

US Senate Special Committee on Aging

**Hearing: The Older Americans Act: Protecting and Supporting Seniors as they Age
Wednesday, May 8, 2019; 2:30 p.m.**

**Written Testimony of Richard Prudom, Secretary for the Florida Department of Elder
Affairs**

Introduction and Demographics

Chair Collins, Ranking Member Casey, members of the committee... thank you for the opportunity to be here to discuss the importance of the Older Americans Act and what we are doing in Florida to meet the needs of our growing senior population.

I am proud to have served at the Florida Department of Elder Affairs (DOEA) for the past eight years and was honored to be appointed Secretary by Governor Ron DeSantis. The Governor has taken bold actions and shown great leadership on issues affecting Florida seniors, including Alzheimer's disease and related dementias and making Florida an Age-Friendly State. Governor DeSantis has charged me with working to improve the lives of older Floridians – a responsibility I do not take lightly, and it has been my pleasure to work with him in service to our 5.5 million seniors.

DOEA serves as the State Unit on Aging for Florida and oversees more than \$330 million in state and federal funding – including more than \$112 million in funding from the Older Americans Act. We partner with 11 Area Agencies on Aging (AAAs), Lead Agencies, and direct service providers across Florida to assist seniors through OAA, other federally funded programs, and state-funded programs that all aim to keep seniors in their own homes and communities as they age. In leading Florida's Aging Network, it is our mission to keep our older residents healthy, safe, and independent for as long as possible.

Florida continues to be a popular place for seniors. We have the highest population percentage of 65+ in the nation. In fact, our senior population outnumbers the senior populations of 20 other states, as well as the **total population** of Alaska, Delaware, North Dakota, Rhode Island, South Dakota, Vermont, and Wyoming **combined**. More than 450 people over the age of 60 move to Florida each day, and throughout the next decade, our senior population will increase by more than 38% to 7.6 million.

There are challenges in promoting the health and well-being of this growing and increasingly diverse older adult population. Population aging, especially when the baby boomers reach ages 85 and older, signals a likely surge in the use of long-term care services, so clearly, the Aging

Network is tasked with an important challenge – to ensure that we are meeting and will continue to meet the needs of our frail elders.

The major focus of our programs is to provide home and community-based services as an intervention for those elders who are at risk of being placed into a long-term care (LTC) facility because of their degree of frailty. This way, they are able to remain in their own homes and communities with some assistance. The OAA should be considered as the foundation for this aging in place, which is not only preferred by older Floridians in need of services, but taxpayers also avoid the higher costs associated with nursing home placement.

This is not a criticism of the long-term care industry, which plays a very important role in providing health care in the community, but LTC placement should occur only after all other options have been exhausted.

LTC placement is the leading cause of catastrophic out-of-pocket costs for families and involves substantial government spending, primarily through Medicaid and Medicare. Few people have insurance coverage against the high costs of long-term care. After impoverishing themselves, most people must turn to Medicaid to pay for their long-term care services.

Connecting the Age Friendly Initiative and the OAA

It is equally important that we engage community leaders as partners and challenge them to take a more proactive role in the well-being of older adults.

Everything points to the fact that the communities that fare best in the 21st century will be those that both tackle the challenges and embrace the positive possibilities that an aging population creates – essentially becoming Livable Communities. The amenities of a Livable Community help to maximize the independence and quality of life of older adults, while also enhancing the economic, civic, and social vitality of the community.

Accordingly, I am proud to share with you that Florida has just been designated as an Age-Friendly State by AARP through their Age-Friendly Network of States and Communities. We are the first state in the South and, in fact, across the entire Sun Belt, as well as the largest state to accomplish this. Governor DeSantis envisions a Florida where seniors are not just living but living well.

Tasked with the responsibility for planning, coordinating, and advocating for aging services at the community level, DOEA and the Aging Network are in a unique position to integrate individual and community interests to facilitate aging in the community; in fact, the Older Americans Act mandates that we do so.

Solutions to complex social problems do not emerge from the activities of a single individual, social service agency, or sector, but rather from the activities of multiple entities including businesses, non-profits, local governments and the general public. Therefore, it is important to note that the State is working with communities to ensure that they achieve the goals that are relevant and specific to the needs of **that** community.

The Age-Friendly designation is a process that is and will always be community initiated, community driven, and community owned. Neither the state or AARP will be dictating exactly how communities will become Age Friendly/a Livable Community, rather we will work with communities to ensure that they achieve the goals that are relevant and specific to the needs of that community. We will facilitate, we will encourage, and we will reassure, but ultimately success lies with the community. In that regard, it is a true grassroots effort and cannot be achieved without the funding provided through the OAA.

An Age-Friendly/Livable Community example – Creating Dementia-Caring Communities

We are all living longer thanks to twentieth century medicine's assault on infectious diseases. However, that longevity was also accompanied by the growing prominence of chronic illnesses, such as dementia, osteoporosis, heart disease, and stroke, as well as their associated disabilities.

With over 560,000 individuals currently living with Alzheimer's disease, Florida has the second highest incidence of Alzheimer's in the nation. This is projected to increase to more than 720,000 individuals by 2025. That number does not include the tens of thousands more with other forms of dementia, nor does it include the informal caregivers of these individuals which is estimated to be well over 1 million.

Rather than adopt the "woe is us" mantra, we believe these statistics put the state in a unique position to become a national model for how state and local entities leverage resources and state-of-the-art research and treatments to assist individuals living with dementia.

In 2016, the DOEA created the Dementia Care and Cure Initiative (DCCI) – a statewide effort to bring awareness to, education on, and sensitivity regarding the needs of those affected by dementia throughout local communities. While we work toward a cure, our goal is to break down barriers and reduce the stigmas associated with dementia to help communities become more dementia aware, more dementia caring. Our Dementia Care and Cure Initiative (DCCI) fits well into these efforts to make communities become livable for all.

DCCI is gaining momentum, and we have established Dementia-Caring Communities across the state. We have buy-in from community businesses and law enforcement as well. They are taking dementia sensitivity training to implement better communications tactics when engaging with individuals and families affected by dementia and to provide important referrals to Memory

Disorder Clinics and other resources. Recently, in Tallahassee, five popular restaurants have taken the training and received Dementia-Caring Business decals that they proudly display. Now local dementia and caregiver support groups and facilities that care for those with memory disorders have been visiting those restaurants. They know that they will have a supportive and engaging experience.

Working with the federal government, Florida can implement new, innovative, and bold programs that can drastically improve the quality of life for persons living with dementia, as well as their caregivers. Although the OAA and state funds provide significant funding towards caregiver respite, we recognize that more could and should be done.

On December 31, 2018, President Donald Trump signed into law the “Building Our Largest Dementia Infrastructure for Alzheimer’s Act,” creating a new public health framework within which individuals living with the disease and their caregivers can find support. Previous federal initiatives largely focused on providing funding for drug research, as opposed to what Sen. Susan Collins called for when sponsoring the BOLD Act: “a multi-pronged public health approach that will create a modern infrastructure for the prevention, treatment, and care of Alzheimer’s and related dementias.”

In order to maximize the opportunities presented in the new BOLD Act, Governor DeSantis has directed Florida’s Department of Health (DOH) to include Alzheimer’s disease and related dementias as a standalone priority in the State Health Improvement Plan (SHIP), which “... sets out goals for Florida’s public health system, with the ultimate goal of efficient and targeted collective action to improve the health of Floridians.”

Each of the top 10 leading causes of death in Florida were represented in the SHIP, except Alzheimer’s and related dementias. In addition, other chronic conditions/diseases, such as heart disease, cancer, stroke, kidney disease, liver disease, and mental disorders, are all recognized in the SHIP.

Having Alzheimer’s disease and related dementias placed onto the Florida SHIP positions DOH to apply for the BOLD Infrastructure for Alzheimer’s grants. Recognizing Alzheimer’s disease as a top health priority in Florida also aligns with the CDC Public Health Road Map’s “Healthy Brain Initiative” – which charts a course for state and local public health agencies and their partners. The Road Map prepares all communities to act quickly and strategically by stimulating changes in policies, systems, and environments.

Governor DeSantis also directed DOH to apply to the CDC to become an Alzheimer’s Center of Excellence, which will enable them to draw down federal funding for evidence-based approaches to treatment and prevention.

After demonstrating success with these programs, Florida will be in a position to leverage additional resources, perhaps from the National Institute of Health, to expand what would be evidence-based approaches that increase the quality of life for both patients and caregivers. This would not have been possible without the significant funding provided by the OAA. However, although the resources available under the OAA are a critically important support system for older individuals with Alzheimer's, we must recognize the expanding nature of this terrible disease and also make OAA resources available to individuals with younger-onset Alzheimer's and other dementias as well.

Older Americans Act Funding

The Older Americans Act (OAA) Title III-funded programs enhance the well-being of Florida's seniors and their caregivers, enabling them to live healthier and engaged lives through supportive services like transportation, health and wellness, congregate meals, home-delivered meals, and nutrition services. For FFY 2017-18, Florida received nearly \$106 million in OAA Title III funds and served approximately 200,000 clients throughout the state. The OAA services most utilized by Florida's seniors and their caregivers were transportation (III-B), congregate meals (C1), home-delivered meals (C2), HomeMeds – a medication management evidence-based program (III-D), and in-home respite to support caregivers (III-E).

IIIB – Supportive Services

We look to the OAA, not only for the programs and services made possible through the Act, but also for the objectives the act seeks to advance. Legal services funded under the Older Americans Act are critical aging resources that preserve the rights and independence of older Floridians and are a vital part of the Aging Network. In Florida, IIIB funding supports a collaborative statewide program and network of AAAs and legal providers working together to serve the legal needs of seniors in greatest economic and social need. In 2018, OAA-funded legal services were provided by 20 providers across the state, reaching nearly 10,000 older Floridians. Legal assistance in housing is central to seniors but especially those with low incomes who are seeking to maintain their independence. Housing is the largest category for Title III-B funding cases.

Another OAA service, transportation, is essential for elders to avoid isolation and institutionalization. The service facilitates seniors' access to health care, as well as opportunities for social engagement.

III C1 and III C2 – Congregate and Home-Delivered Meals

In FFY 2017-18, we provided nearly 11 million meals, and more than half – or 6.3 million – were served through OAA. Unfortunately, 13% of Florida elders report not being able to afford food. Many seniors are just one meal away from a crisis, so these services are essential. And, as we all

know, a meal is more than just a meal to those who receive it. Recently, I was able to participate in a Meals on Wheels route with some of my team – something I greatly enjoy doing. Talking with our clients, learning more about what the services means to them, and identifying how we can further assist them is rewarding. Please know that these programs are truly making a difference in the lives of our older residents. Home-delivered and congregate meals play an important role in promoting the well-being of seniors – even beyond improving their physical health. Through eating at community meal sites or engaging with those delivering meals to their homes, it is an opportunity for socialization and engagement, which helps combat another critical issue facing our elders – loneliness and social isolation. This is so important for the social, behavioral, and mental health of older adults. We have more than 400 congregate meal sites in Florida where thousands of meals are served daily, and elders can socialize and remain engaged with others.

Innovations in Nutrition Programs and Services

Currently, the Department is in the process of applying for the Innovations in Nutrition Grant offered by ACL. The proposal for this grant is to address the changing palate of elders and increase congregate meal site participation. Client satisfaction surveys have revealed elders, especially younger more technologically savvy elders, are less willing to leave their home to attend congregate meal sites as they have more option of meal delivery services. The goal of the grant is for nutrition providers to work directly with their vendors and farmers to incorporate a “farm to senior” aspect to congregate meal sites, thereby enhancing III C1 services. Elders repeatedly voice their desire for fresh fruits and vegetables. Providing a farm to senior platform will increase the variety and quality of food at congregate meal sites and allow for more input from the clients regarding their meals.

III D – Health and Wellness

Title IIID programs are designed to educate seniors and their caregivers to adopt interventions that make a difference in their health and well-being and, ultimately, to increase the overall health of older Floridians. Statewide, approximately 8,000 older adults participated in 19 types of evidenced-based programs, including Home Meds Medication Management, which I mentioned earlier as a highly-utilized OAA service in Florida. Studies show that the inappropriate management of medication has been proven to be one of the highest indicators of nursing home placement, so this IIID program is essentially helping us to achieve our goals of keeping older Americans in their own homes and communities where they want age. Our disease prevention and health promotion programs have been proven to be effective in the prevention and symptom management of chronic health conditions.

In Florida, we are proactive in seeking out additional grants to serve more through this program. In fact, this month we were awarded two grants from ACL for capacity development of falls prevention in rural areas and chronic disease self-management education in underserved areas. These funds will provide \$150,000 for each program over a three-year period to reach individuals in counties that currently have no access to falls prevention programs and no access to chronic disease self-management programs. We are proud of our efforts to keep seniors safe from falls. Florida now has the second lowest rate of falls (25.3% according to America's Health Rankings Senior Report, 2018).

III E – Caregiver Support

Through OAA Title III E, Floridians are able to get assistance for their roles as caregivers for their loved ones, whether it is a grandparent or non-parent relative who is caring for a child or someone providing care for an individual 60 or over. During Federal Fiscal Year 17-18, Florida received nearly \$15 million in funding and served more than 91,000 family caregivers. Services most utilized were respite and adult day care. Respite is one of the most important services offered for caregivers because caregiver burnout is real and acute. It is important that we support our caregivers and help keep them well. OAA has been essential for us to accomplish this. In a 2016 report, more than 90% of the OAA caregivers self-reported being “very confident in their ability to continue to provide care” after receiving OAA services.

In Sarasota, III E programs give grandparents who have “re-entered” parenting to care for their grandchildren the opportunity to learn from each other, share ideas on how to best care for their grandchildren, and provide emotional support. Being able to talk with others in the same boat, so to speak, is important because other friends cannot relate. One client of ours said, “It helps me to deal with the stressful situation I am in by sharing, laughing, encouraging others, and taking some advice.”

V- Employment: Senior Community Service Employment Program (SCSEP)

The Senior Community Service Employment Program (or SCSEP) serves low-income Floridians age 55 and older who have poor employment prospects. By providing useful opportunities in community service job training, the goal is to move participants into unsubsidized employment to achieve economic self-sufficiency and remain a vital part of the workforce. In 2017-18, DOEA received \$4.6 million in Title V funding, creating the opportunity for 574 Floridians to participate in the program and work more than 360,000 hours.

VII – Elder Justice: Elder Abuse Prevention Program and LTCOP

Elder abuse prevention and elder justice should also be highlighted. Through approximately \$2 million in Title VII funding, both the Long-Term Care Ombudsman Program and the Elder Abuse

Prevention Program are in place to protect our seniors from abuse, neglect, fraud, and exploitation. In Florida, the Department does not investigate abuse complaints as that responsibility lies with our partners at the Department of Children and Families, but we house the abuse prevention and education components. Through our abuse prevention coordinators in 11 Planning and Service Areas across the state, we work to educate the public on preventing abuse, neglect, and exploitation, as well as how to report abuse. The Long-Term Care Ombudsman Program is a statewide volunteer-based program that works to protect, defend, and advocate on behalf of those living in long-term care facilities, and they investigate complaints made by or on behalf of the residents. More than 335 volunteers contributed nearly 50,000 hours in the last fiscal year and traveled more than 300,000 across the state in service to long-term care residents.

Abuse prevention is a top priority of DOEA and actually extends beyond our OAA programs into our Office of Public and Professional Guardians (OPPG) and the federal SHINE Program, which also houses the Senior Medicare Patrol responsibilities to empower Medicare beneficiaries to prevent, detect, and report Medicare exploitation and fraud. Through OPPG, we are now able to investigate complaints made against professional guardians, including allegations of abuse and/or financial exploitation. Following a thorough investigation and the appropriate adjudication process, we have recently revoked the registration of a “bad actor” guardian for the first time since being given this authority. I certainly hope that it sends the message that we will not tolerate abuse of our seniors. We are also working on abuse prevention with the Governor’s Office and Florida’s Attorney General, who just launched the Senior Protection Team to focus on elder abuse.

Innovations

In August of 2018, in consultation with the U.S. Administration for Community Living (ACL), the Department initiated a Disaster Recovery Reserve (DRR), which contractually obligates the state’s 11 Area Agencies on Aging (AAAs) to designate a predetermined amount of OAA Title III B, III C1, and III C2 funds for serving elders affected by a disaster. These DRR funds may be used when services are provided because of a President-declared disaster and would not have been provided had the disaster not occurred. In October 2018, Hurricane Michael hit the Florida Panhandle as a category five hurricane. The DRR innovation allowed the Department to transfer designated funds to the AAA that housed the effected counties and clients, thereby enabling the AAA to provide services after the storm. Services included delivery of food and supplies, transportation, debris removal, case management, and case aid used for call-downs to verify client safety and needs, fuel purchases for generators, and the distribution of thousands of meals and water. Though the Department did not plan to use the DRR within two months of inception, it worked, and many clients were provided with provisions and services they would not have without the DRR. This is an innovation within the OAA that Florida will continue to use and is happy to share its blueprint with other State Units on Aging.

The Older Americans Act is our primary source of funding for older Floridians, and it is essential that we utilize the funds as intended. Targeting potentially vulnerable elders is an important component of that, so our Planning and Evaluation Team has instituted a number of innovative solutions and best practices in Florida that uniquely equip our program staff and partners in the Aging Network.

For instance, they created custom client-based and Census population-based GIS maps that are utilized to achieve targeting goals set by the OAA. The census-based maps allow DOEA and our partners to locate concentrations of seniors needing assistance, and the client-based maps are used to illustrate our AAA's performance in serving older individuals with greatest economic or social need, prioritize their targeting, and even support disaster preparedness and recovery efforts before and after events like Hurricane Michael. Many OAA clients are uniquely vulnerable during natural disasters, especially the hurricanes that recently hit Florida. The maps also enable us to accurately predict those clients who will most seriously be affected by storms, effectively plan for their relocation before an event, and arrange for the possibility of extended care after the fact.

We are utilizing OAA funding and services to its fullest potential. We are also implementing innovative practices to serve even more elders. For example, DOEA administers the adult portion of the national Child and Adult Care Food Program, which is a USDA-funded nutrition program that supports the nutrition status of seniors, enabling them to prolong living in their own community. **Florida is the only state in the nation** that bifurcates the child and adult portions into two separate programs administered through two separate state agencies. USDA often highlights the accomplishments of Florida's Adult Care Food Program and encourages other states to consult with us regarding the successful administration of the program. In the last federal fiscal year, this program received nearly \$7 million and served more than 2.6 million meals/snacks to elders in Florida. This is a 96% funding increase over the last five years because of its success and the growth of the program.

Summary

As I said at the beginning of my testimony, there are challenges in promoting the health and well-being of Florida's growing and increasingly diverse older adult population, but I share Governor DeSantis' vision for Florida to be a place where seniors are not just living but living well. Our society has a long tradition of finding innovative approaches to challenges. An aging population is an opportunity to use our social and technological ingenuity to develop solutions to our changing needs that can move us all forward. As we live longer and healthier lives, the longevity and productivity of our society and communities will also expand. The OAA is essential to our ability to meet those challenges; in that regard, it is the major vehicle we use in Florida to support and protect Floridians as they age in place – helping, among other things, to improve senior nutrition, support family caregivers, advance elder justice, and help older adults to age well in

their communities. These are all essential pieces that enable current and future seniors to live and live well, which is our ultimate goal in Florida.

Thank you.