, and as a result 97% of transgender people say they have been discriminated against or experienced harassment on the job. Transgender people also have outrageously high unemployment rates, which of course impacts retirement income. (I do want to thank Senator Kohl for co-sponsoring the Employment Non-Discrimination Act, which would begin correcting this problem.)

Discrimination against transgender people in health care insurance is also pervasive. Many health insurance policies specifically refuse to cover hormones and/or surgery for transgender people. What this means is that except for the very well-to-do, MOST transgender people are not going to have sex reassignment surgery, even if they want it. That means when it comes to health care and intimate home care where people are disrobed, transgender people are automatically "outed" as transgender. As a result, MANY transgender people would literally rather die than go to a doctor or get in-home assistance where their transgender history would be revealed.

But that's still not all we as a society have done to transgender people who are now elders. We have also made it extremely difficult for them to change their legal gender, so even if they *are* heterosexual and want to marry someone of the opposite gender, courts have sometimes ruled these marriages invalid. This would of course not be a problem if we simply made marriage available to any qualified couple regardless of gender, but the Defense of Marriage Act that Senator Kohl voted for helps create the situation where transgender people's marriages are legally questionable. That means elders may not get the Social Security survivor's benefits they and their spouse paid for.

So let me summarize. As a society, we are so upset about people who don't have typical gender identities that we have: forced them to divorce loving spouses, abandon their children, lose their jobs, not allowed them to get surgeries they want or need, and made it difficult for them to marry opposite-sex as well as same-sex partners.

Senator Kohl and Assistant Secretary Greenlee, I hope the very brief description of transgender elders' situation that I have given here has helped you understand why it is absolutely critical – and morally necessary – for the aging network to learn about the specific needs of elders who are lesbian, gay, bisexual, and/or transgender, to conduct special outreach to these very vulnerable and often fearful populations, and to design services that ensure these elders are not discriminated against or denigrated by either service providers or other clients. We owe these pioneers that much.

Thank you.

"Advocating for All Generations"

The Coalition of Wisconsin Aging Groups is a nonprofit, nonpartisan, statewide membership organization that was founded in 1978

Coalition of Wisconsin Aging Groups
Intergenerational Leadership Development • Education • Advocacy • Elder Law Center

Testimony on Reauthorization of the Older Americans Act
by John Hendrick
Milwaukee, Wisconsin
September 7, 2010

On behalf of the Coalition of Wisconsin Aging Groups, I would like to thank Senator Kohl for all his efforts on behalf of Wisconsin seniors and for holding this session today. My testimony will focus on only one of the many priorities that we will support in the process of reauthorization of the Older Americans Act.

On January 1, 2011, the first Baby Boomer turns 65. This means we are almost five years into the Baby Boomers being served under the Older Americans Act. But have we really faced the changes and challenges created by the largest demographic group ever to enter retirement age? This reauthorization of the Older Americans Act gives us a chance to look at the changing nature of older Americans and their changing needs. Wisconsin is fortunate to have a vital and innovative aging network including Elderly Benefit Specialists for every county and several tribes. The benefit specialists are supervised by attorneys at the Coalition of Wisconsin Aging Groups, at SeniorLaw here in Milwaukee and at Judicare. We must continue to do what we do well, but also focus on new challenges for the future.

One of those challenges which can be addressed in the reauthorization of the Older Americans Act will be expanding our multigenerational work, especially in designing and developing elder-friendly communities where people of all ages can live together, while having their needs addressed for mobility, health and safety. CWAG has begun working with the USEPA's Aging Initiative to distribute information about elder-friendly communities which combine Smart Growth and Active Aging. but much more needs to done in support of elder-friendly multi-generational communities throughout Wisconsin.

CWAG will continue to be engaged in the process of reauthorizing the Older Americans Act. As time goes on we will emphasize additional issues as we continue our role as a voice for over one million Wisconsin residents over the age of 60. Thank you again for listening to our concerns.

2850 Dairy Drive, Suite 100 ■ Madison, WI 53718-6742 ■ Telephone: (608)224-0606
Toll Free: 1-800-366-2990 ■ Fax: (608)224-0607 ■ www.cwag.org

KOHL SENATE HEARING- September 7th .2010

My name is Latoya White and I am a homecare worker. For me and my fellow workers this is more than a job, it is a lifeline to a human being and sometimes the difference between life and death. It is a special role as a caregiver.

Service Employees International Union , my Union, is strongly committed to improving and expanding options for the elderly and disabled to get homecare services in Wisconsin. The Older Americans Act is a crucial source of funding for homecare. More than 365 million dollars was delivered nationwide in 2010.The need for this vital care and lifeline will only grow in the future. It is the right investment for that future.

Homecare helps seniors stay in their homes. Homecare is the most cost effective care. Yes-It can save money as all of us government, consumers, and workers as we try to stretch crucial services and dollars. Most important though it is the kind of care our seniors and their families deserve and have the right to expect.

In Wisconsin and across this country we have witnessed and found that consumer directed care is the best and most effective kind of care. The consumer can choose his or her own care giver. They don't have to rely on some company to send whomever they want or can find. The consumer is involved in determining their specific plan of care. The consumer directs and supervises the caregiver in providing services. All this means that consumers have more freedom and control over their lives.

As a caregiver and as someone who has seen what works best I understand that Wisconsin's elderly and disabled people need more opportunities for this kind of consumer directed care. Right now Wisconsin's independent provider homecare workers are negotiating with the State of Wisconsin for our first contract. Our aim is to reach an agreement that improves the lives of our clients and at the same time means that homecare workers are fairly compensated for the difficult work we do. We will include in this contract improved training as we build a more skilled stable, and efficient workforce.

Thank you for coming to Milwaukee. Thank you for your continued support in the new Older Americans Act for a vital service we can all be proud of. Our clients and homecare workers across this state look forward to building on a program that not only works but makes a difference in so many lives.

○