

STATEMENT OF
KELLY VAN NOY, CHAIRMAN
UTAH ASSOCIATION OF AREA AGENCIES ON AGING
AOA LISTENING FORUMS ON THE REAUTHORIZATION OF THE
OLDER AMERICANS ACT
March 3, 2010

The following comments are made on behalf of the Utah Association of Area Agencies on Aging.

We are honored to have the opportunity of submitting our recommendations regarding the reauthorization of the Older Americans Act. This process has inspired myriad aging network providers to plead for recognition of their varied and unique priorities and cry for increased funding. However, strengthening the language and potential of the Older Americans Act to make a greater difference in the lives of our seniors and communities is different. To this end, we offer the following observations.

Reinforcing partnerships between federal, state and local entities is imperative while focusing on the critical needs of isolated elderly. Retaining separate Titles in the Act (e.g. IIIB, IIIC1, IIIC2) with option for transferring funds, minimum set asides and match requirements helps assure the continuation of dialogue and active involvement between partners by providing a meaningful framework. The Act's mechanism of Area Plan development further provides for bridging and balancing priorities but only to the extent that flexible elements are in place to substantiate the involvement of partners. Ultimately, even the most healthy and relevant local innovation is more likely to occur by keeping everyone at the table while negotiating allowances and waivers.

It would be better to permit rather than require the National Family Caregiver Program Title III E to serve caregivers of grandchildren until additional resources are available. The caregiver program could also be more effective without the distinction and double classification between types of information services. Currently, I&R provided in groups or mass is Information but done individually and it is to be counted as Assistance along with care management. However, most of these contacts are fairly informal, do not naturally lead to the collection of reportable personal information and certainly do not compare to care management in scope or expense. Yet, they are classified together.

Summarizing a few other points, we prefer that the age of eligibility remain at 60 rather than moving to 65 or 70. We see very few people younger than 65-70 who don't really need our help. It is important to us that "means testing" and cost sharing be avoided because of the hardship on seniors. We support the emphasis on evidence-based programming especially with preventive health and wellness. The development of creating livable communities would be more appropriate if it were broad enough to include rural and frontier areas.

Finally, we generally support the recommendations made through N4A's Visioning Guide for the 2011 Reauthorization of the Older Americans Act with a few exceptions. These are regarding our interest in strengthening traditional along with critical services, diverging concepts in mobility management and the limitations of single entry point systems. We offer our hope that reauthorization will result in an Older Americans Act that provides for an optimal balance between framework and flexibility for Area Agencies on Aging to develop and provide the most locally relevant programs. Changes must be considered very carefully to mitigate unintended consequences while assuring an actual strengthening of the aging network: one that appropriately includes isolated populations of seniors while addressing the challenges of this massive "age-wave."

