

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**ADMINISTRATION ON AGING**

**House Committee on Appropriations  
Subcommittee on Labor, Health and Human Services**

**Hearing on FY 2003 President's Budget  
Tuesday, March 12, 2002  
2:00p.m. (Following SAMHSA)**

**PRINCIPAL WITNESS:**

**Josefina G. Carbonell  
Assistant Secretary for Aging  
Administration on Aging**

**ACCOMPANIED BY:**

**Kerry Weems  
Acting Deputy Assistant Secretary for Budget  
Office of the Assistant Secretary for Budget, Technology and Finance**

Chairman Regula and members of the Subcommittee:

Thank you for this opportunity to discuss the President's fiscal year 2003 budget request for the Administration on Aging (AoA). We look forward to continuing to work with you on issues important to America's seniors.

Today, Americans are living longer than ever before. Older Americans represent 17% of the total U.S. population. In 2000, there were almost 46 million Americans age 60 and older and 4.4 million of them were 85 or older. By 2030, the number of seniors 85 and older is expected to triple [13 million]. With longer lives come increased challenges in meeting the needs of America's fast-growing elderly population.

AoA is the Federal focal point and advocate for older Americans and their caregivers. We are part of a Federal, State, Tribal and local partnership and one of the Nation's largest providers of home and community-based care for the elderly. This partnership, called the "aging network," is made up of 56 State Units on Aging, 235 Indian Tribal Organizations, 655 local Area Agencies on Aging, and over 29,000 direct service providers.

Mr. Chairman, I have been a member of this network for 29 years as a community service provider and now as the Assistant Secretary for Aging. I have seen what funding from our programs does. I can tell you that it is the only hope for many, many older Americans. Many people have told me that without the programs funded by AoA, they would be in a nursing home or hospital. Mr. Chairman, I am committed to the elders we serve and to the community providers who serve them. I am proud that with all the other

important priorities, we have been able to maintain funding at this year's high level – and include some increases.

The aging network delivers assistance and services to older individuals and their families throughout the U.S. [It is the aging network, through programs funded under the Older Americans Act that delivers “meals on wheels” to those too frail to leave their homes. It prepares food and provides support services at senior centers. It provides transportation to thousands of disabled individuals. It provides critical supports to the caregivers of older relatives. It investigates and resolves complaints of nursing home abuses. It provides health screenings and many additional tasks associated with providing services to elderly individuals in their community.] AoA's programs are targeted to the most at-risk elderly, including those who live in rural areas, minority elders, and those suffering debilitating mental conditions such as Alzheimer's disease.

The FY 2003 President's budget requests \$1.34 billion to continue to support the well-being, health, and independence of older Americans and their caregivers. This level will fund all of our core services programs—meals, supportive services, caregivers, preventive health, Native Americans--**at or above FY 2002 levels**. This request also includes a \$2.4 million increase for our home-delivered meals and preventive health programs.

We are requesting \$745 million for nutrition programs. This amount includes funds previously appropriated to the Department of Agriculture to support the meals programs. Rather than continuing to fund these programs

through two separate appropriations, our request combines these funding streams—at the same total level of funding—to streamline their management and to increase program efficiencies. Mr. Chairman, in my previous position heading up a large nutrition program in Miami, I had to work with nearly sixty separate funding streams. As a local provider, I would welcome any reform that reduces reporting requirements and frees one up to provide services.

This year is the 30<sup>th</sup> anniversary of our nutrition programs [congregate meals, home-delivered meals, and meals to Native Americans]. These programs began as a three-year demonstration program, and over the years have provided almost 6 billion meals to at-risk seniors. In FY 2003, they will allow the aging network to provide over 301 million meals.

These programs are a key part of our nation's home and community-based long-term care system. They help America's elderly remain in good health and stay independent. However, they do much, much more. Besides meals, seniors receive nutrition screening, education and counseling. Participating also provides many seniors with a key social link to other people. Finally, these programs are targeted to those most in need -- nearly half of meal recipients are low-income elders. 27 percent are members of minority groups.

We are also requesting \$357 million for the Supportive Services program. This funding, along with the dollars provided at State and local levels, will allow the network to maintain current levels of service. Supportive Services funding allows a community to provide rides to medical appointments, grocery

stores and drug stores. It provides handyman and chore services so that older persons can stay in their homes. It also is used for community services such as adult day care, health education activities and information and assistance.

In addition to our programs that directly assist the elderly, AoA now assists those who care for the elderly and those with disabilities. The National Family Caregiver Support Program was created as part of the recent reauthorization of the Older Americans Act. It provides information on available resources and assistance in locating services. It also funds caregiver counseling, training, peer support, and respite care. More than seven million people are caregivers for their spouses, parents, other older relatives and friends. These caregivers are mostly women and are frequently older and vulnerable themselves. They juggle multiple responsibilities, and have high rates of depression. Caregiving supports, such as those provided through our new program, have a large positive impact on the ability of caregivers to provide support for their loved ones. They also increase their ability to provide quality care in a home or community-based setting. In FY 2003, our budget requests \$141.5 million, including \$5.5 million for the Native American Caregiver Program. This amount, the same as FY 2002, will help maintain the current level of services for the caregivers who so desperately need them.

The AoA budget request includes \$28 million for Title IV Training, Research and Discretionary Projects. In FY 2003, we are asking for \$18 million to continue ongoing Title IV projects and an additional \$10 million that allow us to test the effectiveness of new and innovative programs that improve the

quality of life for all older Americans and their families. Historically, Title IV has funded grants that later became Older Americans Act programs and services. The same programs and services that older persons and their families rely on to maintain their independence and dignity.

Pension Counseling and the Eldercare Locator, now permanent activities under Title II, Aging Network Support, began as demonstration projects under Title IV. They became permanent activities when the Older Americans Act was reauthorized in 2000. The FY 2003 budget request for Aging Network Support Activities is \$2.4 million. This funding will sustain efforts to expand the impact of these programs that we are beginning this year.

Our Preventive Health Services programs provide health screenings and risk assessments for a range of preventable illnesses and chronic diseases. Programs are designed to prevent some of the key health issues affecting older individuals. These programs include efforts to:

- Prevent and reduce alcohol and substance abuse
- Smoking cessation
- Manage the many medications seniors often take
- Guard against dangerous drug interactions and
- Highlight the importance of remaining physically fit as a means of preventing the onset of chronic disease and maintaining good health.

Our FY 2003 budget request for these activities is \$21.5 million. This is a \$439,000 increase from FY 2002 that will help us focus on the Secretary's health priorities including diabetes, cardiovascular disease and obesity.

Our network also provides meals and supportive services to Native American and Native Hawaiian seniors. Our request for these services totals \$28 million in FY 2003.

Through State long-term care ombudsman programs and elder abuse prevention programs, AoA funds help protect vulnerable older Americans. These programs are central to the advocacy role mandated by the Older Americans Act. The FY 2003 budget request is \$18 million which would maintain funding at the current appropriation level.

We all know that Alzheimer's disease takes a heavy toll on its victims, their families, and on our health care system. Each year, new research helps to improve the effectiveness of care for people with Alzheimer's disease. The Alzheimer's Disease Demonstration Grants to States program uses this research to demonstrate effective models of care for persons with Alzheimer's disease. These grants have proven to be very successful. They have helped expand support services to victims of Alzheimer's disease, particularly for hard-to-reach minority, low-income, and rural families. Our request for FY 2003 is \$11.5 million.

And finally, our budget requests \$19 million for Federal administration. This is a reduction of almost \$90,000 below the FY 2002 level. Less money is needed in FY 2003 as a result of planned management initiatives. The \$19 million request includes a little more than \$1 million to cover the full share of accruing employee pensions and retiree health benefits associated with the proposed Managerial Flexibility Act of 2001.

Along with our FY 2003 budget, we have provided the Committee with our performance report for FY 2001 under the Government Performance and Results Act (GPRA). Also included is our performance plan for this year and next. I am very pleased with our progress in measuring the results of our programs. AoA has identified many relevant program performance measures and we are seeing results. AoA's GPRA performance plan and report reflect a significant improvement over previous plans and reports. This is due in large part because of the efforts of States and local area agencies on aging to improve the availability and quality of their data. I would like to commend our partners for working with us on this.

These preliminary findings indicate that the aging network is producing the results that Congress has sought through the Older Americans Act. Very high proportions of our service clients are poor and have disabilities. The network is targeting services to the most vulnerable elderly individuals in the country. The aging network improves the lives of people served and leverages funds from other sources in amounts even higher than the grants provided by AoA.

While there are still many challenges, I am excited about the progress and results of recent activities at AoA. We are beginning to show on paper what we who work in the aging network have known all along. The aging network, under the leadership of AoA, is effectively using the dollars entrusted to us to reach out to meet the needs of America's vulnerable elders; thus



ensuring that ALL Americans have the opportunity for independent, productive, healthy, and secure lives.

Thank you, Mr. Chairman, for your time. I will be happy to answer any questions you and the members of the Subcommittee may have.

**JOSEFINA G. CARBONELL**

**ASSISTANT SECRETARY FOR AGING  
ADMINISTRATION ON AGING**

Ms. Carbonell was appointed by President Bush and confirmed by the U.S. Senate on August 3, 2001 as the Assistant Secretary for Aging, and head of the Administration on Aging (AoA). The AoA, established in 1965 by the Older Americans Act, is the official federal agency dedicated to policy and program development, planning, and the delivery of supportive home and community-based services to older persons and their caregivers.

Prior to joining HHS, Ms. Carbonell was President and CEO of Little Havana Activities & Nutrition Centers (LHANC) in Dade County, Florida, an organization she helped establish in 1972. During her tenure at LHANC, Ms. Carbonell led efforts to implement Florida's "Volunteer Health Professionals Program" and established the Pro-Salud Clinic, a state pilot program providing primary health care, preventive screening, health promotion and medication control to older adults and their families.

Ms. Carbonell is nationally recognized for her work and is the recipient of numerous awards, including the 2001 Claude Pepper Community Service Award, the 1997 Social Security Administration Commissioner's Team Award, the 1997 United Way Monsignor Bryan Walsh Outstanding Human Service Award, the 1995 National Alliance for Hispanic Health Community Service Award, the Miami Herald Charles Whited Spirit of Excellence Award in 1993, and the 1992 Miami Citizen of the Year Award. She has served on numerous boards, including Excellence in Long Term Care, Aging with Dignity, the National Coalition of Hispanic Health and Human Services Organization and the National Committee to Preserve Social Security and Medicare. An expert in ethno-gerontology, Ms. Carbonell also provided technical assistance to DHHS' Office of Refugee Resettlement in linking older refugees to mainstream aging programs.

Ms. Carbonell attended Florida International University and was the recipient of a fellowship in health management at the John F. Kennedy School of Government at Harvard University, and is an alumnus of the Program for Senior Executives in State and Local Government.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF MANAGEMENT AND BUDGET  
BIOGRAPHICAL SKETCH

**NAME:** Kerry N. Weems  
**POSITION:** Acting Deputy Assistant Secretary for Budget  
**BIRTHPLACE:** Portales, New Mexico  
**EDUCATION:** B.A., Philosophy, New Mexico State University, 1978  
BBA, Management, New Mexico State University, 1978  
MBA, University of New Mexico, 1981

**EXPERIENCE:**

2001 - present Acting Deputy Assistant Secretary for Budget, HHS  
1996 - present Director, Division of Budget Policy, Execution and Management, HHS  
1991 - 1996 Chief, Budget Planning Branch, HHS  
1988 - 1991 Program Analyst, Office of Budget, HHS  
1983 - 1988 Program and Budget Analyst, HHS (Social Security Administration)  
1981 - 1983 Staff Member, United States Senate

**HONORS AND AWARDS:**

2001 Presidential Rank Award  
1995 Secretary's Distinguished Service Award  
1993 HHS Senior Management Citation