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The Older Americans Act has facilitated much improvement in the lives of older adults. It also has much promise which could be more fully realized.

Elder Rights:

While the Older Americans Act promotes elder justice, including elder abuse prevention and ombudsman services, much more needs to be done. For example, in California Adult Protective Services had, for a period of time, been able to increase its services so that more elders were helped to improve their lives and become safer. However, these advances were lost when budgets were severely cut.

But even worse is the situation of elder protection in institutional settings where the most physically and cognitively impaired reside, particularly those in skilled nursing facilities. As people live longer, the risk of physical and cognitive impairment increases, sometimes leading to skilled nursing facility placement. Yet, despite this growth in the older population, the number of ombudsmen available to protect elders in skilled nursing facilities has never been adequate, but has even shrunk more drastically. Elders in SNFs are vulnerable, and often unable to defend themselves. Although in some SNFs, the staff are adequately chosen, trained, paid and given time to take care of their residents, in many SNFs, the residents need to have an ombudsman for protection. The service of investigating and protecting the rights of nursing home residents falls to very few individuals, many of whom are volunteers. The OAA must significantly increase the number of trained, paid individuals who have adequate time to investigate and bring about changes in the SNFs where elders are being neglected or abused.

Healthy Aging:

20% of older adults have significant mental health symptoms. Compared to younger adults, older adults are three times less likely to report receiving treatment for mental health problems. Whereas 12 to 13% of the population is over 65, only 1 to 6 % of mental health professionals specialize in geriatric mental health (3.6% of social workers, 3% of psychologists, 1% of nurses, 6% of psychiatrists). There is a significant need for mental health professionals to receive training in working with the geriatric population. As well, there is a significant need for other professionals and para-professionals who are in contact with older adults to receive training in recognizing mental health needs in older adults, and methods of helping older adults to access mental health care. Because older adults may be hesitant to accept mental health care and because fewer professionals are trained in geriatrics, allied partners in the older adult field need training to facilitate the process of identifying and facilitating mental health services to elders.

Also in the area of healthy aging, it is critical that the OAA promote services which undergird the safety net for frail elders in the community, helping them to avoid institutionalization. Recent cuts in California, and I expect in other states, have significantly reduced services such as case management Linkages, Adult Day Care, Adult Day Health Care, MSSP, IHHS. A way of returning these critical services to at least an adequate level of service provision must be found.