

Testimony before the United States Senate Special Committee on Aging
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Senator Braun, Chairman Casey, and Members of the Senate Special Committee on Aging:

I am Laura Holscher. For 30 years it has been my honor to serve older adults at Generations Area Agency on Aging, the past 14 years as the Executive Director. Generations is a program of Vincennes University and is designated by the Indiana Division of Aging's Commission on Aging as the Area 13 Agency on Aging serving Daviess, Dubois, Greene, Knox, Martin and Pike counties in southwestern Indiana. Generations is also designated as the Aging and Disability Resource Center (ADRC). I want to thank Senator Braun for inviting me to speak with you today on a topic that I am very passionate about, the Older Americans Act (OAA) programs and services that support older adults and caregivers in Indiana and nationwide.

As an Area Agency on Aging, Generations' role is to develop, fund and implement a broad range of programs and services to meet the needs of older adults and caregivers, all of which are based on demonstrated need in the communities we serve. We develop an area plan that is based on those identified needs, the changing preferences of older adults and the input of local stakeholders, such as our provider partners. As a AAA, we also leverage additional local dollars to support the Act's efforts, operate an information and referral/assistance system so that consumers can access resources, select community providers to deliver services and then provide oversight, and much more.

Generations serves six counties in southwestern Indiana. Our entire planning and service area is considered rural. We have four hospitals, but in some of our cities, there is not even one primary care physician. Our public transportation system runs Monday through Friday between the hours of 6 am and 6 pm with reservations requiring at least 24-hour advance notice. Additionally, 22.7% of the population in the Generations planning and service area is living below 150% of the federal poverty level.

Some of the challenges we face as a rural community include lack of broadband internet and limited access to transportation, both of which lead to increased risk of social isolation. Broadband internet is nonexistent in some rural areas or unaffordable. This limits access to online opportunities that our AAA offers such as social engagement activities or virtual evidence-based classes on healthy aging.

Through our work with community partners and contracted providers Generations staff and volunteers impacted the lives of more than 35,000 individuals last year. To respond to the needs of older adults and caregivers in our planning and service area, we offer all the core OAA services.

Under Title III B of the Act, our AAA is able to offer in-home services for frail older adults, senior transportation programs, information and referral/assistance services, options counseling, home modification and repair, legal services, the Long-Term Care Ombudsman Program and other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults living in the community, and they also connect older adults to other OAA services—for example, transportation services funded by Title III B ensure older adults can reach congregate meal sites funded by OAA Title III C.

The critical flexibility of this funding stream gives AAAs greater means to meet the needs of older adults at home and in the community, thereby eliminating the need for more expensive nursing home care—which usually leads to impoverishment and a subsequent need to rely on Medicaid to meet critical health care needs.

Many of our OAA clients have cognitive impairments, including those living with dementia, and so this informs our OAA work as well as other projects we take on. Recently one of our counties was designated as a Dementia Friendly Community by Dementia Friendly America. This was achieved by using some of our Title III B funding and supplemented through our University of Southern Indiana (USI) Geriatric Workforce Enhancement Program (GWEP) workforce development grant. A dedicated action team was pulled together that consists of a diverse group of community members who volunteer their time and energy to create an inclusive community that is welcoming, mindful and inspirational for people living with dementia (PLWD) and their caregivers through education and action. Our action team membership includes representation from the faith community, local nursing facilities, local United Way, Chamber of Commerce, several local nursing facilities and, most importantly, Genevieve and Carmen (someone who is living with dementia and her caregiver daughter). A few of the highlights from our team's dementia friendly work include partnering with Mi Patio, a local restaurant, to provide dementia friendly dining hours. These hours are set aside specifically for people living with dementia and their care partners; a special menu was created for these dining hours which includes a limited menu, to make decision making less stressful, and pictures of each food item so that these customers can see what they are ordering. Other events/activities include Coffee and Crafting activities for PLWD and their caregivers; these activities provide opportunity for fun quality time for the person living with dementia and their caregiver.

In the near future we will be reaching out to first responders in our service area in an effort to provide dementia education and awareness to these individuals who are often first on the scene in the event of an emergency. By educating this group to be able to recognize the signs and symptoms of dementia and instructing them on techniques to interact with someone living with dementia, we hope to reduce stress in an already stressful situation for both the person living with dementia and the first responder.

The flexibility of OAA Title III B also allows AAAs to meet new and emerging needs in their communities. During the COVID-19 pandemic, we were able to transition to new and

modified programs such as wellness checks for homebound older adults, activity packets that we were able to porch drop to help older adults stay socially engaged, and a new virtual version of our evidence-based programs. This was in addition to our work supporting vaccine outreach and assistance. To further support older adults' access to social engagement and healthy aging opportunities, we have also started offering basic technology classes geared toward older adults. However, years of eroded funding prior to COVID-19 have resulted in local rural AAAs like my own losing ground in their ability to provide critical Title III B Supportive Services. Without bold investment in FY 2025, the expiration of the COVID-relief funding will create gaps and elimination across a range of OAA programs, but especially Title III B and Title III C.

Another essential part of the OAA is Title III C Nutrition Services. In the past, Generations had provided daily hot home delivered meals to homebound older adults for many years. Under our old model of services, meals were prepared out of our centralized kitchen, plated, packaged and delivered on hot or cold trucks door to door to nearly 1,000 older adults five days a week. Generations prioritized this service by diversifying funding with local donors to ensure that all individuals who met qualifications were provided a daily hot meal. As the economy shifted, gas prices rose and the cost of food increased, it became apparent that our day-to-day operations were going to have to change. We slowly made minor changes such as reducing routes, reducing delivery days, reducing food costs by changing vendors, and closing some of our sites. Ultimately by 2016, we had to make the very difficult decision to shut down local meal production and secure partnerships with home delivered meal providers for frozen/cold meals. We could no longer support the cost of providing daily, hot meals to all the rural communities in our six-county area due to stagnant federal funding that hasn't kept up with inflation—nor the growing need as our country's aging population has grown.

As we were progressing to the shift to frozen meal providers and Fed Ex/UPS meal delivery, we searched locally for partners who would be willing to contract with us to continue to provide hot meal preparation and delivery, even if we couldn't cover all of our planning and service area. We looked at hospitals, community centers, senior centers, long-term care providers, and restaurants. We were fortunate that three local organizations shared our passion for serving older adults in their community. We now have partnerships with a nursing home and two senior centers to provide hot meals in their surrounding area. All three of these sites offer home cooked, hot meals prepared daily to local residents who are homebound and over age 60.

Today we operate a hybrid program that is person centered and designed to meet the needs of the individual. A client can choose from up to six different frozen/cold home-delivered service providers, or, if they live in an area covered by a hot meal provider, they have that option as well. Last year, we provided over 106,000 nutritious meals to nearly 1,000 older adults in our planning and service area.

Our hope was to expand these local partnerships for hot meal delivery, but the funding isn't sufficient. This is even though need is growing in our community: over the past two years, we have seen a 20% increase in calls for meals and have more people accessing our services because they just can't afford groceries or other necessities.

Due to the continued rising cost of food, freight, delivery, and labor cost, it became apparent that we would need to increase reimbursement to our providers by 30% if they were going to continue to provide meals to our current clients. Increasing the reimbursement rate to keep qualified providers decreases our overall budget for the number of clients we can serve. The same amount of money simply cannot stretch to meet higher, necessary costs without reducing the numbers of people served, and it certainly cannot meet the increased need.

In addition, donations, grant support, and community support is down as donors themselves are tightening up their purse strings and prioritizing their own budgets. This has forced us to triage calls and provide meals only to the most at-risk individuals and put others on a waiting list, which is not something we have had to do historically. When older adults sit on a waiting list for nutrition services, it increases the risk of malnutrition, health deterioration and social isolation, in addition to the continued pain of hunger.

In the meantime, our trained and skilled AAA options counselors work with callers to provide alternatives to OAA home delivered or congregate meals, such as offering enrollment assistance for Supplemental Nutrition Assistance Program, or SNAP, benefits and referrals to food banks, food pantries, and local churches and other charities. However, those latter community resources are also under financial strain given increased need, leaving few options for the older adults in our area.

As a way to supplement the work we were doing with evidence-based health and wellness programs under Title III D we entered a partnership with USI on a GWEP grant which covers 12 counties in southern Indiana designated as a Health Profession Shortage area, rural and medically underserved. Other partners included three Deaconess primary care clinics, a family medicine residency program, two AAAs and two chapters of the Alzheimer's Association. Goals included to improve health outcomes for older adults through information, education, support and medical services. Falls, chronic illness, increasing incidence of dementia with longer longevity, nutrition, and mobility issues majorly affect this population.

As a result of the partnership, we have expanded our outreach for evidence-based programs under OAA Title III D. Programs such as A Matter of Balance (MOB) and the Chronic Disease Self-Management Program (CDSMP) have more than doubled in what we were able to offer prior to the partnerships. We have increased the number of master trainers for both programs to five and lay leaders to almost 70. This has allowed us to provide education to more than 500 participants in the last five years. Outcomes from MOB analyzed in May 2023 show significant improvements, with individuals stating they

are steadier, are walking more and have decreased fear of falling, which is in alignment with national statistics. CDSMP outcomes from post surveys indicated that all individuals had increased knowledge from the program and would refer a friend.

We also added another evidence-based fall prevention program, Bingocize®, which successfully reaches a different older adult audience. While we are proud to be able to offer these evidence-based programs through Title III D, the partnership with USI has allowed us to increase the scope of the programming. As the grant with USI comes to an end though, we are concerned that we will not be able to continue all the programs with the very limited funds we receive through Title III D. Generations and other rural AAAs around the country would benefit from new flexibility to also use Title III D monies to fund evidence-*informed* programs, which have the benefit of being lower in cost to operate and more adaptable to community needs or cultural factors.

Generations was created as a result of the Older Americans Act for the purpose of planning, pooling resources and coordinating services at the grassroots level. These are just a few examples of how we innovate and adapt to meet the needs of older adults in our rural area. As an organization, we encourage active participation in our communities. We live where we work and that makes a real difference in terms of local access and networking abilities. And that's true of our fellow AAAs and our service providers nationwide. Please keep the Act's inherent flexibility and locally driven structure in mind as you update the law this year.

To that end, I have several recommendations for the reauthorization of the Older Americans Act.

1. Increase OAA funding, both authorized funding levels and actual funding for FY 2025 and beyond. OAA funding has not kept pace with the growing number of older adults or inflation and funding is inadequate to meet even a fraction of the needs of those older adults most at risk.
2. Continue some of the flexibilities that were extended to AAAs during COVID such as flexibility between Congregate and Home Delivered meals which allowed AAAs to use the funding provided based on client needs. Or allow for the flexibility to fund innovative ideas in the nutrition program that meet the needs at the local level.
3. Allow Title III D health and wellness programs to be evidence-informed—not just evidence-based—to expand the Aging Network's ability to reach older adults with emerging interventions and to extend the reach especially in rural areas and other areas which have limited funding for this important work.
4. We also support USAging's reauthorization recommendations.

Thank you for the opportunity to testify today.