

Testimony before the United States House Subcommittee on Civil Rights and Human Services

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Lee Girard

Chair Bonamici, Ranking Member Comer and members of the Subcommittee on Civil Rights and Human Services, I am Lee Girard, Director of Multnomah County Aging, Disability & Veterans Services, Chair of O4AD, the Oregon Association of Area Agencies on Aging & Disabilities. O4AD is the member association representing the Area Agencies on Aging serving older adults and people with disabilities in our state, and a Board member of N4A, the National Association of Area Agencies on Aging. Thank you for this opportunity to share our experiences, perspective and recommendations for the Older Americans Act as you work towards reauthorization. We appreciate your time and consideration.

Multnomah County Aging, Disability and Veterans Services operates Older Americans Act programs, State-funded programs, Adult Protective Services and Medicaid eligibility and long term services and supports for older adults, people with disabilities, veterans and their families. I have a staff of 465 with 10 community centers, 11 meal sites and reaching over 136,000 consumers annually.

In Oregon, we have enshrined the overarching values that are our north star in serving older adults. Independence, dignity and choice are the foundation of our work and are set forth in Oregon statute. These values, along with the safety of the consumer, are also foundational in the Older Americans Act. Area Agencies across the nation have worked to build a strong and dynamic network of services and supports that allow older adults to have the kinds of choices we all wish for – living in the communities of our choosing in ways that are responsive to our diverse needs and preferences.

When my agency conducted our last Area Plan community needs assessment we talked with almost 500 older adults from diverse communities across our County. Sixty-eight (68) percent were non-English speakers and 89 percent were from diverse communities, including the LGBT community. The need for flexibility in planning local services was highlighted by the variety of needs that were raised in these community sessions. Based on these listening sessions, our agency has continued to prioritize expansion

of services for older adults with the greatest economic and social needs, with a particular focus on LGBT and racial and ethnic communities.

Innovation in service delivery has helped to meet the needs of a rapidly growing population. Oregon is no different than the national trend – we now enjoy a longer lifespan than previous generations. Yet this also requires a new look at investments in the services that are needed to meet that growth. By 2025, it is estimated that fully 20% of Oregon’s total population will be age 65 and over. Oregon’s person-centered system prioritizes the needs of the individual to provide better care, lower costs and a better quality of life for older adults and people with disabilities.

Information and Assistance and Person-Centered Options Counseling are foundational to the Older Americans Act. As an individual finds they need more help to remain independent, these services provide the information and navigation to meet that goal. A recent Social Return on Investment study in Oregon demonstrates the impact of this work. When looking at Options Counseling and Information and Assistance, this business case study by Compelling Reason¹ found an 11:1 return on investment for these services. The benefits include:

- Finding and keeping long-term services and supports and housing
- Helping with basic needs to remain independent
- Avoiding homelessness
- Preventing abuse
- Averting falls

We are happy to share this report on request.

HMA, Health Management Associates, also completed a study² on a variety of long-term services and supports in Oregon to determine impacts. HMA found a distinct correlation between avoiding preventable hospitalizations and readmissions and Information and Assistance and Options Counseling services. HMA noted, “avoidable hospitalizations cost \$4 billion per year, nationally. Oregon’s share is almost \$50 million per year, even more when you include the cost for people who end up needing more intensive care and

¹ Compelling Reason/Oregon Department of Human Services. 2018

² Health Management Association. “Making a Data Driven Case for Oregon’s Area Agencies on Aging and Disabilities.” 2017

must go on Medicaid.” HMA went on to share that is just 1 in 5 people leaving a hospital received assistance including the services through an Area Agency, the savings could be \$10 million per year.

Avoiding preventable hospitalization and readmissions requires support to be present for an individual including in-home visits, nutrition, medical management and transportation. Helping not only an individual but their family know what services exist and how to access them offers the opportunity to ‘land safely’.

Information and Assistance, Person-Centered Options Counseling and Case Management have been a part of the Older Americans Act for many years, and the health care world is now catching onto the importance.

These are significant numbers and demonstrate the high value and return on investment for the services provided via the Older Americans Act. Through health care transformation, we are now fully aware that medical care is not the only factor that helps improve health. Social determinants of health can influence up to 60 percent of an individual’s health. The HMA study referenced before also found that is just 5% of Oregonians with chronic conditions participated in a health promotion program such as the Stanford Living Well Self-Management program, the savings could have been over \$142 million in health care costs.

The OAA brings necessary resources to health promotion programs as well as the focus on elder justice, abuse prevention, family caregiver support and nutrition services. It is this holistic approach that made the Older Americans Act truly “ahead of its time” when it was created in 1965 and demonstrates why the need not only for reauthorization, reinvestment and increased appropriation are more critical now than ever before.

As you begin your work on this reauthorization, we encourage you to consider important adjustments that should be made to the Act to bring it into this new era of services and supports. In Oregon, we see that not only is our older population increasing in numbers, but the needs of those consumers are changing. More older adults are aging without family nearby or the natural supports that we all previously counted on, those with family members in the state need to work to support their own family and are unable to serve as a caregiver and the complexity of needs for consumers seeking help is increasing.

We also know the needs that older adults experience can vary widely and be significantly impacted by a variety of factors and barriers. The Older Americans Act is founded on targeting services to individuals with the greatest economic and social needs. We ask that LGBT communities be specifically recognized as a required population in addressing social and economic needs.

Local Flexibility has been a key program strategy for the Older Americans Act. This provision has enabled Area Agencies to meet the needs of their local communities in ways that makes the most sense and is the most efficient use of funds. Enabling that flexibility to reach into the nutrition programs specifically will allow the network to provide services where they are most needed - in seniors' homes. Working with Aging advocacy organizations to maximize local flexibility within the OAA for Area Agencies is an important task going forward in this reauthorization period.

Supporting innovation and best practices must also be another key priority. The Aging network continues to evolve through that local flexibility we spoke about previously and is working to implement wellness tools and evidence based programs to promote healthy aging and disease self management. Bring more funds and resources to these programs will continue to help the network focus on intervention and prevention, which lowers the overall cost curve in long-term care.

Finally, a commitment for bipartisan support to not only reauthorizing the Older Americans Act but moving to adequate and stable funding is absolutely necessary to continue to meet the needs coming to our nation as our older population continues to increase. The Older Americans Act is the first line in the overall goals of improving the quality of life, improving health outcomes and bending the cost curve in long-term services and supports.

I would like to sincerely thank you for your time today and would be happy to answer any questions from the Committee.
