



Written Testimony of Brian L. Long
Promoting Healthy Aging: Living Your Best Life Long Into Your Golden Years
Senate Special Committee on Aging
United States Senate
September 25, 2019

Chairman Collins, Ranking Member Casey and members of the Committee, my name is Brian L. Long and I serve as the Lead Coordinator for the Pennsylvania Link to Aging and Disability Resources in the service area that consists of Berks, Lancaster, and Lebanon Counties located in the southeastern part of the Commonwealth. The Pennsylvania Link to Aging and Disability Resources is our state's Aging and Disability Resource Center (ADRC).

Thank you for the opportunity to testify before the Committee about my experiences and observations about "healthy aging" issues.

I am one of the coordinators of the 15 service areas who is in regular contact with persons who are age 60 and older; persons with a disability, veterans, family members, and caregivers. In this role, I listen to people's stories; ask for their opinions, and connect them with resource providers.

I am also a volunteer on one of the regional councils of the "Pennsylvania Council on Aging," which serves as an advocate for older individuals and advises the governor and the Department of Aging on planning, coordination, and delivery of services to older individuals. The 21 members who make up the council (the majority of whom are required to be age 60 or older) are nominated by the governor and subject to Senate confirmation.

As a person over age 60; a person with a disability, and a veteran, I feel I relate and empathize with the persons who need long-term living resources.

But I am more fortunate than many.

The cases that are the most challenging for me are the ones where I have limited ability to help.

Most of the time, if someone requires additional helping putting food on the table or getting to their doctor, I can connect the individual with resources.

But there are certain barriers that make it difficult for me to do my job of helping others.

Hearing loss, faced by nearly two of three older Americans, is something many returning veterans have, as do I. But the Veterans Affairs Medical Center in Lebanon, Pennsylvania provided hearing devices for me. That's not the case for so many persons over age 60. I'll always remember the face on a 60-something year-old man who was homeless when a senior center manager asked me if the Pennsylvania Link to Aging and Disability Resources could assist him.

One of our ADRC partner agencies provided a set of previously owned hearing aids for him. I was with the senior center manger when we showed him how to wear the hearing aids.

He blinked and smiled and said, "I can hear the birds. I can hear you breathe."

Each of us teared up.

We all know the statistics shared by the National Institute of Health: "About one-third of people in the United States between the ages of 65 and 75 have some degree of hearing loss. For those older than 75 that number is approximately 1 in 2." Yet, Medicare and Medicaid do not typically cover services for hearing loss.

Access to care and affordable hearing assistance devices can provide a form of hope and social interconnectivity for many vulnerable older Americans.

Vision acuity is another disability that many people reckon with as they age. I have early age-related Macular Degeneration and glaucoma. Again, VA and Tri-Care, added to Medicare, enable someone as fortunate as I to access quality vision care. But I've spoken with so many older persons not so lucky. A 76-year old woman I know lives on minimum Social Security and needs cataract surgery. Medicare will not cover it and she doesn't have the finances for the surgery. Further, she is fearful of surgery because she plays piano for several churches and doesn't want to have to miss the services that pay \$50 a week.

Visual acuity alone is not a good predictor of a person's degree of visual difficulty. Someone with relatively good acuity (e.g., 20/40) can have difficulty functioning, while someone with worse acuity (e.g., 20/100) might not experience any significant functional problems. Other visual factors, such as poor depth perception, limited side vision, extreme sensitivity to lights and glare, and reduced color perception, can also limit a person's ability to do everyday tasks.

So many seniors struggle to afford vision care. Our eyes are our windows to the world. We shouldn't be shuttered in old age.

Partial and total tooth loss is something that a larger share of older persons deal with, particularly if they are from disadvantaged populations. We know that older seniors, women, persons of color, current smokers, and those with lower incomes and less education are more likely to have fewer or no remaining teeth. Missing teeth and gum disease are prevalent among many older people in those demographics. Earlier lifestyle choices and forgoing dental treatment, perhaps, have contributed to this, but we know that the absence of regular dental care and treatment can lead to disastrous health consequences.

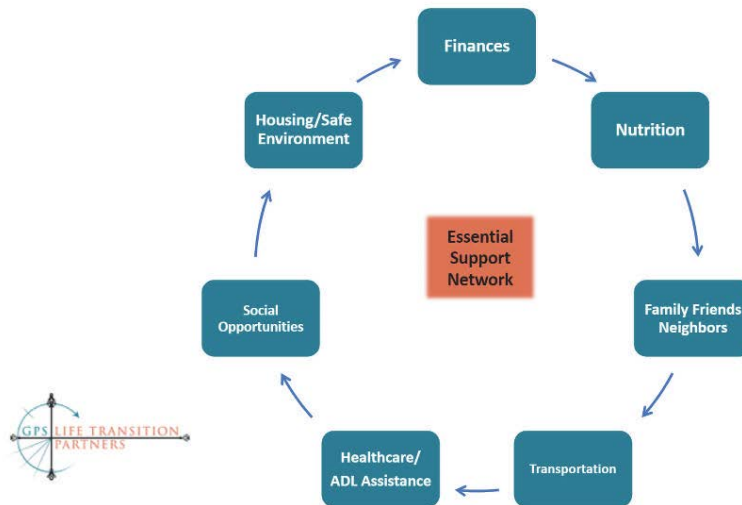
Again, affordability is a huge contributor.

The issue of coverage for dental, vision and hearing services is about healthy aging. Without access to these services, we know that older adults have a greater likelihood of:

- Experiencing social isolation or mental health issues

- Becoming the victim of a scam
- Having difficulty accessing transportation resources
- Struggling to adhere to their prescription medicines
- Encountering hazards in the home

One of our ADRC partners provided a graphic that displays some of these and how they all interact:



These are some of the issues in the complex web that older persons contend with as they age. These are the issues that Council on Aging volunteers, ADRC coordinators, and aging services providers are challenged by every day.

Healthy aging is a target that everyone sets.

Every contact between a person with a disability, every conversation with someone about aging challenges and every call, email or text message from a family member looking for resources presents an opportunity for one of our ADRC

partners, a Council on Aging volunteer or an ADRC coordinator to step up to find resources or information that will help people with healthy aging assistance.

I can only do so much from where I work, but there are changes that can be made at the federal level to help. I know that Senator Casey has introduced legislation that would expand Medicare and Medicaid coverage to include dental, hearing and vision care. This is a must-do. There is no reason to delay. With the growing baby boomer population, these issues are going to become more and more prevalent.

We also must ensure that the network of people who help connect seniors to services and supports and assist older adults in navigating these complex systems have the resources necessary to serve everyone. ADRCs are a lifeline to healthy aging for millions of people across the country. I know that is the case in Pennsylvania from personal experience.

In closing, Chairman Collins and Ranking Member Casey, I am honored to have had the opportunity to present this testimony before the Committee today. I am happy to respond to any questions or concerns you may have.