

OLDER AMERICANS ACT REAUTHORIZATION INPUT

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I appreciate the opportunity to provide input concerning the reauthorization of the Older Americans Act. Assistance Secretary Greenlee should be commended for hosting listening sessions and seeking input far in advance of the reauthorization deadline. This inclusive approach to data gathering will only enhance the practicality of the Older Americans Act, even 45 years after its inception.

Nationally, there has been increased demand for home-delivered meals (Title III-C-2) and, in some areas, reduced demand for congregate meals (Title III-C-1). It is requested that all nutrition funding be combined into a nutrition category, and that the allocation of funding between congregate and home-delivered meals be determined at the AAA level.

Means testing is opposed for OAA programs and services. The cost of obtaining and certifying this information would far exceed the benefit. However, guidelines that more emphatically encourage cost-sharing contributions are recommended. Also, guidance on the factors determining greatest economic need and greatest social need should be clarified.

Supportive services funding has been stretched to its limit. To a large extent, the aging network has provided specific services for a limited number of individuals or placed people on waiting lists, especially in rural areas. It is recommended that the scope of supportive services be limited to a coordinating role in the areas of legal services and transportation.

The effectiveness of disease prevention and health promotion has been hampered by a lack of funding, especially in rural areas. The requirement that all programs be evidenced-based has increased the program costs and stifled creativity. Funding should be increased for disease prevention programs, and demonstration projects should be established to fast-track the research for evidence-based programs.

There are not enough geriatricians in the health care system to meet current demand for trained professionals. OAA should allow the Assistant Secretary to implement programs to stimulate interest in geriatric education.

Currently, there is an emphasis for outcome based measurements for all Title III programs and services. OAA does an exemplary job of providing guidelines and collecting data that ensure program integrity. AoA should conduct small scale research projects to develop outcome measurements that can be applied to all programs. OAA programs are some of the most cost effective federally funded programs. We should not have to spend an inordinate amount of time chasing "outcomes," because we have millions of positives outcomes every day.