

Testimony before the United States Senate Special Committee on Aging

May 8, 2019

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Senator Collins, Senator Casey, Members of the Senate Special Committee on Aging:

I am Laurence Gross. For 41 years, it has been my honor to serve older adults at Southern Maine Agency on Aging,(SMAA), the past 36 years as Chief Executive Officer. Our service area includes Maine's largest city (Portland) and one-third of the State's elder population living in 2,000 square miles of suburban and isolated rural settings. SMAA staff and volunteers touch the lives of more than 20,000 people annually. I want to thank Senator Collins for inviting me to speak with you today.

During my tenure at SMAA, I have seen the Older Americans Act evolve to become a solid foundation for the future of aging services in this nation. Today, I will share my experience as a veteran on the front line of the Act's evolution in the "oldest" state in the Nation.

Maine is the "canary in the coal mine" when it comes to the field of aging in America. Of necessity, Maine has built a national reputation as a laboratory for innovation, testing, and proving policies and practices that will serve our country well in the decades to come. I am proud of the many national awards SMAA has received in recognition of our contributions to Maine's legacy, most recently, as

the first recipient of the Business Innovation Award from the John A. Hartford Foundation.

SMAA offers the core of OAA services: home-delivered and community-based meals, information and assistance, Family Caregiver support, training, and respite, Medicare counseling, fraud prevention, and health promotion activities. SMAA operates an adult day center for older adults with dementia, the Sam L. Cohen Center, where I was delighted to host Senator Collins when it opened in 2017. Our 600+ volunteers provide invaluable human capital resource: nearly 40,000 hours of paraprofessional and technical services annually.

Senior Nutrition programs are a hallmark of the OAA. However, by the early 2000s our traditional congregate dining model was languishing. Flat funding, rising inflation and shifting demographic interests had reduced participation and increased operating cost. Our clientele was “aging out” to Meals on Wheels. In response, we made the strategic decision to replace our legacy delivery design with a voucher model. We called the program “As You Like It”. Initially set in a hospital cafeteria, As You Like It offered our diners menu choices, in an attractive multigenerational setting that was open seven days a week. The program was an instant hit. We soon expanded to other local hospital and college cafeterias and eventually to a network of small local restaurants.

In its first five years, “As You Like It” grew our congregate program by 55% and increased the number of diners from rural areas by 61% while exceeding AOA goals to increase the number of people and meals served per dollar of funding. SMAA then restructured our Meals on Wheels program to increase its relevance to the changing needs of our clients. We introduced flash frozen meals, a

dramatic transformation. Flash freezing greatly increased the nutritional density and quality of our meals, reduced waste, and changed our meal delivery paradigm to allow evening and weekend meals. We now offer a variety of menu choices: vegetarian, gluten-free, pureed, renal, and traditional comfort foods every day, very different from the “one size fits all” single item menus of the past.

Consumers loved the change because it offered them choice and convenience. A serendipitous benefit was the ability of our meal delivery volunteers to conduct informal wellness checks and spend more time with clients for whom they were often the only visitor of the day.

Using the updated menu and delivery options, we rebranded our new Meals on Wheels offerings as “Simple Delivered Meals” and conducted a pilot study within a four-year Medicare-funded demonstration designed to reduce hospital readmission rates of high-risk patients. We provided a week of Simply Delivered Meals to the patients when they left the hospital, and documented a 38% reduction in readmission rates and a 387% return on investment from avoided readmissions. Our results were peer-reviewed and published in the American Journal of Managed Care in 2018 (included with my testimony). Simply Delivered Meals received an Aging Innovation Award from the National Association of Area Agencies on Aging.

These two examples show how the Older Americans Act can become a new platform for addressing what medicine calls the “social determinants of health”. Poor nutrition, lifestyle choices, limited access to safe housing and isolation exacerbate most chronic health conditions, but are nearly impossible for the medical community to influence alone. Area Agencies on Aging are ready to help.

As SMAA has shown, a nimble and innovative AAA can make a quantifiable difference in quality of life and cost of health care.

I have several recommendations to “modernize” the Older Americans Act:

- 1) Explicitly encourage State and Area Agencies on Aging to leverage OAA funds through “private pay” and contractual relationships with healthcare;
- 2) Modify the Act to recognize the value in adding cost and revenue sharing options beyond individual client donations;
- 3) Remove restrictions on Area Agencies on Aging delivering direct services without first obtaining a waiver from their State Units on Aging;
- 4) Increase OAA funding! OAA funding has woefully lagged growth in the aging population. At SMAA, we receive less Older Americans Act funding today than we did in 2010. Please increase funding to a level that restores the service capacity we have lost in the past decade. Then index authorizations to keep up with the growth of the older population and inflation.

In three months, I will be retiring from my position at SMAA. I have had a fulfilling career with many unique opportunities and satisfying achievements thanks to the Older Americans Act. Testifying to this Committee and sharing my insights with you is a wonderful capstone. Thank you.