Strengthening the Effectiveness of Services for Older Americans

Establishing Research, Demonstration and Evaluation Leadership and Standards for Aging Services under the Older Americans Act

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# Table of Contents

Acknowledgements................................................................................................................................................3

About the Authors...................................................................................................................................................4

Executive Summary................................................................................................................................................5

The Need for Systematic Research and Development under the OAA...............................................................6

The Need for a Chief Science Officer.....................................................................................................................7

The Need for Better Aging Services Network Data...............................................................................................8

Knowledge Integration Initiatives..........................................................................................................................9

Summary of Legislative Recommendations........................................................................................................11

Conclusion............................................................................................................................................................13

Appendix A: Proposed Amendments to the Older Americans Act (as amended in 2006).................................14

Appendix B: Historical Context of the Older Americans Act and Title IV.............................................................21

References............................................................................................................................................................23
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The National Council on Aging (NCOA) is a nonprofit service and advocacy organization headquartered in Washington, DC. NCOA is a national voice for older Americans and the community organizations that serve them. NCOA brings together nonprofit organizations, businesses, and government to develop creative solutions that improve the lives of all older adults. For over 60 years, NCOA has worked with thousands of organizations across the country to help seniors find jobs and benefits, improve their health, live independently, and remain active in their communities.

The Gerontological Society of America (GSA) is the nation’s oldest and largest interdisciplinary organization devoted to research, education, and practice in the field of aging. The principal mission of the Society—and its 5,400+ members—is to advance the study of aging and disseminate information among scientists, decision makers, and the general public. GSA’s structure also includes a policy institute, the National Academy on an Aging Society, and an educational branch, the Association of Gerontology in Higher Education. Founded in 1945, GSA is the driving force behind the promotion of gerontology—both domestically and internationally. Its members come from over 40 countries. The organization fosters collaboration between biologists, health professionals, policymakers, and behavioral and social scientists. This stems from the belief that the intersection of research from diverse areas is the best way to achieve the greatest impact and promote healthy aging. Through networking and mentorship opportunities, GSA provides a professional “home” for career gerontologists and students at all levels.

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Ms. Vandenberg has taught a number of undergraduate courses at Emory University, including most recently “Global Health and Aging” in the Global Health, Culture, and Society program, which pulls together the fields of public health and anthropology. She views her role as facilitating young adults to imagine the future and their own elder selves, including the implications of choices made now. Ms. Vandenberg was a 2008-2009 Interdisciplinary Fellow in the graduate Global Health, Culture, and Society Program at Emory and will receive a Masters of Public Health along with her doctorate in 2012.

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Executive Summary

The Older Americans Act (OAA) is currently scheduled for reauthorization. The National Council on Aging (NCOA) and Gerontological Society of America (GSA) are advocating for several changes to the Act to increase the authority, rigor, credibility, and accountability of research, demonstration, training, and evaluation activities administered by or through the Administration on Aging (AoA).

Title IV of the OAA—Activities for Health, Independence, and Longevity (Program Innovations)—authorizes the Assistant Secretary for Aging to award funds for training, research, and demonstration projects. Many current Title III and other programs trace their origin to Title IV work. For example, the nutrition program began with Title IV funds when successful research established a connection between the provision of congregate meals and social interaction. Other early programs tested and developed with Title IV funds include Area Agencies on Aging, the On Lok model for adult day care, information and referral systems, and home and community-based long-term services and supports.

The commitment to this work, however, has recently eroded, as evidenced by Congress’ Fiscal Year 2012 decision to completely defund Title IV for the first time in its history, after funding the program at $19 million in FY10 and $13 million in FY11. In our view, Title IV needs to be modernized and strengthened to help meet our nation’s significant demographic challenges, as almost 10,000 Baby Boomers turn 65 every day and a rapidly increasing number of Americans become centenarians. Better research and evaluation are critical to targeting limited funding to programs that are proven to be both effective and efficient.

Every new OAA reauthorization and appropriation will increasingly challenge the Aging Services Network and its partners to provide very persuasive evidence of the benefits of the Act’s programs and services. Rigorous evaluations of effectiveness will be essential, using both process and outcomes measures that go far beyond findings that service recipients simply like or use a service. The key will be to understand if and how the Aging Services Network can improve the lives of older adults and do its part in slowing the growth in expenditures of major entitlement programs like Medicare and Medicaid. It is essential that legislators and the public have access to full reports and methodology on program evaluations and research.

We propose the following amendments to the Older Americans Act to achieve these aims:

1. Establish a new Chief Science Officer under Title II
2. Establish a National Advisory Council for Aging Services Program Research
3. Demonstration, Evaluation, and Training under Title II
4. Rename Title IV
5. Sharpen the purpose of Title IV
6. Define the role of the Chief Science Officer under Title IV
7. Bring evaluation procedures under Title II Section 206 into alignment with the changes made to Title IV
8. Establish competency-based educational standards for service providers funded through Title III

Prompt Congressional action to adopt the recommendations outlined in this paper will go a long way toward empowering the Administration on Aging to meet the enormous demographic challenges facing our communities and nation.

Appendix A contains portions of the OAA legislation amended according to our recommendations. Appendix B describes the infrastructure of the Aging Services Network and the historic context around OAA Title IV, traditionally the authority for research, demonstration, evaluation, and training initiatives, as well as program development carried out under the OAA.
The Need for Systematic Research and Development under the OAA

Knowledge gained through experience, field demonstrations, evaluations, and research is essential to improve OAA services. The rate and extent to which new and available knowledge is used to benefit older adults by improving health and social programs depends, in part, on the quality of sustained program leadership and efforts by the Administration on Aging (AoA), its partners, and the Aging Services Network.

The AoA can most effectively enhance and promote evidence-based services if it maintains a comprehensive and continuous focus on coordinating the knowledge gained through research, field experience, demonstrations, and evaluations. The Aging Services Network and its partners can adopt knowledge more effectively through training programs in conjunction with demonstrations (preferably multisite demonstrations) that include research and evaluation partners at the community, state, and national levels. An effective and continuous training program that conveys this learning to key staff at all levels is critical to the effective diffusion of innovation—and to the achievement of the OAA’s goals for our nation’s elderly.

A great volume of research relevant to older adults’ social and health needs is produced outside of AoA by such agencies as the National Institute on Aging (NIA), the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid (CMS), and the Agency for Healthcare Research and Quality (AHRQ). However, this research does not substitute for research capacity at the nation’s lead agency for providing aging network services. Appendix B includes a more complete description of the Aging Services Network and a history and description of the activities funded under OAA Title IV.

In our view, the AoA’s research capacity must be strengthened so that it can be aware of and use findings produced by other agencies. In addition, the research skills needed for analyzing and improving aging network services are markedly different, though compatible, with those needed for other aging research. There are times when the AoA will need to craft and conduct demonstration and evaluation projects to fill gaps from other sources. Further, practical research can improve AoA-administered programs and, we believe, help slow the growth of Medicare and Medicaid expenditures by identifying and disseminating programs that are proven to show results.

The lack of an integrated, cohesive system of research fosters inefficiencies and missed opportunities across federal aging research. Information might be collected but not used, efforts could be duplicated across agencies or within a particular organization, conflicting performance measures might be used across agencies or within a particular organization thus preventing collaboration or comparison across studies and settings, familiar routines might be allowed to continue in a static rather than continuously evolving fashion, and overall costs of program implementation be allowed to rise.

For these reasons, we assert that to effectively meet the goals of the OAA, the AoA must have a central role in knowledge gathering and application. Further, within the AoA, knowledge gathering and application must be viewed comprehensively and must be coordinated from a single office with a centralized leadership. Our recommended legislative changes are detailed in Appendix A.

Historically, the lack of a robust R&D unit under the OAA and a consistent funding stream opened the door for “special” demonstration projects to be written into Title IV. The use of Title IV as a repository of earmarks creates missed opportunities and inefficiencies in the research agenda. In addition, recent congressional appropriations have diminished to the point where, in Fiscal Year 2012, the Title IV program has been completely defunded for the first time in its history. The historical context of research and development within the OAA is described in further detail in Appendix B.
The Need for a Chief Science Officer

We advocate for the establishment of a new position at the AoA to coordinate knowledge gathering and application. The combined effects of a dedicated vision and responsibility for research, evaluation, demonstration, and training functions, we believe, will raise the stature and effectiveness of the AoA to achieve OAA goals. The AoA experience to date clearly demonstrates that having well-qualified staff at a junior level cannot produce a coordinated, systematic integration of available research, demonstration, evaluation, and training that is sustained over the period of time necessary to effectively achieve huge results. The vision, direction, and support needed to sustain these components must be led by a fully qualified and highly placed leader within AoA. This is a structural necessity that will not be remedied by hiring additional subordinate subject matter specialists.

We envision the hiring of a seasoned research professional in the role of Chief Science Officer. This position, with responsibility for overseeing and coordinating these functions, will add needed credibility to the AoA among agencies across the federal government and across the Aging Services Network.

With added stature, the AoA will be a more effective leader in the escalating concerns about integrating and consolidating programs for older and younger people with disabilities, including in promoting home and supportive services as an alternative to institutionalization.

We see a much larger role for the AoA in collaborating with other federal research efforts, not only as a consumer of data they produce, but also as an advocate for extramural research program grants to ensure that knowledge gathered is relevant to OAA programs. Being a key participant at the level of these organizations also is critical to ensure that research agendas mesh across all agencies.

Consistent with this role, the Chief Science Officer would manage and provide staff support for a National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training. The National Advisory Council would consist of:

1. Leading experts on research, evaluation, and training related to the primary goals of the OAA
2. Aging Services Network stakeholders
3. Ex-officio representation from major federal agencies with substantial research programs related to OAA goals

The Advisory Council would be modeled after the legislatively authorized NIA National Advisory Council on Aging, which advises the Secretary of the U.S. Department of Health and Human Services (HHS), the Assistant Secretary for Health, the Director of NIH, and the Director of NIA in their mission to lead a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. [http://www.nia.nih.gov/AboutNIA/NACA]

The National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training would advise the HHS Secretary and the Assistant Secretary for Aging on AoA’s efforts to lead a broad scientific effort to support the goals of the
OAA, including social programs, community-based supportive services, and non-medical health promotion, disease and disability prevention, and self-care programs for older adults.

Finally, under the leadership of the Chief Science Officer, the AoA needs powerful research and statistics and evaluation efforts to advocate on behalf of older Americans. Impact assessments are essential. Outcomes may include the comparative cost-effectiveness of programs; reduced or delayed institutionalization; higher workforce participation; higher self-help rates in areas such as chronic disease management, injury prevention, and mental health; lower poverty rates; and ultimately, a reduced rate of growth of Medicare and Medicaid costs. For example, research documenting the fact that older Americans want to age in place, and that it is more cost-effective to do so, can highlight benefits for both older adults and American taxpayers toward avoiding institutionalization.

Overall, establishing a research and program development vision under the OAA will ensure quality of services delivered to older adults, enable adequate delivery of those services, and institute transparency into the process. The Aging Services Network will be more accountable for improving the lives of older adults by demonstrating that their services are effective or by highlighting programs that need to be modified or eliminated. This would make current programs more efficient, amplify the effective impact of appropriations, and require the network to stay current with the changing needs of older adults.

The Need for Better Aging Services Network Data

Congress, states, local governments, and other agencies are asking for quality data and evaluation studies to understand the compelling need for and the effectiveness of aging services. For example, a study by the Government Accountability Office (GAO) suggested that substantially more older adults are in need of nutrition services, home-based care, and transportation services than receive these benefits. The GAO recognized the AoA for providing states with standardized definitions and data collection procedures to measure the receipt of such services, but recommended that similar definitions and procedures be required to measure need for these services.

Currently, state agencies vary in terms of the types of data collected (e.g., provider perceptions of service delivery) and data sources (e.g., administrative records, surveys), and impact or outcomes measured. The lack of standardized research indicators and data collection methods makes it impossible to calculate the impact and outcomes of services. The GAO concluded that long-term data collection procedures are needed to measure unmet service need. We believe that setting clear priorities and measurement standards can help remedy complex dilemmas such as how to measure need.

The same lack of standardization also applies to assessing the quality of existing programs provided by the Aging Services Network. OAA analyst Carol O’Shaughnessy has stated that “with a few exceptions, evaluations are limited to overviews of program implementation, or are dated.” In the 2006 reauthorization of the OAA, the Institute of Medicine was required to conduct an evidence-based evaluation of the OAA nutrition program. However, funds were not allotted to the project. In 2009, Mathematica Policy Research, Inc. received a contract to complete an evaluation; to date, work has only recently begun on this project.

Impediments to efficient, rigorous research and evaluation include lack of funds and, even more importantly, lack of centralized guidance and vision to leverage existing resources. An overarching problem that requires immediate attention is the lack of a critical infrastructure that allows for the development and testing of programs and policies. As a result, it is imperative that a more robust research and development function be authorized within the Older Americans Act and instituted at the federal level within the Administration on Aging.
Knowledge Integration Initiatives

With systematic knowledge gathering and application, the AoA has the potential to develop and expand programs effectively. An example is the initiative formerly known as Choices for Independence under the leadership of Assistant Secretary Josefina Carbonell (now referred to as Health and Long-Term Care Programs). Drawing on the legacy of Title IV field demonstrations and development, Choices for Independence was a unified effort to promote sustained well-being among community-based older adults. It awarded grants to establish Aging and Disability Resource Centers (ADRCs) and develop evidence-based disease management programs to reduce the risk of disease, disability, and injury among older people.

Long-Term Services and Supports

The AoA recognized the advantages of home and community-based long-term services and supports as far back as the 1970s and laid the groundwork through early research and demonstration grants through the 1980s. The AoA’s early efforts received support and new urgency through the 1999 Olmstead decision requiring states to provide individuals with disabilities services and supports in the most integrated setting appropriate to their needs.

In 2003, the AoA formalized the streamlining of consumer navigation through the “maze” of long-term services and supports by providing trusted one-stop shops (ADRCs) for access to long-term care information and services, following models that certain states had been developing. Joining with the Centers for Medicare and Medicaid (CMS), the AoA began providing Title IV funding to states to develop the specific concept of ADRCs.

The number of states funded by AoA and CMS rose from 12 in 2003 to 19 in 2005. The 2006 reauthorization of the OAA adopted the principles of the Initiative in preserving the independence of people most at risk for institutional care. By 2009, the number of ADRCs funded by the OAA rose to 49. Also in 2009, funding authority was transferred from Title IV to Title II, and by FY2011, all of the funding was authorized under Title II, suggesting the permanence of an effective program.

Today, there are 300 ADRCs nationwide, operating in 50 states, three territories, and DC. Formal evaluations have occurred in Michigan and a few other states, and in 2010 the AoA, in combination with the AHRQ, began a federal evaluation by awarding a design implementation contract to IMPAQ International.

National Family Caregiver Support Program

Demographic, observational epidemiological studies, research data, and evaluations were used extensively in the development of the OAA National Family Caregiver Support Program (NFCSP), which provides grants to states and territories to help caregivers care for loved ones at home as long as possible. Population data was derived from analyses of the National Long Term Care Survey (funded primarily by NIA) and other national data sets. Over 80 research journal articles relevant to family caregiving and supportive services were assembled, analyzed, and used in program design. Successful state long-term care programs with family caregiver support components in Pennsylvania, California, New Jersey, Wisconsin, and other states also were documented, studied, and incorporated in the program design.

Assistant Secretary Takamura used all of this evidence and knowledge to successfully advocate for adoption of the program within HHS, the White House, and Congress. The NFCSP was enacted in the OAA Amendments of 2000 and received an appropriation of $125 million for implementation in 2001. This was the first national, large-scale, new program in OAA since the ombudsman program in 1978.

Evidence-Based Programs

The evidence-based health promotion and disease prevention programs established under the Choices for Independence initiative show the power of AoA’s collaboration with other federal agencies through a
knowledge-gathering process to shape successful aging services. In this case, the AoA used research supported by NIH, AHRQ, and CDC to locate evidence-based models such as the Stanford Chronic Disease Self-Management Program (CDSMP) that has been shown to reduce the risk of disease, disability, and injury among older adults.¹⁵

These programs have been expanding, and could be expanded further, with more research attention to factors affecting program reach and representation, effectiveness in different populations and settings, adoption by different sectors, program fidelity, and long-term sustainability.
Summary of Legislative Recommendations

Despite their success, these efforts are isolated cases and do not represent an integrated system of knowledge-gathering and dissemination under the OAA. Throughout its history, the research and development efforts of the OAA have received fluctuating support with little stability (see Appendix B for a more detailed summary). Currently, the various components of research, demonstration, evaluations, and training are scattered throughout the organizational structure at the Administration on Aging. We believe these functions need to be centralized, and our recommendations for OAA reauthorization attempt to achieve this integration. The descriptions below outline the specific proposed amendments detailed in Appendix A.

1. Establish a new Chief Science Officer under Title II

We believe that systematic research and development cannot be carried out without the establishment of a new position at the Administration on Aging—a qualified Chief Science Officer. This position would have delegated authority over the funding and management of research, demonstrations, evaluation, and training. We are proposing a new paragraph (g) to Section 201 that establishes this position and delineates qualifications for the position.

2. Establish a National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training under Title II

The Chief Science Officer should manage and support a National Advisory Council consisting of leading experts, Aging Services Network stakeholders, and representatives from key federal agencies to provide assistance for AoA’s efforts to lead a broad scientific effort to support the goals of the OAA. The Advisory Council would be modeled after the legislatively authorized NIA National Advisory Council on Aging.

3. Rename Title IV

To emphasize the importance of a new Research, Development, and Training program under Title IV, we propose changing the name from “Activities for Health Independence and Longevity” to: “Research, Demonstration, Evaluation, and Training for an Evolving Aging Services Network.” The reference to the evolving Aging Services Network signifies that we expect great challenges in providing aging services in years to come due not only to the rapidly increasing numbers of older Americans but also to their increasing complexity and evolving nature in terms of race and ethnicity, ability and disability, educational attainment, socioeconomic status, religion, family structure, and other variables.

4. Sharpen the purpose of Title IV

We propose amending paragraph (1) of Section 401 (Purposes) from the original “to expand the Nation’s knowledge and understanding of the older population and the aging process” to: “to gain a better understanding and knowledge base for evaluating the effectiveness of existing services and facilities, as well as for developing new and more effective and efficient ways of improving the lives of older people.”

Altering the purpose of Title IV in this manner emphasizes the need to focus on: 1) the population, 2) individuals in their social context (which includes families and communities), and 3) services, service models and programs, and translating research to facilitate service and system interventions that can benefit older persons and their families. While important, increasing personal awareness regarding longevity under current subsection (4) is not a central purpose of this title and should be deleted. We believe the existing language is too vague and generic and does not emphasize the critical role of the OAA in leading the Aging Services Network to improve the lives of older Americans.
5. Define the role of the Chief Science Officer under Title IV

We have delineated what we believe are the key activities in establishing, developing, and sustaining a system of aging services knowledge-gathering and application under Title IV. In the new Section 431, paragraph (a) outlines the oversight of an integrated system from the establishment of performance measures to the development and evaluation of demonstration projects to the expansion of successful programs. We believe the process begins with the establishment of performance measures, which need to be determined but also periodically revised with changes in the aging population.

Paragraphs (b), (c), and (d) outline procedures for the various forms of knowledge gathering administered by this title. Research, Demonstration, Evaluation, and Training Paragraph (c) describes research studies to be gathered or conducted as needed where existing knowledge is not adequate and other federal agencies are not able to conduct the needed research. Paragraph (d) describes procedures for selecting demonstrations, evaluating them, and deciding whether to expand them into ongoing programs under Title III of the OAA.

These provisions were modeled after the Centers for Medicare and Medicaid Innovation Center process of: 1) soliciting ideas for new models that demonstrate that the program will improve care and expanding the program will reduce costs, 2) selecting the most promising models, 3) testing and evaluating the models, and 4) spreading successful models under Section 3021 of the Affordable Care Act. Paragraph (e) describes procedures for evaluating programs under the Act and reporting on these evaluations. This section references Section 206 and Section 207, which outline these procedures in the existing law.

6. Bring evaluation procedures under Title II Section 206 into alignment with the changes made to Title IV

Existing Section 206 of Title II establishes procedures for conducting evaluations under the Act. We propose that research, demonstration, evaluation, and training activities be considered part of an integrated system to improve the effectiveness of the Act. Therefore, we suggest that Section 206 be aligned with the changes we suggest for Title IV. For example, evaluation activities should be conducted according to the measurements and standards established by the Advisory Council. We have added a reference to these standards.

Section 207 of Title II describes reporting procedures for activities conducted under the Act. We have added a paragraph (5) to account for “results of research, demonstrations, evaluations, and training activities conducted under Title IV Sections 431 (b-e).

7. Establish competency-based educational standards for service providers funded through Title III

The complex issues of a growing aging population require a well-prepared workforce equipped with appropriate knowledge and skills. Yet, recent reports document the lack of educational background and preparedness of OAA and other service providers for older adults. We believe OAA programs should take the lead in developing a competent labor force, and to that end, create educational and competency-based standards for new personnel hired into programs funded through Title III.

8. Adjustments to Sections 432 and 433

Because of the insertion of a new Section 431, we have renumbered former Section 431 as 432 and former Section 432 as Section 433. We also advocate adding the terms “Research” and “Demonstrations” along with “Evaluations” under the reporting clause of the new Section 433.
Conclusion

One of the goals written into the OAA (Section 101 Declaration of Objectives for Older Americans (9)) is “Immediate benefit from proven research knowledge which can sustain and improve health and happiness.” We endorse this objective wholeheartedly but do not believe that the current Act enables the achievement of this goal.

As stated by the Administration on Aging, the agency’s mission “is to develop a comprehensive, coordinated, and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities.” We believe that lack of a robust research, development, and training program is an impediment to this mission, as well.

Therefore, we believe that Titles II and IV need to be strengthened under reauthorization of the Older Americans Act. The proposed changes extend beyond restoring and revitalizing Title IV programs of the past to requiring the establishment of a systematic, robust research vision to ensure the fulfillment of the OAA’s goals.
Appendix A:
Proposed Amendments to the Older Americans Act (as amended in 2006)

Note that the following components are included (proposed new language underlined and in red):

1. New paragraph (g) to Title II Section 201 authorizing a new position, a Chief Science Officer
2. New paragraph (h) to Title II Section 201 establishing a National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training
3. New name for Title IV and rewriting of Section 401. Purposes (1)
4. New Section 431 Role of the Chief Science Officer, including (A) General Duties, (B) Research, (C) Demonstrations, (D) Evaluations, and (E) Training
5. Title II Sections 206 and 207 referred to in new Section 431(D) above
6. Numbering change from Section 431 Payment of Grants to Section 432 (otherwise unchanged) and from Section 432 Responsibilities of the Assistant Secretary to Section 433 (otherwise unchanged)
7. Changes to Title III, Section 301(b)(3) to add competency-based educational standards for service providers funded through Title III

TITLE II—ADMINISTRATION

SEC. 201 ESTABLISHMENT OF ADMINISTRATION ON AGING

(g) DESIGNATION OF CHIEF SCIENCE OFFICER
1. The Assistant Secretary shall designate a Chief Science Officer in the Administration who shall be responsible, under the supervision of the Assistant Secretary, for the administration and conduct of research, demonstration, evaluation, and training carried out under the Act or administered by the Administration on Aging. Such individual shall—
   a. belong to the Senior Executive Service;
   b. have a Ph.D. or equivalent training in one of the social sciences, public health, gerontology, public administration, or a comparable discipline;
   c. have experience in overseeing the productivity, quality, and transparency of a major research program;
   d. have expertise in programs and systems that provide social and health services to older adults within the Aging Services Network; and
   e. have expertise in aging services research and evaluation methodology.

(h) ESTABLISHMENT OF A NATIONAL ADVISORY COUNCIL FOR AGING SERVICES PROGRAM RESEARCH, DEMONSTRATION, EVALUATION, AND TRAINING.
1. The Assistant Secretary for Aging shall establish a National Advisory Council for Aging Services Program Research, Demonstration, Evaluation, and Training, which shall advise the Secretary of the U.S. Department of Health and Human Services, the Assistant Secretary for Aging, and the Chief Science Officer on AoA’s efforts to lead a broad scientific effort to support the goals of the Older Americans Act.
2. Appointees by the Assistant Secretary shall include—
   a. Leading experts on research, evaluation, and training related to the primary goals of the Act;
   b. Aging Services Network stakeholders; and
   c. Ex-officio representation from major federal agencies with substantial research programs related to the goals of the Act.

TITLE IV—ACTIVITIES FOR HEALTH INDEPENDENCE, AND LONGEVITY RESEARCH, DEMONSTRATION, EVALUATION, AND TRAINING FOR AN EVOLVING AGING NETWORK

SEC. 401 PURPOSES

The purposes of this title are (1) to expand the Nation’s knowledge and understanding of the older population and the aging process; (1) To gain a better understanding and knowledge base for ap-
praising existing services and facilities, as well as for developing new and more effective and efficient ways of improving the lives of older people; (2) to design, test, and promote the use of innovative ideas and best practices in programs and services for older individuals; and (3) to help meet the needs for trained personnel in the field of aging; and (4) to increase awareness of citizens of all ages of the need to assume personal responsibility for their own longevity.

(42 U.S.C. 3031)

PART B—GENERAL PROVISIONS

SEC. 431 ROLE OF THE CHIEF SCIENCE OFFICER

(a) GENERAL DUTIES
The Chief Science Officer, under the supervision of the Assistant Secretary, shall—
1. Establish and manage a systematic process by which—
   a. the diffusion of social services innovations and beneficial lifestyle approaches based on research, evaluation, and demonstrations is facilitated throughout the Aging Services Network, for other providers of services to older adults, and to the general population;
   b. evidence from data sets, national studies, and research conducted under the OAA is applied to aging services and can be translated into community-based demonstrations with indicators of success embedded from the start;
   c. existing programs at the community level are evaluated based on indicators of national importance;
   d. successful demonstration programs can be brought to national scale using RE-AIM (Reach, Effectiveness Adoption Implementation Maintenance) or equivalent analytical framework;
   e. unsuccessful programs can be retired; and
   f. a regular schedule and format can be developed for reporting research, evaluation, training, and demonstration budgets and results, with an opportunity for public comment readily available through the Internet.

2. Develop and use performance measures and standards as follows—
   a. Development—The Chief Science Officer, under the supervision of the Assistant Secretary and in consultation with the Advisory Council, Aging Services Network stakeholders, and other relevant federal agencies, shall develop performance measures of national importance for the Aging Services Network for use across research and development programs, and standards by which research, demonstrations, training, and evaluations can be measured. The standards shall reflect the purposes listed in Section 401.
   b. Use—The performance measures shall be used across research and development programs, and the standards shall be used to guide activities under this title and to serve as benchmarks for ensuring program integrity and continuing quality improvement.

(b) RESEARCH
The Chief Science Officer, under the supervision of the Assistant Secretary, shall—
1. Work with other federal agencies to obtain and use the highest quality research data of relevance to the Aging Services Network administered by and through the Act;
2. Oversee an analysis of data obtained in connection with performance measures and standards;
3. Apply knowledge obtained through the analysis of secondary data or meta analysis to the selection and evaluation of demonstration programs supported under the Act; and
4. Where knowledge that would be useful for the evaluation of demonstrations and services provided under the Act is determined to be missing—
   a. request that performance measures be inserted into ongoing studies through relevant research conducted by other federal agencies;
   b. partner with other federal agencies to conduct new research on populations, situations, and needs that have not been accounted for; or
   c. provide a grant to a research entity to conduct such demonstration evaluation.

(c) DEMONSTRATIONS
The Chief Science Officer, under the supervision of the Assistant Secretary, shall—
1. Select programs to be tested from models where the Chief Science Officer determines there is evidence that the model addresses a defined population for which there are deficits in care leading to poor outcomes or potentially avoidable expenditures;

2. Focus on models expected to reduce program costs under the applicable title while preserving or enhancing the quality of services received by individuals under such title; and

3. Embed performance measures into the design of the demonstration projects carried out under this title.

(d) EVALUATIONS
The Chief Science Officer, under the supervision of the Assistant Secretary, shall ensure that evaluation efforts are conducted and reported as follows—

1. General evaluations conducted according to the requirements of Section 206; and

2. Findings reported according to the requirements of Section 207.

(e) TRAINING
The Chief Science Officer, under the supervision of the Assistant Secretary, shall—

1. Systematically facilitate the adoption of the most effective and efficient means of providing supportive services and advocating lifestyle changes throughout the Aging Services Network and the general population by—
   a. assembling, analyzing, and distributing estimates of national, state, and sub-state manpower availability and projected needs to provide the most critical community-based social services and non-medical health services to older adults,
   b. working and advocating through the Aging Services Network, federal agencies, and national organizations to develop systematic approaches to meeting the need for well-trained persons to effectively and efficiently serve and educate older adults and their families. The development of standards for certain types of services workers should be undertaken in conjunction with the many organizations and jurisdictions involved,
   c. working and advocating through the Aging Services Network, federal agencies, and national organizations to provide or assure that current key staff throughout the Aging Services Network have opportunities to participate in collaborative in-depth learning about the most important and innovative research, evaluations, and demonstrations that are current. These opportunities can be through national, regional, or community conferences sponsored by AoA, partner agencies and organizations, or working sessions in conjunction with ongoing research, evaluation, or demonstrations. Learning networks should be established frequently to provide opportunities for key Aging Services Network staff (national, state, area agency, and community) and staff from other appropriate networks to work with experts on the most important service development and delivery challenges that systematically affect older adults and their families.

SEC 206 EVALUATION

1. The Secretary shall measure and evaluate the impact-effectiveness of all programs authorized by this Act according to the performance standards and measures developed under Title IV Section (b)(2) of this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, their effectiveness in targeting for services under this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs. In addition, the Secretary shall measure and evaluate their effectiveness in targeting for services under this Act unserved older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and unserved older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas) and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated.

2. In carrying out evaluations under this section,
the Secretary shall, whenever possible, arrange to obtain the opinions of program and project participants about the strengths and weaknesses of the programs and projects, and conduct, where appropriate, evaluations which compare the effectiveness of related programs in achieving common objectives. In carrying out such evaluations, the Secretary shall consult with organizations concerned with older individuals, including those representing minority individuals, older individuals residing in rural areas and older individuals with disabilities.

3. The Secretary shall annually publish summaries and analyses of the results of evaluative research and evaluation of program and project impact and effectiveness, including, as appropriate, health and nutrition education demonstration projects conducted under section 307(f), the full contents of which shall be transmitted evaluation reports to Congress, which will be disseminated to Federal, State, and local agencies and private organizations with an interest in aging, and be accessible to the public.

4. The Secretary shall take the necessary action to assure that all studies, evaluations, proposals, and data produced or developed with Federal funds shall become the property of the United States.

5. Such information as the Secretary may deem necessary for purposes of the evaluations conducted under this section shall be made available to him, the Secretary, upon request, by the departments and agencies of the executive branch.

6. (g) From the total amount appropriated for each fiscal year to carry out title III, the Secretary may use such sums as may be necessary, but not to exceed 1/2 of 1 percent of such amount, for purposes of conducting evaluations under this section, either directly or through grants or contracts.

7. No part of such sums may be reprogrammed, transferred, or used for any other purpose. Funds expended under this subsection shall be justified and accounted for by the Secretary.

SEC 207 REPORTS

a. Not later than one hundred and twenty days after the close of each fiscal year, the Assistant Secretary shall prepare and submit to the President and to the Congress a full and complete report on the activities carried out under this Act. Such annual reports shall include—

1. statistical data reflecting services and activities provided to individuals during the preceding fiscal year;
2. statistical data collected under section 202(a) (19);
3. statistical data and an analysis of information regarding the effectiveness of the State agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairment);
4. a description of the implementation of the plan required by section 202(a)(17); and
5. results of research, demonstrations, evaluation, and training activities conducted under Title IV Sections 431(b-e).

b. (1) Not later than March 1 of each year, the Assistant Secretary shall compile a report—

(A) summarizing and analyzing the data collected under titles III and VII in accordance with section 712(c) for the then most recently concluded fiscal year;
(B) identifying significant problems and issues revealed by such data (with special emphasis on problems relating to quality of care and residents’ rights);
(C) discussing current issues concerning the long-term care ombudsman programs of the States; and
(D) making recommendations regarding legislation and administrative actions to resolve such problems.

(2) The Assistant Secretary shall on a timely basis make submit the report required by para-
graph (1) publicly available by posting it on the Administration on Aging website and shall submit the report to—
(A) the Special Committee on Aging of the Senate;
(B) the Committee on Education and the Workforce of the House of Representatives; and
(C) the Committee on Health, Education, Labor, and Pensions of the Senate.

(3) The Assistant Secretary shall provide the report required by paragraph (1), and make the State reports required under titles III and VII in accordance with section 712(h)(1) available, to—
(A) the Administrator of the Centers for Medicare & Medicaid Services;
(B) the Office of the Inspector General of the Department of Health and Human Services;
(C) the Office of Civil Rights of the Department of Health and Human Services;
(D) the Secretary of Veterans Affairs; and
(E) each public agency or private organization designated as an Office of the State Long-Term Care Ombudsman under title III or VII in accordance with section 712(a)(4)(A); and
(F) the general public by posting it on the Administration on Aging website.

c. The Assistant Secretary shall, as part of the annual report submitted under subsection (a), prepare and submit a report on the outreach activities supported under this Act, together with such recommendations as the Assistant Secretary deems appropriate. In carrying out this subsection, the Assistant Secretary shall consider—
1. the number of older individuals reached through the activities;
2. the dollar amount of the assistance and benefits received by older individuals as a result of such activities;
3. the cost of such activities in terms of the number of individuals reached and the dollar amount described in paragraph (2);
4. the effect of such activities on supportive services and nutrition services furnished under title III of this Act; and
5. the effectiveness of State and local efforts to target older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas) to receive services under this Act.

SEC. 431-432 PAYMENT OF GRANTS

a. CONTRIBUTIONS.—To the extent the Assistant Secretary determines a contribution to be appropriate, the Assistant Secretary shall require the recipient of any grant or contract under this title to contribute money, facilities, or services for carrying out the project for which such grant or contract was made.

b. PAYMENTS.—Payments under this title pursuant to a grant or contract may be made (after necessary adjustment, in the case of grants, on account of previously made overpayments or underpayments) in advance or by way of reimbursement, and in such installments and on such conditions, as the Assistant Secretary may determine.

c. CONSULTATION.—The Assistant Secretary shall make no grant or contract under this title in any State that has established or designated a State agency for purposes of title III unless the Assistant Secretary—
1. consults with the State agency prior to issuing the grant or contract; and
2. informs the State agency of the purposes of the grant or contract when the grant or contract is issued.

SEC. 432-433 RESPONSIBILITIES OF ASSISTANT SECRETARY

a. IN GENERAL.—The Assistant Secretary shall be responsible for the administration, implementation, and making of grants and contracts under this title and shall not delegate authority under this title to any other individual, agency, or organization.

b. REPORT.—
1. IN GENERAL.—Not later than January 1 following each fiscal year, the Assistant Secretary shall submit, to the Speaker of the House of Representatives and the President pro-tempore of the Senate, a report for such fiscal year that describes each project and each program—
   (A) for which funds were provided under this title; and
   (B) that was completed in the fiscal year for which such report is prepared.

2. CONTENTS.—Such report shall contain—
   (A) the name or descriptive title of each project or program;
   (B) the name and address of the individual or governmental entity that conducted such project or program;
   (C) a specification of the period throughout which such project or program was conducted;
   (D) the identity of each source of funds expended to carry out such project or program and the amount of funds provided by each such source;
   (E) an abstract describing the nature and operation of such project or program; and
   (F) a bibliography identifying all published information relating to such project or program.

C. RESEARCH, DEMONSTRATIONS, EVALUATIONS.—

1. IN GENERAL.—The Assistant Secretary shall establish by regulation and implement a process to evaluate the results of projects and programs carried out under this title.

2. RESULTS.—The Assistant Secretary shall—
   (A) make available to the public the results of each project and program carried out under paragraph (1); and
   (B) use such findings to improve services delivered, or the operation of projects and programs carried out, under this Act, including preparing an analysis of such services, projects, and programs, and of how the evaluation relates to improvements in such services, projects, and program and in the strategic plan of the Administration.

TITLE III—GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING

PART A—GENERAL PROVISIONS

PURPOSE; ADMINISTRATION

SEC. 301

a. (1) It is the purpose of this title to encourage and assist State agencies and area agencies on aging to concentrate resources in order to develop greater capacity and foster the development and implementation of comprehensive and coordinated systems to serve older individuals by entering into new cooperative arrangements in each State with the persons described in paragraph (2), for the planning, and for the provision of, supportive services, and multipurpose senior centers, in order to—
   (A) secure and maintain maximum independence and dignity in a home environment for older individuals capable of self care with appropriate supportive services;
   (B) remove individual and social barriers to economic and personal independence for older individuals;
   (C) provide a continuum of care for vulnerable older individuals; and
   (D) secure the opportunity for older individuals to receive managed in-home and community-based long-term care services.

(2) The persons referred to in paragraph (1) include—
   (A) State agencies and area agencies on aging;
   (B) other State agencies, including agencies that administer home and community care programs;
   (C) Indian tribes, tribal organizations, and Native Hawaiian organizations;
   (D) the providers, including voluntary organizations or other private sector organizations, of supportive services, nutrition services, and multipurpose senior centers;
(E) organizations representing or employing older individuals or their families; and
(F) organizations that have experience in providing training, placement, and stipends for volunteers or participants who are older individuals (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(b) (1) In order to effectively carry out the purpose of this title, the Assistant Secretary shall administer programs under this title through the Administration.
(2) In carrying out the provisions of this title, the Assistant Secretary may request the technical assistance and cooperation of the Department of Education, the Department of Labor, the Department of Housing and Urban Development, the Department of Transportation, the Office of Community Services, the Department of Veterans Affairs, the Substance Abuse and Mental Health Services Administration, and such other agencies and departments of the Federal Government as may be appropriate.
(3) To promote the quality of services provided through this title, applicants must
   (A) Delineate gerontology knowledge and skill required for all new and replacement OAA-funded positions within the job requirements;
   (B) Consider these competency-based standards in the filling and promotion of new and replacement OAA staff;
   (C) Develop linkages with local colleges and universities to enhance current staff competence through short courses and certificate training; and
   (D) Provide for staff opportunity to enhance their education in the field of aging as it relates to their current and potential roles in fulfilling OAA program goals.
Appendix B: Historical Context of the Older Americans Act and Title IV

Social Security was established in 1935 to address what President Roosevelt called the “dreadful consequence of economic insecurity”\textsuperscript{16} and was expanded in 1965 to provide “health security”\textsuperscript{17} in the form of Medicare and Medicaid. It is less well known that shortly before the passage of Medicare and Medicaid, Congress also passed the Older Americans Act (OAA), legislation that “affirms our Nation’s sense of responsibility toward the well-being of all of our older citizens.”\textsuperscript{18} Lyndon Johnson described the OAA as “seed-corn”\textsuperscript{19} that would help “every State and every community ... move toward a coordinated program of services and opportunities for our older citizens.”\textsuperscript{20} This lesser-known Act developed the means to the end of elder security and well-being, establishing an infrastructure of services and supports that could sustain older Americans in the community and out of costlier institutions and programs for as long as possible.

The Older Americans Act of 1965 brought into existence the Aging Services Network that is headed by the Administration on Aging at the federal level, State Units on Aging at the state level, and, since 1973, by Area Agencies on Aging at the local level. In 2011, there were 56 State Units on Aging, 629 Area Agencies on Aging, and 246 tribal and Native American and native Hawaiian organizations. Through federal funds, this network currently delivers national programs on chronic disease self-management, falls prevention, an older adult employment program, congregate meals, home-delivered meals, transportation services, family caregiver support, and elder protection services. Through the OAA, federal funds deliver services to 10 million adults over the age of 60. Of these, 29.3% live below the federal poverty level, 23.7% are minority elders, and 34.8% live in rural areas where services are more difficult to provide efficiently.\textsuperscript{21} Without such services, conditions would be much worse for many older people.

The Aging Services Network also includes about 20,000 local agencies that carry out its services, such as faith-based service providers, senior centers, advocacy groups, and other nonprofits. These community-based organizations supplement federal funds with other state and local funding, private contributions, and voluntary contributions from clients. In 2009, for example, OAA funds comprised only about 42% of the OAA Title III program budgets at local agencies.\textsuperscript{22} In addition to combining federal funds with other sources to administer programs, local agencies also provide services and supports beyond those administered by the Act. An important part of the infrastructure as set up by the OAA has been the way the AoA stays close to the communities that it services, facilitating widespread development of programs that are community-tailored. Through decentralized authority and local involvement of its extension organizations, the Aging Services Network is designed to remain responsive to particular community conditions, which change over time, and tap local expertise in directing policy and program decisions for support service delivery. Ideally, through the Aging Services Network, communities feed local model programs to state and federal administrators as candidates for widespread distribution, and federal and state administrators feed national programs to the local level to reach those older adults most in need across the country. Both processes continuously improve the effectiveness and efficiency of program delivery to the neediest people. The AoA is a “broker” and a “catalyst” for these programs.\textsuperscript{23}

Together, all the organizations in the larger Aging Services Network deliver an impressive range of services to help older adults. However, it has been difficult to measure the full extent of needs among older Americans, the components of those needs, and the best services to meet them. We know that the Aging Services Network is crucial in serving the needs of this population, but we do not know exactly how well particular programs and supports are doing. Missing is a systematic way to establish demonstrations, with comparable evaluation components embedded from the start that are tied to outcomes of national importance. Also missing is a way to
consistently and comprehensively evaluate existing programs and report those results. It is likely that services provided by the Aging Services Network avert costlier outcomes, such as early retirement, hospitalization, long-term institutionalization, and poverty. However, aging network services research data are unavailable, missing, of inconsistent quality, and poorly reported.

Title IV of the Older Americans Act

Historically, Title IV has been the authority for research, demonstration, and training carried out under OAA. Originally Title IV was established to provide “grants for research and development ... to address areas of national concern with respect to the aged and aging.” In particular, it “initially authorized funds for research to identify gaps in the delivery of services and to devise solutions to the problems faced by many older Americans.” It also was the site of innovative demonstration projects. The largest service program administered through the OAA—the nutrition program—was started with Title IV funds when research had established a connection between the provision of congregate meals and social interaction. When deemed successful, it was moved into the permanent grant programs under Title III.

Other early programs tested and developed with Title IV funds include the Area Agencies on Aging, long-term care ombudsmen, the On Lok model of adult day care, and information and referral systems. Later projects included elder abuse prevention programs, a legal services hotline, Aging and Disability Resource Centers, services provided in Naturally Occurring Retirement Communities (NORCs), and home and community-based long-term services and supports. Full reports, including methodology, of some evaluations funded by AoA, however, have not been made available to the public.

Funds for Title IV have fluctuated over the years, reflecting a lack of identity for the research, development, evaluation, and training function in the Act. Funds for Title IV reached a historic high point of $54.3 million in 1980, then dropped 59% over the next two years during a process that consolidated separate authorizations for research, training, discretionary projects, and gerontology centers. Even during the high water mark in 1980, however, Title IV lacked an overarching vision and a coherent system for carrying it forward. Ironically, the first attempt to delineate the purpose of training and research activities in legislative language was made in 1984, after funding had dropped—funds were “to be focused on development of effective models of planning and practice to improve services provided under the Act.”

The lack of a robust R&D unit under the OAA opened the door for “special” demonstration projects to be written into Title IV, and by 1992, the list of earmarks was extensive. Funding records show that “congressionally identified projects” constituted a large portion of discretionary grants completed in FY2010. The historical use of Title IV as a repository of earmarks has represented a missed opportunity of significant proportions to ensure rigorous research and development for the Aging Services Network to meet national goals.

The recent lack of commitment to aging network research, development, and evaluation, and concomitant investments in Title IV have been particularly disappointing and shortsighted. Appropriations funding for Title IV projects dropped from the FY2010 $19 million level to $13 million in FY2011, largely due to the elimination of $6 million in earmarks. In FY2012, Title IV was completely defunded for the first and only time in its history. The Administration requested no funding for Title IV for FY2013. In our view, this trend illustrates the urgent need to modernize, strengthen, and revitalize Title IV under the OAA. Prompt Congressional action to adopt the recommendations outlined in this paper will go a long way to restoring these critical functions and meeting the enormous demographic challenges facing our communities and nation.
References

1 Government Accountability Office. Older Americans Act: More Should Be Done to Measure the Extent of Unmet Need for Services. (GAO: 11-237) February 11, 2011, pp. 31-32. The GAO suggested that one definition of need might be having health conditions but not receiving health supports or services.

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7 Carol O’Shaughnessy. Aging and Disability Resource Centers (ADRCs): Federal and State Efforts to Guide Consumers through the Long-Term Services and Supports Maze. (No. 81) National Health Policy Forum.

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10 Ibid


12 Carol V. O’Shaughnessy. Aging and Disability Resource Centers (ADRCs): Federal and State Efforts to Guide Consumers through the Long-Term Services and Supports Maze. (No. 81) National Health Policy Forum.


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