Texas Department of Aging and Disability Services

Testimony Before

The Subcommittee on Select Education
of the
Committee on Education and Workforce
United States House of Representatives

On the

Reauthorization of the Older Americans Act

April 3, 2006
Good Morning Chairman Tiberi, Ranking Minority Member Hinojosa and members of
the subcommittee. On behalf of the Texas Department of Aging and Disability Services,
thank you for the opportunity to be here, in the home district of Representative Hinojosa,
to discuss the reauthorization of the Older Americans Act (OAA).

My name is Karl Urban. I am the manager of Policy Analysis and Support at the Texas
Department of Aging and Disability Services (DADS), which serves as the State Unit on
Aging in Texas. DADS was established in September 2004 as part of a major
reorganization of the health and human services delivery system. I have been the
manager of the Aging Texas Well initiative for many years. I will discuss both the
creation of DADS and the Aging Texas Well initiative as they relate to the
reauthorization of the OAA in a few moments.

The OAA has served this nation well. There is no better example of this than our recent
experience in Texas with Hurricanes Rita and Katrina. When hundreds of thousands of
evacuees from the Gulf Coast fled to Texas, they were met with open arms. More than
that, those over the age of 60 were met by an Aging Network that quickly mobilized to
provide them with needed services. From the Harris County Area Agency on Aging
(AAA) Director, who practically lived at the Astrodome, to AAA Directors in all the
major cities and along the Gulf Coast, the people of the Aging Network worked with
DADS and their communities to meet the needs of current and new older Texans. At
DADS, we commend AAA Directors Charlene Hunter James, Curtis Cooper, Holly
Anderson, Colleen Halliburton, Claude Andrews, Glenda Rogers, and Debbie Billa,
among others, for serving older Americans so well.

Not to discount the importance of individuals, the fact that there was a network in place
was critical. This network was able to include work with all the providers of long-term
services and supports partners across the state as a direct result of the recent creation of
DADS. Indeed, this is perhaps the most important aspect of the programs of the OAA -
having in place in local communities a flexible system of services and supports that is
responsive to local needs and driven by local decision-making. This network covers the
entire country and was supportive during our time in need. For example, the National
Association of Area Agencies on Aging worked to send assistance from other AAAs
across the country when we were working in the aftermath of the hurricanes last summer.

In addition to service provision, the State Unit on Aging and AAAs serve as a vital voice
in ensuring our communities prepare and plan for a rapidly growing aging population.
Even though Texas is a relatively young state, the older population will grow by over 50
percent over the next 15 years. This growth sets the framework for three important issues
that we would like to highlight in our testimony:

1. The OAA should continue to allow Texas to address the unique population needs of
   our state, particularly those in rural areas and of Hispanics.
2. The OAA should continue to allow and, in fact, enhance the ability of states to
   integrate services to best meet the long-term service and support needs of older
   Texans and all persons with disabilities.
3. The OAA should further empower states and local communities to plan and prepare for an aging population.

I would like to briefly address each of these three points.

1. The OAA should continue to allow Texas to address the unique population needs of our state, particularly those in rural areas and of Hispanics.

Texas is a state of great diversity. Texas recently passed a demographic milestone in which the combined minority populations became the majority in our state. While it will be a number of years before this is the same for the older population of Texas, minority populations are growing at a much faster rate than Anglo populations among those over age 60. The Lower Rio Grande Valley epitomizes this diversity. In the Valley at least three different factors affect the delivery of OAA services to older Texans: 1) the population is predominantly Hispanic; 2) there are highly rural areas with less infrastructure to support delivery of services; and 3) there are great pockets of poverty, which increase the need for services.

According to Census data, the absolute size, ethnic and racial diversity, and poverty rate distinguish older Texans from the national population. Texas has the fourth largest population of older adults (3.1 million) in the nation, and has the second largest older Hispanic population in the nation (604,963). Among the over 60 population, Hispanics are one of the fastest growing groups. They currently make up about 19 percent of the older population but are expected to make up 25 percent by 2020. In the 14 counties along the Texas/Mexico border, older Hispanics account for nearly 71 percent of the older population.

Economic conditions along the border have not kept up with the rest of the state. Estimates from the U.S. Bureau of Labor Statistics show that for border counties, especially rural border counties, unemployment is generally substantially higher than that of non-border areas. Only 19 percent of older Hispanics have a high school diploma (versus 70 percent for Anglos). Older Hispanics report a median income of $8,400 – about 50 percent less than African Americans and nearly 120 percent less than elderly Anglos. Twenty-five percent of older Hispanics are uninsured. With the prevalence of conditions such as diabetes 80 percent higher among Hispanics than in the rest of the population, OAA initiatives such as disease management services and health promotion and nutrition programs are critical for this population. Older Hispanics are also more likely to be caregivers of young children than are their counterparts. Nearly 50 percent report living with grandchildren, with 30 percent serving as the primary caregiver of those children. The National Family Caregiver Support program, especially with its inclusion of grandparents, is an important program for this population.

Along the Texas-Mexico border, nearly half a million people live in substandard conditions known as “colonias”. Though colonias exist in other parts of the state – such as rural East Texas – their prevalence along the border presents a great need for services. Residents are predominantly Hispanic, young, and untrained. Most have very low
incomes, inadequate health care, and live in unsound or unsafe housing. Despite the commonalities among *colonias*, there is great variability in areas such as population density and level of development. There is no single prescription for addressing all of the problems in a given area.

In recent years, Texas has made progress in improving conditions along the border. The Texas Health and Human Services Commission (HHSC) implemented a *Colonias Initiative* in September of 2000 to create a coordinated, interagency system for providing services and training to colonia residents. The initiative included partnerships with other HHSC agencies and service organizations, such as DADS and AAAs, to enhance the infrastructure of services and supports. Working with Community Resource Centers in these regions, AAAs are able to provide information and assistance to help residents obtain much needed services. AAAs have also taken part in coordinated efforts to increase enrollment among residents in programs such as Medicaid and Medicare. These efforts can be particularly challenging given the geographical diversity, low population density, cultural and language barriers in these regions. However, the outreach efforts and the development of local partnerships lay the groundwork for future efforts to strengthen needed infrastructure in these regions.

The last reauthorization of the OAA included rural within the definition of target populations. Texas contains many rural counties in which over 30 percent of the total population is over the age of 60. As part of our Aging Texas Well initiative, we recently conducted a series of forums in rural communities across Texas. We learned several things. First, there is great pride in these communities in their ability to care for one another. However, a number of factors limit the ability of communities to support older Texans. These include an eroding local economic base to support social services, confusion and lack of information about where to go to get services, and natural barriers such as great distances. These barriers create unique challenges for AAAs that serve these areas. For example, the cost of providing home delivered meals, personal attendant or caregiver services often are higher due to lack of economies of scale and the cost – both time and monetary – involved in traveling great distances. In some areas, it is more difficult to find traditional providers and, when they exist, to find workers. One way we have addressed these problems, for example, was by implementing a voucher system for respite services under the National Family Caregiver Support program.

The rural forums also pointed out that social isolation is a significant problem among older Texans. The need for socialization and social contact is a critical factor in successful aging. Older adults who engage in social activities are more likely to remain mentally and physically stimulated, thereby maintaining better overall health and quality of life. Texas recently conducted an Aging Texas Well Indicators Survey, with 26 percent of the respondents indicating loneliness is a problem. Four to five percent of the respondents said they talked or spent time with family members, friends or neighbors only on a monthly basis; 25 percent reported that they did not have daily contact with family members, friends or neighbors. (See Texas Department of Aging and Disability Services, *Aging Texas Well: Indicator Survey Results, 2005*, found at http://www.dads.state.tx.us/news_info/publications/studies/atw_results_report.pdf.) OAA
programs such as telephone reassurance, nutrition programs and Senior Centers remain a valuable way to combat social isolation.

Given the challenges presented by these unique population characteristics, the targeting provisions of the OAA provide AAAs the flexibility to be responsive to these unique population needs without being overly prescriptive.

2. The OAA should continue to allow and, in fact, enhance the ability of states to integrate services to best meet the long-term service and support needs of older Texans and all persons with disabilities.

In anticipation of the growing number of older Americans that may need long-term services and supports, there is a growing desire around the country to “re-balance” long-term care systems. Texas was at the forefront of this movement, particularly for aging persons and persons with physical disabilities. For example:

In the early 1980s, Texas began offering home and community-based services as an alternative to institutionalization. Since then, while home and community-based services have grown significantly, there has been no growth in nursing facility utilization despite a significant growth in the older population.

In the late 1990s, Texas was the first state to develop the Money Follows the Person concept, which has now been written into federal law in the most recent Deficit Reduction Act. In Texas, we have used the Money Follows the Person concept to move over 10,000 people out of nursing facilities and into the community. AAAs, particularly through the nursing facility ombudsman program, have played a role in this effort.

Texas was one of the first states to apply innovative thinking to integrating access to services across populations. Texas applied for and received funds in the first round of Real Choice System Change grants to test a system navigation function. The purpose of these grants, which were administered through AAAs, was to help individuals and their families “navigate” the often confusing system of services that are available to persons who are aging or have disabilities. In both areas where it was implemented, the results supported development of an Aging and Disability Resource Center (ADRC) model even before specific grants were available for ADRCs.

Texas was also one of the first states to test the concept of managed care for long-term care through the Star-Plus program in Houston, which is now being expanded to more areas of the state.

In Texas, home and community based Medicaid services are not delivered through the Aging Network. However, the Aging Network provides a crucial role in the system of long-term services and supports. Through access and assistance services, including benefits counseling, AAAs help individuals and their families understand public and private benefits. Through care coordination services, AAAs assist in obtaining those benefits. In addition, OAA services help fill in gaps in services caused by the more
rigorous rules of Medicaid and for individuals waiting eligibility determination. AAAs have also taken a lead role in community planning to improve local systems of access, with the goal of creating a seamless system of services.

In September 2004, Texas created DADS as the sole state agency focused on delivering long-term services and supports to persons who are aging and have disabilities. The agency serves as the State Unit on Aging and administers institutional and community based Medicaid services to persons with physical and cognitive disabilities. DADS has a functional, not population-based, administrative structure to ensure the continued integration of services to persons who are aging and have disabilities.

I would like to discuss one example of why this matters. One of the realities of an aging population is the increasing number of persons with cognitive and physical disabilities who are living longer lives. Testimony at a White House Conference on Aging Listening Session indicates “the mean age at death for persons with MR/DD rose from 19 years in the 1930’s to 66 years in 1993, an increase of 247 percent.” The number of adults with MR/DD age 60 or older in the United States is expected to be 1.2 million by 2030, twice what it was estimated for 2000.” (See Aging with a Developmental Disability 2005 White House Conference on Aging Listening Session Testimony 12/8/2004, Chicago Illinois.) The aging of persons with cognitive disabilities, in particular, creates new challenges for the Aging Network. The challenges of integrating new populations into the aging network include having the right mix of home and community based services so that individuals can age in place, and overcoming issues such as "turfism", lack of proper training, and the lack of knowledge among the disability community about services available through the Aging Network.

In creating DADS, our desire is overcome these challenges. The OAA recognizes these same challenges. The Administration’s proposal to create Aging and Disability Resource Centers, consumer directed options and more choice in its programs are philosophically consistent with the functional design of DADS and the integration of services in Texas. In doing so, we believe states need to have the flexibility to design service delivery systems at the local level that are responsive to needs and desires of the local community.

3. The OAA should further empower states and local communities to plan and prepare for an aging population.

In 1997, Texas began an initiative called Aging Texas Well. Administered by the State Unit on Aging, under the general advocacy and planning provisions of the OAA, the purpose of Aging Texas Well is to ensure Texans prepare for aging in all aspects of life and that state and local social infrastructure facilitates aging well throughout the lifespan. The importance of the initiative has been further recognized by passage of a resolution by the Texas Legislature (SCR 36, 75th Texas Legislature) and, most recently, by an executive order by Governor Rick Perry (RP 42).

The Declaration of Objectives of the OAA provides the conceptual framework for Aging Texas Well. When the original OAA was passed, these Objectives, which are related to
employment, housing, health and other life areas, were ahead of their time in recognizing the importance of a holistic approach to the wellness of older persons. A second key element of Aging Texas Well is its focus on individuals taking responsibility to prepare for aging and on communities supporting that preparation. A final critical element is the recognition that aging well requires a lifespan approach focused on long-term living.

Aging Texas Well seeks to ensure state policy is responsive to the needs of older Texans, consistent with the mandates of the OAA to review state policy. It also drives efforts to work with local communities to strengthen capacity to support older Americans, again consistent with the mandates of the OAA. (More information is available at www.agingtexaswell.org.)

For example, one of the great successes of Aging Texas Well has been our internationally recognized Texercise program. Texercise uses evidence-based practices through partnerships with the private and non-profit sectors to create locally based programs to improve the nutritional and physical activity habits of older adults. AAAs participate in these programs as part of their mandate under the health promotion provisions of the OAA. (More information about Texercise is available at www.texercise.com.)

One of the strengths of the OAA is the implicit mandate to the Aging Network to take a proactive role in preparing our communities for the aging of the population. This mandate could be made more explicit in the Act. The need for this type of proactive planning has been acknowledged by the delegates at the recent White House Conference on Aging, by the National Association of Area Agencies on Aging and by the National Association of State Units on Aging. New York (Project 2015), Texas (Aging Texas Well) and Florida (Communities for a Lifetime) have all begun projects to plan and prepare states and communities for the realities of an aging population. The OAA could dedicate resources and provide encouragement for other states to do the same.

In conclusion, as you may be aware, reauthorization of the OAA was the highest ranked resolution of the White House Conference on Aging. It was also one of the top priorities of the Texas delegation to the Conference. This reflects the fact that the OAA has served this country well by creating at the local level a system of services to respond on a day-to-day basis, and in times of crisis, to the needs of older Americans, their families and caregivers. It has been successful because of its emphasis on developing community participation and resources.

On behalf of the Texas Department of Aging and Disability Services, thank you for this opportunity to testify. I will be glad to answer any questions.