



Testimony of

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Aging in America: Future Challenges, Promise and Potential

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Thank you very much, Senator Kohl, Senator Grassley and members of the Special Committee on Aging. I am greatly honored to have been invited to participate in this forum which celebrates 50 years of accomplishments and contributions of the Special Committee on Aging. Throughout the Committee's existence, it has operated with strong bipartisan leadership. The Committee has consistently focused on major issues of importance to older Americans and their families – often shining a light for the first time on matters affecting the most vulnerable of our citizens and effectively gathering critical information, seeking effective strategies and proposing comprehensive solutions for addressing those concerns.

Fifty years ago, 1961 was a very important year in terms of beginning to set in motion a number of major events and milestones that have begun to reshape how our nation treats older Americans and persons with disabilities. That year not only saw the establishment of the Senate Special Committee on Aging, but also the convening of the first White House Conference on Aging. In talking about the significance of the White House Conference on Aging, Dr. Arthur S. Flemming, then-Secretary of Health, Education and Welfare said, “We have not yet adjusted our sense of values, our social and cultural ways of life, our public and private programs, to accommodate the concerns of this vast legion of old and aging people. For far too many people, old age means inadequate income, poor or marginal health, improper housing, isolation from family and friends, the discouragement of being shunted aside from the mainstream of life.”¹

¹ U.S. Department of Health, Education and Welfare. “Special Report: The White House Conference on Aging,” January 9-12, 1961, Washington, D.C.; U.S. Government Printing Office.

Though we have made significant progress, fifty years later we are still working to address the needs of seniors as articulated by Dr. Flemming. I have been asked to talk about three main questions:

- How far have we come from over the past five decades and where are we today?
- Where will we likely be in the next two decades?
- What two or three things, if changed, would put us onto a better path?

My remarks today will focus on those questions as they relate to Dr. Flemming's powerful words.

How far we have come from over the past five decades and where we are today?

Over the past fifty years there have been many efforts to reduce isolation, maintain dignity, and increase choices for older Americans and persons with intellectual and developmental disabilities, physical disabilities, and mental health needs. These efforts have all shared a common vision of providing alternatives to institutional care that are person-centered, consumer-driven and support individuals in their home. It has taken the shared responsibility and participation of advocates at the local, State and Federal levels, as well as the bipartisan support of members of Congress and State legislatures, including the visionary leadership of Senators from both sides of the aisle on the Special Committee on Aging, to take important steps that have led to greater choice, independence and dignity for older individuals and persons with disabilities. I would

like to summarize just a few of the many key milestones that document how far we have come over the past five decades:

- 1965 - Social Security Amendments of 1965 resulted in two key provisions impacting older Americans:
 - Medicare
 - Designed to help provide protection for the aged against the cost of health care.
 - Medicaid
 - Health coverage program for individuals and families with low income and limited resources.
- A third, complementary piece of legislation was the Older Americans Act (OAA)
 - Enacted to remove the economic/social barriers to independence for older Americans.
- 1987 – OBRA 1987 – Federal Nursing Home Reform Act
 - First major revision of the Federal standards for nursing home care since creation of Medicare and Medicaid; creates a set of national minimum standards of care and rights for people living in nursing facilities.
- 1990 – Americans with Disabilities Act (ADA)
 - Goal is to provide persons with disabilities (physical or mental impairment) the maximum opportunity for community integration.
 - Prohibits discrimination on the basis of disability in employment, Federal, State and local government, public accommodations, commercial facilities, transportation, and telecommunications.
- 1999 – Olmstead Decision
 - For persons with disabilities who would otherwise be at risk of institutionalization, States are required to provide community-based services if the placement is appropriate, the person does not oppose community care, and the placement is not a fundamental alteration of the State’s program.
 - States have a legal obligation under the ADA to affirmatively remedy any discriminatory practices.
- 2010 – Affordable Care Act (ACA)
 - Provisions to expand healthcare coverage and reduce healthcare cost growth while increasing quality.
 - Gives nearly all Medicare beneficiaries access to free preventive services.
 - Offers relief to seniors who reach the prescription drug coverage gap known as the “donut hole.”
 - Supports care transitions.
 - Extends the solvency of the Medicare Trust Fund.

These historic steps, in conjunction with Social Security, have helped to form a framework for reducing poverty, as well as establishing, supporting and protecting the rights, dignity and independence of millions of older Americans, individuals with disabilities and their family caregivers. In 1961, around one-third of the U.S. population aged 65 and over was living in poverty²; by 2009, the percentage of the 65 and over population living in poverty was 9.0.³

The Older Americans Act, supported by its nationwide aging network of 56 State and territorial units on aging, 629 area agencies on aging, 244 tribal organizations, two Native Hawaiian organizations, nearly 20,000 direct service providers, and hundreds of thousands of volunteers, has established a flexible and comprehensive infrastructure for providing low-cost home and community-based services. These person-centered services are designed to coordinate with the health care and long-term services and support systems funded by Medicare and Medicaid. Each year, nearly 11 million older Americans and 800,000 of their family caregivers are supported through the Older Americans Act's wide-ranging home and community-based system. As a complement to medical and health care systems, these services help prevent hospital readmissions, provide transport to doctors' appointments, and support some of life's most basic functions, such as assistance to elders in their homes by delivering or preparing meals, or

² Federal Interagency Forum on Aging-Related Statistics. Older Americans 2010: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. July 2010.

³ DeNavas-Walt, Carmen, Bernadette D. Proctor, and Jessica C. Smith, U.S. Census Bureau, Current Population Reports, P60-239, Income, Poverty, and Health Insurance Coverage in the United States: 2010, U.S. Government Printing Office, Washington, DC, 2011.

help with bathing. Because of the programs and legislative accomplishments that I have previously outlined, millions of Americans have lived more secure, healthier and more independent lives.

Where will we likely be in the next two decades?

Over the past fifty years we have taken a number of important steps in advancing toward Dr. Flemming's vision. Over the next twenty years, with the aging of the baby boom generation, we face many challenges and opportunities. In 1960, there were 16.2 million persons aged 65 and over, including 900,000 aged 85 and over.⁴ Today there are 40.2 million persons aged 65 and over, 5.8 million of whom are aged 85 and over.⁵ By the year 2030, it is projected that there will be 72.1 million persons aged 65 and over; 8.7 million will be aged 85 and over⁶.

One of the benefits of better health and longevity of the baby boom generation is that many older Americans lead active lives and are contributing members of their communities. More than 23 percent of seniors engage in some form of volunteer activities⁷. Volunteer programs funded by the Administration on Aging and the Corporation for National and Community Service (CNCS) sometimes provide the only

⁴ Federal Interagency Forum on Aging-Related Statistics. "Older Americans 2010: Key Indicators of Well-Being." Washington, D.C.: U.S. Government Printing Office, July 2010.

⁵ Federal Interagency Forum on Aging-Related Statistics. "Older Americans 2010: Key Indicators of Well-Being." Washington, D.C.: U.S. Government Printing Office, July 2010.

⁶ Federal Interagency Forum on Aging-Related Statistics. "Older Americans 2010: Key Indicators of Well-Being." Washington, D.C.: U.S. Government Printing Office, July 2010.

⁷ Derived from the Census Bureau's Current Population Survey supplement, as presented at [http://www.volunteeringinamerica.gov/special/Older-Adults-\(age-65-and-over\)](http://www.volunteeringinamerica.gov/special/Older-Adults-(age-65-and-over)). Accessed December 13, 2011.

human contact a homebound senior might have in a given day. For instance, many seniors volunteer to deliver meals to homebound seniors. Those volunteers do more than deliver nutritious meals. They also provide a crucial reprieve from isolation, as well as reassurance. In some cases, volunteers help to detect when abuse or self-neglect are present. Other CNCS volunteer programs provide opportunities for seniors to mentor children.

It is important to note that the older population is not only growing, but it is becoming more diverse, with the numbers of all racial and ethnic groups projected to increase significantly over the next twenty years. Our diverse elders will need a support system that is flexible, with person-centered assistance that is effective and respects a wide range of traditions, cultures, histories, and individual characteristics and frailties.

As I interact with components of the national aging services networks in communities throughout the country, I have seen firsthand the advancement of new technologies, exciting innovations and an entrepreneurial spirit in helping to support families, older adults and persons with disabilities of all ages. It will be our families and caregivers that will remain the cornerstone of our support systems. Though we are a diverse Nation, I believe we share the same values:

- Person-centered approaches
- Respect, dignity, empowerment, inclusion
- Valuing self-determination
- Independence

I see the next twenty years of our growing aging population not fraught with overly burdensome challenges, as some attempt to portray it, but as ripe with new opportunities. We need to continue to work together and build upon what we have learned and achieved over the past 50 years in helping frail older Americans, persons with disabilities, and their family caregivers receive lower-cost, non-medical services and supports. These supports are critical for providing the means by which these individuals can remain out of institutions and live independently in their communities for as long as possible.

What two or three things, if changed, would put us onto a better path?

This is a challenging question because, as I mentioned, there are a number of important opportunities before us that we can and should try to seize in putting us on a better path to fulfilling Dr. Flemming's vision.

One of these opportunities is prevention across the lifespan. The Older Americans Act, at its core, is about prevention - improving the social determinants of health. Additionally, thanks to the Affordable Care Act millions of Medicare beneficiaries are receiving free preventive services and getting cheaper prescription. Data show that 2.65 million people with Medicare have saved more than \$1.5 billion on their prescriptions – averaging about \$569 per person. And, as of the end of November, more than 24.2 million people with Medicare have taken advantage of at least one free preventive benefit – including the new Annual Wellness Visit – made possible by the Affordable Care Act. These important preventive services and wellness visits, which can help lower costs, prevent illness, and save lives. If we can continue to encourage, support and establish more evidence-based

prevention strategies that are applied to older adults and persons with disabilities, it will help address the epidemic of chronic diseases, and lower the health care costs associated with them. The Affordable Care Act is taking steps to implement a number of these strategies. We need to work to ensure that older adults and all adults with disabilities are actively engaged in disease prevention and health promotion efforts. Positive and effective collaborations between the aging, disability and public health networks are worth the investment and should continue to develop and expand.

Another important opportunity is to continue a holistic approach to health care through the integration of acute care, long-term care and community-based services. The beauty of the Older Americans Act lies in its holistic approach to care and services by focusing on the person's needs and preferences. As an example of this holistic approach, AoA and the national aging services network are working with the Centers for Medicare & Medicaid Services, hospitals, accountable care organizations, and a number of other partners to better manage the transition from when an individual leaves a hospital for home or another care setting. The approach is to ensure that Medicare patients have the information, discharge plan, and individualized community services necessary to support them at home or in their new setting. Nearly one in five Medicare patients discharged from the hospital is readmitted within 30 days – that is approximately 2.6 million seniors at a cost of over \$26 billion every year⁸. By investing in this strategy we can reduce health care expenditures, better address chronic diseases, improve medication management, and enhance the quality of life for millions of Americans.

⁸ Centers for Medicare & Medicaid Services. <http://www.healthcare.gov/compare/partnership-for-patients/index.html>

A third opportunity is that we need to continue to invest in community and person-centered services that can meet the needs of an increasingly diverse population. A key component of this strategy is supporting the concept of aging in place so that older persons and persons with disabilities of all ages can remain at home in the community with the appropriate supports and services for as long as possible. Included in this approach will be coordinating, with family caregivers and others, assistance that is tailored to individual needs, such as transportation, affordable housing, and a range of supportive services.

One example of building on this concept is a collaboration between the Department of Housing and Urban Development (HUD) and the Department of Health and Human Services to better connect aging and disability services networks with affordable housing communities. A goal with this effort is to implement a demonstration of promising models of coordinated health and long-term supports and services with HUD-assisted housing to explore the capacity of this combined approach to facilitate aging in place.

Another example of this approach is collaboration between the Department of Veterans Affairs, which has often provided assistance through institutional supports, and the national aging services network so that more person-centered community-based assistance can be provided to veterans of all ages who need long-term care in their homes, including recent veterans who have been wounded in battle, and aging veterans with chronic conditions.

And, as part of this effort, the Department of Health and Human Services' Office for Civil Rights and the Justice Department's Civil Rights Division are vigorously enforcing the Americans with Disabilities Act's integration mandate to ensure that State and local governments are fulfilling their legal responsibilities to provide adequate community supports.

In closing, over the past fifty years we have instituted a number of important legislative milestones that have brought us closer to reaching Dr. Flemming's vision, but we still have much to do to reduce poverty and isolation, maintain dignity, and increase choices for older Americans and persons with disabilities. I believe that most Americans share common values now and for the future – a future where we continue to increase alternatives to institutional care that are person-centered, consumer-driven and support individuals in their homes. A future where we continue to test innovative ideas and implement the best evidence-based practices. I commend the Senate Special Committee on Aging for your 50-year history of working towards this vision, and we look forward to working with you, Chairman Kohl, and the continued leadership of this Committee, as we move forward in our efforts to fully realize Dr. Flemming's vision for older Americans and persons of all ages with disabilities. Thank you.