

SE4A & NCCOA ANNUAL TRAINING CONFERENCE
ROAD TRIP! Where Will the Journey Take You?
OCTOBER 18, 2004
Durham, North Carolina

Introductory Remarks

- It's a pleasure to be with you this morning as you kick-off the annual training conference jointly sponsored by SE4A and the North Carolina Conference on Aging.

- I want to thank the SE4a Board of Directors and conference planners for inviting me to speak with you today. Acknowledge Lt. Governor Beverly Perdue, NC4A Chair Carolyn Tracy, Director of NC Division of Aging and Adult Services Karen Gottovi, and Costas Miskis.

- SE4A has played a key leadership role in the network – not only was it the first AAA Regional organization, but it also served as the model for development of the national organization (N4A).

- I had the pleasure of addressing many of you during N4A's national conference this summer.

- In keeping with the theme of your conference, I will review the “journey” we’ve been taking with the Aging Network with special focus on what we’ve achieved in the three months since the Atlanta conference and on the contributions of the aging network in the southeast region.
- There are many challenges along the road ahead of us, but I believe these challenges present us with new opportunities for creating a better America for older adults and their caregivers.

Data and Performance

- First, I would like to update you on a few performance measurement initiatives that I believe will help us and you demonstrate the value of our programs.
- I am passionate about using data and outcome measures to demonstrate that the aging network and Older Americans Act (OAA) programs produce results. **And you DO produce results.**

- Because of our passion, we want to support States and communities in their efforts to do the same for programs that benefit elderly people. We are doing this in several ways.
- State and area agencies continue to take advantage of our Performance Outcome Measures Project (POMP) grants, which we have used to develop high-quality performance measures to justify our programs to the President and Congress.
- **Eleven states**, accompanied by area agencies, will be working with AoA over the next year to refine our traditional measures and develop new measures that link program impact and program costs.
- **Four of these states, including North Carolina, are in the southeast region.** I am pleased that a representative from the State of **Florida** is taking a **lead role** in helping us develop the **new cost and impact measures** that will resonate well in Washington.

- As I did in Atlanta in July, I want to remind you to look for our National Survey of Area Agencies on Aging. My staff has been working with Sandy Markwood and the n4a staff to design a survey that will provide us with important information about area agencies on aging that people in Washington and around the country need to know.
- Too many people do not know enough about the contributions of area agencies on aging, and we want to change that. Our area agency survey will better document who you are, what you do, and especially, whom you serve.
- The ability to demonstrate our effectiveness is critical to ensuring that the aging network is able to compete with other priorities in Federal, state and local budgets.
- So please, watch for our area agency survey, and help us and n4a obtain more complete information about area agencies on aging across the country.

Work in Progress

- We have accomplished a great deal since the passage of the Older Americans Act.
- We have created a nationwide infrastructure – the Aging Services Network – that is grounded in the core values of individual dignity and independence.
- We have built the foundation of this nation’s formal system of home and community based services.
- We are key partners with other Federal, state, local and private entities that serve older people.

Medicare

- Right now we have the opportunity to play a key role in the modernization of Medicare, which is perhaps the greatest contribution this country has made to its older citizens.

- The Medicare Modernization Act provides prescription drug coverage to Medicare beneficiaries and offers better prevention services and health benefits.
- AoA is partnering with CMS, the Access to Benefits Coalition and other public and private organizations to support community level efforts to educate and enroll low-income Medicare beneficiaries in the drug discount card program.
- During the meeting in Atlanta I announced an RFP for the AoA and CMS Medicare-Approved Drug Discount Card Outreach Campaign. The turnaround time was only three weeks but the response from the network was overwhelming.
- On September 30th Secretary Thompson announced the first round of the CBO contracts. **This region**, including all the States represented by SE4A, has been **awarded 22 of the initial 135 contracts**. **16** of these were awarded to Area Agencies on Aging.

- This campaign will be making available **\$3.7 million** to community-based organizations to provide Medicare-approved drug discount card outreach, education and enrollment activities targeted to low-income and underserved beneficiaries.
- We are supporting n4a and NASUA to help states and AAAs meet this challenge at the local and the national levels.
- We are also working closely with CMS through the **57 Senior Medicare Patrol projects** that teach volunteer retired professionals to assist Medicare/Medicaid beneficiaries and their families to become better health care consumers.
- The MMA requires that SMPs educate seniors early to spot false claims and to be aware that Medicare approved cards and marketing materials must bear the CMS drug care service mark.
- I am proud to have awarded funding to the states represented here today, including North Carolina, to continue those efforts.

- The Medicare Modernization Act provides the Aging Network the opportunity to demonstrate the significant role we play in quickly and effectively empowering older Americans to make informed choices on matters of importance. It is an opportunity to be involved with the Medicare Part D benefit from its inception.
- And what is more important than health care!
- This is, most of all, an opportunity to demonstrate the important added value our network brings to the integration efforts between our health and human service systems.

Aging and Disability Resource Centers

- Another opportunity is the **Aging and Disability Resource Center initiative**. We are serving as the front-end entry point for the entire system of care.
- **24** states have now received Aging and Disability Resource Center grants to develop streamlined access to long-term care for people with disabilities of all ages.

- The States in this region are heavily involved in the ADRC effort. The **South Carolina Office on Aging** was funded for their Access Plus program in 2003. Access Plus is piloting an ADRC in two counties, Aiken and Barnwell located in the Lower Savannah AAA service area.
- New grantees for 2004 include: **Florida's** Department of Elder Affairs; **Georgia's** Division of Aging Services; and **North Carolina's** Dept. of Human Services Office of Long Term Care.
- Florida is the first state to embed the ADRC concept into law, as part of the Long Term Care Reform legislation package that was recently signed by Governor Bush.
- Although the State Units on Aging have taken the lead, they are working with Area Agencies on Aging to pilot their Resource Center programs, often using a blend of urban and rural sites and multiple PSAs.

Evidence-Based Prevention Program

- With our Evidence-Based Prevention Program, we are taking health promotion and disease prevention to a new level and positioning the network as a nationwide vehicle for translating research into practice.
- We are working with the Centers for Disease Control, the National Institute on Aging, the Agency for Health Care Research and Quality, the nation's leading foundations, and a group of 12 area agencies on aging and local service providers to demonstrate that our network can effectively deliver programs that have proven to be effective in reducing the risk of disease and disability among the elderly.

- In Florida, the “Preventive Nutrition Cardiovascular Disease Program” has five partners:
 - Little Havana Activities & Nutrition Centers
 - The Alliance on Aging (AAA)
 - American Heart Association
 - National Alliance for Hispanic Health
 - Miami-Dade Public Health Department.

- The program will adapt the American Heart Association’s *Eating Plan for Health Americans* into a model targeted to Hispanic elders.

- In December the Agency for Health Care Research and Quality will pilot the first training program targeted at state and local agency staff in both the aging and health networks to help the rest of our network learn about and implement evidence-based prevention programs for the elderly at the community level.

- I announced in Atlanta that states could submit their “teams” to attend. We have **funding for ten states** and **41 have applied** so far. This is a terrific response by our network.
- Discussions are already underway to see how we might expand this type of training for our network as a result of this demand and enthusiasm evidenced for the training.

You Can!

- I hope by now you have all heard about the *You Can! Steps to Healthier Aging Campaign*.
- **905 partners** have joined in the first six weeks since the announcement. All of your states are represented by combinations of community-based organizations, State Units of Aging, AAAs, and champions.
- We are still signing up partners and we need your assistance to reach the goal of 2,000 (we’re halfway there). Visit the aoa.gov website to sign-up.

- Additionally, the Tool Kit for partners continues to be enhanced and now includes a photo gallery, power point presentations and tools translated into Spanish to facilitate your efforts.

Integrated Care Management

- The Aging Network is also taking the lead in developing excellent models of coordinated and integrated health and social supports that have improved access to community-based options for older Americans.
- To further position the network in this area, we just awarded **14 grants, totaling \$600,000** to support innovative approaches in aging services that involve partnerships with managed care organizations and/or capitated financing arrangements that improve the quality of care for older people.
- The response to the RFP announced in August was excellent - with 54 applications received from AAAs and Community Aging Service Providers.
- **6 of the 14 awardees** are Area Agencies on Aging including the **Atlanta Regional Commission.**

- The ARC will design a specialized community services program for end stage renal disease patients. They will partner with Evercare's Medicare Demonstration for ESRD, the Visiting Nurse Health System, and Project Open Hand.
- And while you partner with us in these vibrant new initiatives that will ultimately drive service delivery into the future, you continue to help older people who need care to remain in the community.
- This year, like last year, you are serving nearly **8 million seniors**, over **3 million** of whom have **intensive care needs**.
- Through the National Family Caregiver Support Program, you are reaching out to over **8 million family members** with information about the program, and you are providing vital access, respite and other services to over **500,000 caregivers**.
- You are strengthening America's families and keeping frail older people in their homes and communities and out of nursing homes.

- The **Cash & Counseling Next Steps Initiative** provides consumers with a flexible monthly allowance that allows them to direct and manage their own personal assistance services and address their own specific needs.
- Florida was one of the original three models that proved the success of the concept.
- Robert Wood Johnson, the Assistant Secretary of Planning and Evaluation and the Administration on Aging are pleased to support **11 new states**, including **Alabama and Kentucky**, with three-year awards to replicate and expand on the successful initial models.

Creating Opportunities

- As we continue our journey, we will continue to face major challenges in our efforts to create a better America for aging citizens, particularly the challenge afforded by the aging “baby boom.”
- But the baby boomers will be part of the solution. They will demand results, and we are poised to deliver!

- You all know that my vision for long-term care is to have a system in place in every community that provides a meaningful range of service options to older adults and their family members.
- To realize this vision, we have a mission for AoA and the Aging Network that is focused on those we serve. 1) We will develop comprehensive and coordinated systems of care for all older Americans 60 years of age and older, and 2) we will help the nation prepare for the baby boom generation.
- Because of you and your colleagues, the groundwork for these efforts is already in place. We have a strong service delivery infrastructure that covers the entire country, and we have a robust history of innovation in health and long-term care.

Conclusion

- We have a long journey ahead of us, but we are well on our way. We are taking a strong lead in innovation in long-term care, with projects such as the Aging and Disability Resource Centers, the Cash and Counseling Next Steps Initiative, and the Evidence-Based Disease Prevention Program.
- With these and initiatives like them, we will make our vision of long-term living for older people a reality.
- We all must continue to play a leadership role in helping our nation respond to the needs of the older population. And we can't just drive "inside the beltway". We need to do it in state roads, in county and city roads, and, yes, in partnership with corporations and small businesses.
- If we are going to retain our leadership position in the aging future of this country, we must demonstrate AND DOCUMENT the value we are adding to health and long life, and we must do it in a language that inspires the funders and policymakers to invest in our Network.

- We must do a better job of demonstrating the cost efficiencies we can achieve in providing quality services. We must produce and measure results.
- We must ground all of our programs and services in the best science available.
- We need to carve out a clear role for the aging services network in an environment that is increasingly dominated by managed care arrangements.
- 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.
- If we can keep our focus on the consumer in the local community – I am confident the Aging Services Network will not only meet the challenges of today, but of the future as well.