

REMARKS OF  
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- I am very pleased and honored to speak to you today about the priorities and initiatives of the Administration on Aging.
  
- Our priorities begin with the priorities of the President and the Secretary of HHS, and their priorities for elderly individuals begin with Medicare and Medicaid.
  
- We believe it is essential that one of our highest priorities is to marshal the forces of the aging network of
  - state units on aging,
  - area agencies on aging,
  - tribal organizations, and faith and
  - community-based organizations and providers

to assist in enrolling elderly individuals in the new drug benefits that will contribute to their health and well being.

## MMA

- Just last week, President Bush issued a national “call to action” to announce the new benefits available to seniors under the Medicare Modernization Act and to help them enroll for the benefits.
- As we gather here this morning, the Assistant Secretary for Aging is out as a vital member of the campaign that calls for a broad-based partnership seeking to utilize a variety of critical networks to educate and inform seniors about the new prescription drug benefit. We want to help with finding, educating and enrolling the hard-to-reach, the vulnerable, the home-bound, those who do not have ready access to these types of benefits for a variety of reasons.
- Our main focus in this effort is working through faith and community-based organizations because they are the ones who interact with beneficiaries on a daily basis.

- They are the trusted community resources. The ones people turn to for help – for assistance and for answers – regardless of whether or not it is a program administered by them.
  
- As a result, we are seeking partners to provide the full array of outreach and enrollment activities needed to get the job done, including:
  - **Receiving Information –**
  - **Disseminating Information –**
  - **Coordinating Events – and**
  - **Enrolling beneficiaries**
  
- We know this broad-based collaborative effort has the capacity to reach seniors nationwide regarding their new Medicare benefits. I encourage you to take part in this activity by informing the people you serve so well in your communities.

## UJC and NORCS

- Since FY2002, more than 45 UJC-affiliated Congressional earmarks have been funded through the Older Americans Act to serve communities in 25 states.
- Most of these projects involve complex community-based supportive service programs for older residents living in the community.
- A little more than half of these projects involve Naturally Occurring Retirement Communities or non-age segregated buildings, neighborhoods or communities with high concentrations of older adults, many of whom moved into their homes at a much younger age. Neither their families, their neighbors, nor their communities have sufficiently planned for the needs of those who desire to stay in their homes as they age in place.
- The rest of these projects address the aging-in-place needs of older adults in age-segregated buildings, complexes and communities. Most

have made some preparation in their construction or provision of amenities for retirement age adults. But most have not prepared for the changes in lifestyle and family support situations of living to a more advance age. In fact, there is often resistance among residents and management of these communities to bringing in supportive social and health services to those in need for fear it will change the community's image and depress real estate values.

- As these projects move forward, we see at least four central goals:
  - Creating neighborhood and community awareness and support for maintaining older adults in their homes by engaging and partnering with community organizations, resources and volunteers.
  - Supporting frail and at risk older adults by facilitating access to, and providing when necessary, at-home and community-based social, health and personal care services

- Preventing and reducing the need for in-home professional services for older residents through health and mental health promotion, environmental modification, information, and educational and cultural programs.
- And fourth, involving older residents and family caregivers in the development, operation and governance of aging-in-place supportive service programs.

These goals correspond well with the programs and organizations under the Older Americans Act designed to support those most in need.

- The National Family Caregiver Support Program and consumer choice initiatives under the Older Americans Act are compatible with the goal of these projects to foster greater involvement of older residents in determining the programs affecting their ability to age in place.

- We are pleased to see connections in some of these projects to agencies in our aging network, such as those occurring in Albuquerque, Atlanta and Boston. We are also pleased to see that many of the projects are beginning to plan for the needs of the baby boom generation. We know that this generation often expresses their needs for social, cultural and recreational services in different ways than the current generation. For instance, they are more likely to challenge the current concept of the senior and community centers which have been the mainstay of many of our programs since establishment of OAA in 1965.
- How to address the needs of our future aging society – those of the baby boomers – is a challenge we and the WHCoA are reviewing.

### **Reauthorization**

- We see the 2005 Reauthorization of the Older Americans Act as a unique and timely vehicle for accelerating the long-term care policy development that is needed to fully prepare the country for the aging of

the baby boom and the emergence of long-term living as a common experience of life.

- Over the last four decades, the Administration on Aging has guided the development of a nationwide infrastructure that currently provides a wide array of home and community-based services to over 8 million elderly individuals each year -- including 3 million individuals who require intensive services and meet the functional requirements for nursing home care. It also provides direct services to over 600,000 and information and assistance to 8 million informal caregivers each year, who are struggling to keep their loved ones at home.
- The single most important goal of the Older Americans Act Reauthorization should be to strengthen and modernize the Act so it can play a more central role in helping our nation prepare for the baby boom and the concept of long-term living.

- Consistent with the Act's mission and the President's New Freedom Initiative, the Reauthorization should reflect the values of consumer choice, control and independence, and the principle of providing care to people where they want it.
- We will pursue changes that will improve the efficiency and effectiveness of the largest long-term care provider network in the country. Prominent among those changes will be the integration of long-term care and efficiency in access to care by those who need it.
- We will pursue changes that recognize that we cannot wait until people are old and frail and poor to begin to address their long-term care needs. This will require that those who are not old should plan for their own long-term care.
- It will require the elderly who are not poor to make creative use of their own resources to finance and support their LTC needs, with limited

government assistance, to prevent poverty and the loss of independence.

- We will pursue changes that recognize the preferences of people for long-term care, which means a greater focus on community-based care and providing choice and control to consumers in the management of that care.

## **Conclusion**

- As we prepare our nation to capitalize on the talent and vigor of the baby boom generation, we must start generating new ways to address the needs and wants of our seniors today and our seniors tomorrow.
- It is critical that all of our aging policies and programs incorporate ways to help our seniors retain their independence and dignity.

- We have a great deal to be proud of: we have achieved great things on behalf of older people in the 40 years since the Older Americans Act and its companions, Medicare and Medicaid were enacted.
  
- At the present time we are just beginning to see the potential of the partnerships we have created both internally within the public sector and with the private sector --and we are now provided a new opportunity to take our efforts and our plans to the next level.
  
- This new opportunity is being provided to us by Secretary Mike Leavitt, who has a vision for HHS that is grounded in the aggressive agenda the President has set for us. He believes that we can transform our health care system, so informed consumers
  - own their own health records,
  - their own health savings, and
  - their own health insurance.

- He believes we can be a nation where families embrace the power of prevention and wellness. Where fewer people get sick because they take action to stay healthy.
- AoA recognizes this as an exciting time for the health care and LTC arenas.
- Through partnerships and our determined leaders we will accomplish great things for the aging community.
- From preventive care benefits under Medicare, to evidence-based health promotion/disease prevention programs, to fostering environments of community-based care, seniors can live a fuller and healthier life moving forward.
- And as we move forward to meet these challenges, we must never lose sight of our primary mission and core values that are inherent in the Older Americans Act.

- We see that both the Older Americans Act and the WHCoA will play a critical role in molding, modifying, and modernizing aging policy for the future.
- I am confident that with the help of all of you present here today and our collective networks nationwide, we will strengthen and enhance our policies so our citizens may enjoy more personal control and a better quality of life.
- Thank you.