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AGING WITH COMMUNITY: BUILDING CONNECTIONS THAT LAST A LIFETIME

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UNITED STATES SENATE

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AGING WITH COMMUNITY: BUILDING CONNECTIONS THAT LAST A LIFETIME

WEDNESDAY, MAY 17, 2017

U.S. SENATE,
SPECIAL COMMITTEE ON AGING,
Washington, DC.

The Committee met, pursuant to notice, at 9:30 a.m., in Room SD–562, Hon. Susan M. Collins, Chairman of the Committee, presiding.

Present: Senators Collins, Rubio, Fischer, Casey, Blumenthal, Donnelly, Warren, and Cortez Masto.

OPENING STATEMENT OF SENATOR SUSAN M. COLLINS, CHAIRMAN

The CHAIRMAN. The hearing will come to order. Good morning. Thank you all for being here.

As many of you are aware, originally this hearing had been scheduled for last week. Due to circumstances beyond our control, the hearing had to be postponed, and I very much appreciate our witnesses coming again or sending a representative when they could not do so to help us explore what is a very important issue.

Isolation and loneliness can have serious, even deadly consequences, for the health and well-being of our nation's seniors. We examined this growing epidemic in a hearing that this Committee held last month, and we learned that isolation is associated with a greater incidence of depression, diabetes, and heart disease. In fact, the health risks of prolonged isolation are comparable to smoking 15 cigarettes a day. I must say that fact astonished me.

Today, we are looking for solutions that will help to build a stronger sense of community, therefore leading to happier, healthier lives for older Americans.

When the Senate Aging Committee was first established in 1961, 9 percent of Americans were over age 65. Today, those older than 65 represent 15 percent of our population. By the year 2060, nearly one out of four Americans will surpass their 65th birthday.

The fastest-growing age group is what is called the "oldest old," those 85 years old and older. Today, we will explore ideas to connect seniors with communities to make home not only a better place to grow up, but also a better place to grow old.

Most seniors want to live at home as long as possible. This, however, can pose challenges. Maintaining a home is an arduous task at any age and can be especially so for older adults. Snow may need to be shoveled. Repairs may need to be made. Windows may need to be replaced. The list is endless.

As seniors age and in some cases develop chronic diseases that present mobility and other impairments, homes may need more significant modifications such as wider hallways to accommodate a wheelchair, grab bars in the bathroom, chairlifts for the stairs.

Transportation is another key factor of an age-friendly community. Seniors need a way to get to the grocery store and doctors' appointments and to visit with friends or enjoy community events, especially once driving is no longer a safe option. Age-friendly communities often provide bus routes for seniors, volunteer driver programs, and other initiatives to help seniors go where they need and want to go.

One key feature of age-friendly communities cannot be captured by infrastructure or policy but is part of our culture. In a 2007 report, the World Health Organization declared the development of age-friendly communities a global priority.

One domain that stood out to me is the need for respect and inclusion for our seniors. In age-friendly communities, seniors are respected for their past and present accomplishments. They are included in community planning. They engage with younger adults and children. They are valuable and contributing members of society with a lifetime of experience to offer. Whether they are homebound or not, the community ensures that seniors are not left feeling isolated or left out.

Respect and inclusion are an essential part of the spirit of the American democracy. Towns from the most rural to the most urban are responding to the needs of seniors, as we will learn today. Initiatives to create age-friendly communities have grown organically across the country. The national organization that provides support and tools is the AARP network of age-friendly communities.

In Maine, our state motto is Dirigo, which means "I lead," and I am very proud that Maine is leading the way.

Of the 163 communities in the nation that have joined this network, 35 are in the State of Maine. We have communities such as Bethel and Biddeford, Eastport and Milo that are committed to becoming more welcoming to seniors. These 35 communities have each developed an action plan reflecting local needs. When the oldest and most rural state leads the way, it represents success for the entire nation.

Our hearing today is especially fitting during Senior Corps Week. In Maine, 1,675 volunteers make significant contributions to communities through the state's nine Senior Corps programs. Senior companions, RSVP volunteers, and RSVP Vet to Vet connect seniors with communities. Senior service presents a promising solution to help combat isolation and promote a sense of community and a sense of service and mattering.

Today, we will hear from four program directors who will describe initiatives under way in their communities to address the needs of their aging populations. You will notice that no two models are alike, and that is the beauty of this approach. Each is built from the ground up. Each is tailored and customized for seniors living in their communities. The factor that ties these programs together is a strong sense of community that includes and values all of our seniors.

It is now my pleasure to turn to our Ranking Member, Senator Casey, for his opening statement.

Thank you.

OPENING STATEMENT OF SENATOR ROBERT P. CASEY, JR., RANKING MEMBER

Senator CASEY. Chairman Collins, thank you for holding this important hearing and also for working to reschedule it after it was postponed from last week, and I want to thank the witnesses for being here today.

As many of you know, May is Older Americans Month, and this year, the slogan for Older Americans Month is "Age Out Loud," a good slogan. So our hearing topic today, living—livable, I should say, communities fits nicely into the theme.

Older Americans want to be out and about, aging out loud in their cities and their towns. They want to go to little league games or see a movie or work or volunteer, shop or interact with their neighbors. For this reason, I am pleased that experts from communities large and small, rural and urban are here to discuss how to design livable communities.

I am particularly delighted to have a leader here today from my home State of Pennsylvania and in particular York, Pennsylvania. I will introduce Cathy later, but we are grateful for the work that she has done and the people of York County and the City of York. And I can confirm what a great community York is. I was just there not long ago, and we are grateful that she is with us.

We should aim for every county across the country to be like York County. And I know that Chairman Collins talked about communities in Maine and how many of them are livable communities, so we should have a competition, I guess, to get as many signed up.

What does it mean in practice? I guess that is one question some might be asking. What it means is that local officials are reorienting their thinking as to their plans for and their investment in a number of things: number one, home repair programs so that aging adults can maintain their households without great expense; second, accessory dwelling units so relatives can live with their families and retain their privacy; third, more and varied transportation options for those who are no longer able to drive; fourth, wide, slip-free, even-surface sidewalks and more time to cross the street at traffic signals—I think people at any age would want that—and simple solutions like a bench to sit on and wait for a bus.

These strategies can make a big difference to a senior who wants to be active and engaged in their community, and these strategies can help make progress on the public health challenge of senior isolation. These strategies also make it possible to have towns and cities that are inclusive, as the Chairman said, that are cross-generational and are age- and income-friendly.

I expect our witnesses today will also address the importance of neighborhoods that have a mix of older and younger residents and families from multiple socioeconomic levels.

We know that inclusive neighborhoods are often the healthiest neighborhoods, and we also know that making our communities

age-friendly will not be fully realized without partners at the Federal level.

It is, in part, for this reason that I have joined my colleagues in urging President Trump to work with us on an infrastructure package, legislation to invest in our infrastructure.

I am committed to ensuring states and localities have the resources necessary to invest in our cities and towns of the future, creating millions of jobs along the way.

I look forward to hearing from our witnesses about how that investment would also significantly benefit older Americans and individuals with disabilities.

Thank you, Madam Chair.

The CHAIRMAN. Thank you very much, Senator Casey.

We will now turn to our panel of witnesses. First, we will hear from Lindsay Goldman. Ms. Goldman is the director of Healthy Aging and the Center for Health Policy and Programs at The New York Academy of Medicine. She oversees age-friendly New York City and works to improve all aspects of city life for seniors.

We will go from New York City to rural Maine with our next witness, who is one of my constituents, Meg Callaway. Ms. Callaway is the program director of the Thriving in Place Collaborative in Piscataquis County, where some of Maine's most rural communities are located. Meg works to provide critical services, such as food, housing, and caregiver support to older adults living in Piscataquis County by coordinating a network of existing local resources. She has nearly 25 years of experience in the Maine social service system and has worked extensively with Maine families, and I am delighted that she was able to return to participate today.

I would now turn to our Ranking Member Casey to introduce our next witness.

Senator CASEY. Thanks very much.

I am pleased to introduce Cathy Bollinger from Spring Grove, Pennsylvania, which is in York County, as I mentioned. She is the managing director of the York County Community Foundation Embracing Aging Initiative. With a collaboration made up of businesses, charitable groups, and government agencies, Cathy works to create livable communities for aging Pennsylvanians. This work includes improving housing, transportation, lifelong learning, arts and culture, and health and well-being for seniors in York County, Pennsylvania. Because of this innovative work, York is one of only six communities highlighted for its livable communities work by the National Association of Area Agencies on Aging. She has done this work for years, and we are grateful that she is here.

Welcome to the Committee, Cathy. Welcome back. You were here last week as well. We look forward to your testimony.

The CHAIRMAN. I am now pleased to turn to Senator Rubio, who will introduce our witness from the great State of Florida.

Senator RUBIO. Thank you. Thank you, Madam Chair, for holding this important hearing.

I also want to take a quick moment to introduce Anamarie Garces from my home State of Florida and from my home City of Miami. She is a founding member of the Miami-Dade Age-Friendly Initiative, which works to improve the community life for older adults. Her organization works closely with a community that I

know well, Little Havana in Miami, Florida, to improve the quality of life for seniors, and I am pleased that she is with us here today. I thank her for her good work. I look forward to her testimony.

The CHAIRMAN. Thank you very much, Senator.

Ms. Goldman, we will start with you.

STATEMENT OF LINDSAY GOLDMAN, LMSW, DIRECTOR, HEALTHY AGING, THE NEW YORK ACADEMY OF MEDICINE

Ms. GOLDMAN. Good morning, and thank you, Chairwoman Collins, Ranking Member Casey, and members of the Aging Committee for the opportunity to testify today. My name is Lindsay Goldman, and I am the director of Healthy Aging at The New York Academy of Medicine.

Established in 1847, the academy advances solutions that promote the health and well-being of people in cities worldwide. One of our current priority areas is healthy aging. The academy serves as the secretariat for Age-Friendly New York City, a public-private partnership with the city council and the mayor's office, working to maximize the social, physical, and economic participation of older people.

Beginning in 2007, using the World Health Organization's eight domains of an age-friendly city, we conducted a comprehensive assessment of the city's age friendliness to identify barriers to engagement faced by older people throughout the course of daily life. The assessment included guided conversations with thousands of residents, roundtable discussions with hundreds of professionals, a literature review, and extensive mapping.

In response to our findings in 2009, the mayor's office announced 59 initiatives across 13 city agencies to improve the quality of life for older adults and appointed a commission for an age-friendly New York City to encourage private organizations to become more inclusive. Nearly 10 years later, we remain deeply invested in this effort.

We applaud the Committee's recognition of social isolation as a threat to public health. Through low- or no-cost solutions, Age-Friendly New York City works to optimize existing age-neutral assets that facilitate connections between the generations.

Today, I will describe our strategies to increase walkability and access to public transit, to leverage public space and programming, and to maximize economic participation to prevent social isolation.

There is considerable evidence that walking is associated with better physical and mental health, and the majority of older New Yorkers prefer to walk to destinations. However, older people reported challenges, like inadequate street-crossing times, poorly maintained sidewalks, and lack of seating.

The Department of Transportation, DOT, established the Safe Streets for Seniors Program to evaluate conditions in areas with high rates of senior pedestrian fatalities or injuries and implement mitigation measures such as extending street-crossing times, constructing pedestrian safety islands, widening curbs and medians, narrowing roadways, and installing new stop signals. Through this process, over 600 dangerous intersections have been redesigned, and senior pedestrian fatalities have decreased 16 percent citywide.

DOT also installed over 1,500 new benches around the city, particularly near senior centers and housing, hospitals and health centers, commercial districts, and municipal facilities. In response to feedback that bus shelters often lack seating and felt unsafe, nearly 4,000 shelters have been redesigned with seating and transparent walls. Older people report increased mobility and new social connections as a result of these initiatives.

While research suggests that participation in public space improves health and well-being through opportunities for physical and social activity, older people tend to spend more time engaged in solitary and sedentary pursuits, such as watching TV and reading.

Older people in the neighborhood of East Harlem revealed that they did not use public pools because they were afraid of getting hurt during crowded general swim hours. In response, the Parks Department piloted senior-only swim hours at one pool in the morning when the pool was underutilized. The program was so popular, the Parks Department expanded it to 16 pools citywide and added water aerobics instruction.

A preliminary evaluation indicated that older people who participated in water aerobics demonstrated greater lower body strength and flexibility than those who did not.

Older people often have a limited catchment area for activity, so local businesses enable them to meet basic needs and to socialize. Local businesses also depend on older people, who account for nearly 50 percent of consumer spending, as loyal customers, yet older people often reported barriers, including accessibility, affordability, and lack of appropriate products and services.

With input from the business community, the academy created the Age-Friendly Business Resource Guide to help businesses better attract and cater to an aging consumer base. We have educated 30,000 storefront businesses, catalyzing improvements such as the addition of seating in stores, more legible signage, and new senior discounts. A small study found that businesses that made age-friendly changes had higher average cash receipts than similar businesses that did not.

As illustrated by these examples, planning processes to inform improvements to the built, social, and economic environment should engage older people as experts on their own lives. By leveraging evidence-based, age-friendly strategies such as universal design and active transit, Federal investment in infrastructure can facilitate independence, promote engagement, and build a sense of community.

Additionally, Federal leadership and funding can help to reduce social isolation and maintain the health and well-being of older people through the provision of safe and affordable housing as well as better access to health care, transportation, healthy food, technology, and arts and culture.

Thank you.

The CHAIRMAN. Thank you very much for your very interesting testimony. Both Senator Casey and I were struck by that reduction in pedestrian fatalities, which is really extraordinary.

Ms. Callaway.

STATEMENT OF MEG CALLAWAY, PROJECT DIRECTOR, PISCATAQUIS THRIVING IN PLACE COLLABORATIVE

Ms. CALLAWAY. Good morning, Chairman Collins, Ranking Member Casey, and members of the Senate Special Committee on Aging. Thank you so much for having us return to testify this morning. My name is Meg Callaway, and I direct the Thriving in Place Collaborative in Piscataquis County, Maine.

Piscataquis has Maine's second oldest population, and we are the state's most rural region. We are actually one of only two frontier territories remaining east of the Mississippi River, with fewer than six people per square mile and a land mass slightly bigger than Connecticut. We are home to 17,000 people and 27,000 moose.

[Laughter.]

Ms. CALLAWAY. The Piscataquis County Thriving in Place Collaborative is one of nine aging-in-community projects that are funded through the Maine Health Access Foundation's Thriving in Place or TiP initiative. These projects convene partners, including municipal leaders, social service providers, health professionals, businesses, and volunteers to assess the regional needs of older and medically vulnerable adults and to implement strategies that help them to stay at home and connected in their communities.

TiP projects improve the coordination of existing services and supports in rural communities, and by doing so, we increase access to critical resources, such as housing, food, transportation, socialization, health care, and very importantly, caregiver support. We do this by building relationships and by facilitating communication between older people and community organizations. Older volunteers are integral to our efforts. Their experiences and priorities shape all that we do.

While all projects focus on keeping older adults connected to their communities, our approaches vary. The situational needs of older people living on the rocky coast can be different than those of seniors living in the deep woods of Maine, and their available resources also can be quite different.

The success of the Thriving in Place Collaborative—Initiative is largely due to the flexible funding that allows communities to build on their own strengths and to focus on the specific needs of their aging populations.

For example, in Piscataquis County, a local farm provides fresh meals for seniors recovering from extended illness. Renovations are under way of an historic building that will house a senior center for independent adults and an adult day services program for older adults who need more support.

We now have a central phone line that anyone can call for help with locating senior services, and when a caller has complex medical needs, we send a nurse to help put together a plan of care.

With the help of AARP, we have stocked five local libraries with caregiver and aging resources, and volunteers provide social connection and fresh produce to homebound seniors through our local Senior Companion and Senior FarmShare program. We have a local volunteer hospice that provides respite for family caregivers.

The Aroostook County TiP in northern Maine partners with their local nursing school and hospital to engage students in home-based assessments and discharge follow-up. Students review discharge in-

structions, provide pre-made meals, and review medications to assist seniors after a hospital stay. And this collaboration is yielding significant reductions in hospital re-admissions.

TiP Downeast on the Blue Hill Peninsula has established an in-home visitor program and is bringing evidence-based health programs deeper into rural, coastal areas, again, reducing hospital admissions and institutionalization.

TiP programs are educating their communities about care transitions and the importance of completing advanced care directives. As TiP aligns these and so many other essential resources, new, more efficient ideas for engaging older adults and reducing isolation continue to emerge. These projects are actively demonstrating the power of community to keep seniors healthy, connected in their communities, and truly thriving in the places they call home.

Thank you.

The CHAIRMAN. Thank you very much for your testimony.

Ms. Bollinger.

STATEMENT OF CATHY A. BOLLINGER, MANAGING DIRECTOR, EMBRACING AGING, YORK COUNTY COMMUNITY FOUNDATION

Ms. BOLLINGER. Chairman Collins, Ranking Member Casey, and members of the Special Committee on Aging, thank you for the opportunity to testify today. I am Cathy Bollinger, managing director of York County Community Foundation's Embracing Aging Initiative.

Embracing Aging launched in the fall of 2013 with a release of a report we commissioned that identified how to make York County more age-friendly. The report led us to form committees to address the issues of attitudes around aging, community engagement, health and well-being, housing, and transportation and walkability.

Our goal is to create a community that is a safe, welcoming, appropriate, and adaptable place to age. To accomplish this, we develop and implement strategies to improve attitudes around aging, so that we can care and understand about the needs and the perspectives of all ages. We also provide strategic leadership and advocacy to create more high-quality, forward-thinking options to help older people live as they choose in their community.

Located in south central Pennsylvania, York County is home to over 440,000 people. It has 72 municipalities. Ten percent of people of all ages live in poverty. Seventeen percent of our county's population is age 65 and older.

Thirty-seven percent of our residents are age 50 and older. Over one-third of York countians age 65 and older struggle to meet their basic needs, forcing them to make difficult choices among things such as nutritious food, prescription medications, or adequate heating and cooling.

Embracing Aging works collaboratively across sectors to effect social change. Most important is assuring that older people are around the table in the planning, implementing, and evaluation of programs and ideas.

Building relationships with key stakeholders and sharing specific strategies to ensure public spaces, services, and policies are age-inclusive is important in creating a livable community. This is the reason we have awarded grants to support partnership planning,

improve walkability, provide age-friendly seating, improve signage, and offer a free park-and-go shuttle for seniors attending local events.

Helping older adults be proactive in creating their plan for aging in community is also important to age-friendly work. We created a program that teaches older people new strategies to examine their needs in housing, transportation, health, finances, and social interactions, and introduced them to services and programs to help them live longer and stronger in the place that they call home.

We awarded grant money to an organization to grow its capacity, to provide home repairs and maintenance services to older adult homeowners without financial means, so they can remain living safely in their home.

Assuring older people have employment opportunity helps create a livable community. We partnered with our local Economic Alliance to host employer industry forums to assess employers' interests in how best to recruit older workers and build an employment environment that works for employees of all ages. The results are the foundation for an age-friendly business designation program we are developing.

As part of this work, we developed a program for employees entitled "Embracing Aging: Challenging the Perceptions of Aging" to increase understanding of older adults, and people across different generations, to help build a workforce that is more creative and productive, and more open and supportive of older customers.

We are an aging society, and data demonstrates that each future generation will continue to live longer. The impact of this change has not yet been fully reflected in government policies affecting a community's infrastructure, Social Security, and Medicare. The heavy lifting to support the infrastructure necessary for this change must come from government.

Specifically, we think funding for the following is key to improved livability: one, better transportation options, including improving walkability; two, incentives to address blighted properties and incentives to preserve and build more low-income and affordable housing with supported services proximate to transportation; and three, enhanced in-home community-based services and a health care plan that does not penalize older adults.

Chairman Collins, Ranking Member Casey, and members of the Special Committee on Aging, thank you for the honor in sharing the work of York County Community Foundation's Embracing Aging Initiative, and thank you for your commitment to making America a great place to age.

The CHAIRMAN. Thank you very much for your testimony.

Ms. Garces.

STATEMENT OF ANAMARIE GARCES, FOUNDING MEMBER, MIAMI-DADE AGE-FRIENDLY INITIATIVE, CO-FOUNDER AND CEO, URBAN HEALTH PARTNERSHIPS, MIAMI, FLORIDA

Ms. GARCES. Chairman Collins, Ranking Member Casey, and members of the Aging Committee, thank you for the opportunity to testify before you today and for the work you are doing. My name is Anamarie Garces. I am a founding member of the Miami-Dade

Age-Friendly Initiative. I am co-founder and CEO of Urban Health Partnerships, one of the lead partners in the initiative.

The Miami-Dade Age-Friendly Initiative is a collective impact effort focused on policy, systems, and environmental changes toward creating a community for all ages and ability, where older adults can stay active, engaged, and healthy with dignity and enjoyment. And it is led by a diverse group of partners, including AARP Florida, the Alliance for Aging, Health Foundation of South Florida, Miami-Dade County, Miami-Dade Transportation Planning Organization, United Way of Miami-Dade, and Urban Health Partnerships, along with an advisory committee and 50 key stakeholders and community members.

Miami-Dade is the most populous county in Florida, with 2.6 million people, more than 500,000 older adults above the age of 60, and we expect that to increase to 800,000 by 2040.

Miami-Dade has a diverse population. Sixty-seven percent of the county identifies as Hispanic, and most who are bilingual speak Spanish.

Miami-Dade has identified age-friendly as an important approach to reducing social isolation and addressing how we can build a community that supports the wants and needs of older adults. It recently joined the AARP Network of Age-Friendly Communities, making it the fifth largest community in the country to join the network.

The World Health Organization's domains of livability can be broken up into two categories: the built environment or the environment we can see and touch, such as housing, streets, parks, and infrastructure; and the social environment, such as the opportunities, support, and services that are available. Both are important and interdependent.

Miami-Dade has focused on the built environment, first recognizing that if services or opportunities for social engagement are available, but residents do not have access or do not feel safe accessing them, it will isolate them from the resources and services that they need.

Some of the age-friendly strategies that have been implemented in Miami-Dade include ensuring that all transportation policies have an older adult focus. The Comprehensive Development Master Plan, land use, and community health and design elements were considered with an older-adult lens. The long-range transportation plan has performance measures specifically to assess how well we are meeting the older adults needs.

Miami-Dade parks have incorporated standards, programs, and facilities to engage older adults. The Housing Work Group supports the development of the Affordable Housing Trust Fund for Miami-Dade.

Summits, workshops, events, town halls, and surveys have taken place, and the input received has translated into a robust action plan to guide our work.

In 2012, our Safe Routes to Age in Place Project launched to empower older adults in Little Havana to recognize the needs and to identify changes to improve the safety within their neighborhood. Little Havana, or La Pequena Habana, was recently named a national treasure. It is a diverse neighborhood in Miami-Dade known

for its Cuban-American heritage and is home to immigrants from across Central America and the Caribbean.

The older adults engaged in the workshops, they led a CDC Healthy Aging Network walking audit, and they discussed themselves with elected officials and transportation agencies what they would like to see in their communities, and they advocated for the changes that would make them more able to access their daily needs.

We also developed an advisory committee to provide input to the Florida Department of Transportation on the Little Havana Pedestrian Safety Study. The low-cost, high-impact built environment projects have exponential benefits for older adults.

One tactic is shade. Utilizing a digital laser infrared thermometer temperature gun, it was determined that shaded bus stops were 10 to 20 degrees less hot or had lower surface temperature that non-shaded bus stops in Miami-Dade County. The average temperature in Miami on any given day is 82 degrees. Due to concrete and heat island effect that is created at bus stops without shade, older adults can experience temperatures of much more than 100 degrees while waiting at their stops. Research supports that shaded stops provide the sensation that individuals waited 10 minutes less than those at non-shaded stops.

The Safe Routes to Age in Place Advisory Committee recommended an age-friendly business district, so we developed one. Older adults told us that once they had safer streets, a financial incentive, and places to go, they would be motivated to walk more. Initially, 25 businesses within only a quarter mile of their target location of where they lived provided purchasing incentives for older adults to walk every Tuesday to their stores. An age-friendly community is called "age-friendly" and not "senior-friendly" because the strategies are not only good for older adults but for everyone, from the very young to the very old. The same curb cut or ramp that may be added to ensure a wheelchair can get onto a sidewalk is the same one that can help a parent push a child in a stroller. Each time added to a crossing signal, that can help ensure that an older adult or anyone will not lose their footing if they try to rush across the street too quickly.

We need your continued leadership to ensure age-friendly livable communities are a priority in our cities, to help build the infrastructure that works for all ages and connects us to our resources and to our citizens, and to ensure aging continues to be the conversation in all aspects of decision making, and we build policies and plans for the future of our country.

Thank you for the opportunity to testify today and to share some of the strategies Miami-Dade is using to connect the community and to plan for our aging population.

I welcome your questions.

The CHAIRMAN. Thank you very much for excellent testimony with so many good ideas, and I love that we have such a variety of communities represented here because it shows that these strategies can be effective, whether it is in a very large city, a bilingual area, the most rural community, a suburban community, no matter where people are living. And I really congratulate each of you for the work that you are doing.

By the way, I could really relate to the issue of the time to cross the street. Having broken my ankle back in December, I quickly learned that unless I got there at the very beginning of the light changing, I did not have time to safely make it across the street in the early days of my injury, and it was a real eye-opener to me about what it is like not only for an older person who may be moving more slowly, but as our last witness just pointed out, a parent with a stroller. And so a lot of the practical things you are doing do help people of all ages but particularly our seniors.

Ms. Goldman, I am curious as a result of your work if you found that attitudes are changing about aging.

Ms. GOLDMAN. I think that they are. I think that we still have a long way to go. If you have ever tried to purchase a birthday card for anyone over 50, you are aware of the bias that we contend with on a daily basis, some subtle, some not so subtle.

But I think that what we have done is really tried to keep older people active and engaged in their communities for as long as possible, and by virtue of doing that, really promoting intergenerational contact. And it is only through that kind of contact that we challenge these stereotypes of aging and begin to really consider the aging of the population as a tremendous opportunity. So I think that having older people in parks, in restaurants, in theaters, in museums, and interacting with people of all ages, because generally they tell us they prefer to be in multigenerational environments, helps to connect people and helps people to realize exactly what an asset the older population is. They have very high rates of civic engagement and voting, high rates of volunteerism. They represent 70 percent of charitable donations. They serve as caregivers to children and older adults, enabling other people to continue working, and they are long-term, engaged residents of neighborhoods.

The more we can ensure that our community assets are welcoming and accessible to people of all ages, the further we will go in challenging ageist stereotypes which contribute to lower levels of engagement and activity and higher levels of social isolation.

The CHAIRMAN. Thank you.

Ms. Callaway, you mentioned in your testimony that health care providers in your communities in Piscataquis County are critical in engaging with the older adults. Could you offer us any examples of how rural hospitals and other providers have repurposed their space or changed their activities to better engage and meet the needs of older residents?

Ms. CALLAWAY. Sure. Actually, our local hospital, Mayo Regional Hospital, has some grant funding from the Maine Health Access Foundation, which also funds the TiP, to reach out to people who are older and find out what some of their barriers are to health care. One recent forum revealed that a lot of people are having difficulty accessing dental care.

Just by being at the table at these networks across the state, hospitals are helping to get the word out to their patients about the resources that are available in community, and I think that with more patient-centered models, more hospitals are aware of asking older people about their transportation, about their formal and informal supports, about whether they are struggling with

caregiving. And they are also hosting events where they learn about transportation options.

We have a local transportation provider that has been providing transportation for many years but has only recently started to focus on older people, and so they have gone with us to senior housing facilities and shared what it is they can provide. And they have signed people up so that people do not have to worry about whether they are in one program or another, and then they take them in a van on a ride to a local ice cream shop or to the local fossil museum to have the experience together. They get some social interaction with each other, and they learn that riding on this level of transportation is accessible and easy for them. And as a result of doing that, in one year they have increased ridership by 10 percent and actually added routes, which in our very small, very rural area, where it is hard to get from one place to another, is very significant.

The CHAIRMAN. Thank you.

Senator Casey.

Senator CASEY. Thank you, Madam Chair.

I wanted to start with Cathy. Because you have been here two weeks in a row, I think I can call you by your first name. You made two trips. We are grateful for that, as well as our other witnesses.

I guess I wanted to start with the issue of transportation, which has been mentioned obviously in a lot of the testimony. That is such a big component of the life of any community, and I guess in terms of just itemizing, if you had a wish list of improvements that could be made—and I would argue that the Federal Government should be a full partner in that. That is one of the highlights of my opening comments, which was that we hope—we hope that we can have a bipartisan infrastructure bill. A huge part of that, of course, would be transportation.

So I guess in terms of the work that you have done in York County and in particular the Community Foundation, what would you identify if you had to list the priorities for transportation investments or improvements?

Ms. BOLLINGER. Thank you Senator Casey for your question. As we know, people are living longer, and we also know that transportation is a key social determinant to health. And it is really hard for us to keep pace without federally funded dollars to support the infrastructure and to assist in identifying multi-modal innovative solutions. So smart planning, seed money is really important so that we can do demonstration projects that will help us be poised to support replicable and innovative projects and prepare for the rapid change happening in our communities.

To share an example of this, the Central Pennsylvania Transportation Authority, which does business in York County as Rabbit Transit, received seed money from the Transit Planning4All Initiative, and this seed money was used to address barriers to accessibility for older adults and people with disabilities. And through this funding, Embracing Aging has partnered with Rabbit Transit in a program called "3P Ride: More People, More Places, More Possibilities."

We did a lot of focus groups to really understand the barriers facing older adults and people with disabilities and have been working

on solutions with this funding. So, for instance, we were able to add capital improvements to the transit enhancement plan to systematically address high frequently used transit stops that have been deemed a safety risk.

We have expanded the hours and services for older adults so they can attend faith-based services over the weekend or go to neighboring counties. We have been able to provide additional runs to address major fixed-route crowding, and partner with volunteer transit providers such as Uber to help get individuals at risk of being late for appointments to and from where they need to.

Smart planning and seed money for demonstration projects are priorities for changes in transportation infrastructure.

Senator CASEY. Cathy, I was also noticing in your testimony on page 7 under the topic or under the heading of transportation and walkability, which was a couple of fundamental changes that could be made, large and well-placed directional signs, lighted roadways, clearer road markings, brighter stop lights, and dedicated left-turn signals, I think we all like those.

Ms. BOLLINGER. Yes. Yes, definitely.

Senator CASEY. Very practical.

I guess the other thing is this dynamic where because older Americans in some communities might feel that they lack a safe and reliable way to get around, that is forcing some of them to move, can you speak to that issue?

Ms. BOLLINGER. We do not know the full impact that lack of transportation has in York County. We do know that 23 percent of York countians are living alone. We know some of them have transportation challenges, such as 8 percent of households of people age 65 and older do not have vehicles.

What we have done to start to address this issue is we partnered with the York County Planning Commission to have maps created of our county by municipality to show concentration areas of older adults living in the community, but we have different layers to it, so we can see older adults living in poverty, older adults living alone, older adults without transportation. And then layered on that are things like the fixed-bus routes, libraries, grocery stores, doctors' offices, senior centers, medical facilities, arts and culture venues, so that we can really begin to identify where the pockets of isolation are York County and begin working with municipalities to develop strategies to address them.

Senator CASEY. Thanks very much.

I know I am out of time. I just want to highlight one piece of the research that the foundation did. You said on page 2, quote, "If we removed age 55-plus employees from York County's workforce, 13,420 jobs would be vacant, and almost $1 billion would be removed from the economy." That is a remarkable impact, and I thought that was significant to highlight.

Thank you, Madam Chair.

The CHAIRMAN. Thank you.

Senator Cortez Masto, we are delighted to have you with us today.

Senator CORTEZ MASTO. Thank you. Thank you, Madam Chair and Ranking Member.

And I appreciate you coming back to talk with us. I am from Nevada, and so my first question is—really, I am going to follow up on the transportation, but, Ms. Callaway, I want to ask you this question. In Nevada, there are 17 counties. Fifteen of the counties are rural, and that is our challenge, is how do we get services, how do we get transportation, how do we address this issue in our rural communities to really bring the services that are necessary for some of our aging population.

I am curious if you can address a little bit more what you have done in your rural communities and to spur that and help us identify areas where we can focus on more of these services.

Ms. CALLAWAY. One of the things we are very hopeful about is that as we are transitioning from funding from the Maine Health Access Foundation, we are working with AARP more and working more at the individual community level, so we have recruited town managers to support the work. And I think a lot of the increasing access comes down to the fact that everything in Maine is very personal, and the person from whom you learn about a resource is absolutely critical to whether or not you follow up on it.

And the work we have done so far is quite regional. So we have focused on service providers being more aware at a granular level about the kinds of transportation that are available and opportunities to volunteer to be a driver, but now getting to more the local community level is absolutely critical.

One of the problems that we have in deep rural Maine is that alternatives to actually getting people physically to their destinations are not even available to us enough. We do not have enough broadband access.

Senator CORTEZ MASTO. Right.

Ms. CALLAWAY. There are great cutting-edge technologies that would allow for telehealth. We have a wonderful resource in a local geriatrician who does house calls. That is quite remarkable, but there is absolutely no succession plan for her. And she frequently talks about the fact that if you are in a busy medical practice, you do not think about the person who does not come to you, and attach to each of those who cannot get to a doctor's appointment are caregivers who themselves are very stranded and isolated and are providing 30 billion hours of uncompensated care.

So if we were to be able to get the funding, not just to continue to coordinate what we have, but to really extend it through telehealth, I think that would be a critical resource.

Senator CORTEZ MASTO. And thank you because I think that my colleagues and I—and this is part of our infrastructure package. I think we have all identified the need for broadband throughout all of our communities because of the services it will bring and reach people that normally would not have access to those services.

So thank you. I appreciate those comments.

Ms. CALLAWAY. Thank you.

Senator CORTEZ MASTO. Ms. Garces, I was curious, your conversation and your statements, because southern Nevada, Clark County, where Las Vegas is, that is probably about 70 percent of the population, 2 million, and we have a very large Spanish-speaking immigrant population, so I appreciate your comments.

I am curious. Did that create any special challenges for you, and what lessons can we in Las Vegas learn from how you approached and brought and talked about how we address services for the aging population in those Spanish-speaking communities?

Ms. GARCES. Thank you for your question.

One of the lessons learned is that the Spanish population, documented or undocumented—or citizens or undocumented have very common threads through all of their cultures. Their language might be Spanish, but they maybe represent more than a dozen different countries within a small area, but family or the nuclear intergenerational households, those common threads, and understanding the context of that community, understanding the fabric of that community can help us in identifying what are the solutions needed to prevent isolation and to provide them the services that they need.

So it would not have been—it was not necessarily a challenge in Little Havana. It was just something that was understood. It was a foundation that allowed us to then have the success that we were able to have.

Another part or a lesson learned that I would like to share is ensuring that they are part of the process from day one, not only that we are listening to them to understand, but that they are the ones that will be able to help make the solutions and identify not only those needs for services and identify where they would like to go, but understanding what the root causes are of why they cannot get to those services or why they need those services and then working with them to co-design the solutions needed.

Senator CORTEZ MASTO. Thank you. I appreciate it, again, and thank you for having this hearing. I have to run to another meeting, but I so appreciate the conversation. Thank you.

Ms. GARCES. Thank you.

The CHAIRMAN. Thank you very much for your testimony, and I want to second what you said about the importance of rural broadband. That is a huge issue in my state as well and should be part, as you indicated, of our infrastructure package, so thank you for bringing that up.

Ms. Callaway, in your testimony, you mentioned that renovations are currently under way in an historic building in Dover-Foxcroft that will eventually serve as a senior center and perhaps offer adult day care services, respite care for caregivers. And we have discussed at our previous hearings that it is not just the older person who may be ill or disabled who can become isolated. It is the caregiver as well, and they can become overwhelmed with the responsibilities and absolutely exhausted from an endless series of 24/7 days. Can you discuss what services you envision could be offered in Dover-Foxcroft at this building if it is turned into an adult center?

Ms. CALLAWAY. Absolutely. The one most critical resource for caregivers is respite. A few hours to take care of one's own needs, with all the burden of care that families are carrying, is absolutely critical, and this is uncompensated care. In very rural Maine, people are torn between the demands of low-wage employment and the needs of their relatives, which can be quite intense.

People are leaving marginally independent adults with dementia home alone, and if you can imagine what it must be like to go off to work and worry that your mother or your spouse might wander away or leave a burner on, that is quite a distraction, and that adds a tremendous amount of stress to daily living.

So what we are hoping to provide at the senior—at the adult day services center is full medical care. So there will be nursing care. People will be able to have a few warm meals. They will be able to have—they will offer bathing and companionship for people, and that will free the caregivers up to participate in some of the programming through the senior center for independent adults. So whether that means taking a health class, Tai Chi, Qi Gong, or attending a support group, those are really critical resources.

We also—anytime we have a forum where people can learn more about dementia care, people turn out for that in numbers that they just do not turn out for anything else.

And we have been very successful in spreading the Savvy Caregiver Training Program, and we would hope to base that out of the senior center too, which is all about not only taking care of a loved one with dementia, but what it means to take good care of yourself.

The CHAIRMAN. Thank you. That sounds just wonderful. What a great gift to the community that would be on so many fronts, and I have seen senior centers in communities in Maine who have made such a difference in getting people out of their homes and to socialize and enjoy one another's company. But your concept of combining the two, I think is really innovative and needed.

Ms. Garces, I am intrigued by your effort to develop an age-friendly business district, where you convinced 35 different businesses to offer incentives to seniors if they would walk to the business on Tuesdays, I think it was. And this is a great idea, in my view.

I am curious how the program was started, whether businesses were eager to participate, or did you have to really sell them on this? And have the participating businesses reported benefits from participating?

Ms. GARCES. Thank you for the question.

The 25 businesses that joined—how it began was because when the older adults expressed to the elected officials what they would like to see in their communities based on the walking audit that they had conducted, we asked them, "Well, what else—what else—why would you want to walk?" And they said, "Well, if it was a purchasing incentive, a place to go, and the streets were safer, we would get there," and so the agencies and elected officials committed to making the streets safer. There were places to go within a quarter mile. A quarter mile is the distance that we felt older adults would feel comfortable. Usually, it is about a half mile, but for these older adults, they did not feel more than a quarter mile, they could really get there in walking distance and feel comfortable. And so that is how we decided to reach out to the businesses.

And we originally looked at the New York model of modifying businesses for older adults to accommodate older adults, but in Miami, that in Little Havana, that did not seem possible with the urban core that we were working with. But what did seem possible

was providing this purchasing incentive or this purchasing power to the older adults.

In the pilot phase, it was very successful, more successful in some stores than others. Over 70 percent reported very successful, and almost 90 percent reported that it was successful in obtaining more customers. The ones that reported the most, that were the most successful, were those stores that—or those businesses that the older adults like to frequent the most for luxury. So beauty parlors were very popular if they wanted to access something. So those that were technology-based—and we are seeing a big gap in Miami-Dade for older adults with technology and trying to increase their use of technology, but those that were technology-based were not as frequently—or not as frequented by older adults on Tuesday mornings as those other stores. But the majority of stores did see that the business-friendly district was very successful.

The CHAIRMAN. Thank you.

Senator Warren.

Senator WARREN. Thank you, Madam Chair, and thank you again for having this hearing, very important subject.

According to the latest research by the Joint Center for Housing Studies at Harvard University, because of low incomes and limited assets, about 4 million senior households are eligible for rental assistance, but only about a third of those who need this help can actually get it. The problem is that the housing simply does not exist, and because of this affordable housing shortage, a large majority of low-income senior households face paying more than half their incomes for rent or living in severely inadequate conditions or both of those.

Now, there are a number of reasons for this shortage, but one of them is that in 2011, Congress cut off funding for the new construction in Housing and Urban Development's 202 program, which provides housing to low-income seniors.

So, Ms. Garces, you are the co-leader of the Miami-Dade County Age-Friendly Initiative. I know that you are an expert on public policy issues affecting seniors, including housing assistance. Can you explain a little bit about how the 202 program works?

Ms. GARCES. Sure. Thank you for your question.

The 202 program, or the HUD program that was established in 1959, provides funding to private nonprofits in order to develop and operate housing and supportive services, and that is for very low- or extremely low-income seniors. What we are seeing now, more than 430,000 seniors are engaged or nationwide are living in those homes or in the program.

In Miami-Dade, we have more than 7,000 units. The issue is the long waiting list. Many seniors are on these waiting lists, thousands and thousands, and many of them never are able to be removed from the waiting list.

Another issue we are having, because construction, as you mentioned, Senator Warren, has not been granted or funded, has not been granted for new construction, when renewal to the contract for these properties comes up and there is—the market rate is soaring, such as in Miami, many of those properties, we face them going into market-rate value, and so we lose the affordable housing that we currently have for older adults to market-rate values.

And in Miami-Dade, in particular, more than 50 percent of older adults are spending more than 30 percent of their income on housing.

Senator WARREN. So despite the fact that our population is getting older, as the Chair pointed out, the changing demographics in the country, and that we already have severe housing affordability crisis for seniors, Congress has not seriously funded new dedicated housing for seniors in more than 5 years. Is that a fair statement?

Ms. GARCES. That is correct. Yes.

Senator WARREN. Now, the shortage of affordable housing is not only a problem individually for seniors. It is also a problem for our economy overall. When seniors spend more than they can afford on housing, then they are forced to cut back on other necessities, so they spend less money on transportation or food or health care. Reduced spending in these areas can cause depression, can trigger other health problems, which in turn can increase cost for taxpayers when seniors are forced to use more Medicaid or more Medicare services.

So, Ms. Garces, cutting off funding to the 202 program may have saved Congress some money in the short run.

Ms. GARCES. Right.

Senator WARREN. But how do you see the costs when seniors cannot afford housing?

Ms. GARCES. Senator Warren, as you mentioned, when seniors cannot afford housing, they are forced to make very difficult decisions. They need to spend their limited or fixed income on transportation, on health care, on their time. They need to make decisions on how they will spend their time. There are costs on—that strain individually and on the society, on the community.

We also are—the lack of affordable housing can lead to poverty and homelessness. What we are seeing now is that 100,000 seniors are expected to be homeless by 2050 nationwide, and that is more than double the number that we had in 2010. And that is just part of the cost that we will face——

Senator WARREN. Yeah.

Ms. GARCES. [continuing]. With the shortage of affordable housing.

Senator WARREN. Thank you. I think that is a very serious warning.

You know, the 202 program has been a lifeline for seniors in Massachusetts, where more than 13,200 seniors live in housing supported by this funding. The typical income of Massachusetts seniors living in 202 housing is between $12,000 and $15,000 a year. Nonprofits such as the Jewish Community Housing for the Elderly in Massachusetts and LeadingAge are leading the charge to try to convince Congress to revive funding for projects under the 202 program.

And as we start looking at the 2018 budget, I hope that members of the Senate Aging Committee will take a very close look at this and we might be able to work together to make sure that there is adequate funding, so that there is more housing available for our seniors.

Thank you, Madam Chair.

The CHAIRMAN. Thank you.

Senator Casey.

Senator CASEY. Thank you, Madam Chair.

I guess one of the questions we try to focus on at the end of a hearing, because you traveled a great distance to be here twice, is what you hope we would do. You can express it any way you want. You can express it, "We hope you do the following." You can be a little more assertive and say, "You should do the following." You could say, "We will come back a third time if you do not do the following."

[Laughter.]

Senator CASEY. But I guess I want to give everyone an opportunity, starting with you, Ms. Goldman, to outline priorities.

Obviously, two big topics are, as Senator Warren said, housing and obviously transportation, but what would you hope we would do just, say, in the next year? We have budget and appropriations debates coming up, and we might need some direction around here. So this is your opportunity if you can outline those for us, maybe just two. We would give you a third one if you need it.

[Laughter.]

Ms. GOLDMAN. Thank you.

So I think, first, consulting older people as to what they need from their communities is really key. They are experts on their own lives, and so we should ask them.

Second, I would say ensuring that we create communities through investments in infrastructure that are welcoming and accessible to people of all ages and abilities, and I think housing is really key here.

I just wanted to add to the conversation about the 202 buildings. In New York, it is not just a question of affordability. It is also a question of accessibility, and so we have 45 percent of rental housing in New York City is walk-up buildings. Right? But in those 202 buildings, 80 percent have elevators, and so what we see is when people are younger and they are able to navigate those walk-up buildings, it is fine. When they become older, when they become injured or suffer some mobility impairment, they can no longer navigate those stairs.

In the 202 buildings, they have elevators, but unfortunately, there are 200,000 people on the waiting list for 202 housing in New York City. That is from a recent study by LiveOn New York, a senior advocacy group.

So I think that what you see is unnecessary or premature institutionalization and severe social isolation when people who just cannot get out of their homes because they are inaccessible. So I would highlight the importance of investment in the 202 program as well as I would agree with everything that has been said to this point about investment in public transportation, in active transit strategies that promote walking and safe use of roadways by bikers and pedestrians.

And I think that just generally ensuring that we consider the needs of people as they age is going to be essential moving forward.

Thank you.

Senator CASEY. Thank you.

Ms. Callaway.

Ms. CALLAWAY. Well, I thank you for putting together a panel that really reflects the geographic diversity of the aging experience, and more than anything, I would ask you to remember that the experience of aging depends so much on your ZIP Code.

And I think it is also very important to continue to listen to older people themselves when they speak up about what they most need and want and to remember that funding the infrastructure for all of the services under the Older Americans Act is absolutely critical.

There are people for whom their Meals on Wheels contact is about the only contact they will have. Those are particularly important in rural areas. I would encourage funding for telehealth, increasing broadband access, so that in lieu of driving people to events, they can see their medical provider through telehealth.

And I want to applaud Senator Collins for her efforts to support caregivers. With the rate of dementia that we see, no matter where you live, it is a very high rate of people who are struggling with cognitive decline, and the people who are caring for them desperately need support in order to avoid being isolated and becoming unwell.

Thank you.

Senator CASEY. Thank you.

Cathy?

Ms. BOLLINGER. In addition to the things I outlined in my oral and written testimony, as well as the other items and strategies the panelists have been sharing, I would like to just end with sharing our definitions for when I said we want to create a community that is safe, welcoming, appropriate, and adaptable.

A safe community is one that is deliberately accessible and inclusive to people of all abilities and mobility.

A welcoming community is free of misconceptions about aging and has increased appreciation of the wisdom, experience, social influence, and economic impact of older adults.

An appropriate community is one that refrains from one-size-fits-all solutions; instead it has options that are based on function rather than a person's age.

And adaptable means creativity and flexibility are applied to the products, goods, services, events, and opportunities to best meet the want and needs of older adults.

I think keeping these definitions in mind is important for Creating livable communities.

Thank you.

Senator CASEY. Thank you.

Ms. Garces.

Ms. GARCES. Thank you for this opportunity. You do not often get asked that question, if we had a wish list, so I am going to take you up on that offer.

Senator CASEY. Sure.

Ms. GARCES. Okay. So every budget item that comes before you, every policy that comes before you, you all have a tremendous power to choose to look at it with a health lens, to choose to look at it with an older adult lens, to choose to look at it and is it okay for those that are young, is it okay for those that are older. May every policy, every budget item think how will this impact older adults.

How will this impact me, yourself, in 20 years? Will you be able to live where you live today? Will your children be able to grow in the homes that they are working so hard to invest? We can barely afford to go to college and not have tremendous debts. How will we be able to live in an environment and be able to foster and grow with dignity and enjoyment?

Please, the request is to ensure that older adults are considered and everyone, but intentionally considered in each one of those decisions.

And the second request, since you allowed two, would be, as you were speaking about the infrastructure bill and for transportation and what the request will be for transportation, the request of what we were trying to do in Miami-Dade, because we are often asked these questions, is really ensuring that that silo of transportation—we are not looking at only how does transportation impact older adults, but how do public spaces, parks, housing, and transportation impact itself?

When you make those decisions on infrastructure or make recommendations for budget items, will the Housing for 202 program be close to transit? Will public spaces—will there be an X amount of green space for that older adult to engage with their neighbors to truly prevent isolation? Ensuring that there are not silos while you are creating that policy, that it is not just the infrastructure or the structure that you are creating or the sidewalk or the bike lane, but let it go to someplace. Let the older adult access all that investment. Leverage that investment to be able to have the greatest quality of life that they can possibly have.

Senator CASEY. That is great. Thank you very much.

The CHAIRMAN. Thank you, Senator Casey. Those were great answers that you solicited from your final question.

I chair the Appropriations Subcommittee on Transportation and Housing, so many of the recommendations I have heard today are particularly helpful to me.

I do feel compelled to correct the record on the Section 202 program, and I told Senator Warren, who had to leave, that I was going to do so. And I showed her some of the actual figures, because this is a program that is near and dear to my heart.

It is true that there are unacceptable waiting lists, not only for the Section 202 program, but Section 8. Virtually, every federally assisted housing program that we have—and, indeed, 84 percent of HUD's budget goes just for renewing the existing programs that we have out there, not accepting new people, but just making sure that we are keeping people who already have the vouchers to live in these programs.

So the fact is that in the omnibus bill for fiscal year 2017 that we just passed, as I do a quick glance of all the key housing programs at HUD, we take the biggest increase to the Section 202 program for our seniors, and that was a 16.1 percent increase. So I could not let the record be mistaken that we somehow slashed the Section 202 program. In fact, it got the biggest increase of any of the housing programs.

It does not mean that there are not problems. It does not mean that there are not seniors on waiting lists. I would point out that seniors also qualified for Section 8 program. It is not only the Sec-

tion 202 program. And I would like to see us do better in figuring out how can we house the vulnerable families, seniors, and others in our society. I think we have a lot of work to do in that area.

But it is not true that Congress—and I knew it was not true because I chair that Subcommittee. It is not accurate to say that Congress slashed that program. In fact, it got the biggest increase of any of the housing programs that are the major housing programs in HUD.

And our Subcommittee, I am proud to say, also has greatly increased funding to help deal with individuals who are homeless, and that is something that the idea of people not having a safe place to go at night is very troubling to me.

So it is a 16 percent increase for the Section 202. We do need to do more. It is hard within the budget constraints, and when 84 percent of HUD's budget is just for renewing the existing programs, that does not give you a lot of flexibility. But we were able to find some new funding, and I did want to point that out.

Ms. Bollinger, I just had one—since I did not get to ask you a question, I do have one question that I wanted to ask you before we wrap up the hearing, and that is about age-friendly workplaces.

I am becoming increasingly concerned about individuals who lose their jobs between age 50 and 65 or even 62, where they might be able to take early retirement, not that that is necessarily a good decision. But they have a really hard time finding new employment, despite the wisdom, experience, and skills that they bring.

And in addition, being able to work during that time period improves your economic status, and it helps solve the social isolation problem. So could you talk to us about the work that you have done in helping to educate employers, helping to update skills of employees, if necessary? I am really interested in that.

Ms. BOLLINGER. Thank you for your question, Senator Collins.

As I mentioned earlier, we did partner with the Economic Alliance to assess the receptivity of employers in York County across many different industry forums to see if they were interested in providing strategies to best recruit older adults and to really assure that they have meaningful employment. And that as they do want to transition or change maybe from a traditional 40-hour-a-week, there are is opportunities for them.

I can share that the results of the assessment early on focused on the communication gap between the generations versus what employers could be doing to proactively assure they have meaningful recruitment and employment of older workers. This was very telling for us, especially because when we started the assessment, we asked them to think of their oldest worker and then to provide an adjective that describes that older worker. Every single person's adjective was one of the most, positive adjectives that there could be, and yet they were not doing anything to really be thinking about recruiting and maintaining older workers.

So we are working on this, and will hopefully be reaching out to employers as the year goes by and into next year with pilot programs. We are trying to find partners to help implement some of the strategies, because we feel that if we can do that, then we can create some wins, and maybe other employers will come on board.

So we are early on in our work with that, but thank you.

The CHAIRMAN. That is terrific, and I hope you will keep us informed of your efforts. As the Senator representing a state where we have seen a lot of mill closures and people who have worked hard their whole life all of a sudden find themselves unemployed when they are 52 years old, it is really tough, and particularly in rural Maine where there may not be a lot of other opportunities for employment. So I am very, very interested in that.

Senator Casey, did you have any closing words you would like to make?

Senator CASEY. Just I wanted to add one comment, that we are going to have a lot of debates about appropriation matters, and one that I am—one of many that I am concerned about is the LIHEAP program. I think the proposal by the Administration was to eliminate the Low-Income Home Energy Assistance Program—not cut, eliminate. We should probably have an award in Washington for the bad idea of the year. There would be a long list of things, I am sure, but that is one of the worst ideas I have heard in a long time.

So I am hoping that the budget director slipped it in at the last minute and no one at the White House saw it and it is just a big mistake, but that is a particularly negative approach to a lot of these topics we talked about. So we are going to be paying very close attention to that.

But I wanted to thank Chairman Collins for arranging this hearing and working to make sure that we got it rescheduled and thank our witnesses for your great work and bringing this to our attention, especially across the diversity that is represented by the witnesses and by the regions you come from and giving great testimony about a topic that not enough of us are focused on, which is how can we make better our communities by making them more livable, especially for those who fought our wars and worked in our factories and taught our kids and built the great American middle class and have done so much for us. We have got to make sure that we are giving them opportunities to have the chance to live in livable communities across the country, so we are grateful.

The CHAIRMAN. Thank you very much, Senator Casey, for your participation in shaping this hearing and for working so closely with me.

I want to thank all of our witnesses for testifying, and again, I want to apologize that due to circumstances beyond our control that you had to come back a second time. But it was terrific to hear your testimony.

Like Senator Casey, the lesson for me today is it does not matter what the community is like, or where it is, or how big or how small it may be. There are strategies that can be employed to help us make sure that we are connecting our seniors with community, preventing isolation and loneliness, and taking advantage of the many—the volunteering and the many other services that our seniors can provide.

I also thank you for the very specific ways you are doing that in your communities. It really shows you need different strategies in different places.

Now, coming in right before I was gaveling the hearing to a close, but making it, which he would not have if I had not asked

one more question, is Senator Blumenthal from Connecticut. We welcome you, and please proceed.

Senator BLUMENTHAL. Thank you, Madam Chair. I apologize for being late. As Senator Collins and Senator Casey know, the occupational hazard of being a U.S. Senator is you have to be in three places at one time or more, so I really appreciate your having this hearing and giving me this opportunity to ask just a couple of quick questions.

Let me ask Ms. Callaway. I am a member of the Veterans Affairs Committee and also a father of two veterans, and I have urged the VA to expand Wi-Fi access in more of its health facilities, where I understand it has been lacking.

In fact, in West Haven, at our facility there, it was lacking until I brought that absence to the attention of the Secretary, then Secretary McDonald, and Secretary Shulkin has been very helpful as well.

So, as you know, Internet access can literally be a lifeline for people of all ages, most especially for our senior veterans. Any veteran undergoing treatment, they are isolated when they are in a VA hospital, often completely isolated from friends, family, support networks, and that kind of connection is very, very important.

Can you tell us what kinds of increased Internet access and connections can be made available at the facilities where they are now lacking?

Ms. CALLAWAY. Well, I wish I had a more specific answer to your question, but I can get you some information about what our local economic development council is doing to seek additional funding for broadband access. That is a high priority. Particularly in Piscataquis County, we have a very high percentage of veterans in our area. But I will provide that.

Senator BLUMENTHAL. Any of the other witnesses want to comment on Internet access and how it can be helpful?

Why don't we go left to right. Go ahead.

Ms. GOLDMAN. I think that Internet access is really critical for older people, both under ordinary circumstances and in disaster situations, where it is really useful to have access to a variety of modalities of communication. We saw this during and after Hurricane Sandy in New York, where older people did not have Internet access or the same kinds of devices that their younger counterparts had. They were more likely to rely on landlines, which failed, and as a result were unable to maintain situational awareness and access the resources that they needed following the storm.

But just generally, I think that there is a digital divide that exists. It is not just in rural communities, but also in low-income urban areas, where we see that among people who are older, specifically over 75, Internet access drops off. People who are low income and have lower levels of education, as well as people of color, are also less likely to have Internet access, which puts them at a tremendous disadvantage increasingly digitized, whether it is government benefits or access to employment opportunities or the ability to stay socially connected with friends and family.

So I would say that an investment in broadband and Internet accessibility is really critical for older people, though the focus is often on expanding access for children and families.

Senator BLUMENTHAL. Ms. Garces?

Ms. GARCES. I just wanted to add to that. I believe your question was how do we increase the ability to provide Internet or broadband to a larger group in——

Senator BLUMENTHAL. Exactly. My question was somewhat inartfully phrased, but based on the experience at the VA, my feeling is that broadband, Internet access should be made more widely available to all groups, including senior veterans who are often less likely to have that kind of access.

Ms. GARCES. Yes. And it also leads to de-isolation. So it is one of the preventative strategies for isolation, is to provide Internet access, and so looking at hubs, government hubs, hospitals, essential services that we have within our communities, and allowing them to expand their broadband or have some type of a membership that would be of low cost or that would allow access to those specialized populations could be a way to increase the strategy.

Senator BLUMENTHAL. Thank you. Thank you very much to all of you for being here today. Thank you.

The CHAIRMAN. Senator Blumenthal, in all seriousness, thank you for making the effort to join the hearing. You have been a very diligent member of this Committee, and I appreciate your participation.

Senator BLUMENTHAL. Thank you.

The CHAIRMAN. Again, I want to thank all of our witnesses today. I also want to thank our staff, which has worked hard on this issue and to bring us such excellent witnesses.

With that, we will have 1 week for additional questions to be submitted to the record. You may get some from individual Senators who were unable to be here today, and I very much appreciate your participation.

This hearing is now adjourned.

[Whereupon, at 11:00 a.m., the Committee was adjourned.]

APPENDIX

Prepared Witness Statements

THE NEW YORK ACADEMY OF MEDICINE
HEALTHY CITIES.
BETTER LIVES.

INSTITUTE FOR URBAN HEALTH
LIBRARY
FELLOWS

Testimony of Lindsay Goldman, LMSW, Director, Healthy Aging

The New York Academy of Medicine

before the

United States Senate Special Committee on Aging

"Aging With Community: Building Connections That Last a Lifetime"

May 17, 2017

Good afternoon, and thank you, Chairwoman Collins, Ranking Member Casey, and members of the Aging Committee, for the opportunity to testify today on solutions to prevent social isolation as we age. My name is Lindsay Goldman, and I am the director of healthy aging at The New York Academy of Medicine (the Academy).

Established in 1847, the Academy addresses the health challenges facing New York City and the world's rapidly growing urban populations. One of our current priority areas is healthy aging. Over 1 million New York City residents, or 12 percent of the total population, are 65 or older; they are projected to increase to over 15 percent of the population by 2040.[1] Often among the most long-term and civically engaged residents, older New Yorkers possess significant financial, social, and intellectual capital but often face barriers to fully contributing to city life.

The Academy employs a three-pronged approach to addressing complex issues of urban health, including the changing demographics of cities. We begin by reviewing existing evidence and data, we then consult the people affected by a given problem, and in collaboration with those people, convene all relevant sectors to develop creative solutions collectively. The social determinants of health provide an underlying framework for all of our work:

> "The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics."[2]

The Academy uses this approach in our role as the Secretariat for Age-friendly NYC, a partnership with the New York City Council and the Office of the Mayor, which works to maximize the social, physical, and economic participation of older people to improve their health and wellbeing and strengthen communities.

Age-friendly Cities and Communities Model

Age-friendly NYC adheres to the Active Aging Framework developed by the World Health Organization (WHO) in 2006.[3] Grounded in evidence, the Active Aging Framework posits that a person's disability trajectory can be slowed or

reversed through increased engagement in their community, which is associated with better physical and mental health. The WHO Age-friendly Cities and Communities model was created to identify and address barriers to engagement faced by older people throughout the course of daily life within the following eight domains:[4]

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

Through qualitative and quantitative data collection methods, feedback from older people is gathered and used by policymakers, community leaders, and residents to make neighborhood resources, services, and amenities more inclusive. While the provision of health care and supportive services is certainly important, it is only one of eight domains within this framework, which suggests that aging must become a priority for all sectors and disciplines, including but not limited to architecture, urban and regional planning, arts and culture, and business. When viewed through the Active Aging Framework, an aging

population is an opportunity to improve communities for people of all ages and to delay or reduce disability and dependence. For example, extending street crossing time also helps families with small children and younger people with disabilities stay safe.

Age-friendly NYC

Beginning in 2007, Mayor Michael Bloomberg, City Council Speaker Christine Quinn, and the New York Academy of Medicine launched Age-friendly New York City with its first undertaking being a comprehensive assessment of the city's age-friendliness across the WHO's Eight Domains of an Age-friendly City. The assessment included guided conversations with thousands of older people, roundtable discussions with hundreds of professionals, a literature review, and extensive mapping. In the fall of 2008, the Academy released the findings of the assessment process in *Toward an Age-friendly City: A Findings Report.*

In response to the findings of the community assessment, the Office of the Mayor and the New York City Council asked all city agencies to consider how they could improve the way they integrate and serve older adults through their work. Out of this review, in 2009, the City announced 59 initiatives to improve the quality of life of older adults, which are outlined in *Age-friendly NYC: Enhancing Our City's Livability for Older New Yorkers.* The Mayor's office is

currently in the process of developing a new set of commitments to build upon the successes of the first phase of implementation and respond to emerging needs. Age-friendly NYC is an initiative of OneNYC, the City's strategic plan for growth, sustainability, resilience, and equity.

Appointed by the Mayor and staffed by the Academy, the Commission for an Age-friendly NYC is composed of civic leaders from across sectors and disciplines, working to develop the overall strategy for Age-friendly NYC and to engage private organizations in changing the culture of New York City to become more inclusive of older people. The Age-friendly NYC Commission has helped New York City become a global leader in the age-friendly cities movement through an array of innovative pilot projects, many of which have been replicated or adapted in other parts of the world. Products created include the Cultural Arts Guide for Seniors, agefriendlycollege.org - a database of educational opportunities for older people, and age-friendly tools for neighborhoods, urban planners, local businesses, architects, building owners, libraries, and many others.

Age-friendly NYC was one of the founding members of the WHO Age-friendly Cities and Communities Network which currently includes 400 localities across 37 countries[5]; 163 are in the United States.[6] The AARP Network of Age-friendly

Communities is the WHO's U.S. affiliate. Most age-friendly initiatives, also known as "livable communities," are developed at the city or community level; however, states like New York are now working to adapt the model at the state-level, and Ireland has been designated an Age-friendly country. Based on our experience, the Academy has provided technical assistance to over 60 communities working to become more age-friendly, and in 2013, Age-friendly NYC was awarded "Best Existing Age-friendly Initiative in the World" by the International Federation on Ageing.

NYC Solutions to Prevent Social Isolation

We applaud the Committee's recognition of social isolation as a threat to public health. Recent research suggests that social isolation may be as threatening to health as smoking, obesity, and lack of exercise. Social isolation predicts morbidity and mortality from cancer and cardiovascular disease,[7] re-hospitalization,[8] and mental health issues such as depression.[9] Social isolation is also a risk factor for elder abuse,[10] as well as negative health outcomes, including death, following emergency events.[11,12] Older people in New York City may be at greater risk of isolation due to higher rates of living alone (50%), poverty (19%), mobility impairment (27%), and lack of English proficiency (34%).[13]

Social connection, on the other hand, is not only good for health, but is also a priority for older people. According to a 2013 national survey of 4,000 people aged 60 and over, 40 percent rated "staying connected with friends and family" as the most essential component of a high quality later life.[14] Age-friendly NYC works not only to reduce social isolation but to prevent it by talking to older people and then working with local leaders and stakeholders to eliminate barriers to engagement with services and amenities, including local businesses, arts and cultural institutions, parks, libraries, and colleges and universities.

Many of these solutions are low or no-cost and work to optimize existing, age-neutral assets and facilitate connections between the generations. Inadequate intergenerational contact has been shown to perpetuate stereotyping and exclusion that contributes to the social isolation of older people.[15] Three ways Age-friendly NYC works to prevent social isolation include increasing walkability and access to public transportation; leveraging public space and programming; and maximizing economic participation.

Increase Walkability and Access to Public Transportation

A 2006 survey found that 52 percent of New York City-dwelling respondents were likely to walk to a destination rather than use another form of transportation.[16] There is considerable evidence that walking is associated with

better physical and mental health.[17] However, during consultations, older people reported significant barriers to pedestrian safety including inadequate street crossing times, poorly maintained sidewalks, and lack of seating.

The NYC Department of Transportation (DOT) established the Safe Streets for Seniors Program in 2008. DOT evaluates conditions in areas with high rates of senior pedestrian fatalities or injuries and then develops and implements mitigation measures, such as extending pedestrian crossing times at crosswalks to accommodate slower walking speeds, constructing pedestrian safety islands, widening curbs and medians, narrowing roadways, and installing new stop controls and signals. DOT solicits ideas and feedback through presentations and workshops at senior centers and community boards and also partners with the Department for the Aging to coordinate outreach and share resources. Through this process over 600 dangerous intersections have been redesigned, and senior pedestrian fatalities have decreased 16 percent citywide. These changes have made streets safer for all New Yorkers.

The CityBench program is another initiative to increase walkability. Through a federal grant, DOT installed over 1,500 new benches around the city, particularly near senior centers and housing; hospitals and community health centers; commercial zones and shopping districts; and municipal facilities. Individuals

and communities can request a bench in a specific location, and older people report having made new social ties with people who frequent the same benches at the same times.

Finally, in response to feedback from older people that bus shelters often lacked seating and felt unsafe, nearly 4,000 new bus shelters have been installed. The new shelters have seating, and the walls are transparent, addressing concerns about the old shelters which hid their interiors from view. These shelters were paid for by advertisements projected on their sides. DOT has worked to replace and install additional bus shelters at locations throughout the five boroughs identified by older people and community leaders.

Use Public Space and Programming to Build Community and Improve Health

According to the American Time Use Survey, older people spend more leisure time engaged in solitary and sedentary activities such as watching tv and reading, and less time engaged in socialization and recreation.[18] Research suggests that participation in public space improves health and wellbeing through opportunities for physical activity and social engagement.[19]

When discussing local recreational opportunities, older people in the

neighborhood of East Harlem revealed that they had not used public pools in decades because they felt uncomfortable and unsafe among all of the children and teenagers. In response, the Department of Parks and Recreation piloted senior-only swim hours at one public pool during morning hours when the pool was underutilized. Known as "Senior Splash," the program was so popular (often over 100 people in attendance) in East Harlem that the City expanded it to 16 pools throughout the City and added water aerobics instruction. A preliminary evaluation of this program indicated that older people who participated in regular water aerobics demonstrated greater lower body strength and flexibility than those who did not.[20] In addition to Senior Splash, the Parks Department developed BeFitNYC, a search engine on their website to connect older people to free and low-cost fitness opportunities, discounts at fitness centers and recreational facilities, and free yoga, tennis, and walking tours.

Maximize Economic Participation

The importance of local businesses in the lives of older people repeatedly emerged as a theme of community consultations throughout the city. Local businesses enable older people, who often have a limited catchment area for activity, to meet their basic needs, to socialize, and to support the local economy. Local businesses also depend on older people, who account for nearly 50 percent of consumer spending in NYC ($70.1 billion annually), as loyal

customers who often prefer to pay in cash and rely on word of mouth rather than paid advertising to learn about new establishments. Yet older people often reported barriers to patronizing local businesses, including accessibility, affordability, and lack of appropriate products and services.

With input from the business community, the Academy created the "Age-friendly Business Resource Guide" and supplementary training materials to help businesses understand the value of making age-friendly changes to their marketing, ambiance, design, and overall consumer experience. With these changes, businesses are in position to market their age-friendly features. Through a partnership with the New York City Business Improvement District Association, Age-friendly NYC has educated 30,000 storefront businesses about age-friendly business practices, catalyzing improvements such as the addition of seating in stores, more legible signage, and new senior discounts.[21] A small study conducted by the Academy found that businesses that made improvements had higher average cash receipts than non-participating, similar businesses within the four-month study period. The Age-friendly Local Business Initiative was highlighted by the National Association of Area Agencies on Aging's 2015 report, *Making Your Community Livable for All Ages: What's Working*.

As illustrated by these examples, planning processes to inform improvements to the built, social, and economic environment should engage older people as experts on their own lives. By leveraging evidence-based, age-friendly strategies such as universal design[22] and active transit,[23] federal investment in infrastructure can facilitate independence, promote engagement, and build a sense of community. Additionally, federal leadership and funding can help to reduce social isolation and maintain the health and wellbeing of older people through the provision of safe and affordable housing,[24,25] access to health care,[26] transportation,[27] healthy food,[28] technology,[29] and inclusive arts and cultural programs.[30]

In addition to involving older people in planning for inclusive communities and leveraging federal infrastructure investments to promote increased physical, social, and economic participation of older people, the federal government can fund and implement Section 203 (c) of the Older Americans Act. Section 203 (c) authorizes a Federal Interagency Coordinating Committee on Aging to convene federal agencies to work together to optimize the wellbeing of older people through existing programs and services. The Coordinating Committee also offers a mechanism through which the federal government can work more collaboratively with states on aging issues. Interagency coordination has been the bedrock of Age-friendly NYC, and New York State is currently engaged in a

process of assessing state policies and initiatives from an aging lens. Similar leadership at the federal level is important to encourage agencies to work together to develop action plans to harness the strengths and meet the needs of a growing population of older Americans.

About the Academy

The New York Academy of Medicine advances solutions that promote the health and well-being of people in cities worldwide.

Established in 1847, The New York Academy of Medicine continues to address the health challenges facing the world's rapidly growing urban populations. We accomplish this through our Institute for Urban Health, home of interdisciplinary research, evaluation, policy and program initiatives; our world class historical medical library and its public programming in history, the humanities, and the arts; and our Fellows program, a network of more than 2,000 experts elected by their peers from across the professions affecting health. Our current priorities are healthy aging, disease prevention, and eliminating health disparities.

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Appendix: Select Age-friendly NYC Resources

www.agefriendlynyc.org

WHO Global Age-friendly Cities: A Guide

AARP Network of Age-friendly Communities

Toward an Age-friendly City: A Findings Report

Age-friendly NYC: Enhancing Our City's Livability for Older New Yorkers

Commission for an Age-friendly NYC

Creating an Age-friendly NYC One Neighborhood at a Time

American Planning Association Aging in Community Policy Guide

Aging in Place Guide for Building Owners

Age-friendly Local Business Resource Guide

Aging: Health Challenges and the Role of Social Connections

Resilient Communities: Empowering Older Adults in Disasters and Daily Life

Cultural Arts Guide for Seniors

Age-friendly College Link

Prepared Testimony of Meg Callaway, Project Director, Piscataquis Thriving in Place Collaborative, Old Town, Maine

Good afternoon Chairman Collins, Ranking Member Casey and members of the Senate Special Committee on Aging. My name is Meg Callaway, and I direct the Thriving in Place Collaborative in Piscataquis County, Maine.

Piscataquis has Maine's second oldest population and it is the State's most rural region. It is one of only two frontier territories remaining east of the Mississippi River, with fewer than six people per square mile and a land mass the size of Connecticut. It is home to 17,000 people and 27,000 moose.

The Piscataquis Thriving in Place Collaborative is one of nine aging-in-community projects funded through the Maine Health Access Foundation's Thriving in Place (TiP) initiative. These grant-funded projects convene partners including municipal leaders, social service providers, healthcare professionals, local businesses, and volunteers to assess the regional needs of older and medically vulnerable adults and to implement strategies that help them to stay at home and engaged in their communities.

These projects serve rural communities, increasing access to such critical resources as housing, food, healthcare, transportation, socialization, and caregiver support. They accomplish this by building relationships and facilitating communication between community agencies and organizations to improve the coordination of existing community services and supports. Older adult volunteers are engaged in all projects to ensure that their experiences and priorities shape the direction of TiP efforts.

While TiP projects share the goal of helping seniors remain engaged in their communities, their approaches vary. The situational needs of older adults on the rocky coast can be different from those of seniors living in the deep woods of Maine. The resources available to them can also be quite different. The success of the Thriving in Place initiative is largely due to the flexible funding the grants provide for communities to build on their own strengths and focus on the unique needs of their senior populations.

In Piscataquis County, a local farm provides fresh meals for seniors recovering from extended illness. Renovations are underway of an historic building that will house a senior center for independent older adults, and an adult day services program for seniors needing greater support. We now have a central phone number that anyone can call for help with locating senior services. When callers have complex medical needs, we offer them a home nursing visit to develop a plan of care. We have stocked local libraries with books and DVDs about aging and caregiving resources. Volunteers provide social connection and fresh produce to homebound seniors through our local Senior Companion and Senior FarmShare programs. Family caregivers receive respite services from our local hospice volunteers. In their down time, local emergency medical technicians check in on frail older patients.

The Aroostook County TiP, in rural northern Maine, has partnered with their nursing school and hospital, engaging nursing students to provide home-based assessments and post-discharge follow up. They visit to review discharge instructions and medications as well as deliver a supply of pre-made meals to assist seniors following a hospital stay. This collaborative program is yielding significant reductions in hospital re-admissions.

TiP Downeast has established an in-home volunteer visiting program on the Blue Hill Peninsula and is working to bring evidence-based health programs deeper into rural, coastal areas. Both strategies aim to reduce hospital admissions and institutionalization.

Several TiP programs are educating their communities about the importance care transitions and completing advance care directives. As TiP aligns and promotes these essential resources, new more efficient ideas for engaging older adults and reducing isolation continue to emerge. These programs are actively demonstrating the power of community to keep seniors healthy, connected to their communities, and truly thriving in the place they call home.

Testimony of Cathy A. Bollinger

Managing Director of Embracing Aging
York County Community Foundation

before the

U.S. Senate Special Committee on Aging

Hearing - Aging With Community: Building Connections That Last a Lifetime

May 17, 2017

14 W. Market Street, York PA 17362
cbollinger@yccf.org
717-848-3733
www.yccf.org

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Introduction
Good afternoon. Thank you, Chairman Collins, Ranking Member Casey, and members of the Special Committee on Aging, for your interest in age-friendly communities and for the opportunity to present testimony today.

My name in Cathy Bollinger, managing director of York County Community Foundation's Embracing Aging initiative, which focuses on making York County a great place to age. York County Community Foundation (YCCF) is 56 years old, holds $135 million in endowment, and awards $5.5 million in grants each year to create a vibrant York County.

The Embracing Aging initiative launched in fall 2013 with the release of a report, commissioned by YCCF, that identified areas of opportunity for York County to become more age-friendly. We formed committees to address the issues of attitudes around aging, community engagement, housing, health and wellbeing, and transportation and walkability.

Embracing Aging was one of six communities chosen to participate in the National Association of Area Agencies on Aging's (n4a) Livable Communities Collaborative in fall 2013 through fall 2014, and was featured in n4a's national report, *Making Your Community Work for All Ages: What's Working* released in May 2015.

Our goal is to create a community that is a safe, welcoming, appropriate, and adaptable place to age. To accomplish this, we develop and implement strategies to improve attitudes around one's own aging, and senior adults as a group, so that we can understand and care about the needs and perspectives of all ages. We also provide strategic leadership and advocacy to create more high quality and forward thinking options to help older people live as they choose in their community.

The Aging of York County
York County is in South Central Pennsylvania, about 60 minutes north of Baltimore and 40 minutes south of Harrisburg. Its 910 square miles contain 71 boroughs and townships and York City, each with its own municipal government and taxing authority. It is comprised of 16 separate school districts, each with its own school board. The county includes a strong agricultural community, and its eastern border is flanked by the Susquehanna River.

For decades, York County's primary industry has been manufacturing. Roughly 24% of the population has a Bachelor's degree or higher. As manufacturing has declined, we have been slow to diversify into other well-paying industries and to grow the kind of workforce that would attract such industries. Ten percent (10%) of people of all ages live in poverty and the percentage of households receiving food stamps grew 95% over the last decade.

Older people are significant contributors to York's economy. The county is home to approximately 442,867 people, of whom about 37% are age 50 and older. Seventeen percent (17%) are age 65 and older and 2% are age 85 and older. Of the 73,119 people age 65 and

older, 17% are employed. If we removed age 55+ employees from York County's workforce mix, 13,421 jobs would be vacant. Almost $1 billion dollars ($939,045,895) would be removed from the economy without the 55+ employed population. Retail, healthcare, and restaurants would be the most affected industries if those dollars were not available in the community.

Despite the healthy numbers of employed older adults, many struggle to meet their basic needs. The Elder Index measures how much income a retired older adult requires to meet his or her basic needs. The Elder Economic Security Standard™ Index (Elder Index) is maintained in partnership with the National Council on Aging (NCOA). Basic needs do not include extras such as vacations, entertainment, electronics, gifts, or meals out. As a result, those living below this level may be forced to make difficult choices among basic needs such as nutritious foods, prescription medications, or adequate heating or cooling.

Based on the above, more and more older York Countians are finding it difficult to pay their property taxes. Of the 73,119 people age 65 and older, 23% live alone. Thirty-four percent (34%) of those living in housing units occupied by people age 65 and older are paying more than 30% of their income toward housing costs. Nine percent (9%) of people age 65 and older have annual income below the poverty level. An additional 26% of 65 and older single and couple person households have income above the poverty level but below the Elder Index.

Embracing Aging Areas of Focus

Creating opportunities for people to age well improves the quality of life for individuals and families and creates a community that is an attractive place for them to live for the rest of their lives. Per our commissioned Embracing Aging report, we know York Countians want to live where there is high quality healthcare, supportive neighborhoods, and a variety of accessible housing options. Those who are aging want to live where people of all ages interact at parks and cultural events. They want to live where older people are respected and promoted as community assets.

It is for these reasons that Embracing Aging focuses on enhancing and improving employment, volunteering, lifelong learning, arts and culture, social isolation, information and services, health and wellbeing, housing, transportation, and walkability. Although our initiative targets people age 50 and older, we know creating a community that works for older people works for every age.

In addition to the above focus areas, we are working to improve attitudes about aging; attitudes about one's own aging and attitudes about senior adults as a group. We selected this focus knowing that if people don't understand and care about the needs and perspectives of older adults, they will not be able to fully create a community that is:

<u>Safe</u>

Deliberately accessible and inclusive to people of all abilities and mobility.

Welcoming
Free of misconceptions about aging and increasing the appreciation of the wisdom, experience, social influence, and economic impact of older adults.

Appropriate
Refraining from "one size fits all" solutions and having options that are based on function rather than a person's age.

Adaptable
Creativity and flexibility are applied to products, goods, services, events, and opportunities to best meet the life needs of older adults.

Personal biases impact people's thoughts, words and actions. We live in a society that is "drunk on youth" and too often views aging as only an impairment or decline. Ageism, systematic stereotyping and discrimination based on age is ever-present, largely automatic, and deeply rooted. It's the one "ism" that goes largely unchallenged and is not recognized as an issue by the general public. "Over the hill" grave stone images and greeting cards emphasize celebrating older birthdays as a bad thing, yet I don't know one person who says they don't want to wake up tomorrow. It seems more acceptable to make fun and joke about older citizens than other stigmatized groups.

How we are raised, what we learned growing up, what we heard about older people, and how we saw them treated all contribute to one's aging biases. Children begin to develop negative stereotypes about older people starting at age six. People with negative self-perceptions can shorten their own lives. A longitudinal study showed that those with positive self-perceptions of aging lived seven and a half years longer than those with neutral or negative self-perceptions of their aging. (Levy, et al., 2002)

Decline in health and functionality of people reminds us of mortality. One way we cope with fear of dying is to physically and psychologically put older people aside. This subconscious distancing can impact the decisions of policy makers, planners, developers, business owners, community leaders, and individuals. A person's worth isn't measured by what they used to look like or what they can still do. Older people have life lessons and experiences that are far more important than abilities and appearances.

Embracing Aging Strategies
Creating a community that works for people ages 8 to 80 takes an entire community working together. It's not something that can be done in a silo or overnight. Our long-term initiative is a collaborative effort that includes traditional and nontraditional sectors that leverage assets and develop shared solutions. Building relationships is a key component in creating systemic change in a community. This is especially important when discussing changes in policies, plans, and programs that effect social change. Most important in building an age-friendly community is assuring older people are around the table in the planning, implementing, assessing, and evaluation of ideas and programs.

Some of Embracing Aging's specific strategies for creating age-friendly communities include:

Addressing Housing Needs

Embracing Aging sees quality housing as the lynchpin to aging well. York County has a shortage of low-income and affordable housing for older adults. There are 878 people on waiting lists for 782 low income apartments and over 1,000 people on the waiting list for 1,173 affordable housing apartments.

Families and friends who want to convert a garage to an apartment or add an accessory dwelling unit [1] (ADU) are finding that 60% of York County's municipalities do not have ordinances in place to address ADUs. Of those municipalities that do have ADU ordinances, when a family wishes to add an ADU, they often face hurdles because municipalities are concerned with families renting the unit after their aging relative no longer needs the unit. The municipalities are also concerned with the impact ADUs may have on water and sewer systems. Embracing Aging is building relationships with municipalities to share information about ADUs and elevate their understanding and caring about the needs and perspectives of older adults when it comes to connected but private residences.

Many lower income older adults who are home owners are living in conditions that are unsafe. Embracing Aging provided a multi-year grant to an organization to provide home repairs and maintenance services to York County older adult home owners without financial means. The grant was used to hire project coordinators to assess home owners' needs and oversee teams of volunteers, usually over the age of 50, which make the needed repairs at no cost to the homeowner.

Aging in Place

It is important for older people to be proactive in creating their plan for aging in community. This is the reason we created the *Learn How to Live Longer and Stronger in the Place You Call Home* program. This program helps older adults learn how to examine their housing, transportation, health, finances, and social interactions. They define their needs, assess their current situation, and are introduced to services and programs to help them fill the gap. This puts each individual in control of their own lives and strategies to address their needs.

Improving Community Engagement

Older people want to continue to make meaningful contributions through employment and volunteering. Embracing Aging has partnered with the local York County Economic Alliance (former York County Chamber of Commerce) to host industry forums to assess employer interest and receptivity about how to best recruit older workers and build an employment environment that works for employees of all ages.

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[1] ADUs are independent dwelling units that have either been added onto or within a single-family dwelling unit, containing separate kitchens, bathrooms, and bedrooms.

This assessment process is the foundation for an "age-friendly" business designation we are developing. Businesses can earn this designation based on strategies and best practices they implement to embrace older employees and customers. Modeled on The New York Academy of Medicine's Age Smart Employer Compendium of Strategies and Practices, we are encouraging businesses to implement strategies to better recruit older workers, optimize the performance and productivity of older workers, reduce unwanted turnover by boosting engagement of older workers, and promote meaningful and streamlined transitions from work to retirement. Examples of these types of strategies include stating on job listings that mature workers are welcome, having older adults serve as interns to try out the "job fit," and ensuring older employees continue to have opportunities to advance or learn new skills.

Another strategy is to provide training for employees of all ages regarding ageism and generational differences. We have developed a program for businesses, organizations, school districts, and social groups entitled *Embracing Aging: Challenging the Perceptions of Aging*, which discusses aging stereotypes and their impact to increase understanding of older adults in people across different generations. Such training results in workforces that are more creative and productive and more open and supportive of older adult customers.

Grantmaking

Since December 2014, Embracing Aging has awarded almost $700,000 in grants to organizations for programs serving York Countians age 50 and older that reduce barriers to aging well. Some of these grants were for programs to enhance lifelong learning, including technology; volunteering; arts and culture; and addressing isolation.

An example of such grants is three organizations that applied for funding to enhance recruitment, onboarding, and engagement of older volunteers to assist in providing services to their older clients. Wanting to maximize outreach and impact, we asked these organizations to work collaboratively to develop a volunteer model designed to help enrich opportunities for older adults to become more engaged as a volunteer to help others in the community. After a year of researching best practices, hosting meetings, and speaking with older York Countians to better understand their reasons for not engaging as a volunteer, a demonstration program, "Senior Volunteer Opportunities-New Connections, Meaningful Choices," will soon launch. The pilot will test new marketing strategies for reaching older adults regarding volunteer opportunities, as well as a new central volunteer recruitment entry point designed to best match seniors with ways to share their time and talents. The pilot also provides opportunities to socialize with other volunteers across York County, while learning about new topics that are applicable to both volunteering and their personal lives. By removing barriers to volunteering, the goal is to have more older adults sharing their time and talents in York County. Whether volunteering with other seniors, or with children and younger adults, we know a streamlined and robust volunteering system will impact many. It's a win-win for increasing well-being in individuals, and for creating a community that fosters engagement for all ages.

Infusing Age in Everything

We believe that working to improve attitudes in order to increase understanding and caring about the perspectives of older adults is the foundation for building a community where all ages want to live. Without this perspective, infrastructure, policies, and planning will continue to be biased toward younger people. When planning new public spaces, services, and policies, we must ask ourselves the question, "Does this work for people of all ages?"

To help municipalities, businesses, planners, and developers better understand what they can do to create safe, welcoming, appropriate, and adaptable places to age, we identified short, medium, and long-term examples of strategies they can implement. These strategies are included as an addendum to this testimony.

Embracing Aging commissioned a study to define how York County's older citizens contribute to our local economy and civic engagement, and are major financial drivers behind local arts, cultural and social nonprofit organizations. It is our hope that sharing this data will help stakeholders better understand the advantages of connecting their priorities to building an age-friendly community and what role they might play in this work. In addition to the findings about York County's employees age 55 and older filling over 13,000 jobs and bringing almost $1 billion dollars to York's economy, we also learned that in 2015, 16 cents of every dollar expenditure in the York-Hanover economy was made by people age 65+. Based on the expected population growth and senior spending patterns holding, it's projected this will increase to 25 cents of every dollar in 2040. One and a half percent (1.5%) or 884 people age 65+ volunteered through York County Area Agency on Aging or York County Senior Centers in 2015, totaling 56,052 volunteer hours. Using the Independent Sector value of volunteer rate of $23.56, this means that 1.5% of York Countians age 65+ contributed $1,320,585 worth of services through their volunteer efforts.

Embracing Aging has also hosted experts who are leading the way in reframing views of aging. Author, geriatrician, and founder of the influential multi-blogger platform ChangingAging.org, Dr. Bill Thomas, addressed over 500 people in York regarding how communities need to shift attitudes about aging to create the systemic culture change required to truly be a livable community. While here, Embracing Aging arranged for meetings with the media and community leaders to discuss how they can help change the narrative on aging by calling out ageism and moving beyond the typical senior stories that reinforce negative stereotypes.

How the Federal Government Can Support Livable Communities

We are an aging society, and data demonstrates that each future generation will continue to live longer. The impact of this change has not yet been fully reflected in government policies affecting a community's infrastructure, Social Security, and Medicare. Reframing the dialogue from thinking of older people as a liability requires change. It requires new ways of thinking, new models, and new ways of living.

The heavy lifting to support the infrastructure necessary for this change must come from government. ***We see this as the top priority at the federal level.*** Providing funding ***to create***

better transportation options, improve walkability, provide incentives for municipalities to address blighted properties, and planners and developers to preserve and build more low income/affordable housing with supportive services, are keys to improved livability.

Examples of specific needs for transportation and walkability include improvements to the driving environment such as larger and well-placed directional signs, lighted roadways, clearer road markings, brighter stop lights, and dedicated left-turn signals. Accessible, safe and well-lit parking spaces and drop-off points are also helpful to the older driver.

In addition to sufficient financial resources to support transportation infrastructure and operations, the federal government can leverage better planning as it approves and awards types of funding for affordable housing. Applicants should have to demonstrate that the building sites identified for new or rehab construction with a period of affordability are fully integrated into community systems, accessible to critical services, and with a certain level of walkability. A senior affordable housing project built about ten years ago in southern York County is a prime example of federally funded isolation. It is miles from a grocery store, as well as other services.

York County Community Foundation's Embracing Aging initiative isn't large enough to fund infrastructure, and we imagine other communities also lack the funding required for infrastructure changes. We welcome the opportunity to partner with government, from the federal to the municipal level, in leveraging the relationships we've developed over time to convene the entities necessary to help do this work.

Although Embracing Aging intentionally puts 90% of our focus and funding for advocacy and programs that increase the quality of life for the vastly larger number of older people who can be actively engaged in community life, we recognize the importance of ***continued funding for in-home community based services***, especially with the trend of people living longer. The Older Americans Act funding has been flat for several years, while the numbers of people requiring these services are growing exponentially. Research and funding are also needed for improving end of life healthcare, as well as having a healthcare plan that does not permit discrimination against people with preexisting health conditions. Substantially increased insurance premiums for older adults would result in millions of people losing coverage and worsening the fiscal health of Medicare.

We need the federal government to lead by example in being a fully committed partner in this work. Your focus on making America a great place to age speaks volumes to other levels of government, as well as to community stakeholders.

Conclusion

York County, like communities across the nation, is experiencing a demographic shift where adults over the age of 50 make up the largest percentage of our population. We see this trend as a tremendous opportunity to engage municipalities, businesses, and the service sector in a

community effort to improve aging services, housing, infrastructure, amenities, and cultural offerings and help redefine what it means to age well.

Chairman Collins, Ranking Member Casey, and members of the Special Committee on Aging, thank you for the honor of sharing the work of York County Community Foundation's Embracing Aging initiative. I greatly appreciate the opportunity to be a witness at today's hearing and for the work of the U.S. Senate Special Committee on Aging.

ADDENDUM

Strategies for Creating Livable Communities
To create a community that is a safe, welcoming, appropriate, and adaptable place to age, we need to understand and care about the needs and perspectives of all ages.

Safe
Deliberately accessible and inclusive to people of all abilities and mobility.

Short-Term Examples:
- Physical places and outdoor spaces are well-lit and maintained
- Free mobile app to report broken or uneven sidewalks, missing curb cuts, traffic signals that don't allow time for a safe crossing and other problems that make life hard for pedestrians, especially if they are older or have a disability (Washington DC [DC311] AARP 2015 Inspiring Communities report)
- Rest areas with comfortable seating are offered; chairs and benches fit a variety of body shapes and have a back and armrests designed and placed in a way that helps a person to sit and stand up again
- Clearance from obstructions such as street vendors, parked cars, and trees
- Parking lots and sidewalks are clear of wet leaves, puddles, and snow and are kept free of ice
- Older adults are invited to serve as "secret shoppers" and provide feedback on accessibility and inclusiveness

Mid and Long-Term Examples:
- Wider, smoother sidewalks are installed to serve older pedestrians and people pushing strollers
- Brighter stop lights and pavement markings, larger lettering on street-name and directional signs, protected left-turn signals, converting two-way stop intersections to four-way stop intersections
- Ramps or suitable stairs (not too high or steep) with railings on both side are present; stairs, inclines and drops are clearly marked
- Stores offer shopping carts that include a seat for older adults to sit in
- Offer a private place to have sensitive conversations

Welcoming
Free of misconceptions about aging and increasing the appreciation of the wisdom, experience, social influence, and economic impact of older adults.

Short-Term Examples:
- Media and marketing include older people in public imagery, depicting them positively and without stereotypes

- Older people are consulted by public, voluntary, and commercial services on ways to serve them better; advisory councils, boards, etc. include older adult representatives; places understand older consumers well enough to truly know what they do and need
- Offer places where people can sit and rest
- Staff is trained not to discriminate about the tastes or preferences of a customer based on age or to demonstrate other "ageist" behavior; to identify and respond to seniors in a way that ensures their safety, well-being and dignity; to be helpful and courteous, e.g. employee offers to carry tray for person with mobility concerns
- Provide magnifying/reader glasses to assist with reading smaller print
- Ensure programs, services, and produces are relevant, appealing, and culturally inclusive

Mid and Long-Term Examples:

- Learning about aging and older people is included in primary and secondary school curricula; older people are provided opportunities to share their knowledge, history and expertise with other generations
- Places advertise the age-friendly amenities of their facilities
- Businesses and organizations identify what information older adults are looking for and how they prefer to access information
- Offer scholarships or vouchers for goods, services, or events of significant cost
- Provide transportation service to and from events
- Offer grandchild care

Appropriate

Refraining from "one size fits all" solutions and having options that are based on function rather than a person's age.

Short-Term Examples:

- Employers guarantee a job interview to all applicants who meet the essential requirements for the position, no matter their age; offer flexible work-life balance to those caring for spouses/parents; free 24/7 info and referral help; workplace training on topics including fall prevention and dementia awareness, lifestyle education for employees with health conditions such as diabetes or heart disease; and free 20-week physical fitness program (AARP Inspiring Communities, pg. 14)
- Design takes into consideration the scale of a range of individuals and how they experience an environment: eye level, pace of walking, views, clarity of information, flexibility of use, etc.
- Offer assistance with getting bags to the car, getting something from a shelf; minimize excessively loud music and noise; provide personal shopping service for older adults or make staff available to help read product labels, get products from shelves, and offer directions
- Use sans serif type fonts like Helvetica and Calibri, which don't have small features at the end of their strokes; use 12 pt. fonts or higher; leave 1 inch margins and space between lines of text; use vivid colors (avoid light shades like pastels and grays); create

high contrast between text and background; use simple and clear designs without too much decoration; web sites offer an option to increase font size
- Offer hearing devices

Mid and Long-Term Examples:
- Homes automatically have Universal Design elements included when built
- Housing is located close to services and facilities
- Design buildings and public spaces that are inviting and accessible to all ages. Spaces should be designed to include items of interest for a variety of age groups. Provide an adequate amount and variety of seating and amenities including water fountains, restrooms, and recycling wastebaskets. If steps are necessary, provide dual handrails and provide ramps for wheelchairs, baby carriages, etc.

Adaptable
Creativity and flexibility are applied to products, goods, services, events, and opportunities to best meet the life needs of older adults.

Short-Term Examples:
- Allowing public transit to stop at the corners along the fixed routes when a consumer waves so they don't need to manage long walks to the bus stop
- Older adults have the option of participating with a friend or caregiver; times of events are convenient during the day; admission doesn't require older adults to wait a long time in a queue
- Retirement is a choice; not mandatory
- Users have the choice of speaking to a real person or of leaving a message for someone to call back
- There is wide public access to computers and the Internet, at no or minimal charge, in public places such as government offices, community centers, and libraries
- Products and product promotions offered for purchase of a single item (e.g. tomato, apple, etc.); senior discounts offered; packaging food products in a range of sizes
- Having "older adult only" parking spaces in a parking lot
- Provide distance markers and directional signage along pathways to identify location in case of emergency
- Provide music-free or reduced music hours; play music from different time periods
- Put task lights under shelves to read labels or on tables to read menus
- At least one service or checkout counter is accessible for customers in wheelchairs
- Products are offered and conveniently located that assist with one's activities of daily living
- Coordinating and bundling of services, delivery, and after-hour instructions are offered

Mid and Long-Term Examples:
- Small, independent housing units, often referred to as Accessory Dwelling Units (ADUs) can be located inside a main house, attached to the house (like an apartment over the

garage), or as a detached structure (like a backyard cottage) without municipal fees and zoning code red tape

- College students are invited to move into independent living residencies serving older adults and pay discounted rent in exchange for socializing with the building's older residents (AARP Inspiring Communities, pg. 9)
- Multiple restroom stalls have grab bars and higher toilets; do not make older adults walk to a handicap accessible stall, which is usually the furthest away from the bathroom door
- Playgrounds include walking trails, benches with backs and armrests, and adult outdoor exercise equipment
- Combine needs to serve multiple groups; e.g. high school student's driver education hours used for delivering meals to older adults
- Senior centers are located on high school campuses
- Provide an alternate method for obtaining your goods and services if the building is not age-friendly

Embracing Aging Committee Members

Embracing Aging Advisory Committee
The Embracing Aging Advisory Committee is comprised of ten community representatives with expertise is specific areas. The committee meets six times per year and helps advise the work of the initiative.

Bruce Bartels, Chair – Retired President and CEO, Wellspan Health
Penny Blackwell – Retired Judge and Co-Founder of Elder Abuse Task Force
Felicia Dell – Executive Director, York County Planning Commission
Angela Dohrman – Chief Operation Officer/Senior Vice President, SpiriTrust Lutheran
David Kalinoski – Associate State Director, AARP
Joan Krechmer – Executive Director, Jewish Family Services of York, Elder Care Specialist and Certified National Guardian
Ann Kunkel – Director Case Management, Wellspan Health
Mary Ligon – Associate Director of Gerontology, York College of Pennsylvania
Mark Shea –Director, York County Area Agency on Aging
Anne Walko – Senior Planner, York County Planning Commission
Edquina Washington – Director of Community Relations, City of York, Pennsylvania

Hahn Home Fund for Embracing Aging Distribution Committee
The Hahn Home Fund for Embracing Aging Distribution Committee is comprised of community representatives age 50+ with expertise in grant writing and reading. This committee helps in the development of large grants to create systemic change in EA's focus areas, as well as reads/scores the competitive grant applications. The committee meets four times a year.

Bruce Bartels, Chair – Retired President and CEO, Wellspan Health
Maureen Campbell – Retired Higher Education Administrator, Harrisburg Area Community College
Maria Belinda Crough – Retired Sr. Director, Compensation/HRIS, Johns Hopkins University
Randy Freedman – Retired Executive Director, York Jewish Community Center
Joan Fulton – Retired Executive Director, York County Assistance office, PA Dept. of Human Services
Charles Hoffman – Retired Director of Finance, John Gross Company
Karen Hook – Consultant, Hahn Home
Betsy Keefer – Retired Agency CEO, Girl Scouts of America Association
Pat McGrath – Retired Business Manager, Girl Scouts of America Association and former Interim Executive Director, Osher Lifelong Learning Institute, Penn State - York
Erin Miller – Vice President, Wilmington Trust, N.A.

Hahn Home Fund Board
The Hahn Home Fund supports the Embracing Aging initiative. It began with the vision of one woman, Anna Gardner, who died in 1913 and gifted her estate to help care for older women in the community. In 2007, the Hahn Home Board created an endowment at YCCF and in 2012, the board voted to expand on Anna Gardner's legacy to launch the Embracing Aging initiative. It continues to meet to coordinate the care of the last two women it supported through the estate.

Michael Hady – Chair, Business Development Partner, York Traditions Bank
Ronald Blevins – Retired Vice Chairman & Treasurer, The Wolf Organization
Rick Smith - Associate Broker, Berkshire Hathaway

Prepared Testimony of Anamarie Garces, Founding Member, Miami-Dade Age-Friendly Initiative and Co-Founder and CEO, Urban Health Partnerships, Miami, Florida

Chairman Collins, Ranking Member Casey, and members of the Aging Committee, thank you for the opportunity to testify before you today and for the work you are doing. My name is Anamarie Garces, and I am a founding member of the Miami-Dade Age-Friendly Initiative (*www.AgeFriendlyMiami.org*) and am co-founder and CEO for Urban Health Partnerships, one of the lead partners of the initiative. The Miami-Dade Age-Friendly Initiative is a collective impact effort focused on policy, systems, and environmental changes toward creating a community for all ages and abilities where older adults can stay active, engaged, and healthy with dignity and enjoyment. It is led by a diverse group of partners including AARP Florida, the Alliance for Aging, Health Foundation of South Florida, Miami-Dade County, Miami-Dade Transportation Planning Organization, United Way of Miami-Dade, and Urban Health Partnerships along with an advisory committee of over 50 key stakeholders and community members.

Miami-Dade is the most populous county in Florida and home to over 2.6 million people. It is also home to the largest population of older adults age 60 and over in Florida, which is more than half a million people. That number is expected to rise by more than 50 percent to over 800,000, by 2040. Miami-Dade is large and sprawling with a diverse population. 67 percent of the County identifies as Hispanic and most who are bilingual speak Spanish.

Miami-Dade has identified age-friendly as an important approach to reducing social isolation and addressing how we can build a community that supports the wants and needs of older adults.

It recently joined the AARP Network of Age-Friendly Communities, making it the fifth largest community in the country to join the network.

The WHO domains of livability can be broken up into two categories, the built environment, or the environment we can see and touch, such as housing, streets, parks, and infrastructure; and the social environment, such as the opportunities, support and services, that are available. Both are important and interdependent. Miami-Dade has focused on the built environment first recognizing that if services or opportunities for social engagement are available, but residents do not have access or do not feel safe accessing them, it will isolate them from the resources and individuals that they need. Some of the age-friendly strategies that have been implemented in Miami-Dade include:

Age-Friendly Policies in Transportation, Community Healthy and Design and Land Use

- Ensuring older adults were included in policies and performance measures by updating Miami-Dade's Comprehensive Development Master Plan and Long Range Transportation Plan (LRTP). For example, the LRTP includes an objective to promote transportation improvements that provide for the needs of the elderly and disabled.

Age-Friendly Parks

- As a partner in the initiative, the Parks, Recreation & Open Spaces department helped identify and incorporate age-friendly parks standards in several parks in Miami-Dade.
- In addition to physical amenities and features in the parks, they also provide Active Older Adults programming. These include programs such as Enhance Fitness, the Walk4Life Walking Program, and Thai Chi Classes for older adults.
- A toolkit demonstrating physical amenities to ensure access, safety, and comfort within parks as well as evidence-based programs was produced.

Age-Friendly Awareness

- We hold summits, workshops, and events for community leaders, municipal staff and stakeholders on the importance of respecting and including older adults in planning housing, transportation, and parks projects.

Age-Friendly Neighborhoods and Streets

- In 2012, our Safe Routes to Age in Place project was launched to empower older adults in Little Havana to recognize their needs and identify changes to improve safety within their neighborhood. Little Havana, or La Pequeña Habana, was recently named a national treasure. It is a diverse neighborhood in Miami-Dade known for its Cuban-American residents and is home to immigrants from across Central America and the Caribbean. Little Havana was chosen because of these factors and because it has a high proportion of older adults living in

the area, a high proportion of households without a car, and a disproportionate number of pedestrian injuries in the area. Participants engaged in educational workshops, led a walking audit, and led a discussion with elected officials and transportation agencies to advocate for the changes they wanted to see. We also developed an Advisory Committee to provide input to the Florida Department of Transportation Little Havana Pedestrian Safety Study.

- Today, there is a lot happening in Little Havana toward safer, complete streets for everyone on a broader scale.
- There are specific built environment designs that impact the willingness and ability of older adults to get outside, interact with their community, and prevent isolation. Older adults struggle with sharing walkways with bicyclists. On busy corridors such as Calle 8, or 8th street, in Little Havana, seniors expressed their concern with trying to walk or get out of their homes because they fear cyclists on sidewalks, participants said, "Pasan a todo dan sin timbre or corneta." *English translation: "People pass at high speeds without a bell."* Another adult added, "De todas formas deben de ponerles a las bicicletas su propia linea porque aqui hay muchas personas que no oyen bien." *English translation: "By all means bicyclists should have their own lane since older adults have a hard time hearing."* These features are currently being considered in the redesign of current thoroughfares in their community.
- Another important piece is access to transit. In a recent interview with a community resident, she said the Golden Passport was important to her family. When her elderly father came to the realization that he was no longer able to drive around Miami-Dade, the Golden Passport allowed him to give up his keys. Miami-Dade's Golden Passport program, provides free bus passes for adults 65+. Due to the program, he was able to get out and enjoy the last years of his life with dignity and support.
- Another aspect is shade. Utilizing a Digital Laser Infrared Thermometer Temperature Gun it was determined that shaded bus stops were 10–20 degrees less hot than non-shaded bus stops in Miami-Dade County. The average temperature in Miami is 82 degrees year round. Due to concrete or a heat island effect that is created at bus stops without shades, older adults can experience temperatures of more than 100 degrees, while waiting at their stops.

Age-Friendly Business

- The Safe Routes to Age in Place Advisory Committee recommended an Age-Friendly Business District, so we developed one. Older adults told us that once they had safer streets, a financial incentive, and places to go, they would be motivated to walk more. Initially, 25 businesses provided purchasing incentives for older adults to walk every Tuesday to their stores within a quarter-mile of the target location.
- A Toolkit was developed to help other communities and businesses implement age-friendly strategies.

Age-Friendly Survey and Action Plan

- Today, the Initiative is continuing its work by surveying and engaging the community to update its action plan and identify next steps.

An age-friendly community is called age-friendly and not senior-friendly because the strategies used are not only good for older adults, but for everyone, from the very young, to the very old. The same curb cut or ramp that may be added to ensure a wheel chair can get onto a sidewalk, is the same one that can make it easier for me to push my son in his stroller. Extra time added to a crossing signal can help ensure that an older adult, or anyone, won't lose their footing if they try to rush across the street too quickly.

A walkable community with safe streets and places that people want to utilize is good for the economy, encourages active transportation and physical activity, empowers older adults to access resources, and offers more opportunities to socialize and engage with the community. This is a long-term approach to addressing isolation where the community is built or modified to facilitate access, engagement, and opportunity.

We need your continued leadership to ensure age-friendly, livable communities are a priority in cities, to help build infrastructure that works for all ages and connects us to our resources and to our citizens, and to ensure aging continues to be in the conversation in all aspects of decision making as we build the policies and plans for the future of our country.

Thank you for the opportunity to testify today and to share some of the strategies Miami-Dade is using to connect the community and to plan for our aging population. I welcome your questions.

Additional Statements for the Record

Statement of Amy Schectman, President, Jewish Community Housing for the Elderly, Boston, Massachusetts

Thank you to the Senate Special Committee on Aging for holding a hearing on "Aging With Community." Given the focus of your last hearing, you are well aware of the fact that loneliness has been firmly identified as the biggest public health hazard to older Americans, and community is the best antidote to loneliness ever invented. That's why Jewish Community Housing for the Elderly (JCHE) is so committed to our model of aging in community—our mission is that every older person has this opportunity to live a full life of connection and purpose in a dynamic, supportive environment.

I want to emphasize how housing that's broadly affordable is the key component to age-friendly communities.

JCHE builds, owns, manages and provides direct services in 1,200 apartments across four campuses in eastern Massachusetts. We offer a rich array of programs and services so that everyone can find a way to connect to community, and do it with a laser-sharp focus on affordability. The median income in our properties is $10,473 per year.

Our high quality housing with supportive services creates high functioning healthy senior communities and connected lives in a way that no other interventions can possibly achieve.

A walk down the hallways of any JCHE housing will convince even the biggest sceptic. From first thing in the morning through quite late at night, folks gather in welcoming spaces to chat, participate in fitness activities together where they spur each other on, argue about current events constructively, volunteer with children from nearby schools, participate in life-long learning opportunities and write memoirs and notes to grandchildren in our computer centers. No one ever needs to feel lonely, and for those for whom making the initial contact is hard, our staff helps them find the right connection opportunity in our residences and out in the wider world.

With housing the centerpiece of community building, affordability is essential. According to Harvard University's Joint Center on Housing Studies, severely housing-cost-burdened households spend 70 percent less on health care needs and 40 percent less on food than those living in affordable housing. Poor nutrition and lack of preventative health care have been shown to increase public expenditures dramatically but ineffectively. For this and other reasons, Harvard concluded that "housing is the linchpin of well-being for older adults" and argues that making sure we have enough and appropriate housing takes on an urgency for the Nation as a whole. The Bipartisan Policy Center, in their Housing Commission report, argues for a system in which elders at or below 30 percent of area median income are guaranteed access to housing assistance [subsidies] and that in addition the Federal Government provide funding for short-term emergency housing stabilization assistance for those with incomes between 30–80 percent of area median.

Supportive senior housing also provides opportunities for community and social connections to seniors in our neighborhood and gives them access to the expertise of our staff and programs offered. For example, at JCHE we invite community members to attend a variety of offerings at our sites, including many of our life-long learning lectures and intergenerational programs. Because all of our buildings are fully accessible and dementia-friendly, everyone is able to enjoy our offerings.

The challenge we face and that America faces is the amount of need for stable homes and community versus our supply. We currently have a waiting list of 1,779 households for 1200 apartments with very slow turnover (given our emphasis on supports, we only lose 3 percent per year of our residents to nursing home placements despite the fact that 38 percent are over the age of 85 and 17 percent are over 90). The waiting list would be longer if so many weren't so discouraged when they hear the length of the wait.

And yet the most effective and efficient Federal housing program has been starved of new development funds for the past 5 years. The Section 202 housing program allowed us to build and staff high quality housing where seniors earning up to 80 percent of area median could pay only 30 percent of their income in rent. Consequently, the production of new affordable senior housing has slowed dramatically at the very time in our nation's history when the need is rising rapidly and age-friendly communities are emerging as a priority.

A few anecdotes illustrate the way a stable home in a supportive environment is a centerpiece for social connection and community building for seniors:

Betty

"These days, I'm feeling happy. I think it has something to do with the 200 neighbors I have at JCHE," Betty suggests.

After undergoing surgery to remove melanoma from her face, Betty was worried about how her neighbors would react to the scars from the surgery. She dreaded having to explain what happened every time she ran into someone.

To her relief, her neighbors, many of whom have had their share of health troubles, were as compassionate and understanding as she could have hoped.

"People didn't dwell on the bandages but they did surround me with kindness," Betty says. One neighbor asked what she could do to help, to which Betty replied, "just smile."

Another neighbor gave her a book written in large print that Betty could read even with bandages partially obscuring her eyesight. A neighbor stopped by with bread, and someone else came with dessert. A resident who had just moved in and wasn't even unpacked yet, arrived at her door with blueberry pancakes.

Betty's best friend at JCHE, Sylvia, accompanied Betty to her post-operative visit. When she found out Betty was cancer free, she cried as only a soul mate can upon receiving such good news.

"It was an ordeal," Betty admits. But through it all, "I never felt alone. The community was there for me in all the ways that matter."

Selma

"When I say that I never exercised before I came to JCHE, I am not exaggerating," Selma laughs.

Selma was that kid in high school who always skipped gym class, and never dreamed that one day she would become an exercise maven.

Then a few years ago, Selma felt like she was coming apart. First, she broke her shoulder. Then, she suffered back fractures. One day, the pain in her legs was so severe that she could barely move.

That's when her physical therapist suggested that JCHE's exercise program is exactly what she needed to regain her strength.

So Selma became acquainted with our fitness center, and started receiving personalized instruction from our staff.

She began exercising 5 days a week without having to leave her building.

"I was amazed by the results. I felt healthier and more alive. At 87!" she exclaims. Then Selma had a bit of a setback after she fell trying to step on a curb.

"It really shook me up. I was so nervous about curbs and stairs that I stayed at home all the time."

Selma quickly realized that staying at home wasn't making her any healthier, and so as difficult as it initially was, she returned to the gym.

Our fitness staff instructor, Stacy, understood that Selma was scared to start exercising again and risk re-injury, so she designed a custom training regimen that helped Selma slowly regain her confidence and overcome her fear.

"We started by stepping up on a treadmill that wasn't moving. Then I moved on to stairs. Eleven months later, with Stacy's encouragement, I am regaining my confidence."

"I know it's what's keeping me alive," Selma admits.

[Each JCHE site has a fitness center with senior-friendly exercise equipment where fitness staff, including bilingual staff, provide personalized instruction. Understanding the risks that seniors face by falling, JCHE has an integrated falls prevention program that combines strength and balance exercises with assistance from JCHE's maintenance department to help residents reduce the occurrence of falls in their apartments.]

Simon and Malka

Simon and Malka arrived to the U.S. 25 years ago from St. Petersburg (formerly Leningrad), Russia to reunite with their son, who had immigrated a few years earlier.

"We were excited about our new adventure, but were also anxious. I left a very respected position, and we were not sure what was ahead," Simon recalls.

Simon asked his son to find a home for them that would ease their anxiety and facilitate such a major lifestyle change. Their son found JCHE.

Right from the start, Simon and his wife participated in the wide array of programs available at JCHE. They quickly became part of a community. They attended classes, concerts and holiday celebrations.

"There were so many opportunities at JCHE that our lives felt active and productive," Simon says.

When Simon's wife fell ill, Simon, then 87 years old, was grateful for the medical services JCHE arranged. The medical professionals who visited his wife were reliable, kind, and attentive to all her needs.

"JCHE made sure that my wife is comfortable and that gives me some room to breathe."

Had it not been for the love and care Simon and his wife found at JCHE—had they been living in relative isolation outside of a vibrant community—Simon believes his wife would have ended up in a nursing home. JCHE made it possible for the couple to remain together—an unbelievable blessing.

"My wife and I have taken care of each other for many, many years. If we lived somewhere else, she would be in a nursing home away from me just at the time in our lives when being together is most important."

Sari

Sari never had the benefit of formal education as she spent all of World War II in hiding in a basement to escape the Nazis. When she moved to the U.S. she needed to start working immediately; she always thought of herself as somehow lesser because of her lack of education.

Nevertheless, every Tuesday for the past 8 years, Sari rode JCHE's van with her neighbors to the Everett Elementary School in Dorchester. For 3 hours, they practice reading with third, fourth and fifth graders to help the kids improve their reading skills.

It's part of our Generations Together program that encourages residents and young people, ranging in age from preschoolers to college students, to develop relationships that are mutually beneficial.

Right from the start, Sari knew she would love this program. She built meaningful connections with the students, who opened up to her about their families and told their parents about Sari.

"I'll never forget when one of the boys flew down the stairs, holding a picture of his dad who lived far away. It made me feel so special that he wanted to show me a photo of someone so important to him," Sari recalls fondly.

"A while ago, I overheard my daughter speaking on the phone with one of her friends. I heard her say something about her 90-year-old mother and something about tutoring. It took me a minute to realize that *she was speaking proudly and she was speaking about me*. I don't need to think of myself only as an immigrant who never went to college. I'm a tutor. My work is important and I do it well."

Audrey

"Helping others has always given my life meaning," explains Audrey.

As a doctor in her native Shanghai, China, Audrey treasured the opportunities to assist her patients. When she and her husband moved to JCHE, she discovered many ways to volunteer and give back to the community.

But volunteering came to a screeching halt when Audrey was diagnosed with cancer.

"My prognosis was good, but my attitude was not," Audrey confesses.

As is common for cancer patients, the feeling that she was running out of time took a physical and emotional toll on Audrey. She rarely left her apartment, in part because she felt that she needed to conserve her energy.

"But withdrawing only made me feel sick and lonely," Audrey recalls.

Then, something happened. Audrey started to pay close attention to her neighbors and noticed that all the seniors at JCHE—much like people in all walks of life—were carrying one burden or another. But, unlike her, they didn't disengage from their neighbors; instead, they were active and appeared to thrive, regardless of whatever health ailments or personal setbacks they encountered.

"This is a very positive environment. With the encouragement of staff, I began to reconnect."

Today, Audrey is one of the most active members of the JCHE community. She helps her neighbors with translations, volunteers in our Chinese library and serves on the tenant council. Audrey enrolled in a program that helps Tufts medical students learn to communicate with older patients, and she even started a new program that brings in medical professionals to JCHE to share health information in Cantonese and Mandarin.

She feels engaged, hopeful, and above all, she feels like her life once again has purpose.

"JCHE is a very special place. It inspires people to approach life positively, put their burdens aside and really live life!"

Sarah, Resident Service Coordinator

For four years, JCHE's Resident Service Coordinator, Sarah, worked with Linda, a resident for whom JCHE had proved to be an absolute lifeline.

"That's what makes working at JCHE so rewarding for me," Sarah says.

Linda had struggled with serious mental health issues throughout her life. She suffered abuse as a child and has long lost all contact with family. She has been homeless. Tragically, she calls the last place she lived, 'The Heartbreak Hotel'.

Not surprisingly, when Linda moved in four years ago, she needed a lot of help. She had no material possessions, so we helped her secure a bed and other basics. We connected her with doctors and arranged transportation. We talked and talked with her to orient her to life here.

Slowly but surely, this support strengthened Linda's ability to take care of herself. Now she checks in every day, but mostly for a friendly chat. She has made friends and is active in many of the programs and activities JCHE offers.

When Linda first arrived at JCHE, Sarah admits she was concerned that Linda was the person that others would cross a room to avoid.

But that just wasn't the case.

"JCHE is a very strong community and Linda has a place within that community," Sarah emphasizes.

Linda, who had so often been given the cold shoulder, has found that at JCHE, she is welcomed and warmly embraced.

"I'm so proud to work here and know that I can be part of a wide and strong safety net for folks who rely on it to maintain their health and dignity."

Estelle

"I am 93, but I feel just the way I did 30 years ago," Estelle asserts.

Estelle lived in Florida for many years, but after her husband passed away and her eyesight began to decline, Estelle decided it was time to move to Boston to be near her daughter.

"I'm not sure what I expected before I moved in, but I never expected to still be growing and learning."

The emphasis on lifelong learning is a centerpiece of life at JCHE. We offer a diverse array of opportunities for seniors to develop new skills, take up new hobbies, and pursue their passions.

Estelle admits that one of her concerns about moving to Boston was not wanting to be a burden to her daughter—especially with her poor eyesight. "At JCHE, I don't worry about being a burden to her, because of the unbelievable around-the-clock support I receive."

Estelle takes a Spanish class in her building. It's challenging, but she's sticking with it.

"Someone asked me what I would say is someone said you can't learn anything at age 93. Well, I told her, I guess I am proving them wrong!"

www.jche.org

Statement of the Altarum Institute Center for Elder Care & Advanced Illness

Chairman Collins and Ranking Member Casey, congratulations on a fine hearing highlighting strategies that enable tens of millions of older Americans to age in their own communities, whether urban, rural or suburban. The Center for Elder Care & Advanced Illness (CECAI) is a research organization, working in the public interest, which focuses on designing, implementing and scaling policy solutions that address the health and social services challenges facing the U.S. today. We focus particularly on cost-effective changes and adaptations that are needed to ensure that all of us can live comfortably and meaningfully in old age—either at home or another setting of choice—and at a sustainable cost to our families, to the community, and to taxpayers.

The astonishing health care advances made during the 20th century and the early part of this century have provided us with a tremendous gift: the opportunity to live longer lives. Along with this comes the responsibility of helping our communities and our care systems adapt to be able to deliver a different mix of support—less aggressive "curative" care and a greater emphasis on supportive services that allow people to live as independently as possible. This shift toward community care will soon become the norm for one-fifth of the population: In 13 years, all baby boomers will have reached the age of 65, and the number of "old-old" people over the age

of 85 will more than triple,[1] from 4 million to 18 million by 2050. In fact, if we live to advanced old age, most of us will need assistance during our last few years.[2] A chief challenge, therefore, is to devise ways in which supportive services can be expanded in communities across the country.

The Aging Network—comprised of 53 publicly chartered State Units on Aging, more than 600 Area Agencies on Aging, American Indian, Alaska Native and Native Hawaiian tribal organizations, and tens of thousands of community-based organizations—provides the bulk of the social services and supports that older adults need to remain in their communities. Primarily funded by the Older Americans Act (OAA), the Aging Network meets a range of health-related needs by providing home-delivered meals, subsidized transportation, personal care, evidence-based health promotion and disease prevention, long-term care ombudsman and elder justice services, respite care and other services for family caregivers, and employment programs for older workers. While a growing body of research is demonstrating that these cost-effective services improve health care outcomes,[3 4] flation-adjusted unding for the OAA continues to decline—even as the number of seniors rises.

At this juncture, many older adults with functional limitations face lengthy waiting lists for basic supports needed for independence, including home-delivered meals, subsidized transportation and housing adaptations. Services that are needed frequently or on a daily basis, such as personal care, are often available only to those who have the means to pay out of pocket—or to those whose incomes and assets are low enough to qualify for Medicaid. This is why many middle-class seniors find themselves spending down their lifetime financial resources until they are eligible for Medicaid.

In addition to unnecessarily impoverishing seniors, another poor outcome associated with the shortage of community services is over-utilization of hospitals and emergency room care by Medicare beneficiaries who have chronic conditions and functional limitations. In these settings, too many wind up receiving high-cost medical interventions that will yield little net benefit in their remaining lifetimes. A large body of research has established that there is a considerable amount of low-value, wasteful spending in Medicare in the frail elderly population.[5] We urge policymakers at all levels of government to more closely examine how low-cost community services can successfully support seniors and lower health care costs through delaying or preventing excessive hospitalizations and ER visits, and to encourage reinvestment of some of these savings for enhancement of supportive services. With thoughtful leadership, enhanced flexibility and excellent oversight, this shift is entirely possible. Most readily, it can be accomplished through an expansion of the Program of All-Inclusive Care for the Elderly (PACE), or through appropriately adapted Accountable Care Organizations or managed care organizations.[6]

In addition, communities can do more to organize local volunteers willing to help older adults age in place with dignity, engagement, and meaning. Accomplishing this on a wide scale requires recognition at the national level—in the form of an initiative announced by the Department of Health and Human Services or the White House, or introduction of legislative policy to create locally chartered "Caregiver Corps" across the country. Policy to do this was introduced by Ranking Member Casey in 2014, and a similar bill in the House of Representatives has been sponsored by Rep. Lujan-Grisham of New Mexico. Both bills aim to organize volunteers of all ages who are willing to provide practical assistance (though not personal care) and companionship to older adults. In doing so, volunteers would provide respite for

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[1] Ortman JM, VelkoffVA, Hogan H. An Aging Nation: The Older Population in the United States. Washington, DC: U.S. Census Bureau. 2014. *https://www.census.gov/prod/20l4pubs/p25-1140.pdf*.

[2] Favreault M, Dey J. Long-Term Services and Supports for Older Americans: Risks and Financing. Washington, DC: Office of the Assistant Secretary for Planning and Evaluation. 2016. *https://aspe.hhs.gov/basic-report/long-term-services-and-supports-older-americans-risks-and-financing-research-brief*.

[3] Thomas KS, Dosa D. More than a meal: Results from a pilot research study. For Meals on Wheels America. 2015. Retrieved from *http://www.mealsonwheelsamerica.org/theissue/research/more-than-a-meal*.

[4] National Council on Aging. National Study of the Chronic Disease Self-Management Program: A Brief Overview. *http://www.ncoa.org/assets/files/pdf/center-for-healthy-aging/National-Study-Brief-FINAL.pdf*.

[5] Schwartz AL, Landon BE, Elshaug AG, Chemew ME, McWilliams M. Measuring Low-Value Care in Medicare. JAMA Intern Med. 2014;174(7):1067-1076. doi: 10.1OOl/jamaintemmed.2014.1541.

[6] Lynn J. MediCaring Communities: Getting What We Want and Need in Frail Old Age at an Affordable Cost. Washington, DC: Altarum Institute. 2016. Available at *http://medicaring.org/book/*.

family caregivers, supplement the assistance provided by home care aides, and create connections between generations.

As the U.S. age wave gathers momentum, thoughtful steps can also be taken to boost the Older Americans Act (OAA). With this bipartisan statute up for reauthorization in FY 2020, the 115th Congress has an opportunity to hold hearings on possible targeted improvements. For example, consideration could be given to assessing resources and outcomes in relation to the number of older adults receiving services and to those who qualify for services but are wait-listed.

CECAI appreciates the opportunity to provide input on aging with community. While it is clear that all communities have unique assets and strengths that they can draw upon to improve care for their older residents—neighbors, friends, parents, spouses and colleagues—available resources in the form of existing programs, workforce, local economic and cultural factors, and other infrastructure and assets will necessarily vary. With careful planning, however, many of the changes that every community needs to make can be spearheaded by energetic advocates organizing at the local level, working alongside leaders and stakeholders who are committed to identifying and mitigating service supply shortages and to improving quality and reliability. We are delighted to submit these comments and would welcome an opportunity to assist the Senate Special Committee on Aging in any way to improve aging with community.