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Olympic Area Agency on Aging
Washington Association of Area Agencies on Aging
Administration on Aging Listening Session on the
Reauthorization of the Older Americans Act
March 3, 2010

Good Afternoon; esteemed colleagues from the Administration on Aging, fellow Area Agencies on Aging and Title VI Programs, State Units on Aging, and Aging Network Providers and Elders.

My name is Roy Walker, and I have the honor of serving as the Executive Director of the Olympic Area Agency on Aging, a council of governments comprised of our 4 member counties in western Washington, home of the Olympic National Park, and the town of Forks (for those of you who are “Twilight” fans).

I also have the honor of serving as the chair of our state association of 13 AAA’s, including two tribal nation AAA’s; the Washington Association of Area Agencies on Aging, or W4A.

Washington’s aging network, like many states’, has had a long and active history of supporting the development of programs and services for older people and their caregivers. This partnership of the SUA, the AAA’s, community providers, affiliated advocacy organizations and strong individual aging advocates, has focused on the development of a broad array of services to provide options for our elders, so that they can choose their preferred paths to aging; to be their “best selves” as older people. As one example, we are particularly proud of the work we have done to rebalance our long term care system. Much of this success is derived from the framework of the landmark Older Americans Act (OAA), and we are thankful for its existence and function. The primary OAA principles of the AAA’s building on the unique strengths and needs of our local communities, and serving as the focal point for planning, service development, coordination and advocacy, has been very effective in Washington State, and W4A, our association, feels strongly about the importance of these key core functions. Planning, service development and coordination, and especially advocacy.

So, what should change about the OAA?

Money: Of course, we could do a whole lot more with more resources. Our biggest recommendation to the federal administration and congress is that we be provided the additional resources to truly provide all elders with the options they could use to succeed as aging members of their families and communities. The lack of growth in resources to match inflation and demographic growth has limited our abilities to support families and elders in significant ways. Recent

increases have been encouraging, but we need more. Many successful pilots have not been able to spread to scale.

Flexibility: as well as the OAA has served as a framework to initially roll out the aging networks across the country, we need more flexibility to respond to the changes occurring in our countries families and communities. Considering the amazing diversity and complexity that exists now, compared to the mid 20th century, we need more flexibility in how we use these limited resources. Some of the flexibility needed would provide for more active consumer engagement and direction. Given the growth in population and probable lack of resources to match, the biggest untapped “resource” in this environment are older people themselves. We need the flexibility to re-engineer programs to create a more active role for older people and their families, as well as other non-traditional resources in our communities. Too much infrastructure has been developed across the country in silos by target population, age, disease or market. As an example, in my local community, a small population base, there are central commercial kitchens in: schools, the hospital, community centers, and local restaurants. Senior nutrition programs struggle to provide meals while they duplicate expensive equipment resources, as do many of these other institutions. The same goes for transportation. We need our funding and requirements to be flexible enough to develop partnerships with consumers and other community partners without having to do expensive and complex coordination efforts. In our efforts to develop “Diners Choice” models to enable restaurants to serve as senior nutrition congregate vendors, the requirements for accounting of client donations on a daily basis by two staff people at the end of the day, has created a barrier. The 1/3 RDA is also problematic, as well intentioned as it is.

Family Caregiver Support: We all know that families and friends provide the vast majority of care in this country, regardless of the care recipients’ age or condition. Besides increased funding, more flexibility in the approaches we use to support people and the services we provide is needed to best support caregivers.

ADRC’s: Aging and Disability Resources Centers (ADRC’s) are the next logical step for a fuller deployment of the benefits of our Senior Information & Assistance programs. They will take significant additional resources to develop to scale and to adapt from our existing I&A programs. We will need to expand our approaches and consumer population targets, to most effectively provide people with the information and support they need to collectively bend the curve on long term care and health spending by families and government.

EBP’s: Many successful pilots have demonstrated the effectiveness of evidenced-based programs (EBP), particularly in disease prevention and health promotion. Falls prevention, chronic care management, chronic disease self-management, and PEARLS, are just a few. The OAA needs to specifically fund EBP’s and focus reporting requirements on outcome measures; and to fund and support the research development of new EBP programs.

Aging Readiness and Consumer Engagement: I don't believe we've fully envisioned the options to tap into the consumer's role in aging. We also need to develop a broader conversation on Aging Readiness in all sectors of our communities. We should re-visit programs and services to find ways to more actively engage older people and their caregivers. In health care in particular, we will not be able to build out a workforce, even if we could afford it, fast enough for the demographic growth we are experiencing. We need consumers to take a more active role in their health, and the Aging Network can be effective agents in promoting and coordinating these efforts. At the federal level, the AoA's efforts to enhance coordination with other federal agencies through the Federal Interagency Coordinating Committee on Aging are important steps in this direction. More is needed.

Thank you for this opportunity to comment on the reauthorization of the OAA.

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