

OLDER AMERICANS ACT REAUTHORIZATION: A PIVOTAL OPPORTUNITY

BY KATHY GREENLEE, U.S. ASSISTANT SECRETARY FOR AGING

I never met Dr. Arthur Flemming. That is one of my biggest professional regrets. Dr. Flemming's legacy as a champion and advocate for older Americans, however, continues to inspire me as I know it does others. In 1965 early in Dr. Flemming's career, Congress passed three programs that are critical to the health and well-being of millions of older Americans today — Medicare, Medicaid, and the Older Americans Act (OAA). Together with Social Security, which was adopted in 1935, and the heroic work of family caregivers, these programs provide the bulk of our nation's support for Americans as they age.

With its mandate to serve all older Americans, the OAA has kept millions of older Americans healthy, independent, secure, and able to live at home for as long as possible. And since its enactment, the OAA has grown and adapted to many of our nation's changing needs.

We have significant challenges ahead. The reauthorization of the OAA in 2011

coincides with the first of our nation's baby boomers turning 65. The need for more tailored home and community-based services, more focused prevention programs, and increased support for family caregivers will prove to be a challenge to all of us who work as advocates for older Americans.

I believe the reauthorization presents a pivotal opportunity for us. In February 2010,

the Administration on Aging began an open process to collect input for the reauthorization from the American people—from seniors, their caregivers, and all those who work on behalf of seniors. I encourage you to join us in this effort.

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BIG IDEAS FOR OAA

Reauthorization of the Older Americans Act (OAA) in 2011 offers a prime opportunity to reshape and modernize aging services in this country. Consider the facts:

- In 1965, when the OAA, Medicare, and Medicaid were enacted, there were 18 million Americans aged 65+. There weren't enough community-based organizations serving older people, and the most widely used technology was the telephone.
- Today, there are 35 million older adults—a number that will swell to 88 million by 2050. The almost 20,000 organizations in the aging network provide a wide array of services to seniors, and there are new technologies and online tools that were unimaginable in 1965.

The question before us in 2011 is: How can we make the OAA work better—for today's older Americans, for baby boomers, and for the nation?

This issue of *Innovations* is designed to get the conversation started. Inside, you'll find several "big ideas" for OAA reauthorization—not just from NCOA, but from national thought leaders who are vested in the future of older Americans.

Our goal is to stimulate creative thinking, foster collaboration, and give voice to ideas that make a difference.

We invite you to read the ideas presented here—then share your own. See page 12 for details on how you can join the conversation.



**MAKE YOUR VOICE HEARD!
SEE PAGE 12 FOR DETAILS.**

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Innovations: A Publication of the
National Council on Aging, Issue 1,
Spring 2010 • Volume 39, Number 1

Innovations is published four times a year
by National Council on Aging, Inc., 1901
L Street, NW, 4th Floor, Washington, DC,
20036. *Innovations* explores significant
developments or innovations in the field of
aging, particularly in the areas of community-
based services, public policy, best practices,
and research. Subscription is a benefit of
membership in NCOA although institutional
subscriptions are available.

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ISSN 00096-2740

About the Older Americans Act

Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer the newly created grant programs and to serve as the federal focal point on matters concerning older persons.

A PIVOTAL OPPORTUNITY

>>> *article continued from page 1*

In his last major public speech before the delegates of the 1995 White House Conference on Aging, Dr. Flemming dreamed that “the national community will not only live up to the obligations of the present time but . . . will look forward, not backward, as far as helping our people deal with the hazards and vicissitudes of life.”

Today, with your help, we can move forward and realize that dream—we can build the next generation of programs and leaders in order to serve an increasingly healthy, diverse, and aging America.



**Kathy Greenlee
is U.S. Assistant
Secretary for Aging**

About Arthur Flemming
Dr. Arthur Flemming’s career spanned seven decades. He served as president of three universities; director of the Office of Defense Mobilization; secretary of the U.S. Department of Health, Education, and Welfare; and chairman of both the U.S. Commission on Aging and U.S. Commission on Civil Rights. In 1994, President Clinton awarded Dr. Flemming the Medal of Freedom in recognition of his dedication to the nation.

WHO WE ARE

The National Council on Aging is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA is a national voice for older Americans—especially those who are vulnerable and disadvantaged—and the community organizations that serve them. It brings together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults. NCOA works with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities. For more information, visit www.ncoa.org.

BENDING THE CURVE ON ENTITLEMENT PROGRAMS

BIG IDEA NO. 1



BY JAMES FIRMAN

When most policymakers think about the challenges of an aging society, they think about the nation’s three major entitlement programs—Medicare, Medicaid, and Social Security. Far too many consider the Older Americans Act an afterthought and almost a budgetary “rounding error.”

But the OAA can help the aging network play a central role in “bending the curve” on the growing costs of the big three entitlement programs. By demonstrating that the aging network can help people remain healthier, stay out of nursing homes, and work longer, we will help slow spending and position the OAA for dramatic increases in federal funding.

ing. We also know that community-based services, targeted properly and delivered effectively, can reduce other cost-drivers such as hospital readmissions.

A greater investment in the aging network also can keep people out of nursing homes, reducing the growth of Medicaid, which already strains federal and state budgets. If and when the CLASS Act long-term care insurance program becomes law, the network can play an essential role in maximizing the number of people who sign up. We can help eligible participants find and take advantage of high-quality long-term services and supports that meet their needs in their own homes and communities, instead of in more expensive institutions.

services for about 140,000 low-income older adults nationwide. Let’s build upon four decades of expertise with SCSEP to help older Americans of all income levels get the skills they need to find jobs.

Clearly, all these ideas cannot be fully realized in a single reauthorization cycle. However, we can set the stage with the 2011 reauthorization. In the short term, we need to develop and test promising interventions, create a stronger evidence base, and prove that the network can produce measurable cost savings. If we can demonstrate that the aging network can bend the costs curves even slightly for Medicare, Medicaid, and Social Security, we will merit investments in future funding cycles that could easily double or triple the current appropriation levels for the OAA.

By helping to bend the curve on entitlement programs, we can transform the OAA from an important, but small program to one that is essential to tackling

We know that evidence-based health promotion and disease prevention programs can reduce health care costs for older people with chronic conditions, the biggest drivers of Medicare spending.

Take Medicare. Its long-term solvency is in jeopardy, threatening to swallow 20% of non-military expenditures by 2019. Insurance and clinical reforms are desperately needed, but there is also a real opening for the aging network to help. For example, we know that evidence-based health promotion and disease prevention programs—now offered by more than 2,000 aging services providers nationwide—can reduce health care costs for older people with chronic conditions, the biggest drivers of Medicare spend-

By enabling older adults to keep working, aging services can keep more people paying into Social Security longer—a crucial way to reduce pressure on the system.

By enabling older adults to keep working, aging services can keep more people paying into Social Security longer—a crucial way to reduce pressure on the system. Nearly one-third of spending under the current OAA goes to the Senior Community Service and Employment Program (SCSEP), which provides training and job placement

one of our government’s biggest challenges. In so doing, we can more fully realize the act’s original intent and dramatically improve the lives of millions of older adults.

James Firman is president & CEO of NCOA



BIG IDEA NO. 2

PROMOTING HOME AND COMMUNITY-BASED SERVICES

BY SANDY MARKWOOD AND MARTHA ROHERTY

When the OAA is reauthorized in 2011, policymakers need to build on the promise of home and community-based services inherent in the act by incorporating approaches found in Project 2020 (S. 1257/H.R. 2852). This strategy can save Medicare and Medicaid dollars while rebalancing the long-term care system by building on the non-Medicaid community-based support system embodied in the OAA.

It also would provide the aging services network greater flexibility and resources to offer a proven three-pronged strategy that encompasses: 1) person-centered access to information on aging and disability long-term services and supports; 2) evidence-based health promotion and disease prevention activities; and 3) enhanced nursing home diversion services.

Project 2020 would save funds in two federal entitlement programs and drive savings to states, localities, and individuals. It also would move the rebalancing of long-term care several steps forward by providing real, on-the-ground support and services to older adults and persons with disabilities to help them delay or avoid institutionalization. It is not a comprehensive long-term care solution, but rather an obvious next step forward and a perfect complement to recent efforts to reform our nation's long-term care system.

Project 2020 evolved from long-term care initiatives of the Administration on Aging, Centers for Medicare & Medicaid Services and evaluates work in the field. It builds on



the historic role of state units on aging, area agencies on aging, Title VI Native American aging programs, and tens of thousands of service providers. It is a comprehensive and integrated approach to enable older Americans and individuals with disabilities to make their own decisions, take steps to manage their own health risks, and receive the care they choose in order to remain in their own homes and communities as long as possible.

Sandy Markwood is CEO of the National Association of Area Agencies on Aging

Martha Roherty is executive director of the National Association of State Units on Aging

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IMPROVING HEALTH AND SELF-CARE

BIG IDEA NO. 3



BY NANCY WHITELAW

The U.S. government soon will pay for more than half of the nation's health costs, according to a new Medicare study. Nearly \$1 trillion of that public spending (about 75%) goes to just one thing: treating people with chronic disease.

Eight in 10 older adults have at least one chronic disease, such as diabetes, hypertension, heart disease, or arthritis. How can we help them live healthier lives—and reduce costs to our health care system?

One answer lies in self-care—giving people the support and skills they need to manage their own health. Ninety-five percent of chronic care is self-care. Even people with multiple conditions are in the doctor's office for just a few minutes each month. The rest of the time, they and their families are managing their symptoms at home.

The aging network is in a unique position to give older adults the support and education they need to care for themselves and stay healthier longer. Through limited AoA demonstration funding, the aging network currently supports, at very modest levels, targeted, evidence-based programs that help people with chronic conditions manage their own health and address other costly health issues such as falls and fall-related injuries, lack of exercise, medication mismanagement, and poor nutrition. New resources from the Prevention and Wellness Fund of the American

Eight in 10 older adults have at least one chronic disease, such as diabetes, hypertension, heart disease, or arthritis.

Recovery and Reinvestment Act will help expand this community-based approach of the aging network.

One particularly promising model is the Chronic Disease Self-Management Program (CDSMP). For people with chronic illness, CDSMP has been shown to improve health, function, and communication with their doctors, while reducing their distress and helping them manage symptoms like fatigue, pain, and depression. CDSMP also lowers costs by reducing people's use of hospitals and emergency rooms. A new online version of CDSMP will make it possible for many more people nationwide to learn how to better manage their chronic conditions.

Given the urgency of health reform and cost containment, now is the time to leverage the OAA to build on our success, extend the reach of CDSMP and other evidence-based interventions, and empower millions of older adults to be active partners in the future of healthy aging.

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Nancy Whitelaw is vice president of NCOA's Center for Healthy Aging



BIG IDEA NO. 4

ENHANCING ECONOMIC SECURITY

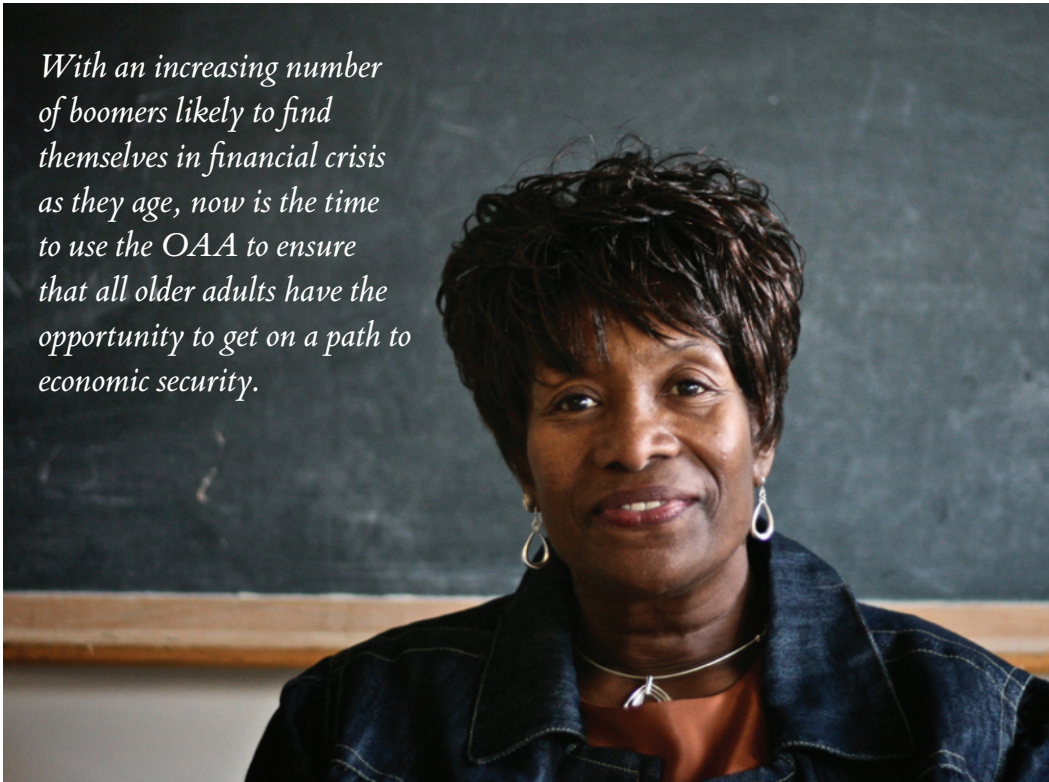
BY RAMSEY ALWIN

The aging network currently reaches more than 10 million older adults annually—of which 29.3% are poor by federal poverty standards.

In recent years, many older Americans have seen their hard-earned personal and employer-supported retirement savings diminish with no guarantees that they will rebound. Home ownership, once the cornerstone of economic security for older adults, has become a source of stress and debt. Struggling to make ends meet, many low- and moderate- income older adults are either rethinking retirement plans and extending work or trying to get back into the workforce.

The OAA reauthorization provides a perfect opportunity to modernize critical systems and supports to assist older adults experiencing economic distress. With an increasing number of boomers likely to find themselves in financial crisis as they age, now is the time to use the OAA to ensure that all older adults have the opportunity to get on a path to economic security.

To get there, older adults will need a combination of solutions, such as job training and supports, financial counseling, assistance in accessing public benefits, health insurance and/or reverse mortgage counseling, and/or legal and protective services. But today, these services are typically “siloe” and not easily accessible.



With an increasing number of boomers likely to find themselves in financial crisis as they age, now is the time to use the OAA to ensure that all older adults have the opportunity to get on a path to economic security.

Leveraging 21st century strategies and technology, the OAA can be strengthened and better positioned to meet the increasingly complex needs of vulnerable and disadvantaged boomers and seniors. Economic security should be an explicit goal of the OAA. We need new policy and program guidelines to improve coordination and optimize all available public and private benefits, services, and resources, so more older adults can get the help they deserve. Finally, the OAA should support

resources and guidance on implementing a person-centered holistic approach to providing economic casework.

By including these ideas in the coming reauthorization, the OAA can make critically important strides toward ensuring that all older adults age with dignity and economic stability.

Ramsey Alwin is director of NCOA's Economic Security Initiative

REVITALIZING SENIOR CENTERS

BIG IDEA NO. 5



BY MARCI PHILLIPS

Each year, over 11,000 multipurpose senior centers provide a broad, coordinated array of services to 10 million older adults—from the young old to the oldest old, from the vibrant to the frail, and those of all socio-economic and educational backgrounds.

Older adults who participate in senior centers find critical person-centered services, tools, information, and options that empower them to care for themselves and enhance their quality of life. Senior centers promote community engagement, help seniors stay healthy, prolong independence, and delay institutionalization.

Across the country, there are excellent examples of senior centers that have developed new models and approaches to serve current and future older Americans.

These centers have identified local needs and created a synergistic blend of activities and events appropriate to their community. They have collaborated with other community organizations, mobilized resources, and coordinated technical expertise.

Yet, there is currently no dedicated federal funding to help senior centers like these increase their capacity and transform themselves for the coming age wave. In fact, only about half of multipurpose senior centers receive any OAA Title III funding at all.

The 2011 reauthorization of the Older Americans Act should include a senior center modernization fund to foster senior center innovation, leadership, and capacity-building. We should help the “innovators” continue to develop and test new models

and provide technical assistance and training so that more centers can modernize. Re-authorization also should ensure that state and local planning for the aging population taps centers’ extensive knowledge base to identify community needs and solutions.

With a modest investment to foster senior centers of the future, these invaluable community programs can help achieve OAA goals, do much more to help older adults, and contribute more broadly to the nation’s vitality.

Marci Phillips is NCOA’s director of Public Policy and Advocacy



Senior centers promote community engagement, help seniors stay healthy, prolong independence, and delay institutionalization.



BIG IDEA NO. 6

ENGAGING OLDER ADULTS AS THE SOLUTION

BY SABRINA REILLY

Too often, our nation sees seniors as a problem to be solved rather than as part of the solution. Today's older adults are healthier and more engaged than ever before. We could save millions of tax dollars and add immeasurably to the common good by engaging them to address some of our nation's most critical challenges.

Currently, the OAA focuses primarily on the needs of the frail elderly, generally ignoring the benefits of trained, experienced older adults who want to make meaningful contributions to their communities. This OAA reauthorization can help change this dynamic by tapping the expertise, reach, and programs of the aging network.

The reauthorization can provide AoA with the authority and resources to help turn the age boom into a resource boom that enlists older adults to meet critical human and community needs. Greater collaboration with the Corporation for National and Community Service, for example, could help develop and implement a national strategy to tap older adults as a new source of social capital.

In addition, the OAA and AoA should take the lead in investing in innovations that:

- Develop new roles and service opportunities for seniors to enhance and expand mission-critical services to the frail and vulnerable in the aging population, as well as intergenerational efforts serving children and their families.
- Adopt researched-based and outcome-focused program models that engage older people to address community challenges.
- Demonstrate that service in later life is an effective strategy to maintain health and wellness.

Sabrina Reilly is Associate Director of NCOA's Civic Engagement Initiative



BIG IDEA NO. 7

BUILDING THE AGING NETWORK INTO AN ADVOCACY FORCE

BY SARA CLARY

OAA reauthorization presents a unique opportunity to strengthen the capacity of the aging network—both older adults and the people who serve them—to advocate for their individual and collective needs. Advocacy viewed broadly requires a focused and self-determined effort to deliver person-centered services and benefits to every eligible senior, especially those in the greatest economic and social need.

By encouraging collaboration among traditional and non-traditional partners, we can engage in more sophisticated and targeted advocacy work. Working together, we can ensure that more people are welcome at the table and come together in partnership on behalf of seniors, both individually and collectively. Moreover, protecting the independence of Older Americans Act advocacy, informing it through increased education and training, and integrating the many advocacy functions found through-

out the act, can build a more powerful aging network advocacy force.

Individual and systems advocacy is needed to build economic security and to respond to other critical issues affecting the lives of disadvantaged and vulnerable older adults. The OAA contains a robust foundation, including directives to the aging network to be visible advocates for older people by working to promote their autonomy and dignity, expand access to benefits, and

INVESTING IN AGING SERVICES RESEARCH AND DEVELOPMENT

BIG IDEA NO. 8



BY JAMES FIRMAN

How can we position the Older Americans Act for meaningful funding increases in the 2011 reauthorization and beyond? By making a more powerful case for what the aging services network can deliver in return.

In today's budgetary climate, it is not enough to believe that our services improve the lives of older people—we must be able to prove it. And if we really want to get the attention of policymakers, we need to prove that the network can help to slow the growth of the Big Three: Medicare, Medicaid, and Social Security (see *Bending the Curve on Entitlement Programs*, page 3).

The aging network believes strongly that our programs can help older people stay healthy, reduce hospital re-admissions, delay or avoid nursing home stays, and help people continue working longer and remain engaged in their communities. These outcomes, especially if replicated on a larger scale, could reduce demands on the Big Three and increase tax revenues—music to the ears of policymakers. But right now, we lack the proof needed to persuade those who matter the most: Congress and the Office of Management and Budget.

For much of its history and until 1995, AoA had a research and development

(R&D) program under Title IV that allowed the agency to support innovative projects. But most of the evaluations were insufficiently rigorous and didn't evaluate the outcomes that mattered to policymakers. In 1995, funding for discretionary R&D was virtually eliminated, thus crippling AoA's ability to foster and evaluate innovations in aging services.

That's why AoA needs a Chief Science Officer and a serious Aging Services R&D function. The Chief Science Officer, in turn, needs a budget for research and development to fund rigorous evaluation of demonstration programs and to compile and deploy the evidence base that already exists for many aging services.

AoA may be the only federal agency providing health and human services that doesn't currently have a serious R&D program. By contrast, the Centers for Medicare & Medicaid Services and the Veterans Administration together spent an estimated \$1.5 billion on health services research in 2007. Even a modest investment, administered well and focused on measuring the right outcomes, could transform the future of the aging services network and offer the country a creative approach to its most stubborn budget challenges.

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defend their rights. These mandates can be strengthened if the voices of older people themselves—especially those who are disadvantaged or vulnerable—are raised, so their views are incorporated into the solutions developed by policymakers.

Through the upcoming reauthorization, we should look for ways to reenergize the advocacy roles and responsibilities of the aging network and empower seniors to effectively advocate for themselves at the

local, state, and national levels. Our challenge is to effectively build upon and leverage current OAA advocacy provisions and resources and find new ways to improve the act to produce significant individual, systems, and policy-level outcomes for all seniors.

Sara Clary is NCOA's Director of Benefits Access Policy



BIG IDEA NO. 9

PLANNING FOR AND CREATING LIVABLE COMMUNITIES

BY SANDY MARKWOOD

Livable communities for all ages are defined as places where citizens can grow up and grow old with maximum independence, safety, and well-being. They are places that value and support people over their lifespan.

The aging of the baby boomers over the course of the next three decades will have a direct and dramatic impact on every community in the nation. The rise in the number of aging citizens will affect the social, physical, and economic fabric of our nation's cities and counties, dramatically influencing local policies, programs, and services in the areas of aging, health, and human services; land use, housing, and transportation; public safety and disaster planning; workforce and economic

development; and volunteerism, lifelong learning, and civic engagement.

Yet, few communities are ready to meet the challenge. Although state and local governments already have a mandate to develop and implement community infrastructure and service systems in a variety of arenas, their plans are often developed without consideration for the effects these will have on an aging population.

To help communities address the needs of their aging citizens, the 2006 reauthorization of the Older Americans Act included language to encourage state units on aging and area agencies on aging to broaden their planning efforts to promote livable communities for all ages.

Since then, the livable communities concept has continued to gain momentum. The aging community should be very encouraged by the Obama Administration's efforts to promote livable communities through the Partnership for Sustainable Communities, which was announced in June 2009 by three federal agencies: Housing, Transportation, and the Environmental Protection Agency. This initiative should translate into additional efforts to strengthen and provide resources to support OAA planning language in the 2011 reauthorization. Only then can we ensure that the assets and needs of older adults are realized in every community in this country.

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HELPING SENIORS OPTIMIZE ALL AVAILABLE RESOURCES

BIG IDEA NO. 10



BY ROBERT BINSTOCK AND JAMES FIRMAN

Today, more than 94% of all funds provided through the Older Americans Act support the provision of “gap-filling” services such as nutrition, job training and support, legal and protective services, senior centers, family caregiver supports, and other important programs. A compelling case can be made for increasing funding for these programs as a useful step toward keeping up with basic needs.

However, we believe there would be even greater benefit from ensuring that all older persons and their family members had access to highly visible, easily accessible “one-stop shop” resource centers to which they could readily turn to get effective help in coping with the challenges of aging. The resource centers would help individuals make optimal use of all available public and private benefits, services, and resources to meet their needs, including but not limited to the “gap-filling” services provided under the OAA. These resource centers, accessible via Internet, telephone, and in community locations, would provide comprehensive, person-centered services to help individuals assess their needs, understand their options, develop a plan of action, access services and benefits, follow up, and track their progress.

This is not an new idea: elements of these services already exist in the form of underfunded information and referral programs, limited case management programs, and the pilot Aging & Disability Resource Centers. However, we envision a much more robust and uniform set of services



that would be available to all who need them. The emergence of the Internet, decision-support technologies, and other interactive online tools make it possible to dramatically increase the reach, sophistication, and cost-effectiveness of resource-optimizing services in ways that were unimaginable even 10 years ago.

To achieve this vision, we believe there are two key issues to be addressed:

- Some re-balancing of funding under the OAA, so more funding is used to support resource-optimizing strategies.

- Making greater use of the Internet, decision-support technologies, and civic engagement strategies to increase access to and reduce the costs of delivering one-stop shop or resource optimization services.

Robert Binstock is professor of Aging, Health, and Society at Case Western Reserve University



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ADD YOUR VOICE

Let's work together to improve the Older Americans Act. What do you think of the ideas presented here? What are your big ideas for OAA reauthorization? Join the conversation!

The Exchange: Putting Ideas to Work for Older Americans

Visit this new online idea exchange powered by NCOA. Share, vote, discuss, and help us advance the best ideas for the 2011 OAA reauthorization. **Visit www.AgingExchange.org.**

Administration on Aging

AoA also wants to hear from you. See a list of OAA reauthorization events nationwide and find out how to submit your ideas online or by mail. **Visit www.aoa.gov.**