The Older Americans Act - Our Guiding Star in a Changing World

ECIAAA

42nd Annual Meeting & Luncheon

September 17, 2014

Charting Our Course

- Older Americans Act - Our guiding star
- Milestones - How far have we come?
- Evolution of Area Agencies on Aging
- Opportunities and Challenges ahead
- Strategies to transform community services

Older Americans Act Title I

- The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives :

Objectives for Older Americans

- Adequate income in retirement,
- Best possible physical and mental health,
- Suitable housing,
- Full restorative services,
- Pursuit of meaningful activity,
- Efficient community services , including access to low-cost transportation,
- Immediate benefit from proven research, and
- Freedom, independence and free exercise of individual initiative in planning and managing their lives.

Milestones

- A brief history of aging services in the U.S.:
- Elizabethan Poor Law in England in 1601
- Caring for “needy elders” in the colonies
- Alternatives to almshouses for immigrants
- Pensions and homes for veterans
- The Great Depression exposed risks of aging
- Social Security enacted in 1935
- Advances in Public Health added 25 years to life expectancy of people in the United States in the 20th Century
- 1950 – 1st National Conference on Aging
- 1961- 1st White House Conference on Aging

Milestones

- 1965 – Older Americans Act enacted
- 1965 – Medicare and Medicaid enacted
- 1971 – 2nd White House Conference on Aging
- 1972 OAA Title VII creates national nutrition program
- 1972 East Central Illinois Agency on Aging Model Project founded
- 1973 Illinois Department on Aging established
- 1973 OAA authorizes AAAs, Title V grants for multipurpose senior centers, and the Senior Community Service Employment Program.
- 1973- Enactment of the American Rehabilitation Act
- 1974 Enactment of National Mass Transportation Assistance Act
- 1978 - OAA amendments consolidate Title III AAA administration, social services and nutrition services
- 1979 - Illinois Community Care Program established
- 1981 - 3rd White House Conference on Aging

Milestones

- 1987 OAA amendments guarantee long term care ombudsman access to facilities and patient records
- 1988 – Enactment of the Illinois Elder Abuse & Neglect Act
- 1990- Americans with Disabilities Act extends protection from discrimination in employment and public accommodations to persons with disabilities
- 1990 - Age Discrimination in Employment Act makes it illegal for companies to discriminate against older workers in employment benefits
- 1992 OAA creates new Title VII to include long term care ombudsman and prevention of elder abuse
- 1995 White House Conference on Aging

Milestones

- 2000 – OAA amendments establish new National Family Caregiver Support Program
- 2005 - 4th White House Conference on Aging
- 2006 Medicare Part D Prescription Drug Program
- 2006 OAA amendments embed principles of consumer directed community-based services and evidence-based health promotion programs
- 2010 Enactment of the Affordable Care Act
- 2013 Enactment of Adult Protective Services Act

Evolution of Area Agencies on Aging

- Source: The National Aging Network Survey 2013 Results, Oxford, OH, Scripts Gerontology Center, Miami University, by:
  - Suzanne R. Kunkel,
  - Heather R. Reece, and
  - Jane K. Straker
- Published in ***Generations***, Summer 2014
- Journal of the American Society on Aging

OAA – A Shared Mission

- The Older Americans Act provides the shared mission and organizational foundation of the aging services network.
- OAA resources were never intended to meet all service needs of older adults.
- AAAs were designed to leverage and coordinate other federal and non-federal sources to meet those needs.

Diversity of AAAs

- Of the 618 AAAs in the U.S. in 2014:
- 39.1% are independent non-profits;
- 30.7% are part of county or city government;
- 26.3% are part of a Council of Government or Regional Planning and Development Area;
- 45.3% serve a combination of urban, rural and suburban areas in the planning and service areas.

AAA Budgets

- In 2013 AAA budgets ranged from $138,000 to $292 million.
- The average AAA budget was $9.4 million.
- On average most AAAs get less than half (41.1%) of their funding from the OAA.
- More than half (57.8%) of all AAAs receive some funding from Medicaid.
- On average, AAAs have 23 full-time and 5 part-time staff and 60 volunteers.

ECIAAA Profile

- ECIAAA established as non-profit model project in 1972
- In 2013, ECIAAA revenues were $8.9 million
  - 39.76% Federal OAA funds
  - 34.80% Illinois GRF and Other State Funds
  - 15.91% Local Cash and In-kind Match
  - 9.47% Participant Contributions
  - .06% Other Revenue
- 12 Staff and 1 ISU Stevenson Center Fellow
- 40 Volunteer Leaders serve as Members of the Corporate Board and Advisory Council

Target Populations in Area 5

- Population 60+: 165,665
- Medicare Beneficiaries: 147,454
- Potential Enrollees in MMAI eligible for HCBS in seven counties: 11,345
- Persons 60+ receiving OAA services: 20,751
  - 7,340 registered participants
    - 6.7% minority
    - 33% below poverty
    - 33% reside in rural (non-metro) areas

Caregivers

- 1 in every 4 households in the U.S. provides unpaid care for adults (Family Caregiver Alliance & AARP)
- 327,039 total households in Area 5 (2008-2012 American Community Survey 5 year estimates)
  - 81,759 estimated households provide unpaid care for adults in Area 5 (one in four)
  - Caregiver Resource Centers in Area 5 served 1,127 caregivers of adults and 272 grandparents and other relatives raising children in FY2013.

Expanding Consumer Base

- 76.7% of AAAs provide at least one service to consumers younger than 60 who qualify because of disability, impairment, or chronic illness.
- Aging & Disability Resource Centers/Networks serve as points of entry to long term services and supports for older adults and for younger persons with disabilities using a consumer-centered model for supported decision making.

ECIAAA Profile

- ECIAAA awards grants to 20 community programs on aging.
- In FY2013 OAA services reached 20,751 older adults , 1,085 caregivers, and 272 grandparents raising grandchildren.
- ECIAAA funds 12 Coordinated Points of Entry, 4 nutrition programs , Caregiver Resource Centers, and 2 legal services programs.
- ECIAAA collaborates with 4 Centers for Independent Living.
- ECIAAA sponsors the Regional LTC Ombudsman Program:
  - Advocates on behalf of more than 10,000 residents in 165 facilities and investigated 866 complaints in FY2013.
- ECIAAA is the Regional Administrative Agency for an APS network of 7 Adult Protective Service provider agencies.
  - In FY2014, investigated 983 APS reports for persons 60+ and 240 reports for adults with disabilities between the ages of 18 and 59.

AAAs and Healthcare Initiatives

- Majority of AAAs (92%) partner on at least one health system initiative.
- The average AAA is involved in 4 programs or services that bridge community-based services and the healthcare system.
- Examples include Medicaid Managed Long Term Services and Supports (MLTSS) and Community-based Care Transitions (CCTP).

AAAs and Managed Care

- AAAs from 30 states reported being involved in planning or implementing MLTSS
- In 2013 AAAs involved in MLTSS partnered with hospitals, nursing homes, and Medicaid managed care organizations
- In 2013 CMS awarded 102 CCTP contracts directly to AAAs and their partner organizations in the aging services network.

ECIAAA Profile

- ECIAAA serves as Interim CCU for Ford, Iroquois, and Vermilion Counties in collaboration with Ford County Health Department, Iroquois County Health Department, & CRIS Healthy-Aging Center.
- ECIAAA coordinates with 7 CCUs and 2 MCOs in the Medicare-Medicaid Alignment Initiative.
- LTCOP advocates for HCBS clients and MMAI enrollees.
- CMS contracts with CRIS Healthy-Aging Center for a Community Care Transition Project in collaboration with 2 CCUs, Carle Hospital, and two Presence Health System hospitals in Champaign-Urbana and Danville.

CRIS Bridge Outcomes

- The goals of CCTP are:
  - reduce hospital readmissions
  - test sustainable funding streams for care transition services
  - maintain or improve quality of care
  - document measureable savings to the Medicare program

- CRIS Bridge Outcome Data & Types of Care Transition Services
  - 2,640 participants enrolled in CRIS Bridge Care Transition Program
  - Partner hospitals report a significant decrease in hospital readmissions
  - Transition planning support 64.8%
  - Comprehensive medication review and reconciliation 8.1%
  - Counseling or self-management support 76.0%
  - Communication with patient's family of informal caregivers 56.4%
  - Assistance to ensure productive and timely interactions between providers 12.7%
  - Information to help identify other health problems or deteriorating condition 8.2%
  - Other care transition service 4.8%

AAAs and Healthy Communities

- 80% of AAAs are involved in conversations with other entities about transportation, affordable housing and land-use issues to enhance the livability of their communities.
- 98% of AAAs are involved in activities related to adult protective services and elder justice including community education, public awareness, and multi-disciplinary teams.

ECIAAA Profile

- In 2008-2010 ECIAAA collaborated with community leaders to assess the readiness of 9 cities for the aging of their populations.
- ECIAAA collaborates with the West Bloomington Revitalization Project (WBRP) to empower residents of all ages to improve their homes and neighborhood.
- ECIAAA serves on 2 Human Service Transportation Committees to develop and coordinate transportation for older adults and persons with disabilities.
- ECIAAA collaborates with service providers to disseminate evidence-based healthy-aging programs, including:
  - Chronic Disease Self Management,
  - Diabetes Self Management,
  - Matter of Balance ,
  - Strong for Life, and
  - PEARLS

WBRP Home Repair Program

Chronic Disease Self Management

Matter of Balance

Strong For Life

Opportunities & Challenges

- AAAs have long histories as planners and coordinators of community-based services.
- AAAs are situated to remain at the center of a balanced and integrated system of services that maximizes health, independence, safety and well being.
- Some AAAs are concerned that involvement in the healthcare system will move them far from their core mission.

AAAs Broadening their Mission

- In 2013 70% of AAAs formally marketed their services and their agency;
- 61% had a multi-year strategic plan;
- 25% were working on strategies to serve private pay consumers and 38% are working on such strategies;
- 33% are seeking technical assistance with business planning and guidance in working with managed care organizations.

ECIAAA Profile

- ECIAAA established a multi-year Strategic Plan in FY2010 and will review and revise the Strategic Plan during FY2015.
- ECIAAA is developing a marketing plan.
- ECIAAA may consider private-pay services.
- ECIAAA is a member of the Illinois Community Health and Aging Collaborative to disseminate evidence-based healthy-aging programs.

Demonstrating Value

- Success in the new system of integrated, cost-effective services and supports requires AAAs to demonstrate added value in terms of costs and quality outcomes.
- AAAs must convey the value they add if they are to continue to meet the OAA mission through leveraging resources and collaborating with a wide range of partners.

AAAs Demonstrating Value

- 75% of AAAs had in place or made progress in calculating unit costs for services in collaboration with healthcare organizations
- 34% of AAAs had the capacity to calculate return on investment and another 32% reported plans to do so.
- In addition to measuring consumer satisfaction, about 40% of AAAs track measures of health status , clinical outcomes, and service use.

Outcomes: Age Strong, Live Strong

- ECIAAA collaborates with service providers to empower older adults, persons with disabilities, and caregivers to achieve outcomes in 6 areas:
  - Coordinated Points of Entry/Senior Information Services,
  - Caregiver Support Programs,
  - Senior Nutrition Programs,
  - Legal Assistance Programs for Older Adults,
  - Successful Care Transitions, and
  - Evidence-based Healthy Aging Programs

Planning for Outcomes

Measuring Satisfaction and Outcomes

- ECIAAA and service providers in Area 5 have used Performance Outcome Measurement Project (POMP) surveys to measure the impact of OAA services and client satisfaction since 2001.
- ECIAAA and OAA nutrition programs in Area 5 have been selected by Mathematica to participate in the National Evaluation of the Title III-C Elderly Nutrition Services Program (ENSP), sponsored by the Administration for Community Living (ACL).

Risk and Competition

- AAAs face new competitors and scarce resources.
- 63% of AAAs report concerns about financial sustainability of new initiatives;
- 32% of AAAs were unwilling to take a financial risk on collaborating with the healthcare network; and
- 68% perceived little or no barrier in this regard.

AAA Collaborations

- Healthcare provider representatives sit on 62% of AAA Boards; and
- 75% of AAAs have partnerships with Adult Protective Services, transportation agencies, Senior Health Insurance Programs, Medicaid offices, advocacy organizations, hospitals, long term care providers, behavioral health providers and organizations empowering and serving persons with disabilities.

The OAA Mission Endures

- The national network of AAAs remain united in the OAA mission to help older adults remain healthy and independent in their communities for as long as possible.
- AAAs are in a unique position as the cornerstone of coordinated community-based services in their planning & service areas.
- AAAs nationwide are going through a significant transformation and must develop business orientation and acumen not typical of the Aging Network during the past 50 years.

Nine Strategies for Transformation

- Source: “Nine Strategies to Transform Community Service Organizations That Assist Older Adults”
  - By James Firman, CEO, National Council on Aging
  - Published in **Generations**

    Journal of the American Society on Aging,
    Summer, 2014, Volume 38, Number 2.

A Moral Imperative

- We cannot afford to be complacent or satisfied with incremental change.
- We are keenly aware that the growing needs of an aging population are far outstripping our ability to respond.
- We have relied on government and private funding sources that are not growing.
- We have a moral imperative to transform ourselves to serve people in our communities.

Strategy 1 – Clarify Our Purpose

- Get out of the service business and into the outcomes business.
- Defining ourselves solely in terms of the services we provide is a strategic mistake .
- It limits opportunities for social impact and new revenues.
- Example: Meals on Wheels are an early warning system for identifying problems that lead to ER visits and hospital admissions?

Strategy 2 – Rethink Our Target Population

- Many organizations define their target population as needy, vulnerable, or disadvantaged, most of whom can't afford to pay for services , and have deliberately chosen not to pursue the private pay market.
- This limits our revenue sources to government and philanthropy , which are not growing.
- By avoiding the private pay market we create a vacuum that for-profit entities will fill.

Strategy 3 – Commit to Big Goals and Chart Impact

- In ***Good to Great and the Social Sectors***, Jim Collins (2005) urges nonprofits to commit to BHAGs – "Big, Hairy, Audacious Goals."
- ***Charting Impact*** is an excellent framework developed by Independent Sector, Guidestar and the BBB Wise Giving Alliance to help non-profits describe, measure and achieve their goals.
- NCOA's big goal is to make meaningful and measurable improvements in the lives of 10 million older adults by 2020 .
- CSOs can be the community focal point to help all baby boomers and older adults to age well.

Strategy 4: Change Your Business Model

- Most CSOs rely on restricted grants and contracts to provide specific services
- Inherent in this model is “cost-based” pricing that makes it difficult if not impossible to earn surpluses and contribute to reserves.
- CSOs should focus more on earning unrestricted revenues by delivering unique value and producing compelling outcomes.

What If?

- If 1 percent of Medicare funding were channeled through CSOs to help people manage chronic conditions, stay out of hospitals, and avoid or delay nursing home admissions, it would be equal to doubling OAA funding.
- CSOs should consider how to leverage current government and charitable support to reposition themselves to deliver outcomes and services resulting in private pay and insurance-based revenue sources.

Strategy 5: Expand Strategies for Delivering Services

- Historically CSOs help needy older adults by providing them with direct services in their facility or in the client's home.
- Expanding access to the Internet has created a second definition of "community" and provided many baby-boomers with a new preferred strategy for seeking information and assistance.

New Service Delivery Strategies

- Empower older adults to address their own needs and goals by making self-help resources and programs available on-line.
- Encourage family members, friends, and social service and financial professionals to help their loved ones and clients.
- Last line of defense: have our own case workers and volunteers help people directly.

Strategy 6 – Combine Service and Advocacy

- Community-based organizations have capital and trust built up through years of service to people in their communities.
- Community-based organizations know the real needs of people and they could be the most credible and trusted voice on many issues.
- Quoting Leslie Crutchfield in ***Forces for Good:*** *"Community-based service organizations should combine service with advocacy to promote positive changes."*

Strategy 7: Embrace Social Entrepreneurship and Partnerships

- Develop social enterprises – ventures with the double bottom line of furthering the mission and generating margins, example: senior centers as lifelong learning centers.
- Think differently about how we interact with businesses. Collaborate with businesses to develop better products, produce better outcomes and create unique value.

Strategy 8: Engage, Empower and Support Elders to Help Each Other

- Think of older adults as a resource.
- Mobilize their knowledge, talents, skills.
- Older adults are the primary resource available to us to address the needs and challenges faced by people as they age.
- Inspire, engage, and support baby boomers and older adults to take personal actions to improve their health and well being and organize themselves to help each other.

Strategy 9: Form or Join Networks that Add Unique Value

- Small and unconnected community-based organizations will find it more difficult to survive and thrive on their own.
- Community-based organizations must collaborate strategically.
- Produce outcomes that matter to payers, attracting and serving private pay clients, adding value to insurers, achieving BHAGs, combining service and advocacy, and making optimal use of the time and talent of baby boomers and older adults to achieve common goals.

Moving Forward

- Follow the Older Americans Act: our guiding star.
- Contact your Members of Congress today.
- Urge them to reauthorize the OAA now and increase OAA appropriations in the future.
- Speak up and speak out in preparation for the 2015 White House Conference on Aging.
- Take action to transform community services.
- Stay united and keep looking up.

Thank You

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