

Kansas Department on Aging
Older Americans Act Reauthorization
Listening Tour Comments
February 18, 2010

Thank you for the opportunity to provide input on the Older Americans Act reauthorization. This is a critical time for those of us who work in the field of aging services, as we face unprecedented funding pressures at the state level and increasing needs on the part of the people we serve. There has never been a greater need for aging services that focus resources in ways that are effective and efficient, while allowing states and local aging service providers to adapt services to the needs of the communities they serve.

We welcome the opportunity to provide input to the reauthorization process. In addition, we also view the proceedings as a chance to gather information we can use to improve our services and refocus our dwindling resources. Thank you for scheduling these meetings which will provide an essential forum for state units on aging and their local affiliates.

I have a number of concerns related to the Older Americans Act as we move forward. First, and not necessarily directly related to reauthorization, is the growing need for nutrition services, in-home care, care giver support, chronic disease self-management, and other services, while federal funding levels remain relatively unchanged. Given the current state fiscal crisis and corresponding efforts to restrain federal discretionary spending, we see a growing gap between the need for services and the ability of our agency to provide access to needed resources. The gap will continue to grow for the foreseeable future as a result of the ongoing economic stress and demographic shifts.

In spite of the resource shortfall there is a need for long range planning, including funding, to address the needs of the growing population of aging adults that will reach its peak in the next 20 to 30 years. As has been so often noted, the needs of the Baby Boom generation will pose unprecedented issues for the care system for the aging. I believe it would be helpful now to begin a formal planning process for systems of care that can adapt to the needs of the growing aging population.

I recommend strengthening and increasing funding for Part D, Disease Prevention and Health Promotion Services, based on evidence-based practices. However, only evidence base program models should be funded. Perhaps it would be more effective if the state agency selected the program model or design for its state. I think there could be cost efficiencies associated with implementing one model statewide.

The Older Americans Act advocacy elements should feature lifestyle choices and preventive health habits. It's never too late to change lifestyle habits that help maintain or improve health and delay the onset of chronic diseases. The aging network has an interest in supporting health promotion activities among all age groups, as some of the best determinants of healthy aging are healthy choices throughout life. These initiatives may involve groups including elementary &

high schools, colleges, and employers in initiatives to promote healthy lifestyle and may also reduce health care costs.

We recommend a review of the intrastate funding formula, especially as it relates to frontier areas, minorities and low income. Problems of isolation among the senior population are made worse by physical distances encountered in the more rural areas. As younger family members relocate to urban areas, elders are many times left with a depleted safety net of resources they need to live safely in their homes. The deterioration of the rural infrastructure, affecting systems including transportation and communication networks, will pose more challenges for seniors in the future.

Again, thank you for the opportunity to share our concerns about the aging network and the Older Americans Act reauthorization.