

AoA-Convened Listening Forum
OAA Reauthorization Input Event
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Hyatt Regency, San Francisco, CA

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I come to you with greetings from Idaho's six area agencies on aging, one of 13 of our country's minimum funded states. This is a total of 26% of states, some of which are referred to as frontier states.

In 1997, a group of rural and frontier experts from around the country was convened by National Center for Frontier Communities to develop an appropriate way to categorize and define frontier areas. Although it took almost a full year, the group did reach a consensus recommending a weighted matrix named the Consensus Definition and in April of 1998 a final report entitled "Frontier: A New Definition, the Final Report of the Consensus Development Project," which is both archived online at <http://www.frontierus.org/consensustemporary.htm> and available from the National Center for Frontier Communities. This consensus definition has been formally adopted by both the National Rural Health Association and the Western Governors' Association and most recently has been used by the National Institute of Mental Health to develop a frontier mental health research initiative. We urge AoA to examine the definition and consider its relevancy in the funding formula for the Older Americans Act.

Economists in the United States Department of Agriculture recently determined that overall, rural areas receive slightly less funding per capita (\$6,020) than metropolitan areas (\$6,131). ("Federal Funding for Rural America: Who Gets What?" By R. J. Reeder and S.D. Calhoun. Amber Waves, September 2002.) What is of particular concern is that in rural areas there are too few alternative sources of employment, it is more expensive to provide public and private services, attracting doctors is hampered by too few patients to pay the bills, and

service delivery is more difficult and costly to provide. Furthermore, relationships with local governments have been easy to maintain as long as there is an understanding that the tax base is no place to look for local support to match federal dollars.

Local Government Studies – Volume 30, Number 2, June 2004, pp. 156-181

Article entitled “Community Involvement in rural Regeneration Partnerships: Exploring the Rural Dimension”

The paper concludes that, whilst there are some commonalities between such involvement across urban and rural communities, there are also challenges particular to rural areas.

- ✓ In addition to spatial features
- ✓ Scarcity of human capital and a
- ✓ Lower resource level—such as access to foundations, private donors, and volunteers

Rural Information Center—Bulletin No. 710, February 1995

Article entitled “Understanding Rural America” identifies a set of principles that take into account the different rural conditions and trends that show promise in helping rural areas and people realize their goals.”

- ✓ Create “artificial scale economies” to counter the higher costs of government and business due to small-scale, low-density settlement patterns.
- ✓ Improve the competitiveness of rural firms by enhancing the core skills of both management and labor.

Center for the Study of Rural America – “The Main Street Economist”, July 2001

Article entitled “Focusing on Differences: A New Approach for Rural Policy?”

“Place-based policy recognizes that by forming partnerships rural communities and businesses can provide more opportunities for all, even if those opportunities are different from one region to the next.”

You will hear others call for additional flexibility at the local level and Idaho wants to go on record in support of that concept.

The old model of community development, where planners explore policy change, develop options, and seek community support for those options, is no longer viable, especially in rural communities, yet is still a frequently used model. We have learned in Idaho that community development must involve the community at many levels and through several methods very early on. It takes a tremendous amount of effort and diligence on the part of all concerned but the end result will bring about plans and services that are compatible with community expectations and capacity.

You will hear advocates in favor of targeting services to those most in need. In Idaho we are living that reality with the Older Americans Act currently defining who that target population is. Throughout Idaho we are managing waiting lists that rank people based on those very targets. On rare occasions we can remove a person from the waiting list and offer them services. The end result has been a preponderance of service to those with significant needs and very low income, causing our dollars to reach fewer and fewer people as service levels climb and cost sharing declines.

You will hear many advocates in favor of adding new programming, when in Idaho we struggle to deliver on what is currently in the Act. Title III (support services), Title IV (health independence), Title VI (Native Americans), and Title VII (Vulnerable elder rights protection) need adequate funding before new programs are a consideration.

In Idaho hope springs eternal that one day unfunded and underfunded mandates in the Act will be properly addressed. For example:

- From Title IV development and operation of systems for the delivery of mental health screening and treatment services for older individuals who lack access to such services. Elders account for one in every five suicides

and in Idaho elder males are six times more likely to complete suicide than all other age groups.

- From Title IV support for multigenerational and civic engagement activities designed to meet critical community needs.
- From Title III the earmarking of dollars to provide specific programs, such as Medications Management, where dollars in one Idaho Area Agency on Aging amounts to \$3,680. How can we be efficient, effective, and responsive with ear markings of this nature?
- From Title III case management services where Idaho social workers carry case loads between 200 and 300 clients per year.
- From Title III caregiver respite where caregivers feel blessed to come off a waiting list because they have surgery planned and no way to receive respite except for the support of Older Americans Act funds.
- From Title VII where elder rights are protected.

It is hoped our governmental bodies, both legislative and administrative, never allow the stories to become common of how our elders and their families are suffering. Idaho asks that your vision for reauthorization be similar to that expressed by Justice Oliver Wendell Holmes in 1931 at the occasion of his 90th birthday. Everyone about him was celebrating and after the pinnacle of the affair Justice Holmes unexpectedly approached the microphone commenting: “In this symposium my part is only to sit in silence. To express one’s feelings as the end draws nigh is too intimate a task. But I may mention one thought that comes to me as a listener-in. The riders in a race do not stop short when they reach the goal. There is a little finishing canter before coming to a standstill. There is time to hear the kind voices of friends . . .”