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Visioning for the 2011 Reauthorization of the Older Americans Act

Good Afternoon Ladies and Gentlemen:

Thank you very much for the opportunity to share with you some of my thoughts about the future vision for the Reauthorization of the Older Americans Act. I have been in the Aging Network now since 1980 and I can't remember a time I have been more excited and energized about the future possibilities of our network.

I am the AAA Director from Centralina Area Agency on Aging in Charlotte, North Carolina. As the largest region in the state based on population, I have nine counties which includes the largest city and one of the smallest and poorest counties in the state. Because my region is so diverse, I believe that many of the issues we encounter are similar to those across the rest of North Carolina.

Person Centered Access to Information is the first issue I wish to discuss. From my early days in the network, one of the things we constantly heard was "I don't know where to go to find out about services." Through the years, our Network has tried several approaches. One of the things we know is that people don't hear about aging services until they have a need to access services. People need to know about services before there is a problem and as we know in the marketing world, we need to tell a person seven times before it sticks. The most recent approach we have taken in North Carolina to address this issue is implementation of Aging and Disability Resource Connections. North Carolina has four active Aging and Disability Resource Connections with four others in progress which will cover approximately 48% of our population. I believe North Carolina's "no wrong door approach" will have a significant impact on helping individuals access services and information. However, a new person centered approach alone will not solve the problem. Our Aging and Disability Resource Connections must have the administrative support through both funding and staffing in order to effectively carry out this mission. As you know, effective Aging and Disability Resource Connections are based on strong collaborations with other organizations. Building and maintaining a strong collaboration takes time, consistency and dedication. Over time, it will be increasingly important to have identified supports with an established role to maintain a healthy collaboration. The Reauthorization of the Older

Americans Act needs to raise Person Centered Access to Information to a higher level of priority.

The second issue that I see in North Carolina is to broaden, strengthen and support the unique role of AAAs and Title VI aging programs in strategic community planning to promote the ability of older adults to live successfully and independently at home and in the community for as long as possible. Within the next ten years 75% of the counties in our state will have a higher percentage of older adults than persons under age 17. Even knowing this, it has been a challenge to help our local communities understand what this could mean and to take strategic community planning seriously. Mixed use communities, wider sidewalks, larger street signs and enhanced mobility are not things that can be done overnight. Older adults want to stay at home. Their caregivers are willing to help them stay home. Having a bathroom with a walk-in shower or an extra wide door or a ground level access to the house could make a difference in an individual remaining at home or going to some type of facility. If we can help individuals and communities understand the full implications of Aging in Place, we can extend older adults ability to live successfully and independently. We need to broaden and strengthen the language and capacity in the Act for Area Agencies to conduct and implement Strategic Community Planning.

A third issue that I find quite compelling is evidence-based health promotion and disease prevention activities. My region and the state of North Carolina has been fairly aggressive in implementing evidence-based health promotion and disease prevention activities. We are hearing and seeing from older adults the positive impact these programs have. We know that helping people stay well, active and independent is the best thing for the individual and the community. My concern is that full implementation of these programs requires strong administrative support to assure fidelity and efficacy of the programs. We already hear trainers that we have trained three-four years ago ask if they can reduce the number of days of a workshop or leave out parts of the program. Our regional staff has been very deliberate in providing follow-up training for our trainers, tracking workshops offered and assuring that trainers stay within the requirements of the particular program. This is time consuming. However, if we don't assure that this is done, programs that were once effective may no longer produce the relevant, research based results.

In addition, we know that an adequate supply of services like In Home Aide, Housing Home Improvement, Transportation, Legal Services, Adult Day Care, Senior Centers, or consumer directed services provide the support needed for an individual to be able to stay at home. We have waiting lists in North Carolina for these services. Although our state provides additional funding to provide these services, it is still not enough. My smallest county's annual budget for In Home Aide is \$123,237 and served 53 individuals. The average rate for a nursing home is \$6,000/month. If the In Home Aide funding could only be used for a nursing home, this little county would only have enough money to support one person for the year and a second person for 8 ½ months.

Not only do these services support the individual but they also support our millions of caregivers. We all know that many older adults could not remain in the home without the support provided by their family caregivers. In addition to having services available like In Home Aide, Transportation, Nutrition and all the others, we must pay particular attention to our Caregivers so that they can continue to play the vital role in our community and with their loved ones.

The last issue I would like to address is the capacity of the Aging Network. I have heard AoA staff talk about what "Our Network" can do. Implementation of the Medicare Prescription Drug Program introduced Our Network to the Centers for Medicare and Medicaid. More recently the likes of the Federal Communications Commission, US Department of Commerce, and the National Telecommunications and Information Administration discovered Our Network through the transition to digital television. Even more recently the Veterans Administration is beginning to discover Our Network. This collaborative work is important to the lives of the older adults we represent. We must also improve and expand the traditional work outlined in the Older Americans Act. But if we are to be successful, we must increase our staff capacity. And I believe this is an issue for our Area Agencies on Aging, our State Units as well as the Administration on Aging.,

In summary, I would like to emphasize two points:

- 1) The Reauthorization of the Older American's Act needs to broaden and strengthen the capacity for Person Centered Access to information, evidence-based health promotion programs and expanded capacity for community services, including Family Caregiver Support, to divert individuals from the nursing homes.
- 2) The Reauthorization of the Older American's Act needs to expand the capacity of the Aging Network. In many of the situations I have discussed today, it boils down to having enough staff to fully implement programs needed by older adults.