OLDER AMERICAN ACT REAUTHORIZATION
WRITTEN TESTIMONY

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Feedback mechanism: Three (3) Survey Monkey tools deployed during week of 2/1/10. Also, small focus group held on 2/4/10.

PRIMARY suggestions for OAA Reauthorization: Based on all of the feedback collected, these issues surfaced as primary suggestions:
- Create permanent, federal supporting (funding) mechanism for the critical Adult Day Health program.
- Explore means testing or using other eligibility criteria to ensure those who most need services get them given the criticality of prioritization of funds at both the state and federal levels.
- Need more evidence-based disease prevention programs that are affordable for small rural programs.
- Identify ways to foster better health choices since that is the real origin of most individual’s challenges. Support more health literacy, smart food choices, active lifestyle training, etc.
- Greater flexibility with service dollars to meet critical, new gap needs.
- Increased funding for OAA Title III-B services to allow for:
  - mental health and substance abuse services in rural areas
  - suicide prevention education
  - safe and affordable housing
- Increased funding for emergency preparedness activities targeting the aging population and vulnerable adults.
- Continued priority and funding for the ADRC initiative.
- Growth in support of caregiving program.
- Addressing the challenge of an effective, affordable transportation program, particularly in heavily rural areas.
- Consideration of allowing the State Unit on Aging to use more than the presently restrictive 5% for operations
- Relative to funding, consider lowering the required state match imposed on states.

SECONDARY suggestions for OAA Reauthorization: Based on all of the feedback collected, these issues surfaced as secondary suggestions:
- Give SUAs greater flexibility in policy interpretation and compliance
- Dental services for seniors
- Possibility of loosening restrictions on:
- cost sharing
- voluntary contributions
- Creating a consistency in what is allowable for AAA/project indirect costs
- Improved training systems and technical assistance (for states and from TA centers nationally) that is thorough and consistent
- Consider combining funding for C1 & C2 (Congregate and Home Delivered meals)
- Criticality of financial planning
- Look into possibility of sliding scale fee structure
- Consider raising eligibility age from 60 to something like 70
- More emphasis placed on Grandparents Raising Grandchildren
- Financial assistance with Assisted Living
- End of Life information/training
- Stronger support for Adult Protective Services
- Salary minimums set for staff throughout the network
- Recreation & Social programs that can help stave off depression and isolation
- Emphasis on chore services
- Emphasis on companionship programs for homebound seniors

Top areas of concern: Based on all of the feedback collected, these issues surfaced as the top areas of concern:
- Inability to properly fund demand for programs
- Services vs. Need: funding is tied to services rather than tied to need
- Cultural challenges within service delivery
- Rural isolation and high cost for service delivery
- Proper, relevant and valued data collection
- Continued challenge of navigating service system
- Information exposure doesn’t become real or relevant until a need – often a crisis – occurs
- Aging network capacity
- Limited number of trained geriatricians
- Proper technology utilization
  - Timely, comprehensive information that is readily available
  - Recognizing, however, the importance of human “touch”
- Eligibility determination potentially becoming so laborious that it stifles the system
- Given such limited funding, prioritization within programming which can be dicey.