OLDER AMERICAN ACT REAUTHORIZATION WRITTEN TESTIMONY

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Feedback mechanism: Three (3) Survey Monkey tools deployed during week of 2/1/10. Also, small focus group held on 2/4/10.

PRIMARY suggestions for OAA Reauthorization: Based on all of the feedback collected, these issues surfaced as primary suggestions:

- Create permanent, federal supporting (funding) mechanism for the critical **Adult Day Health** program.
- Explore **means testing** or using other eligibility criteria to ensure those who most need services get them given the criticality of prioritization of funds at both the state and federal levels.
- Need more **evidence-based disease prevention programs** that are affordable for small rural programs.
- Identify ways to foster better **health** choices since that is the real origin of most individual's challenges. Support more health literacy, smart food choices, active lifestyle training, etc.
- Greater flexibility with service dollars to meet critical, new **gap needs.**
- Increased funding for OAA Title III-B services to allow for:
  - **mental health and substance abuse services** in rural areas
  - **suicide prevention** education
  - safe and affordable **housing**
- Increased funding for **emergency preparedness** activities targeting the aging population and vulnerable adults.
- Continued priority and funding for the **ADRC** initiative.
- Growth in support of **caregiving** program.
- Addressing the challenge of an effective, affordable **transportation** program, particularly in heavily rural areas.
- Consideration of allowing the State Unit on Aging to use more than the presently restrictive **5% for operations**
- Relative to funding, consider lowering the required **state match** imposed on states.

SECONDARY suggestions for OAA Reauthorization: Based on all of the feedback collected, these issues surfaced as secondary suggestions:

- Give **SUAs greater flexibility** in policy interpretation and compliance
- **Dental services** for seniors
- Possibility of loosening restrictions on:

- o **cost sharing**
- o **voluntary contributions**
- Creating a consistency in what is allowable for **AAA/project indirect costs**
- Improved **training systems** and technical assistance (for states and from TA centers nationally) that is thorough and consistent
- Consider **combining funding** for C1 & C2 (Congregate and Home Delivered meals)
- Criticality of **financial planning**
- Look into possibility of **sliding scale fee structure**
- Consider raising **eligibility age** from 60 to something like 70
- More emphasis placed on **Grandparents Raising Grandchildren**
- Financial assistance with **Assisted Living**
- **End of Life** information/training
- Stronger support for **Adult Protective Services**
- **Salary minimums** set for staff throughout the network
- **Recreation & Social programs** that can help stave off depression and isolation
- Emphasis on **chore services**
- Emphasis on **companionship programs for homebound seniors**

Top areas of concern: Based on all of the feedback collected, these issues surfaced as the top areas of concern:
- Inability to properly **fund** demand for programs
- **Services vs. Need**: funding is tied to services rather than tied to need
- **Cultural** challenges within service delivery
- **Rural** isolation and high cost for service delivery
- Proper, relevant and valued **data collection**
- Continued challenge of **navigating service system**
- **Information exposure** doesn't become real or relevant until a need – often a crisis – occurs
- **Aging network capacity**
- Limited number of trained **geriatricians**
- Proper **technology utilization**
  - o Timely, comprehensive information that is readily available
  - o Recognizing, however, the importance of human "touch"
- **Eligibility determination** potentially becoming so laborious that it stifles the system
- Given such limited funding, **prioritization** within programming which can be dicey.