

# POLICY 2011 PRIORITIES



*Advocacy. Action. Answers on Aging.*



Promote the  
Health, Security  
and Well-Being  
of Older Adults



National Association of  
Area Agencies on Aging (n4a)



# n4a's Top Policy Priorities for 2011

## > **REAUTHORIZATION OF THE OLDER AMERICANS ACT (PAGE 6)**

Congress must reauthorize and modernize the Older Americans Act (OAA) to meet the needs of today's and tomorrow's seniors. The Act is up for reauthorization in 2011. Priority should be given to adding language to the Act that strengthens the Aging Network's role and capacity in the coordination and provision of long-term services and supports, expands evidence-based health promotion and disease prevention activities, improves community preparedness for an aging population and sets adequate authorized funding levels, among other proposals.

## > **ENHANCING THE HEALTH AND SECURITY OF OLDER ADULTS (PAGE 8)**

The Administration and Congress must recognize the pivotal role that the Aging Network should play in implementing key provisions of the Affordable Care Act (ACA). Specifically, involve the Aging Network in the CLASS program, prevention and wellness, Aging and Disability Resource Centers (ADRCs) and care coordination and transitions efforts.

Additionally, continue to rebalance our nation's fragmented long-term services and supports system. n4a's recommendations include:

- Making critical investments in the OAA and state Medicaid programs to offset additional cutbacks due to state budget crises; and
- Implementing key provisions under the ACA that would expand Medicaid home and community-based services programs.

## > **FISCAL YEAR 2012 APPROPRIATIONS (PAGE 12)**

Increase funding for the Older Americans Act and other supportive services to help older Americans remain living successfully and independently in their homes and communities.

n4a calls on Congress to sustain the capacity of OAA programs by increasing total funding

for these programs by at least 12 percent above FY 2010 to allow them to keep pace with projected population growth, price increases and escalating demand in FY 2012. Specifically, n4a encourages appropriators to give special attention to three OAA programs: Title III B Supportive Services, Title VI Grants for Native Americans and Title III E National Family Caregiver Support Program. Additionally, targeted investments in the Elder Justice Act, Medicare Part D information and assistance programs, and affordable housing and senior transportation must be made.

## > **LIVABLE COMMUNITIES FOR ALL AGES (PAGE 15)**

Communities across the country need both resources and technical support to ensure their policies, programs and services promote livable communities for all ages—communities that are good places to grow up and to grow old. We need to prepare America's communities to meet the needs of today's and tomorrow's older Americans. n4a proposes that a new national resource center be established to support the interagency Partnership for Sustainable Communities as an important source of technical assistance through "best practices" information, toolkits, reports and seed grants that would be critical to encourage innovation and replication of successful community-level planning efforts.

## > **SENIOR MOBILITY OPTIONS (PAGE 17)**

Reauthorize senior transportation programs to improve the availability and accessibility of transportation services for older Americans. n4a recommends seven steps to ensure that older adults have adequate mobility options.

In addition to these top priorities, n4a supports legislative and regulatory activities that promote the health, security and well-being of older citizens of today and tomorrow.

# Executive Summary

Over the next 20 years the proportion of the U.S. population over age 60 will dramatically increase, as 77 million baby boomers reach traditional retirement age. By 2030, more than 70 million Americans—twice the number in 2000—will be 65 and older.<sup>1</sup> At that point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans.

## Demographic Pressures of an Aging Society

This demographic shift will be accompanied by a corresponding rise in the need and demand for fiscal, health and social supports that are necessary to ensure a sound quality of life for millions of older Americans. The aging of our nation's population will challenge not only federal entitlement programs, such as Social Security, Medicare and Medicaid, but will substantially increase the demand for home and community-based services and supports offered through such programs as the Older Americans Act.

There is, however, no reason to panic, just many reasons to plan. Older adults are a large and powerful economic force. **But behind the demographics are real people—our families, neighbors, community leaders—who deserve the chance to age in place with dignity and independence.** To do that effectively often means that they need a range of home and community-based services and supports.

## The Aging Network Is the Foundation

To do so effectively, the reauthorization of the The well-established system of federal, state and

local entities that comprise the Aging Network is committed to helping older Americans retain their independence and live successfully at home and in the community. *With adequate resources*, the Aging Network is well positioned to meet the service demands of this nation's increasing aging population. As the local component of the Aging Network—which also includes the U.S. Administration on Aging and 56 State Units on Aging—the 629 Area Agencies on Aging (AAAs) and 246 Title VI Native American aging programs nationwide have successfully delivered aging services in every community in the country for nearly 40 years.

## Current State Budget Cuts

Unfortunately, current economic woes are making it increasingly difficult for the Aging Network to maintain existing services. The economic downturn is driving up demand for aging services, at a time when families are struggling to support and care for older relatives and as more older adults are struggling to make ends meet. Recent supplemental poverty estimates show more older adults live in poverty than the non-elderly adult population: 16.1 percent vs. 14.8 percent.<sup>2</sup> The numbers of those



1. U.S. Census Bureau, National Population Projections, 2008, <http://www.census.gov/population/www/projections/summarytables.html>.

2. U.S. Census Bureau, "Who is Poor? A New Look with the Supplemental Poverty Measure," January 2011, [www.census.gov/hhes/povmeas/methodology/supplemental/research/SGE\\_Short.pdf](http://www.census.gov/hhes/povmeas/methodology/supplemental/research/SGE_Short.pdf).

who are defined as low-income (less than 200 percent of the federal poverty level) and thus one life or health event away from poverty are much starker: nearly 38 percent of adults ages 75 to 84 and 44 percent of those 85 and older fell into this category in 2009.<sup>3</sup>

Yet state budget crises are forcing severe cuts to the very programs that are in place to help this population. State-funded programs for older adults and caregivers—created to wrap around or fill the gaps in federal funds—are facing drastic reductions or even eliminations. Waiting lists are long and growing. And, more and more vulnerable older adults are going without needed critical services.

According to a January 2011 AARP Public Policy Institute report entitled “Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports”: “Thirty-one states cut non-Medicaid aging and disability services programs in [fiscal year] 2010, with more than half of the states reporting increased demands for information and referrals, home-delivered meals, respite, case management, personal care assistance, family caregiver support, transportation, and homemaker services. Twenty-eight states anticipated making cuts to these programs in FY 2011, when an end to American Recovery and Reinvestment Act stimulus funding will put fiscal pressure on state Medicaid budgets.”<sup>4</sup>



## Tight Budgets Demand Wise Investment

But there is hope. Now, more than ever, we need to invest in proven, cost-effective programs and systems that represent wise investments for older adults, caregivers and all Americans. **With no extraneous funding to spare, our choices have to be much more wisely considered. We cannot afford the effects of slashing effective safety net programs if we know such short-sightedness only leads to a sicker, less independent and less economically stable older adult population.**

Our country must face the changing demographics and challenging fiscal crisis by making prudent choices about...

- how and where we want to age in place—in our homes and communities;
- where we invest our limited dollars to develop sensible, interconnected long-term services and supports systems that cost-effectively serve older adults in the community;
- how we encourage less expensive and often preferred forms of care, such as home and community-based services over institutional care;
- when it makes the most sense to prevent, delay or reduce the costly effects of chronic disease and other health risks with evidence-based health and wellness programs offered at a low cost in the community; and
- what targeted investments we need to ensure that people can age in place successfully, such as reliable transportation, affordable housing and livable communities.

**n4a** believes the following five policy priorities respond to the current economic climate, the daunting demographic changes ahead and the opportunities for our nation to modernize its approach to health and aging policies.

3. Urban Institute, “Poverty Among Older Americans, 2009,” Retirement Security Data Brief, Number 1, February 2011, [www.urban.org/uploadedpdf/412296-Poverty-Among-Older-Americans.pdf](http://www.urban.org/uploadedpdf/412296-Poverty-Among-Older-Americans.pdf).

4. AARP Public Policy Institute, “Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports,” January 2011, [www.aarp.org/health/health-care-reform/info-10-2010/health-panel-10201.html](http://www.aarp.org/health/health-care-reform/info-10-2010/health-panel-10201.html).



# Reauthorization of the Older Americans Act

Reauthorize and modernize the Older Americans Act (OAA) to meet the needs of today's and tomorrow's seniors. Priority should be given to adding language to the OAA that strengthens the Aging Network's role and capacity in the coordination and provision of long-term services and supports; expands evidence-based health promotion and disease prevention activities; improves community preparedness for an aging population; and sets adequate authorized funding levels, among other proposals.

The reauthorization of the Older Americans Act provides an ideal opportunity for Congress to ensure that the Aging Network can meet the needs of the current and future populations of older adults and their caregivers. Since its inception in 1965, the OAA has evolved to meet changing needs and expectations of an aging America and consequently the scope of the Act has expanded to better address and support the needs of older adults and their caregivers.

To respond to the dramatic increase in the nation's aging population over the next three decades, the OAA must evolve once again. n4a believes that the Act's mission must be expanded to further support the role of the Aging Network as the focal point for aging services and to assist our nation's communities in meeting the challenges and opportunities of the "age wave."

To do so effectively, the reauthorization of the OAA should, at a minimum, embrace the following four recommendations. (For further detail on these and n4a's other proposals, please see *n4a's Recommendations for the 2011 Reauthorization of the Older Americans Act*.)

**1** Preserve the OAA's flexibility, person-centered commitment and the major local contribution of aging services in the community. While terminology has changed over time, the OAA has always been fundamentally person-centered; one of the core philosophies of OAA that makes this possible is local flexibility. Any changes to the Act should highlight and build upon the local flexibility and inherent person-centered nature of the OAA's core philosophy and history.



Of top importance to AAAs and Title VI programs is increasing local flexibility in order to provide more customized support for the consumers that they serve. The reauthorization should provide opportunities to reduce restrictions on local flexibility. If done strategically, the result will be a more person-centered and successful experience for older adults and caregivers, Congress must be careful not to impose new restrictions that reduce the ability of AAAs/Title VI programs to serve older adults where they are and to provide them with the services and supports they need and prefer.

**2** Strengthen the role of the Aging Network to integrate medical and human services-based long-term services and supports (LTSS), particularly in order to promote the Aging Network's role in health, wellness (both physical and behavioral health) and care management.

With the passage of the Affordable Care Act (ACA), there are new opportunities for AAAs and Title VI programs to play a stronger and more enhanced role in promoting Medicare preventive services, care transitions, medical home models, options counseling, mental health services and community-based/evidence-based health promotion and disease prevention programs. It is imperative that the OAA reflect that new reality and continue to promote the development of comprehensive long-term services and supports systems in every state and community.

**3** Raise or create authorization levels for all of the titles of the OAA to ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the increasing ranks of individuals age 85 and older, who are the most frail, vulnerable and in the greatest need for aging supportive services.

The OAA is the major federal categorical social services program for older adults in the United States. For 45 years, it has provided an ideal,

well-established, trusted, community-based infrastructure of services responsive to the needs of older people and their caregivers. OAA program budgets have eroded over the last several years as federal funding has not kept pace with inflation or the growing population of aging individuals in need of services. Severe state budget cuts have only exacerbated the problem. As a result, services funded by these programs have lost considerable service capacity, causing many individuals to be placed on waiting lists for supportive services, adding to their emotional, physical and financial hardships. A larger federal investment in core OAA services and supports is needed to ensure the Aging Network has the necessary resources in the years ahead to adequately serve the projected growth in the numbers of older adults.

**4** Strengthen the ability of the Aging Network to improve OAA performance with capacity-building initiatives.

We must focus on building on the capacity of the Aging Network infrastructure to meet the challenges ahead. Strengthening the infrastructure needed to support the aging of the population requires investment in the Aging Network's capacity. Enhancing capacity requires investments on multiple fronts, including developing core competencies, effectively tracking program outcomes, performing evaluations, and consistently attending to staff/volunteer development, training and retention. There is a tremendous opportunity in the reauthorization of the OAA to address this national priority.

For more information on these proposals and why they should be adopted, as well as additional n4a recommendations, please see *n4a's Recommendations for the 2011 Reauthorization of the Older Americans Act*.



# Enhancing the Health & Security of Older Adults

Recognize the pivotal role that the Aging Network should play in implementing key provisions of the Affordable Care Act (ACA).

The national network of AAAs and Title VI programs is poised to play significant roles in several key ACA provisions regarding older adults and their ability to stay healthy and age in place. Supported by the State Units on Aging and joined by the tens of thousands of service providers and community-based organizations that they partner with, this network offers stability, a proven track record, well-established community partnerships and the reputation of being a trusted resource for older adults and caregivers in all communities. n4a urges the Administration to recognize the full potential of the Aging Network in rolling out ACA, most particularly in the following areas.



## CLASS Program

This new, voluntary long-term care insurance program represents a significant step forward in how future older adults and people with disabilities will be able to afford and access home and community-based services. According to the Congressional Budget Office, the CLASS plan will reduce Medicaid spending and will be solvent and sustainable for the long term. It will also help individuals and families struggling

to maintain their independence and financial stability by providing a much-needed daily benefit to help purchase the care they need to stay healthy and independent at home.

Incorporating AAAs into appropriate roles will be integral to the CLASS program's ultimate success. While formal roles are yet to be determined, n4a expects AAAs (as well as Aging and Disability Resource Center networks, which are primarily lead by AAAs) to lead or assist in educating older consumers about the new program; providing information on long-term services and supports (LTSS); assessing eligibility for the cash benefits; and providing advice and counseling services to help participants access and coordinate their own combination of services and supports.

## Prevention and Wellness

Under ACA, the CDC has authority to implement a new Prevention and Public Health Fund (Sec. 4002) and a "Healthy Aging, Living Well" grant program (Sec. 4202) to improve health outcomes among the age 55–64 population, which if appropriated by Congress will represent a tremendous infusion of dollars into the often under-invested-in arena of health promotion and wellness. HHS is also directed to conduct an evaluation of community-based prevention and wellness programs and develop a plan to promote healthy living among Medicare beneficiaries.

What is not clear, however, is to what degree older adults are a key target for these prevention

programs, which, if neglected, would be a staggering oversight. Supporting evidence-based prevention and wellness programs for older adults is imperative given the nation's aging population and growing rates of chronic disease. Over 80 percent of Americans age 65 and older have at least one chronic condition, and half have at least two. The costs in terms of both healthcare dollars and disability are staggering. Among older adults, chronic conditions account for nearly 95 percent of health care expenditures and limit the activities of 12 million people, decreasing their productivity and ability to live independently.

Lawmakers and administrators must not overlook tested and proven evidence-based health promotion and disease prevention programs for older adults that are currently provided by the Aging Network under the Administration on Aging's (AoA) leadership. AoA's evidence-based programs have focused on areas that are critical to the health and independence of older Americans, such as chronic disease self-management, physical activity, falls prevention and mental health. These programs deliver proven results and reduce Medicare and Medicaid costs, but are seriously underfunded.

### **Aging and Disability Resource Centers**

n4a and the National Association of States United for Aging and Disability (NASUAD), through our *Project 2020* legislative campaign, fought hard to expand ADRCs nationally. In ACA, we were able to secure \$50 million over five years (FY 2010–2014) for continued ADRC work—the first mandatory funding these programs received. The first year's \$10 million is expected to reach 20–25 states with existing ADRCs.

n4a is pleased that Congress fully recognizes the value that this single entry point model for consumers in need of LTSS has shown, and we believe that this new, stable source of funding for the ADRC program will help grow the system nationwide, over time. The ADRCs will also

play a critical role in helping future CLASS plan benefit recipients access LTSS services. As is detailed in *n4a's Recommendations for the 2011 Reauthorization of the Older Americans Act*, it is important that the role of the ADRC, vis a vis existing AAAs and their disability counterparts, be clarified to ensure that advancements build upon existing systems and do not create redundant systems.

### **Care Transitions and Care Coordination**

Section 3026 of ACA directs the Secretary of HHS to establish a community-based care transitions program to improve care for high-risk Medicare beneficiaries being discharged from the hospital—to prevent unnecessary re-hospitalizations and costly health care utilization that could be avoided. The program is funded at \$500 million over five years. To receive funding from the program, which is now being administered by CMS, hospitals must partner with community-based organizations. AAAs have demonstrated their ability to effectively partner with health care systems and state quality improvement organizations to administer care transition programs that result in seamless transitions for consumers, improved health outcomes and fewer re-hospitalizations.

A key theme of the ACA is to improve the level of coordination in our nation's health and LTSS systems. As with care transitions, there are clear roles for AAAs to play in these activities. For example, we encourage CMS's new Center for Medicare and Medicaid Innovation to consider seeding new partnerships between the medical community and human services agencies such as the Aging Network. New efforts in this area have the potential to better integrate health care and available community services through models such as Medical Homes, Medicaid Health Homes and new demonstration projects to better coordinate care to dual eligibles.



# Enhancing the Health & Security of Older Adults, *continued*

Continue to rebalance our nation's long-term services and supports system.

Make critical investments in the Older Americans Act and state Medicaid programs to prevent additional cutbacks due to state budget crises.

We urge Congress to take measures that will address the needs of families—including older Americans, people with disabilities and their family caregivers—while considering steps to stabilize and reinvigorate the economy this year. This may include revisiting the need for an extended Federal Medical Assistance Percentage (FMAP) increase after the current increase under the state aid package passed during the last Congress (Public Law No: 111-226) phases out in June 2011. We also ask Congress to make critical investments in the Older Americans Act and oppose efforts that would allow state Medicaid programs to make cutbacks in home and community-based services (HCBS) due to state budget crises. In particular, we oppose Medicaid block grant proposals that would jeopardize the integrity of the program.

Implement key provisions under the ACA that will expand on Medicaid home and community-based services programs.

Without these investments, states will be forced to consider making severe cutbacks in Medicaid waiver programs, which will place rebalancing efforts in jeopardy. In addition, n4a encourages states to consider taking up the new opportunities under the ACA to expand on Medicaid home and community-based services programs including the Community First Choice Option, Money Follows the Person, Balancing Incentive Payments Program and the Empowered at Home provisions, which offer states a range of new incentives to enhance their home and community-based services and further rebalance their long-term care systems.





# Fiscal Year 2012 Appropriations Programs and Services for Older Adults

Increase funding for the Older Americans Act and other supportive services to help older Americans remain living successfully and independently in their homes and communities.

According to a 2010 report from the Federal Interagency Forum on Aging-Related Statistics, roughly 42 percent of adults over age 65 have physical limitations or need assistance with activities of daily living, such as eating, bathing or dressing.<sup>5</sup> In order to age successfully at home and in their community, these older adults require a range of supportive services, such as home health care, homemaker services, transportation, respite care and home-delivered meals.

Historically, Area Agencies on Aging (AAAs) and Title VI Native American aging programs, along with others in the Aging Network, coordinate and/or provide these critical home and community-based services to older adults and their caregivers. This system reflects how people want to age—at home and in the community. It also helps individuals avoid unnecessary and more expensive institutional care and/or spending down to Medicaid, which also saves money for federal and state governments. As the older adult population continues to grow, it is critical that the Administration and Congress place greater emphasis on federal policies and programs that strengthen home and community-based services.

Unfortunately, **the current economic crisis is making it increasingly difficult for the Aging Network even to maintain existing services.** While at the same time, the poor economy is

creating increased demand for services as families struggle to support and care for older relatives and as more older adults struggle to make ends meet. State budget crises, however, are forcing severe cuts to the very programs that are in place to help this population. State-funded programs for older adults and caregivers—created to wrap around or fill the gaps in federal funds—are facing drastic reductions or even eliminations. Waiting lists are long and growing. This dire situation only intensifies the need for federal investment, both in the short and long terms.

To support older Americans and their caregivers, n4a endorses the following appropriation levels for fiscal year (FY) 2012.

## Older Americans Act

Sustain the capacity of Older Americans Act (OAA) programs by increasing total funding for these programs by at least 12 percent above FY 2010 to allow them to keep pace with projected population growth, price increases and escalating demand in FY 2012.

We particularly commend the Administration's FY 2012 budget request for the OAA's National Family Caregiver Support Program, Title III B Supportive Services and the Title VI Native American caregiver programs—all part of the

5. Older Americans 2010: Key Indicators of Well-Being, Federal Interagency Forum on Aging-Related Statistics, December 2010, [www.agingstats.gov/agingstatsdotnet/Main\\_Site/Data/2010\\_Documents/Docs/OA\\_2010.pdf](http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Docs/OA_2010.pdf).

“Caregiver Initiative”—as a very important first step. An increase of at least 12 percent in all titles, however, will be needed to respond to years of stagnant OAA funding and the growth of aging populations, demand for services and inflation.

The OAA is the cornerstone of the nation’s long-term services and supports system, providing older adults with much-needed services that include home care, congregate and home-delivered meals, adult day care, case management, legal services, transportation and caregiver support.

For years, OAA funding has not kept pace with inflation or the growing population of individuals eligible for services, yet demand by at-risk older adults in need of supportive services has risen and will continue to rise with the growth of the aging population. The need for an increase to support those critical services is magnified by the fact that aging programs have had to absorb increases in operating costs, such as rising food and gas prices, and been entrusted with new responsibilities without resources.

Although n4a supports at least a 12 percent across-the-board increase in OAA funding, n4a encourages appropriators to give special attention to three OAA programs: Title III B Supportive Services, Title VI Grants for Native Americans and Title III E National Family Caregiver Support Program.

**Title III B** provides flexible funding to states and local agencies to provide a wide range of needed supportive services to older Americans. Title III B dollars, for example, support senior transportation programs, information and referral/assistance services, case management services, home modification and other housing help, chore services, in-home services for frail elderly and emergency/disaster response efforts targeted to older adults. The flexibility of this funding stream gives agencies greater means to meet the needs of older adults, as identified at the community level, and often is the bridge between private pay and Medicaid.

FY 2012 funding needs to reflect these vital services with a significant increase for Title III B. We support the President’s recommendation for \$416,476,000 for III B in FY 2012, which represents a 31 percent increase.

**Title VI Native American aging programs** are especially overdue for a funding increase. OAA provides the primary authority for funding services to elders in Indian country. Older American Indians are the most economically disadvantaged elders in the nation. Current Title VI funding levels are woefully inadequate to meet the needs of Indian elders; there has long been a lack of proper investment in these programs, which further exacerbates the challenges Indian elders face. A funding increase of at least 12 percent would begin to address the large gaps in service capacity for these programs and start to remedy the many challenges faced by this population.

For Title VI A (grants), we ask Congress to go above the President’s recommendation and take this vital, bedrock program to a funding level of \$31,033,000 (12 percent over FY 2010). For Title VI C (caregiving), we strongly support the President’s recommendation for a boost on par with that of Title III E NFCSP increase the Administration has proposed: a 31 percent increase for a total funding level of \$8,388,000.

The **National Family Caregiver Support Program** (NFCSP) was added to the OAA as Title III E in 2000 and funds programs offered at the community level through the Aging Network and their partners. The programs assist family members caring for older loved ones who are ill or who have disabilities. The NFCSP offers a range of services to support family caregivers, including information about services; assistance in gaining access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services as limited funding allows. These services are in high demand in every community, yet have limited federal resources.



We strongly support the President's suggested investment in NFCSP: a 25 percent increase over FY 2010, for a total funding level of \$192,220,000 in FY 2012.

### Implementing the Elder Justice Act

The Affordable Care Act (ACA) of 2010 included the long-awaited passage of the Elder Justice Act (EJA), which would implement a comprehensive national strategy to address elder abuse, neglect and exploitation. EJA will, if adequately funded, enhance the training, recruitment and staffing in long-term care and enhance state adult protective service systems, long-term care ombudsman programs and law enforcement practices. In addition, it also provides for new nursing home transparency and criminal background checks requirements. Authorized at \$777 million over four years, the law is the most comprehensive and coordinated federal response to the growing problem of elder abuse, neglect and exploitation.

Without appropriated funding, however, this response can not yet begin to make a difference in older adults' lives.

n4a supports first-time funding of at least \$65 million for EJA. We particularly appreciate the President's budget request for \$16.5 million for Adult Protective Services within the Administration on Aging (AoA); it represents a good first step to fully funding EJA.

### Medicare Part D Prescription Drug Benefit Program

Provide adequate resources for Medicare Part D enrollment assistance and counseling by funding the State Health Insurance Assistance Programs (SHIPs) under the Administration on Aging's budget at \$60 million, ensuring funding support to all AAAs and Title VI Native American aging programs.

n4a requests that Congress provide discretionary funding under AoA for the SHIP program in the amount of \$60 million for FY 2012, an increase of \$15 million above FY 2010. n4a supports AoA's proposal to transfer the SHIP program from the Centers for Medicare and Medicaid

Services (CMS) to the AoA budget and believe it will enhance the program's ability to meet the ever-growing need to provide one-on-one assistance and counseling on Medicare to beneficiaries at the community level. With two-thirds of local SHIP programs operated through AAAs this move makes good policy sense.

The increased funding is warranted in order to allow for continued support to all AAAs and Title VI programs, which have previously received one-time funding as part of the Medicare Improvements for Patients and Providers Act of 2008 (P.L. No: 110-275). Stabilizing these resources through the annual appropriations process will be especially critical as Medicare beneficiaries seek assistance in understanding their prescription drug plan options, especially as changes to the Part D and Low-Income Subsidy (LIS) programs go into effect.

### Other Priorities

n4a also believes the following appropriation actions for FY 2012 are critical to building and maintaining a comprehensive HCBS service system that can meet the needs of the growing older adult population.

- Enhance funding to reach \$176.8 million for the Federal Transit Administration's **Section 5310 Elderly and Disabled Formula Grant Program**, and \$104 million for the **Section 5317 New Freedom Program**. Further, adequately fund the **Section 5311 Rural Formula Grant Program**.
- Allocate \$5 million in funding for the **National Center on Senior Transportation** for FY 2012 to provide seed grant support to help local communities and states develop innovative transportation/mobility programs and services for older adults.
- Support at least level funding for the **Section 202 Elderly Housing Program** at \$825 million to address ever-growing demand and to create more than three thousand new units for very low-income seniors.

# Livable Communities for All Ages

Prepare America's communities to meet the needs of today's and tomorrow's older Americans.

The U.S. is facing the aging of the largest demographic cohort in its history. The aging of the baby boomers over the next three decades will have a direct and dramatic impact on every community in the nation. By 2030, more than 70 million Americans—twice the number in 2000—will be 65 and over.<sup>6</sup> At that point, older Americans will comprise nearly 20 percent of the U.S. population, representing one in every five Americans. In many communities across America, the percentage of the 60 and over population already far exceeds this projection. With life expectancy also rising, older adults will, collectively, live longer than their predecessors. With a high percentage of baby boomers expected to live beyond 85, forecasters expect a 60 percent surge in the age 85 and older population between 2030 and 2040.<sup>7</sup>

The rise in the number of aging citizens will affect the social, physical and economic fabric of our nation's cities and counties, dramatically affecting local policies, programs and services in the areas of:

- aging, health and human services;
- land use, housing and transportation;
- public safety and disaster planning;
- workforce and economic development;
- education/recreation; and
- volunteerism, lifelong learning and civic engagement.

Livable communities for all ages are defined as places where citizens can grow up and grow old with maximum independence, safety and well-being. Although there is much that individuals can and should do to maximize their independence as they age, public policy makers make critical decisions about issues such as housing opportunities, transportation systems and land use regulations that affect whether older adults can live successfully and productively at home and in their community.

State and local governments already have a mandate to develop and implement broader long-term community infrastructure and service systems in a variety of arenas, but their plans are often developed without consideration for the effects that infrastructure or services will have on an aging population. These plans will only be cost-effective and efficient if they reflect our new aging reality. This means directing a portion of new infrastructure spending to community



6. U.S. Census Bureau, National Population Projections, 2008, [www.census.gov/population/www/projections/summarytables.html](http://www.census.gov/population/www/projections/summarytables.html).

7. Ibid.

agencies and nonprofit organizations by encouraging states and local governments to plan and invest in projects that are environmentally sustainable and promote livable communities that benefit and support all ages. This includes developing community centers and supports that serve people of all ages, as well as infrastructure improvements that meet the needs of people across their lifespan, including affordable housing and transportation projects that take into account the needs of all users and enhance the accessibility and availability of mobility services.

Although the first baby boomers have already turned 60, most communities are unprepared to handle the changing demands created by this population shift. According to the 2006 n4a report *The Maturing of America—Getting Communities on Track for an Aging Population*, only 46 percent of American communities have begun to address the needs of the rapidly increasing aging population. The survey of 10,000 local governments found that “although many communities have some programs to address the needs of the older adults, few have undertaken a comprehensive assessment to make their communities ‘elder friendly’ or livable communities for all ages.”<sup>8</sup>

n4a is very encouraged by the Administration’s efforts to promote livable communities through the Partnership for Sustainable Communities, which was first announced in June 2009 by the Department of Housing and Urban Development (HUD), the Department of Transportation (DOT), and the Environmental Protection Agency (EPA).

n4a supports continued efforts through annual appropriations to support the partnership, as well as the reintroduction of the Livable Communities Act to authorize the goals and objectives of this interagency initiative.

8. *Maturing of America*, September 2006. n4a leads this project with a grant from the MetLife Foundation and works in partnership with the International City/County Management Association, National Association of Counties, National League of Cities and Partners for Livable Communities. [www.n4a.org/pdf/MOAFinalReport.pdf](http://www.n4a.org/pdf/MOAFinalReport.pdf).

Additionally, n4a supports efforts through the upcoming surface transportation authorization to focus more attention on livable communities and transit that will help communities increase transportation options and access to transportation services.

n4a supports the Administration’s request of \$150 million through HUD for the inter-agency Partnership for Sustainable Communities, consistent with funding in FY 2010, to create incentives for more communities to develop comprehensive housing and transportation plans that result in sustainable development, reduced greenhouse gas emissions and increased transit-accessible housing.

This funding will build on the over 100 grant awards already provided to communities through HUD, DOT and EPA to support regional planning and project implementation efforts. We also encourage the Administration to fully consider how the next round of planning activities under the Partnership’s Regional Integrated Planning and Community Challenge Grants will reflect our new aging reality and enable communities across the country to reach “aging readiness” in their policies, programs and services.



# Senior Mobility Options

Reauthorize senior transportation programs to improve the availability and accessibility of transportation services for older Americans.

There is a tremendous need for transportation options for older adults and this need will grow rapidly over the next several years. While many older adults drive, the majority will lose the physical and/or financial means to do so as they age. There are currently approximately 40 million Americans age 65 and older. By 2020, that number is projected to grow to nearly 55 million adults age 65 and older, and by 2030, the 65+ population will be more than 70 million.<sup>9</sup>

Even now, many older adults find it difficult to access essential transportation services in their communities. This is particularly true for older adults who live in suburban or rural communities where destinations are too far to walk, public transit is non-existent or poor, and private transportation is limited and prohibitively expensive. Older Americans represent the fastest growing demographic in our nation, and they have an increasing desire to participate in the workforce, to age in place, and to access social and health services. Their ability to achieve these goals largely depends on their access to transportation.

Without adequate transportation, this large group will either remain isolated in their homes or be forced into unnecessary institutionalization. While the “Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users” (SAFETEA-LU) provided some increased funding for senior transportation, significant new funds are needed to address the unmet transportation needs that

now exist for older adults—needs that will only increase over the next five years.

The next highway and transit authorization provides an excellent opportunity for Congress to improve the availability and accessibility of transportation services for older Americans. n4a supports the following steps to ensure that older adults have adequate mobility options.

**Increase overall transit funding for programs that enhance and support mobility options for all.**

n4a supports increased funding for transit programs in all areas of the country, including formula grants for urbanized and rural areas and grants that provide more targeted funding to vulnerable populations, such as older adults and persons with disabilities. It is critical that the next authorization increases investment in transit to a level that will meet the growing demand for services and allow for affordable, efficient and reliable transportation options for all Americans.

**Boost funding for the Federal Transit Administration Section 5310 program to \$350 million per year and expand use of 5310 funds to operating assistance.**

The Section 5310 program, the major transit program for seniors and persons with disabilities, was authorized at \$133.5 million in funding for FY 2009. This level of funding is nowhere near enough to ensure needed transportation for the millions of older adults age 60 and older and the tens of millions of



9. U.S. Census Bureau, National Population Projections, 2008, [www.census.gov/population/www/projections/files/nation/summary/np2008-t2.xls](http://www.census.gov/population/www/projections/files/nation/summary/np2008-t2.xls).



persons with disabilities currently living in the United States, let alone the influx of aging boomers. Communities are in desperate need of assistance to address the mobility needs of their rapidly growing older adult populations.

In addition, n4a proposes changing the permissible use of these funds to include assistance with operating costs. This change, which Congress initiated on a demonstration basis under SAFETEA-LU, would make the Section 5310 program consistent with other federal transportation programs, and would allow nonprofits to not only obtain new vans and buses, but to ensure that they are operational, with funding available to pay for preventive maintenance, insurance, fluctuating fuel costs and driver compensation.

[Provide incentives and support for further coordination of transit and other human services programs by increasing the accountability and transparency of planning processes.](#)

Both jurisdictional barriers and a lack of cooperation between transit and human services agencies hamper planning and coordination efforts. Transit planning must be more effectively integrated into broader community and Aging Network planning efforts. States and metropolitan planning organizations must

also do a better job of reaching out to the aging and disability communities and actively and substantively involving them when making planning decisions that will affect older adults and people with disabilities. These stakeholders must also have ample opportunity to participate in the development of transportation improvement programs. Additionally, there is a need to ensure that Section 5310 program information is publicly available through an integrated national database.

[Support transportation initiatives that lead to livable communities for all ages.](#)

This includes planning grants that will assist communities to plan and invest in projects that are environmentally sustainable and promote livable communities for all ages, and adopt “Complete Streets” policies that direct transportation planners to consider the needs of all users when considering and making transportation investment decisions. A growing number of older Americans are looking for alternatives to driving because they have given up the keys, want to reduce their driving or want to be more physically active. Yet too often the streets in their communities are not designed to safely and conveniently accommodate pedestrians, bicyclists, people who use mobility devices and users of public transportation of all ages and abilities.

[Enhance access to mobility management services to better help transit and human services systems meet the needs of older adults by establishing a dedicated funding source for these activities that supplement traditional senior transportation services provided by transit agencies, the Aging Network and other partners.](#)

Currently, only minimal technical assistance is available to help transportation programs develop mobility management strategies and adapt them to older adults’ unique needs. There are few incentives for local providers to adopt

these strategies. For mobility management to work in the human services transportation arena, there should be an enhanced federal share for any mobility management activities that create a financial partnership among transportation; aging programs and services; senior housing; and other federally sponsored programs for older adults.

Increase funding for the National Center on Senior Transportation (NCST) to \$5 million per year to allow further demonstration, outreach, and training and technical assistance activities to meet the growing needs of the aging and transit communities.

The NCST, originally authorized under SAFETEA-LU, has proven to be a valuable resource. Since beginning operations in 2007, the NCST has provided needed technical assistance on best practices for non-governmental organizations and public agencies. Increased funding for the NCST is needed in order to award a larger number of community seed grants to demonstrate creative and effective approaches to increasing mobility for older adults. Half of the \$5 million would be devoted

to capacity building to provide additional technical assistance and to share models and best practices. The other half would be used to expand demonstration projects via seed grant funding to support innovative community-level senior transportation programs.

Offer greater incentives and support to volunteers who use their cars for charitable purposes, and help transit and human services programs recruit and retain community volunteers to serve older adults and people with disabilities.

With the burden of high gas prices, raising the limit on volunteer mileage reimbursement to the level permitted for businesses is long overdue. The volunteer reimbursement rate of 14 cents/mile has only been adjusted once from its original 1997 amount. By contrast, the current mileage reimbursement level standard for businesses is 51 cents per mile (beginning January 1, 2011),<sup>10</sup> over three and one-half times the volunteer rate. Congress must give the IRS the authority to adjust the volunteer mileage reimbursement rate on an annual basis as it does for businesses.



10. IRS Announces 2011 Standard Mileage Rates, IR-2010-119, Dec. 3, 2010, [www.irs.gov/newsroom/article/0,,id=232017,00.html](http://www.irs.gov/newsroom/article/0,,id=232017,00.html).

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