Reducing Senior Poverty and Hunger: The Role of the Older Americans Act

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Statement by
Howard Bedlin
Vice President, Public Policy and Advocacy
National Council on Aging

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On behalf of the National Council on Aging (NCOA), I greatly appreciate the opportunity to talk with you today about the role of the Older Americans Act (OAA) in reducing senior poverty and hunger. NCOA is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA's mission is to improve the lives of millions of older adults, especially those who are vulnerable and disadvantaged. We work with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

Enacted in 1965, the same year as Medicare and Medicaid, the Older Americans Act is a critical program that supports the health and economic security of older adults. Over nearly 50 years, the OAA has helped countless older adults remain healthy, out of hospitals and nursing homes, independent, active, and working longer. In doing so, the OAA has kept health care costs down. And the Act holds even greater potential to bend the future cost curve of the big three entitlement programs.

OAA programs are delivered through a national network of 56 state agencies on aging, over 600 area agencies on aging, more than 200 tribal organizations, and nearly 20,000 local providers—serving an estimated 10 million seniors. OAA services are targeted to older individuals with the greatest social or economic need, including those with low incomes, minorities, and those living in rural areas. Programs provide for basic human needs, such as food, jobs, transportation, home and community services, and health promotion/disease prevention.

Through these services, the OAA plays a critical role in reducing poverty and hunger among older Americans. NCOA believes OAA reauthorization provides the ideal opportunity to further strengthen the Act for seniors in need today and tomorrow. We support S. 1028, the Older Americans Act Amendments of 2013, introduced recently by Chairman Sanders and cosponsored by 17 colleagues, and believe it is an excellent starting point for serious bipartisan discussions.

As detailed in our statement below, the OAA plays a critical role in reducing poverty and hunger among older Americans, and we believe reauthorization provides a critical, timely opportunity to strengthen the ability to more effectively address these growing national problems.

Growing Poverty and Economic Insecurity Among America's Seniors

There are over 23 million Americans aged 60+ with incomes below 250% of the federal poverty level ($28,725 annually for a single person). These older adults struggle each day with rising housing and health care bills, inadequate nutrition, lack of access to transportation, diminished savings, and job loss. Out-of-

pocket health costs for Medicare beneficiaries with incomes between 100% and 200% of poverty are estimated at about 23% of income – highest among all income groups. Millions of seniors teeter just above the poverty line – just one unexpected expense or other bad break away from it.

People like Frank from St. Johnsbury, Vermont, who shares, *"I am one paycheck away from foreclosure and bankruptcy. Struggling to make ends meet, I went back to college at age 59. Graduated at age 61, I continued training in my career field learning new, valuable skills but find I can't seem to get ahead because I am strapped with debt."*

The recession hit seniors like Frank hard. Millions of older Americans have seen their hard-earned retirement savings diminish. According to the Federal Reserve Board, median family wealth declined by 15.2% among those aged 55-64, and it fell by 13.9% among those aged 65-74. An estimated 12% of adults aged 55-64, and 21.5% of women in this age group, face retirement with negative net worth, contributing to a rise in bankruptcies that has grown at the fastest pace ever.

Baby Boomers face increased financial uncertainty due to the economic downturn, particularly due to declining home values, diminished retirement accounts, and job loss caused by the recession. Estimates suggest half of all Baby Boomers will live on incomes less than $27,000 per year. Moreover, from 1992 to 2007, the average overall debt for 55 to 64 year old households more than doubled to $70,370. Many mature workers face retirement without any pension, as 44% of workers in their 50s have neither a defined benefit nor a defined contribution pension.

The Census Bureau has historically estimated poverty rates using an "official" poverty measure created about 50 years ago. It has serious shortcomings, however, when it comes to accurately estimating poverty among older Americans primarily because if fails to account for their relatively higher out-of-pocket medical expenses. The Census Bureau recently released an alternative measure, known as the supplemental poverty measure (SPM), which is more accurate and comprehensive since it provides a more current income standard for meeting basic needs. It accounts for regional cost of living variations and the impact of both non-cash benefits received and non-discretionary expenditures, including medical out-of-pocket expenses – the major source of the significant differences between these measures for persons 65 and over.

For similar reasons, NCOA believes the experimental consumer price index for the elderly (CPI-E) is a more accurate measure for determining future cost -of- living adjustments for senior benefits because it factors in the disproportionate amount seniors spend on health care. ***We, therefore, support Section 209 of S. 1028, which further revises and improves this index.***

Under the supplemental poverty measure, about one in seven (15%) individuals ages 65 and older have incomes below the poverty level, compared to about one in ten (9%) using the 1960's measure. Under the SPM, nearly one-half (48%) of older Americans (almost 20 million seniors) have incomes below 200% of poverty, compared to about one-third (34%) under the "official" measure. More than half of the seniors in ten states have incomes below 200% of poverty using the SPM, including three states represented by members of the HELP Committee – Georgia with 53.8% (third highest), Tennessee with 52.2% (fourth highest), and Rhode Island with 51.8% (seventh highest). In addition, more than 52% of older women, and over 58% of Americans age 80 and older, have incomes below 200% of the SPM threshold. Conversely, only 19% of seniors have income above 400% of the SPM measure, compared with 32% under the 1960's measure.

As a result of our aging population and increasing economic insecurity, aging services organizations across the country are experiencing large increases in the demand for their core services, such as job training and assistance, help with applying for benefits, and subsidized meals. These organizations also find themselves stretched to try to assist clients with significant financial problems that are difficult to solve, such as threats of foreclosure or eviction, high credit card debts, and a pervasive and growing sense of economic insecurity.

An Area Agency on Aging professional in Raleigh, North Carolina stated: *"I am regularly dealing with [seniors who have] credit card debt that has often snowballed into thousands of dollars, with no way possible to get out from under the debt, and credit card payments not leaving enough income to cover basics like food and utilities."*

What struggling older adults need – and what they cannot now get in most communities – is one place where they can go to receive: (1) a comprehensive assessment of their economic situation; (2) a summary of the range of options that best meet their needs, expressed in clear and plain language; and (3) assistance with connecting to and accessing the appropriate programs and services, including employment and training.

Leveraging 21st century strategies and technology, the OAA can be strengthened and better positioned to meet the increasingly complex needs of vulnerable and disadvantaged boomers and seniors. We believe the OAA should contain: (1) a goal of economic security; (2) policy and program guidelines that ensure the improved coordination of public benefits and private resources; and (3) authorization of resources that ensure the training and robust implement of a holist approach by the aging network.

In order to measure impact and best structure programming to meet the economic needs of older adults, the network first must adopt and define a measurable goal as a benchmark. The term "economic security" should be defined and stated as an objective of the OAA. Although economic security has long been an implied

goal, the recent economic downturn and its negative impact on the housing, employment, and financial markets have made it an even more pressing matter for those concerned with the well-being of older adults.

NCOA greatly appreciates and supports the various provisions in S. 1028 that strengthen the OAA's ability to improve economic security among older Americans, and enable the aging services network to more effectively respond to seniors' specific needs and struggles. We are particularly supportive of the provisions to include economic security as a priority in the declaration of objectives, provide a new definition of economic security, and focus increased attention on seniors with the greatest economic needs in the development of state and area plans. This addition will better enable the aging service network to meet the needs of seniors today and tomorrow.

Current Older Americans Act Programs that Reduce Senior Poverty and Economic Insecurity

OAA Title V: The Senior Community Service Employment Program (SCSEP) – For many older Americans, the only solution to their financial insecurity is to work longer than planned or return to work from retirement. Yet, older adults face challenges to staying in the workforce. Not only has the nature of work changed, but the work opportunities are far fewer.

According to the Bureau of Labor Statistics, the unemployment rate for workers aged 65+ was 7.6% in May 2013, the highest it has been for this age group since the Great Depression ended, and more double the 3.3% unemployed at the start of the recession in December 2007. These challenges will only worsen, as the total number of economically vulnerable seniors will increase to 30 million by 2020.

Once unemployed, older workers spend long periods of time searching for work. The average duration of looking for employment is 54.6 weeks, compared to about 9 months for younger workers. Once they have lost a job, older Americans are more likely than any other age group to remain out of work for 99 weeks or more. By January 2012, older workers displaced in 2009-2011 were half as likely to have regained employment (23.5%) than the nationwide average (56%).

Many seniors simply stop looking for work and choose to draw on their Social Security benefits instead. Discouraged mature workers are not looking for work because they believe that none is available, employers will find them too old, they lack the necessary schooling/training, or they face other types of discrimination. In August 2010, discouraged mature workers represented nearly 20% of older persons not in the workforce.

The Senior Community Service Employment Program (SCSEP) is the nation's only workforce development program designed exclusively to maximize the productive contributions of a rapidly growing older population. Authorized under Title V of the OAA, workers aged 55+ with incomes at or below 125% of the poverty line are provided part-time community service employment and training. SCSEP matches eligible older adults with eligible host agencies are paid minimum wage for an average of 20 hours per week while they build skills and self-confidence to help them transition into unsubsidized employment. Participants train in a variety of occupations including customer service, office and computers, food service, and health care. For most, their SCSEP experience leads to permanent employment.

Mainstream employment and training programs are not as effective in serving this population, particularly those with outdated skills who face discrimination in hiring. Significant numbers of SCSEP participants are struggling to make ends meet. Nearly 90% live in poverty, with incomes at or below $10,890. More than one-third are homeless or at risk of homelessness. About two-thirds are female, and many of these older women spent the majority of their adult lives as caregivers and did not acquire the skills that would make them competitive in today's workforce.

SCSEP is administered by state agencies and 18 national sponsors, including NCOA. In FY 2010, approximately 120,000 older workers were assisted by the program, dropping to 76,864 for the program year ending June 30, 2012. This year, work hours have been scaled back in most communities to 12 to 15 hours a week. The overall decrease in the number of participants is due to attrition and lack of resources to add new seniors to the program. Wait lists for the program are approaching 100 in several of the communities that NCOA serves, and that number exceeds 600 in New York City alone.

While older workers develop skills and receive training and placement assistance in SCSEP, they also help local organizations that are struggling to meet growing needs with shrinking state, federal, and charitable dollars – to maintain or increase their capacity to provide services to their communities, such as delivering meals to the homebound, assisting in libraries, and administering disaster relief. SCSEP participants provide millions of hours of community service, including serving other older adults, with a value to states and communities estimated at over $1billion.

The need for SCSEP has never been greater. If Congress is serious about creating job opportunities for Americans in need of employment, we should be investing more in the SCSEP program.

<u>OAA Title III-B: Home and Community-Based Supportive Services</u> – Grants under this title fund a broad array of services that enable seniors to remain in their homes for as long as possible, including transportation,

case management, adult day care, and in-home services such as personal care, chore, and homemaker assistance. Funding is also available to multi-purpose senior centers that coordinate and integrate services for the older adults such as congregate meals, community education, health screening, and exercise/health promotion programs. In fiscal year 2010, Title III-B programs provided:

- Personal Care, Homemaker, and Chore Services - more than 35 million hours of assistance to frail seniors at risk of nursing home placement.
- Adult Day Care – over 10 million hours of services and supports for care for dependent adults in a supervised group setting.
- Transportation Services - over 27 million rides to doctor's offices, pharmacies, senior centers, meal sites, and other important activities.

These OAA programs play a modest but critical role in helping to address a growing crisis faced by millions of families that Congress has largely ignored: the institutional bias in our long-term care system, and the ongoing necessity for individuals and families to impoverish themselves by spending down their life savings before receiving the services and supports they need. With the median annual rate for a private nursing home room now costing $84,000, it does not take long for the average American to quickly spend-down to poverty and onto Medicaid. Investments in home and community services could reduce rates of institutionalization and impoverishment among our rapidly growing senior population, particularly the rapidly growing group of those over age 85, who are at greatest risk of needing care. Medicaid long-term care services are also costing the federal and state governments over $150 billion a year, which could be significantly reduced with increased investments in far less expensive OAA services.

Title III-B also supports multipurpose senior centers, recognized by the OAA as community focal points, which have become one of the most widely used services among America's older adults. Today, nearly 11,000 senior centers serve 1 million older adults every day. Senior centers serve as a gateway to the nation's aging network – connecting seniors to vital community services that: (1) prolong independence and delay institutionalization; (2) empower them to better manage and delay the onset of chronic disease; (3) improve their physical, social, mental, and economic well-being; and (4) promote active community engagement.

In seeking to appeal to and serve younger seniors, senior centers must make changes that connect them in new ways with their communities, such as upgrading their facilities and equipment. According to a February 2010 study by the Council of Senior Centers and Services in New York, many senior centers have aging physical plants and need to renovate to meet growing demands.

OAA reauthorization provides an opportunity to create authority to modernize multipurpose senior centers to foster innovation, leadership and capacity building. Senior center leaders understand that those receiving such investments would be held to a certain level of accountability, standards or accreditation. We should

help the "innovators" continue to develop and test new models and provide technical assistance and training so that senior centers can better meet the needs of our growing aging population.

NCOA greatly appreciates and supports Section 403 of S. 1028, which would support and promote modernized multipurpose senior center models, build an evidence base of innovative practices to meet diverse needs, enable renovations to meet growing demands, and conduct an evaluation of the programs. We also support various provisions to improve care coordination among a broad array of health and home and community-based services.

OAA Title III-D: Evidence-Based Health Promotion and Disease Prevention – Title III-D initiates programs that help older adults prevent or manage multiple chronic disease and increase healthier lifestyles. According to the Medical Expenditure Panel Survey, over 53% of Medicare patients are treated for five or more chronic conditions during the year, accounting for nearly 78% of total Medicare expenditures. The aging network is in a unique position to give older adults the support and education they need to care for themselves and stay healthier longer.

According to the Kaiser Family Foundation, the out-of-pocket financial burden of health care is higher for seniors in poor health. Median out-of-pocket spending in 2006 was 20.6% for Medicare beneficiaries in poor health and 14.2% for those in excellent or very good health.

OAA evidence-based health promotion programs are effective at helping participants adopt healthy behaviors, improve their health status, and reduce their use of hospital services and emergency room visits. These low cost programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management.

A study by RTI International found that Title III-D programs stimulate innovation and allow community organizations to test out new approaches through partnerships that extend the reach of these services.

Two program areas funded under Title III-D which are particularly effective are the Chronic Disease Self-Management Program (CDSMP) and evidence-based falls prevention programs, which were developed with initial funding under OAA Title IV (see below). CDSMP is a low-cost, evidence-based disease prevention model that has been shown through randomized control experiments to be effective at helping people with chronic conditions to adopt healthy behaviors, improve their health status, and reduce their use of hospital stays and emergency room visits.

Title III-D also provides modest funding for evidence-based falls prevention programs in some states, offering promising directions for simple, cost-effective interventions. One in three older Americans fall each year. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. About $30 billion a year is spent treating older adults for the effects of falls and it is projected to double by 2020, costing Medicare $32 billion.

Randomized controlled trials of several community based programs have clearly demonstrated a reduction in falls: When compared with controls, the *Tai Chi: Moving for Better Balance* intervention reduced falls by 55%; the *Stepping On* program reduced falls by 30%; and the *Otago Exercise Program* reduced falls by 35%. Research has shown that all of these evidence-based interventions have positive return on investment or anticipated savings that result from implementing falls prevention programs. For example, *Tai Chi: Moving for Better Balance* demonstrated that for every $1 invested in the program there is a $1.60 saved in direct medical costs.

NCOA appreciates and supports provisions in S. 1028 to further promote evidence-based self-care management for those with chronic conditions, and evidence-based falls prevention programs in area plans and supportive services programs.

OAA Title IV: Activities for Health, Independence, and Longevity (Program Innovations) – Title IV authorizes the Assistant Secretary for Aging to award funds for research, demonstration and evaluation projects. Many successful Title III and other OAA programs trace their origin to Title IV work. With systematic knowledge gathering and application, the OAA has the potential to improve program efficiency and effectiveness, better meet the needs of an increasingly diverse population, and help slow the growth of Medicare and Medicaid expenditures. As Congress and the Administration consider policy changes through reauthorization and appropriations, we urge that greater consideration be given to this significant potential under Title IV.

A Title IV success story is a Bush administration initiative known as *Choices for Independence* under the leadership of former Assistant Secretary Josefina Carbonell. *Choices for Independence* awarded grants to develop and evaluate evidence-based disease management and prevention programs to reduce the risk of disease, disability, and injury among seniors. This is a model for working together on a bipartisan basis to take innovations that improve efficiency and outcomes to scale, and should be replicated in other areas.

Title II, Section 202(20): OAA Provisions on Benefits Outreach, Enrollment and Counseling – Improving access to needed benefits is critical to providing economic support to low-income, vulnerable seniors.

Benefits provide help paying for food, health care, home energy, and other daily needs, alleviating poverty and allowing seniors to live with dignity. Benefits are also a source of economic development in local communities by increasing consumption and spending in them.

Large percentages of vulnerable seniors and younger people with disabilities are not participating in need-based programs for which they are eligible. Many are not aware of these programs, do not believe they qualify, do not understand the value of the assistance, or need help filling out the application forms. In particular, low-income Medicare beneficiaries continue to struggle to access the health care benefits for which they are eligible. For example, approximately 2.3 million individuals eligible for the Medicare prescription drug low-income Extra Help are not enrolled. Less than a third of those eligible for assistance paying Medicare Part B premiums through a Medicare Savings Program (MSP, for beneficiaries with incomes below 135% of poverty) receive this help.

The 2006 OAA reauthorization added Title II, Section 202(20), which strengthened language on outreach and enrollment assistance to seniors in greatest need, and created the National Center for Benefits Outreach and Enrollment. Currently administered by NCOA, the Center has become the leading national resource working with community-based organizations that assist seniors in accessing the need-based benefits that help them remain healthy and independent. The Center makes widely available state-of-the-art web-based screening and enrollment tools; fosters the use of cost-effective benefits outreach and enrollment strategies by local Benefits Enrollment Centers (BECs) and service providers; provides training and technical assistance; and has developed an online information clearinghouse of cost-effective, promising practices related to benefits outreach and enrollment.

In 2008, Congress provided $25 million in Medicare funding for the National Center, Area Agencies, State Health Insurance Assistance Programs, and Aging and Disability Resource Center to perform various outreach and enrollment activities for low-income Medicare beneficiaries. This enabled grantees to:

- Assist about 540,000 individuals in need;
- Generate $1.8 billion in local economic activity;
- Reduce by almost 10% the number of low-income beneficiaries without access to needed benefits for which they were eligible;
- Target rural communities to improve access to Medicare prescription drug coverage and extra help;
- Assist thousands of beneficiaries to save money and make the competitive market work better through improved information for consumers making complex choices, fostering objective yet personalized plan selection and decision-making; and
- Contribute toward increasing new MSP enrollment from 192,963 in 2009 to 388,733 in 2011.

OAA provisions to reduce elder financial abuse and exploitation – One of the key elements to ensuring economic security for older adults is preventing elder financial abuse and exploitation. Financial abuse is the third most commonly substantiated type of elder abuse, following neglect and emotional/psychological

abuse. While underreported, the annual economic loss by victims of elder financial abuse is estimated to be at least $2.9 billion annually, according to a June 2011 study by the MetLife Mature Market Institute.

Examples of financial exploitation include cashing an elderly person's checks without authorization; forging an older person's signature; or misusing or stealing an older person's money or possessions. Another example is deceiving an older person into signing any contract, will, or other document.

NCOA appreciates and supports language in Section 708 of S. 1028 to further strengthen current OAA provisions to reduce elder financial abuse and exploitation. We strongly urge Congress to provide funding to support these and other similar efforts to combat various forms of elder abuse.

Senior Hunger and OAA Nutrition Programs

Hunger is a serious and growing problem among older Americans. The prevalence of food insecurity is at a 17-year high and occurred in more than 8.4% of households with older adults in 2011 (2.5 million households). Eight of the top 10 states with the highest rates of senior food insecurity are in the South, including North Carolina, Georgia, and South Carolina. The number of food insecure seniors is projected to increase by 50% in 2025.

Food insecurity leads to significant health problems that can jeopardize seniors' ability to live independently. Compared to their peers, food insecure seniors are:

- Almost twice as likely to be diabetic (19% vs. 2%)
- Far less likely to be in excellent or very good health (17% vs. 44%)
- Over five times more likely to suffer from depression (16% vs. 3%)
- Over twice as likely to have at least one limitation with an activity of daily living (52% vs. 21%)

The Congregate and Home-Delivered Nutrition Services Programs successfully reduce hunger and food insecurity, promote the health and well-being of older individuals, and delay adverse health conditions. They have been one of the core elements of our national strategy for reducing food insecurity among the elderly for over 40 years. These services are targeted to those in greatest social and economic need. A 2009 national survey found that 44% of home-delivered meals recipients were in poverty and 52% were at high nutritional risk, while 34% of congregate meals recipients were in poverty and 19% were at high nutritional risk. The survey also found that 63% of home-delivered meal recipients and 58% of congregate meals recipients relied on these services for one-half or more of their total food for the day.

Investments in these nutrition programs help to bend the Medicare and Medicaid cost curves by keeping frail seniors healthier and out of expensive nursing homes. Over 35% of home-delivered meal recipients have severe disabilities (with three or more impairments of activities of daily living). This measure of dependence

is associated with nursing home admission, and demonstrates the extreme frailty of a significant number of persons served by the home-delivered meals program. Fully 93% of home-delivered meal recipients and 58% of congregate meals recipients report that the meals enabled them to continue living in their own homes.

The Importance of Reauthorizing and Investing in the Older Americans Act

The OAA continues to work well for older adults across the country and major structural changes are not needed. The reauthorization process, which should occur every five years, provides an important opportunity to modernize and improve services by supporting efficiencies and innovations, reassessing the Act's successes and limitations, and addressing its ability to effectively serve older Americans in need. It is noteworthy to recall that, during the last White House Conference on Aging in December 2005, OAA reauthorization was the number one priority out of the 73 considered by the bipartisan delegation of community leaders in aging. ***NCOA urges members of the HELP Committee to continue the tradition of bipartisan and timely reauthorization of this important statute and come together to pass a bill before the August recess.***

The OAA is a living document that should change to address emerging needs and embrace new, innovative best practices. Particularly in times of fiscal restraint, improvements can be made in the efficiency and effectiveness of the OAA in its delivery of services and how it coordinates with other federal programs.

The reauthorization of the OAA will provide an opportunity to modernize critical systems and supports designed to assist older adults experiencing economic distress. With an increasingly diverse number of Americans likely to find themselves in economic distress in old-age, now is the time to shore up strategies through the OAA to ensure all older adults have the opportunity to get on a pathway to economic security. Reauthorization of the OAA as increasing waves of Baby Boomers age is crucial to ensure that successes of the Act can be better leveraged, and innovation continues to be fostered to meet the needs of today's and future seniors.

S. 1028, the Older Americans Act Amendments of 2013, introduced recently by Chairman Sanders and cosponsored by 17 colleagues, is an excellent starting point for serious bipartisan discussions. NCOA supports the bill, as it incorporates several NCOA priorities, including explicitly establishing economic security as a goal of the Act, promoting senior center modernization, emphasizing the delivery of evidence-based chronic disease management and falls prevention, and strengthening elder justice provisions. Together, these improvements can empower seniors and improve their health and economic security, bend downward the long-term entitlements cost curve, and promote greater program efficiency and coordination.

At the same time, we cannot ignore the dire consequences facing vulnerable seniors if Congress continues to cut OAA programs. NCOA strongly urges that needed OAA funding be provided to keep older Americans healthy, independent, and productive, thereby reducing other federal and state spending. OAA programs represent less than 0.2% of federal discretionary spending, but offer a substantial return on investment by leveraging state, local, and private dollars.

Despite the program's successes and efficiencies, funding for the OAA has not kept pace with inflation or population growth for decades, and current levels are inadequate to meet this increased need. In 2009, in order for OAA funding to simply catch up with the growth in the senior population and the costs of services over the past decade, it would have had to be increased by at least 12% a year for several years. Since then, OAA appropriations have continued to lag behind the rising costs of fuel, commodities, and wages, while the nation's senior population, as well as demand for OAA services, has continued to grow. Additionally, many states remain hampered by the lingering effects of the economic downturn, and federal discretionary spending has faced a series of devastating, unprecedented cuts in the name of deficit reduction.

Sequestration's arbitrary reductions to OAA programs fails to recognize the nation's changing demographics, or the needs of seniors and their families. Since local, state, and federal resources are likely to be strained into the foreseeable future, adequate federal support for the OAA through the appropriations process is all the more critical. ***NCOA strongly urges that Congress fund OAA services at levels that protect and strengthen the program, so it may meet the rapidly increasing need among vulnerable older Americans.***

With the retirement of over 78 million baby boomers ahead of us and the current, but long-lasting, implications of present economic challenges, it is time for renewed energy and innovation to make important, strategic improvements that will result in systems change and ensure that older adults are able to access the coordinated public and private resources they need to be financially secure and remain independent. NCOA believes that the Older Americans Act is a critical vehicle in this process.