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THE OLDER AMERICANS ACT: STRENGTHENING COMMUNITIES TO SUPPORT THE NEXT GENERATION OF OLDER AMERICANS

FIELD HEARING

BEFORE THE

SUBCOMMITTEE ON SELECT EDUCATION

OF THE

COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED NINTH CONGRESS

SECOND SESSION

April 3, 2006, in Edinburg, Texas

Serial No. 109–33

Printed for the use of the Committee on Education and the Workforce



Available via the World Wide Web: http://www.access.gpo.gov/congress/house
or
Committee address: http://edworkforce.house.gov

U.S. GOVERNMENT PRINTING OFFICE

27–977 PDF WASHINGTON : 2006

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THE OLDER AMERICANS ACT: STRENGTHENING COMMUNITIES TO SUPPORT THE NEXT GENERATION OF OLDER AMERICANS

Monday, April 3, 2006
U.S. House of Representatives
Subcommittee on Select Education
Committee on Education and the Workforce
Edinburg, TX

The subcommittee met, pursuant to call, at 8:45 a.m., in room 1.102, International Trade and Technology Building, the University of Texas-Pan American, 1201 West University Drive, Edinburg, Texas, Hon. Patrick Tiberi [chairman of the subcommittee] presiding.

Present: Representatives Tiberi and Hinojosa.

Staff Present: Ricardo Martinez, Legislative Assistant; Moira Lenehan-Razzuri, Legislative Assistant; Kate Houston, Legislative Assistant; Angela Klemack, Legislative Assistant; Lucy House, Legislative Assistant.

Chairman TIBERI. Good morning. A quorum being present, the Subcommittee on Select Education of the Committee on Education and the Workforce will come to order.

We are meeting today to hear testimony on "The Older Americans Act: Strengthening Communities to Support the Next Generation of Older Americans."

I ask the members to consent for the hearing record to remain open for 14 days to allow Members' statements and other extraneous material referenced during the hearing to be submitted to the official hearing record.

[Pause.]

Without objection, so ordered.

Good morning. Thank you all for joining us for this hearing on the Select Education Subcommittee of the Committee on Education and the Workforce. I want to extend my thanks to the University of Texas-Pan American and the University's staff for so graciously hosting this hearing and the breakfast this morning, which was outstanding. I also want to thank my friend and my colleague, Mr. Hinojosa, for welcoming me once again to the 15th district in the great state of Texas. You have been very accommodating and it's been a very warm visit.

I must also congratulate my friend and his alma mater, University of Texas, on their NCAA Football Championship, with, of course, the "help" of my alma mater, Ohio State, for making that all possible. I do hope that UT will "return the favor" in September. Hopefully you will be as accommodating as we were this past year.

It is great to be back here in Edinburg and McAllen, and, Mr. Hinojosa, you and your staff have been so gracious to the committee staff and my staff and myself. It's been a great visit. I look forward to coming back again for a future hearing somewhere in the 15th district, preferably right here. It's been a great place to come visit.

This is the first of two field hearings we are going to have on the Older Americans Act. Field hearings offer Members of Congress a unique opportunity to listen to witnesses who can give us a local perspective on an issue. Field hearings are an important part of this reauthorization process because we often gain valuable insights that would be otherwise missed. It is with particular interest that I have traveled here to Texas where the ideas and challenges shared can be different than those expressed by my constituents in Ohio.

Indifferent to residence in Texas or Ohio, the Older Americans Act recognizes the specialized needs of all seniors. These needs may include meals and nutrition, transportation, employment, recreational activities and social services, information about prescription drug benefits or long term care, just to name a few. We are fortunate that the United States has a sound infrastructure to support these needs. In fact, our robust aging network includes 655 local and 56 state agencies on aging. This year, the federal government invested nearly $1.8 billion to support the delivery of these services.

Today, supporting the needs of older Americans is as important as ever. It is estimated more than 36 million people in the U.S. are over the age of 65, making it the fastest growing group in our country. According to the U.S. Census Bureau, by the year 2050, persons over age 65 will reach 90 million and comprise almost a quarter of the total U.S. population. These astounding statistics make the upcoming reauthorization of the Older Americans Act all the more important.

Over the course of the following months, this Subcommittee will be examining the current program, learning about evolving issues facing older Americans, listening to seniors in their own words, and laying out a plan for strengthening services to seniors that are authorized by this Act and relied upon by millions of aging Americans each year. We will work with President Bush, and we will work with you and other senior advocates, to ensure that the federal government is making the most out of the taxpayers' investment in the programs authorized by the Act.

I am pleased to have with us a distinguished panel of experts to help us frame the issues for this hearing. I look forward to hearing your recommendations on issues and actions for the Subcommittee's deliberation. Before I introduce our witnesses, I will yield to my colleague, Mr. Hinojosa, for his opening statement.

[The prepared statement of Mr. Tiberi follows:]

Prepared Statement of Hon. Patrick J. Tiberi, Chairman, Subcommittee on Select Education, Committee on Education and the Workforce

Good morning. Thank you for joining us for this hearing of the Select Education Subcommittee of the Committee on Education and the Workforce. I want to extend my thanks to the University of Texas-Pan American and the University's staff for so graciously hosting this hearing. I also want to thank my friend and colleague, Mr. Hinojosa, for welcoming me once again to the 15th district in the great state of Texas! He and his staff deserve much of the credit for organizing today's hearing.

I am pleased to be here for the first of two field hearings on the Older Americans Act, which this Subcommittee is scheduled to consider this Spring. Field hearings offer Members of Congress a unique opportunity to listen to witnesses who can give us a local perspective on an issue. Field hearings are an important part of this reauthorization process because we often gain valuable insights that would be otherwise missed. It is with particular interest that I have traveled here to Texas where the ideas and challenges shared can be different than those expressed by my constituents in Ohio.

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I'm pleased to have with us a distinguished panel of experts to help us frame the issues for this hearing. I look forward to hearing your recommendations on issues and actions for this Subcommittee's consideration. Before I introduce our witnesses, I will yield to my colleague, Mr. Hinojosa, for his opening statement.

Mr. HINOJOSA. Thank you very much, Mr. Chairman. I appreciate so much your opening remarks, and I want to also say that I am going to be switching from dark glasses to light-colored glasses because I broke my prescription glasses yesterday, and I can't read without them. But my staff said that if I tried to substitute with these, these other glasses, that I won't look as conspicuous, but these are really the strong magnification that I can certainly read it much, much better, so forgive me if I switch back and forth.

I have been to the Chairman's University of Ohio State, Ohio State University, and their courtesies and their hospitality and everything that has been shown both to me and my staff has been outstanding, so I'm glad that we are able to return that same hospitality and to show you how much we appreciate the times that you have come to the Rio Grande Valley and been able to see the potential in our area, potential in our people, and that all we need is for the federal government to continue to invest in human capital, in higher education, in infrastructure and those things that we have seen the last ten years that I have been in Congress.

Your support on what happened last week on the passage of the Higher Education Act has, in that large piece of legislation, a program that was extremely important, as you learned back a year ago when you came for one of the hearings that postgraduate studies of master's and doctoral programs are something that will benefit this area a great deal.

Raising the level of education attainment has made a significant difference over the last ten years in our area, where we've seen unemployment drop from 22 percent down to 6 percent.

And, again, your presence and your support in Washington for all of these programs that we've made you aware as being very important to us has been very beneficial, and again I wanted to publicly thank you for that.

Chairman TIBERI. Thank you.

Mr. HINOJOSA. I would also like to thank the University of Texas-Pan American for hosting us again today. This is the Select Education Subcommittee's home here in this South Texas area. The University plays a vital role in our community and is a central player in improving the quality of life across the region. I am always proud to bring my colleagues as our chairman to this area so that they can visit and see that there is great potential.

Most of all, I would like to thank the witnesses and all of the members of our community for joining us today. This hearing on the reauthorization of Older Americans Act is of critical importance. Our local aging network, our state agency and national organizations are vital links in our web of support for older Americans. This region is known for its dynamic growth and its youth. However, we also have a growing population of older Americans. As with the Hispanic population across the nation, many of our seniors are low income and rely on their families for their primary care.

Many are more comfortable in Spanish than they are in English and need assistance navigating our health and social service systems.

The Older Americans Act of 1965 is the landmark legislation that articulated our core values as a nation. The Act begins with a declaration of objectives, which includes the following: "Retirement in health, honor and dignity—after years of contribution to the economy."

This is a statement of our national obligation to older Americans.

The Older Americans Act represents our commitment to meeting that obligation. This law provides for supportive services, as the Chairman read, that includes so many things; especially transportation, housekeeping and personal care. It provides nutrition services both at home and in community settings, and it provides preventative health services and supports family members.

Finally, it protects the rights of vulnerable older Americans by combating consumer fraud and protecting seniors from abuse. That is something very important to us in South Texas.

Your testimony today will help us understand how the programs in the Older Americans Act programs are working in this community. This region is a model for best practices on how to serve older Hispanic Americans. We will be looking for your suggestions and recommendations about how we can make improvements and ex-

pand the reach of these programs during the upcoming reauthorization.

As we prepare for that, it is my hope that the chairman and I will continue the Select Education Subcommittee's tradition of bipartisanship. Together, Chairman Tiberi and I can work in ways that will strengthen and improve the programs that provide critical support to older Americans.

Thank you, Mr. Chairman. I am looking forward to today's hearings and working with you to see that we come up with a reauthorization that will take us the next five to six years and be able to strengthen our support and the work that we do together.

Thank you.

[The prepared statement of Mr. Hinojosa follows:]

Prepared Statement of Hon. Rubén Hinojosa, Ranking Minority Member, Subcommittee on Select Education, Committee on Education and the Workforce

Good Morning. I would like to welcome Chairman Tiberi to South Texas again and thank him for calling this hearing.

I would also like to thank the University of Texas Pan American for hosting us again. This is the Select Education Subcommittee's home in the Rio Grande Valley. The university plays a vital role in our community and is a central player in improving the quality of life across the region. I am always proud to bring my colleagues here to visit.

Most of all I would like to thank the witnesses and all of the members of our community for joining us today. This hearing on the reauthorization of the Older Americans Act is of critical importance. Our local aging network, our state agency, and national organizations are vital links in our web of support for older Americans.

This region is known for its dynamic growth and its youth. However, we also have a growing population of older Americans. As with the Hispanic population across the nation, many of our seniors are low-income and rely on their families for the primary care. Many are more comfortable in Spanish than English and need assistance navigating our health and social service systems.

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Your testimony today will help us understand how the programs in the Older Americans Act programs are working in this community. This region is a model for best practices on how to serve older Hispanic Americans. We will be looking for your suggestions and recommendations about how we can make improvements and expand the reach of these programs.

As we prepare for the reauthorization of the Older Americans Act, it is my hope that the Chairman and I will continue the Select Education Subcommittee's tradition of bipartisanship. Together, we can work together to strengthen and improve the programs that provide critical support to older Americans.

Thank you, Mr. Chairman. I am looking forward to today's hearing.

Chairman TIBERI. Thank you, Mr. Hinojosa. You do look good in those dark glasses.

We have a very distinguished panel with us today, and before I ask them to give their testimony, let me introduce all four of them who are with us.

Mr. Karl Urban is Manager of Policy Analysis and Support at the Texas Department of Aging and Disability Services. Before assuming his current position, Mr. Urban served in a variety of capacities with the state government, including as Deputy Director of the Texas Department on Aging, where he oversaw implementation of the state's Aging Texas Well initiative. Mr. Urban also held posts in the Texas Governor's Office and the Texas Health and Human Services Commission.

Mr. Armando Dominguez is Assistant Director of the Center on Aging and Health at the University of Texas-Pan American. In this capacity, he oversees NIH-sponsored research on communities and the elderly. In addition, Mr. Dominguez is a lecturer on sociology and the sociology of health. He earned a master's degree in sociology from the University of Texas-Pan American.

Mr. Marlon Sullivan is the Senior Director of Staffing at the corporate office of Home Depot in Atlanta, Georgia. In this capacity, he oversees enterprise-wide staffing operations encompassing all domestic and international retail stores, distribution centers, call centers, and the U.S.-based Home Depot headquarters. Mr. Sullivan has been involved in Home Depot's innovative partnership with SER-Jobs for Progress, a nonprofit organization providing job training and employment assistance to seniors through the Senior Community Service Employment Program.

Mr. Jose T. Perez is the Executive Director of Senior Community Outreach Services, Inc., and has the been the director of the Senior Companion Program for more than 30 years. His mission as an advocate for older Americans and as Director is to ensure that individuals age with dignity, purpose and security in an elderly friendly environment. Mr. Perez earned a degree in Community Services from the University of Texas-Pan American and holds several certificates on issues affecting the elderly.

And, finally, our last witness was unable to join us due to a family emergency, Ms. Rosa Anzaldua is unable to be with us. Her testimony will be entered into the record.

[The statement of Ms. Anzaldua follows:]

Prepared Statement of Ms. Rosa Anzaldua, Program Participant, Amigos del Valle

My name is Rosa Anzaldua, I am presently a resident at a property that Amigos Del Valle Inc. manages it is Villas Residencial/Casa #7 in Mercedes Texas, I moved into this property on October 6, 1999. I was born on March 8, 1934 in Mercedes and I am the 5th child of 10 children. I have volunteer in different organization to assist other people, I volunteered in the Head Start Program, the food bank, I am a volunteer Circus Clown and I would visit the children, I visit the surrounding nursing homes and visit with the people that are sick, I am also a committee member for my church, in 2004 I was in film named Harvest of Redemption our screenwriter and director was Mr. Eddie Howell.

I am currently an active participant with Amigos Del Valle; I participate in their meals program and live in their housing project. We have about 43 elderly people living in Villas Residencial/Casa #7 and we also have participants that are provided transportation and the other participants drive themselves to the Center, we gather everyday at the center and we socialize and we have different kinds of activities, we also have presentations on programs that are available to us. Our meals are a well balance meal and our donation is 25 cents if we have them if we do not have the 25 cents then we can still have our meal. The meal program has helped a lot of our elders because they do deliver meals to their participants that can not make it to the center. If more funding was available for this type of programs more monies should be given to Amigos Del Valle to serve more clients. Amigos Del Valle has

vehicles to transport our participants from and to the center if additional monies could be given to Amigos Del Valle more services would be provided to us to keep us active. Every day we also come to the center to talk and keep each other company we also play different kind of games. All Amigos Del Valle Centers are unique in their own way. Help Amigos continue to provide us with more services.

I am very comfortable and happy in Villas Residencial/Casa #7 I have my own apartment and I feel very independent I feel good in being able to decide what I am going to do each day I feel safe living in Villas Residencial/Casa #7 and when ever we have a problem in our apartment the staff that is available here is very helpful, they attend to us and they make sure we are comfortable and happy, they fix whatever problems we have in our apartments even after hours. The staff is very knowledgeable in their work.

Amigos Del Valle has 8 different properties around the valley and the assistance that is given to us is a great help because being in a fix income we need to be careful with our monies we are in a tied budget. Amigos Del Valle has help us in having a safe place to live.

Chairman TIBERI. Before the panel begins, I would ask that each of our witnesses please limit their statements to five minutes. Your entire written testimony will be included in the official hearing record. With that, I will recognize Mr. Urban.

STATEMENT OF KARL URBAN, MANAGER, POLICY ANALYSIS AND SUPPORT, TEXAS DEPARTMENT OF AGING AND DISABILITY

Mr. URBAN. Thank you. Good morning, Mr. Chairman Tiberi, Mr. Hinojosa.

Chairman TIBERI. Good morning.

Mr. URBAN. My name is Karl Urban, and I am from the Texas Department of Aging and Disability Services. It is nice to be here in the Rio Grande Valley where my good friend Joe Gonzalez is the area Agency on Aging Director, and Dr. Elena Gonzalez is here, who is a former board member of the Texas Department on Aging, so it is always nice to be down here in the Valley to see my friends.

The Texas Department of Aging and Disability Services was created in September of 2004 as part of the major reorganization of the Health and Human Services delivery system in Texas, and that has given us a great opportunity to kind of be a role model for a lot of the things that I think we want to think about in the reauthorization of the Older Americans Act.

The Older Americans Act has served this nation very well, and Texas is a great example of that with our response to the hurricanes this past summer. When thousands and hundreds of thousands of evacuees came to Texas, they were met by an Aging Network that was on the ground in local communities, able to meet their particular needs; the fact that there was this network in place, not only in Texas but across the country, that allowed the response to be so effective and so quick to this particular crisis.

That is perhaps the greatest strength of the Older Americans Act, is that it has created in local communities this network that has a flexible system of supports and services that's responsive to local needs and that is, in fact, driven by local decision-making.

The State Unit on Aging, which I serve in, and the AAA, serve as a vital voice in ensuring that our communities prepare for the rapidly aging population that you mentioned a minute ago. And so this growth in the older population sets the framework for three things that I would like to mention this morning.

The first thing is that the Older Americans Act should continue to allow states and local communities to address the particular needs of local communities. In Texas, and as we sit here in the Valley, those concerns are the rural nature of our state, as well as the predominant Hispanic population.

The second thing is, the Older Americans Act should to enhance the ability of states to best meet the long-term service and support needs of older Texans and all persons with disabilities.

And, finally, the Older Americans Act should empower state and local communities to plan and prepare for this rapidly growing aging population.

First let me talk a little bit about the unique population needs.

Texas is a state of great the diversity, and I think the lower Rio Grande Valley epitomizes this diversity. Three things are important: One, it's predominantly Hispanic; two, there are very rural areas in this part of the state; and, three, there are still despite the economic of growth that we see around us, areas of poverty that need to be addressed.

Given this diversity, the fact that the Older Americans Act allows states and local communities to target populations is a very good thing. As part of our Aging Texas Well initiative, we conducted some forums across the state to ask what's going on in rural communities and how we can better serve those communities, and we learned several things.

One, there is a great pride in local communities in their ability to, within that community, take care of themselves, but this is made more difficult by a number of different factors, and these include in some communities of Texas an eroding local economic base to support social services, a confusion about where to go to get information about services, and then just some just natural barriers such as great distances. And these create unique challenges for the Area Agencies on Aging that have to serve these areas. These forums also pointed out that social isolation is a significant problem in a lot of these communities.

The second thing I'd like to talk about is the ability of states to integrate services. This has become a growing priority, not just in the State of Texas, where we think in the creation of this we have somewhat of a model that would work, but it's also a priority in Washington, from what I understand. And so as states try to rebalance their long-term care systems, as persons with mental retardation and developmental disabilities continue to grow older, this need to integrate services across population groups becomes ever more important, and I think there are a number of proposals that have been reported related to the Older Americans Act that would allow us to continue both at the federal level and at the state and local level to integrate services and better meet needs of all of our populations.

The final thing I would like to talk about is the idea of empowering local communities to plan and prepare for an aging population.

In 1997, Texas created an initiative called Aging Texas Well. Both Mr. Hinojosa and Chairman Tiberi mentioned the declaration of objectives from the Older Americans Act. We kind of take our

mantra and our model for looking at Aging Texas Well from this declaration of objectives.

As you said, it speaks to a number of different areas of life. It's a very holistic overview of the well-being of older Texans, and we have modeled our Aging Texas Well initiative to look at the policy issues in all of those areas of life to improve the lives of older Texans, and both NAAAA and the National Association of State Units on Aging as well as the White House Conference on Aging have said that within the concept of the Older Americans Act we need to do more to help states and local communities to do the planning and the preparation that they need to do for this rapidly increasing older population.

I don't think it's any accident that Texas, New York, and Florida have all established very specific initiatives within their states to help local communities prepare for the aging of the population. This is probably a model that needs to be replicated around the country.

In conclusion, as you know I'm sure by now, the Older Americans Act was the number one priority of the delegates at the recent White House Conference on Aging. When the Texas delegation was talking about priorities, it was one of their top priorities, as well, and I think that reflects on the fact that the Older Americans Act has served this nation very well, both in times of crisis and on a day-to-day basis. And, as we look to the future, it should be a mechanism for helping us plan and prepare for a future in which we're going to be a much older state, a much older nation.

With that, I would be glad to answer any questions.

[The statement of Mr. Urban follows:]

Prepared Statement of Karl Urban, Manager, Policy Analysis and Support, Texas Department of Aging and Disability Services

Good Morning Chairman Tiberi, Ranking Minority Member Hinojosa and members of the subcommittee. On behalf of the Texas Department of Aging and Disability Services, thank you for the opportunity to be here, in the home district of Representative Hinojosa, to discuss the reauthorization of the Older Americans Act (OAA).

My name is Karl Urban. I am the manager of Policy Analysis and Support at the Texas Department of Aging and Disability Services (DADS), which serves as the State Unit on Aging in Texas . DADS was established in September 2004 as part of a major reorganization of the health and human services delivery system. I have been the manager of the Aging Texas Well initiative for many years. I will discuss both the creation of DADS and the Aging Texas Well initiative as they relate to the reauthorization of the OAA in a few moments.

The OAA has served this nation well. There is no better example of this than our recent experience in Texas with Hurricanes Rita and Katrina. When hundreds of thousands of evacuees from the Gulf Coast fled to Texas, they were met with open arms. More than that, those over the age of 60 were met by an Aging Network that quickly mobilized to provide them with needed services. From the Harris County Area Agency on Aging (AAA) Director, who practically lived at the Astrodome, to AAA Directors in all the major cities and along the Gulf Coast, the people of the Aging Network worked with DADS and their communities to meet the needs of current and new older Texans. At DADS, we commend AAA Directors Charlene Hunter James, Curtis Cooper, Holly Anderson, Colleen Halliburton, Claude Andrews, Glenda Rogers, and Debbie Billa, among others, for serving older Americans so well.

Not to discount the importance of individuals, the fact that there was a network in place was critical. This network was able to include work with all the providers of long-term services and supports partners across the state as a direct result of the recent creation of DADS. Indeed, this is perhaps the most important aspect of the programs of the OAA—having in place in local communities a flexible system of services and supports that is responsive to local needs and driven by local decision-

making. This network covers the entire country and was supportive during our time in need. For example, the National Association of Area Agencies on Aging worked to send assistance from other AAAs across the country when we were working in the aftermath of the hurricanes last summer.

In addition to service provision, the State Unit on Aging and AAAs serve as a vital voice in ensuring our communities prepare and plan for a rapidly growing aging population. Even though Texas is a relatively young state, the older population will grow by over 50 percent over the next 15 years. This growth sets the framework for three important issues that we would like to highlight in our testimony:

1. The OAA should continue to allow Texas to address the unique population needs of our state, particularly those in rural areas and of Hispanics.

2. The OAA should continue to allow and, in fact, enhance the ability of states to integrate services to best meet the long-term service and support needs of older Texans and all persons with disabilities.

3. The OAA should further empower states and local communities to plan and prepare for an aging population.

I would like to briefly address each of these three points.

1. The OAA should continue to allow Texas to address the unique population needs of our state, particularly those in rural areas and of Hispanics.

Texas is a state of great diversity. Texas recently passed a demographic milestone in which the combined minority populations became the majority in our state. While it will be a number of years before this is the same for the older population of Texas, minority populations are growing at a much faster rate than Anglo populations among those over age 60. The Lower Rio Grande Valley epitomizes this diversity. In the Valley at least three different factors affect the delivery of OAA services to older Texans: 1) the population is predominantly Hispanic; 2) there are highly rural areas with less infrastructure to support delivery of services; and 3) there are great pockets of poverty, which increase the need for services.

According to Census data, the absolute size, ethnic and racial diversity, and poverty rate distinguish older Texans from the national population. Texas has the fourth largest population of older adults (3.1 million) in the nation, and has the second largest older Hispanic population in the nation (604,963). Among the over 60 population, Hispanics are one of the fastest growing groups. They currently make up about 19 percent of the older population but are expected to make up 25 percent by 2020. In the 14 counties along the Texas/Mexico border, older Hispanics account for nearly 71 percent of the older population.

Economic conditions along the border have not kept up with the rest of the state. Estimates from the U.S. Bureau of Labor Statistics show that for border counties, especially rural border counties, unemployment is generally substantially higher than that of non-border areas. Only 19 percent of older Hispanics have a high school diploma (versus 70 percent for Anglos). Older Hispanics report a median income of $8,400—about 50 percent less than African Americans and nearly 120 percent less than elderly Anglos. Twenty-five percent of older Hispanics are uninsured. With the prevalence of conditions such as diabetes 80 percent higher among Hispanics than in the rest of the population, OAA initiatives such as disease management services and health promotion and nutrition programs are critical for this population. Older Hispanics are also more likely to be caregivers of young children than are their counterparts. Nearly 50 percent report living with grandchildren, with 30 percent serving as the primary caregiver of those children. The National Family Caregiver Support program, especially with its inclusion of grandparents, is an important program for this population.

Along the Texas-Mexico border, nearly half a million people live in substandard conditions known as “colonias”. Though colonias exist in other parts of the state—such as rural East Texas—their prevalence along the border presents a great need for services. Residents are predominantly Hispanic, young, and untrained. Most have very low incomes, inadequate health care, and live in unsound or unsafe housing. Despite the commonalities among colonias, there is great variability in areas such as population density and level of development. There is no single prescription for addressing all of the problems in a given area.

In recent years, Texas has made progress in improving conditions along the border. The Texas Health and Human Services Commission (HHSC) implemented a Colonias Initiative in September of 2000 to create a coordinated, interagency system for providing services and training to colonia residents. The initiative included partnerships with other HHSC agencies and service organizations, such as DADS and AAAs, to enhance the infrastructure of services and supports. Working with Community Resource Centers in these regions, AAAs are able to provide information and assistance to help residents obtain much needed services. AAAs have also taken

part in coordinated efforts to increase enrollment among residents in programs such as Medicaid and Medicare. These efforts can be particularly challenging given the geographical diversity, low population density, cultural and language barriers in these regions. However, the outreach efforts and the development of local partnerships lay the groundwork for future efforts to strengthen needed infrastructure in these regions.

The last reauthorization of the OAA included rural within the definition of target populations. Texas contains many rural counties in which over 30 percent of the total population is over the age of 60. As part of our Aging Texas Well initiative, we recently conducted a series of forums in rural communities across Texas. We learned several things. First, there is great pride in these communities in their ability to care for one another. However, a number of factors limit the ability of communities to support older Texans. These include an eroding local economic base to support social services, confusion and lack of information about where to go to get services, and natural barriers such as great distances. These barriers create unique challenges for AAAs that serve these areas. For example, the cost of providing home delivered meals, personal attendant or caregiver services often are higher due to lack of economies of scale and the cost—both time and monetary—involved in traveling great distances. In some areas, it is more difficult to find traditional providers and, when they exist, to find workers. One way we have addressed these problems, for example, was by implementing a voucher system for respite services under the National Family Caregiver Support program.

The rural forums also pointed out that social isolation is a significant problem among older Texans. The need for socialization and social contact is a critical factor in successful aging. Older adults who engage in social activities are more likely to remain mentally and physically stimulated, thereby maintaining better overall health and quality of life. Texas recently conducted an Aging Texas Well Indicators Survey, with 26 percent of the respondents indicating loneliness is a problem. Four to five percent of the respondents said they talked or spent time with family members, friends or neighbors only on a monthly basis; 25 percent reported that they did not have daily contact with family members, friends or neighbors. (See Texas Department of Aging and Disability Services, Aging Texas Well: Indicator Survey Results, 2005, found at http://www.dads.state.tx.us/news—info/publications/studies/atw—results—report.pdf.) OAA programs such as telephone reassurance, nutrition programs and Senior Centers remain a valuable way to combat social isolation.

Given the challenges presented by these unique population characteristics, the targeting provisions of the OAA provide AAAs the flexibility to be responsive to these unique population needs without being overly prescriptive.

2. The OAA should continue to allow and, in fact, enhance the ability of states to integrate services to best meet the long-term service and support needs of older Texans and all persons with disabilities.

In anticipation of the growing number of older Americans that may need long-term services and supports, there is a growing desire around the country to "re-balance" long-term care systems. Texas was at the forefront of this movement, particularly for aging persons and persons with physical disabilities. For example:

In the early 1980s, Texas began offering home and community-based services as an alternative to institutionalization. Since then, while home and community-based services have grown significantly, there has been no growth in nursing facility utilization despite a significant growth in the older population.

In the late 1990s, Texas was the first state to develop the Money Follows the Person concept, which has now been written into federal law in the most recent Deficit Reduction Act. In Texas, we have used the Money Follows the Person concept to move over 10,000 people out of nursing facilities and into the community. AAAs, particularly through the nursing facility ombudsman program, have played a role in this effort.

Texas was one of the first states to apply innovative thinking to integrating access to services across populations. Texas applied for and received funds in the first round of Real Choice System Change grants to test a system navigation function. The purpose of these grants, which were administered through AAAs, was to help individuals and their families "navigate" the often confusing system of services that are available to persons who are aging or have disabilities. In both areas where it was implemented, the results supported development of an Aging and Disability Resource Center (ADRC) model even before specific grants were available for ADRCs.

Texas was also one of the first states to test the concept of managed care for long-term care through the Star-Plus program in Houston, which is now being expanded to more areas of the state.

In Texas, home and community based Medicaid services are not delivered through the Aging Network. However, the Aging Network provides a crucial role in the sys-

tem of long-term services and supports. Through access and assistance services, including benefits counseling, AAAs help individuals and their families understand public and private benefits. Through care coordination services, AAAs assist in obtaining those benefits. In addition, OAA services help fill in gaps in services caused by the more rigorous rules of Medicaid and for individuals waiting eligibility determination. AAAs have also taken a lead role in community planning to improve local systems of access, with the goal of creating a seamless system of services.

In September 2004, Texas created DADS as the sole state agency focused on delivering long-term services and supports to persons who are aging and have disabilities. The agency serves as the State Unit on Aging and administers institutional and community based Medicaid services to persons with physical and cognitive disabilities. DADS has a functional, not population-based, administrative structure to ensure the continued integration of services to persons who are aging and have disabilities.

I would like to discuss one example of why this matters. One of the realities of an aging population is the increasing number of persons with cognitive and physical disabilities who are living longer lives. Testimony at a White House Conference on Aging Listening Session indicates "the mean age at death for persons with MR/DD rose from 19 years in the 1930's to 66 years in 1993, an increase of 247 percent." The number of adults with MR/DD age 60 or older in the United States is expected to be 1.2 million by 2030, twice what it was estimated for 2000." (See Aging with a Developmental Disability 2005 White House Conference on Aging Listening Session Testimony 12/8/2004, Chicago Illinois.) The aging of persons with cognitive disabilities, in particular, creates new challenges for the Aging Network. The challenges of integrating new populations into the aging network include having the right mix of home and community based services so that individuals can age in place, and overcoming issues such as "turfism", lack of proper training, and the lack of knowledge among the disability community about services available through the Aging Network.

In creating DADS, our desire is overcome these challenges. The OAA recognizes these same challenges. The Administration's proposal to create Aging and Disability Resource Centers, consumer directed options and more choice in its programs are philosophically consistent with the functional design of DADS and the integration of services in Texas. In doing so, we believe states need to have the flexibility to design service delivery systems at the local level that are responsive to needs and desires of the local community.

3. The OAA should further empower states and local communities to plan and prepare for an aging population.

In 1997, Texas began an initiative called Aging Texas Well. Administered by the State Unit on Aging, under the general advocacy and planning provisions of the OAA, the purpose of Aging Texas Well is to ensure Texans prepare for aging in all aspects of life and that state and local social infrastructure facilitates aging well throughout the lifespan. The importance of the initiative has been further recognized by passage of a resolution by the Texas Legislature (SCR 36, 75th Texas Legislature) and, most recently, by an executive order by Governor Rick Perry (RP 42).

The Declaration of Objectives of the OAA provides the conceptual framework for Aging Texas Well. When the original OAA was passed, these Objectives, which are related to employment, housing, health and other life areas, were ahead of their time in recognizing the importance of a holistic approach to the wellness of older persons. A second key element of Aging Texas Well is its focus on individuals taking responsibility to prepare for aging and on communities supporting that preparation. A final critical element is the recognition that aging well requires a lifespan approach focused on long-term living.

Aging Texas Well seeks to ensure state policy is responsive to the needs of older Texans, consistent with the mandates of the OAA to review state policy. It also drives efforts to work with local communities to strengthen capacity to support older Americans, again consistent with the mandates of the OAA. (More information is available at www.agingtexaswell.org.)

For example, one of the great successes of Aging Texas Well has been our internationally recognized Texercise program. Texercise uses evidence-based practices through partnerships with the private and non-profit sectors to create locally based programs to improve the nutritional and physical activity habits of older adults. AAAs participate in these programs as part of their mandate under the health promotion provisions of the OAA. (More information about Texercise is available at www.texercise.com.)

One of the strengths of the OAA is the implicit mandate to the Aging Network to take a proactive role in preparing our communities for the aging of the population. This mandate could be made more explicit in the Act. The need for this type

of proactive planning has been acknowledged by the delegates at the recent White House Conference on Aging, by the National Association of Area Agencies on Aging and by the National Association of State Units on Aging. New York (Project 2015), Texas (Aging Texas Well) and Florida (Communities for a Lifetime) have all begun projects to plan and prepare states and communities for the realities of an aging population. The OAA could dedicate resources and provide encouragement for other states to do the same.

In conclusion, as you may be aware, reauthorization of the OAA was the highest ranked resolution of the White House Conference on Aging. It was also one of the top priorities of the Texas delegation to the Conference. This reflects the fact that the OAA has served this country well by creating at the local level a system of services to respond on a day-to-day basis, and in times of crisis, to the needs of older Americans, their families and caregivers. It has been successful because of its emphasis on developing community participation and resources.

On behalf of the Texas Department of Aging and Disability Services, thank you for this opportunity to testify. I will be glad to answer any questions.

Chairman TIBERI. Thank you. We're going to go ahead and hear from the other three witnesses, and then we'll ask questions.

Mr. Dominguez?

STATEMENT OF ARMANDO DOMINGUEZ, ASSISTANT DIRECTOR, CENTER ON AGING AND HEALTH, UNIVERSITY OF TEXAS-PAN AMERICA

Mr. DOMINGUEZ. Thank you, sir.

Chairman Tiberi, Congressman Hinojosa, welcome to the University of Texas, where the Center on Aging and Health has over 15 years experience conducting basic and applied research with a goal of advancing the quality of life of our area seniors. With this in mind, we strongly suggest transformation as a major impetus underlying the process for reauthorization of the Older Americans Act. The new century challenges us to think well beyond the demographics and socioeconomic realities of the 1960s which figured heavily in formulating the first Older Americans Act and subsequent reauthorizations.

In reauthorizing the Older Americans Act, we should seek a collective synergy in making possible its transformation. Transformation calls for identifying new possibilities for partnering, no longer limited to the young and the old or public and private, but for partnering between senior and senior, old and old. What do we mean by this proposed partnership between senior and senior? It means that we need to draw in the well-educated, economically secure and physically able baby boomer to partner with another senior not as lucky in benefiting from the options made possible by our society. This is particularly the case for our current minority population, but especially for our future population of boomers who, although not quite seniors yet, will be soon entering their rank.

We are at the threshold of having a recognizable number of well-educated professionals and small business owners who were able to advance with the passage of the Civil Rights Act of 1964 which opened doors previously closed for most, if not all, of us. Yet, just as the existence of this group is made quite explicit in our research, we are also painfully aware of another group of seniors who, because of adverse circumstances, which I will not go into at this time, have not equally benefited from these options.

Still today, the largest number of Valley seniors are barely making it, if that, with the very minimum combination of SSI Social

Security disbursed in Texas, which is less than $7,000 a year. These were hardworking people, they struggled all of their lives, yet for a myriad of reasons, agricultural work, unprincipled employers who did not contribute to the Social Security fund, find themselves barely surviving with practically no options in their lives.

Our research indicates that this parallel demographic and socioeconomic trend will continue in our communities for quite a long time. What is different is that while seniors, poor in resources and education, will continue to be very much part of our horizon, we have another group that is not. This is the synergy that we call for. How to use the human capital of the accomplished in partnering with those who are not? Thus we call for a new approach, we need to revitalize by understanding this new population dynamic which is happening throughout the country and amongst most ethic and racial groups.

In transforming our thinking about seniors and the services they need, let us not forget that research indicates that we do not stop learning because we have grown old. On the contrary, we continue and are capable of learning throughout life. Let us revitalize by acknowledging this fact and address the learning potential of seniors. Another key word here after partnering is learning potential. Seniors, regardless of income and education, can learn. And we have substantial proof that indicates that our Valley seniors with little education and resources succeeded in learning the basics of using a computer and communicating with others through the web. We successfully trained over 60 Valley seniors with an average of five years of education to use the computer and search the web for health-related information. This process yielded other intangible benefits like building their self-esteem, and, even more importantly, it has a major impact on their relationships with their children and their grandchildren. It opened whole new communication channel between generations and advanced the position of the elderly within their families.

Underscoring the need for transformation is the shift from acute illnesses of the latter half of the past century to present chronic illnesses such as cardiovascular disease, cancer, and of course diabetes. Medicine does not have a magic bullet for chronic illness as it developed for acute illness. Medicine does not have a cure for chronic diseases, it provides care. Present and future services for the elderly must be revitalized to reflect this medical reality.

Within this medical reality, there is also a shift that demands a better-educated patient. This is why partnering and learning potential are key words in revitalizing the act. Better educated seniors can mentor those with low health literacy to become better informed, to understand management of their diseases, health prevention, and, as important, to become better health care consumers, and by doing so save Medicare dollars from unnecessary medical procedures and waste.

The well-educated senior can mentor other seniors in reaching out and modifying behaviors that may adversely affect their health, and in particular for Mexican-Americans of our area who many times subscribe to cultural norms toward external locus of control,

fatalism, dependence on the medical delivery system for their care, and overall low health literacy.

Finally, by transformation we mean the need not only to reform but to change the infrastructure to empower our own to make informed choices. Our own research at the Center on Aging and Health shows that through culturally sensitive approaches, older Mexican-Americans can learn to use a computer, eat healthier, exercise often, drink five glasses of water daily, and altogether modify their behaviors in ways that advanced not only their physical but mental health. Many doubted this could be achieved, but our outcomes have demonstrated time and again the success of our best practice models. This is why the new reauthorization needs to become an effort in transformation by emphasizing the learning potential of our seniors, of all races and ethnicities and socioeconomic classes, through a senior technology program, empowerment training, health literacy and consumerism, prevention and management of disease, and most importantly, by building partnerships between senior and senior. This is no longer a choice as we ready ourselves for the largest wave of seniors ever in our history, since baby boomers will soon enter this stage, this latter stage of life.

Thank you.

[The statement of Mr. Dominguez follows:]

Prepared Statement of Armando Dominguez, Assistant Director, Center on Aging and Health, University of Texas-Pan America

Reauthorization of Older American's Act

The Center on Aging and Health has over 15 years experience conducting basic and applied research with the goal of advancing the quality of life of our area's seniors. With this in mind, we strongly suggest transformation as a major impetus underlying the process for reauthorization of the Older American's Act. The new century challenges us to think well beyond the demographics and socio-economic realities of the 60s which figured heavily in formulating the first Older American's Act and subsequent re-authorizations.

In re-authorizing the Older American's Act we should seek a collective synergy in making possible its transformation. Transformation calls for identifying new possibilities for partnering, no longer limited to the young and the old or public and private, but for partnering between senior and senior, old and old. What do we mean by this proposed partnership between senior and senior? It means that we need to draw in the well educated, economically secure and physically able baby boomer to partner with another senior not as lucky in benefiting from the options made possible by our society. This is particularly the case for our current minority population, but especially for our future population of boomers who although not quite seniors yet, will be soon entering their rank.

We are at the threshold of having a recognizable number of well educated professionals and small business owners who were able to advance with the passage of the Civil Rights Act of 1964 which opened doors previously closed for most, if not all, of us. Yet, just as the existence of this group is made quite explicit in our research, we are also painfully aware of another group of seniors who because of adverse circumstances, which I will not take the time to list, have not equally benefited from these options. Still, today the largest number of Valley seniors are barely making it, if that, with the very minimum combination of SSI Social Security dispersed in Texas which is less than $7000 a year. These were hard working people, they struggled all of their lives, yet for a myriad of reasons, agricultural work, unprincipled employers who did not contribute to the Social Security fund, find themselves barely surviving with practically no options in their lives. Our research indicates that this parallel demographic and socio-economic trend will continue in our communities for quite a long time. What is different is that while seniors, poor in resources and education, will continue to be very much part of our horizon, we now have another group that is not. This is the synergy that we call for. How to use the human capital of the accomplished in partnering with those who are not? Thus we call for a new approach, we need to revitalize by understanding this new popu-

lation dynamic which is happening throughout the country and among most ethnic and racial groups.

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Within this medical reality there is also a shift that demands a better-educated patient. This is why partnering and learning potential are key words in revitalizing the act. Better educated seniors can mentor those with low health literacy to become better informed, to understand management of their diseases, health prevention and as important to become better health care consumers. And by doing so save Medicare dollars from unnecessary medical procedures and waste. The well educated senior can mentor other seniors in reaching out and modifying behaviors that may adversely affect their health, and in particular for Mexican-Americans of our area who many times subscribe to cultural norms toward external locus of control, fatalism, dependence on the medical delivery system for their care, and overall low health literacy.

Finally, by transformation we mean the need not only to reform, but to change the infrastructure to empower our own to make informed choices. Our own research at the Center on Aging and Health shows that through culturally sensitive approaches older Mexican Americans can learn to use a computer, eat healthier, exercise often, drink 5 glasses of water daily and altogether modify their behaviors in ways that advanced not only their physical but mental health. Many doubted this could be achieved, but our outcomes have demonstrated time and again the success of our best practice models. This is why the new re-authorization needs to become an effort in transformation by emphasizing the learning potential of our seniors, of all races and ethnicities, and socio-economic classes through a senior technology program, empowerment training, health literacy and consumerism, prevention and management of disease, and most importantly, by building partnerships between senior and senior. This is no longer a choice as we ready ourselves for the largest wave of seniors ever in our history, since baby boomers will soon enter this stage of life.

Chairman TIBERI. Thank you, Mr. Dominguez.

Mr. Sullivan?

STATEMENT OF MARLON SULLIVAN, SENIOR DIRECTOR OF STAFFING FOR THE HOME DEPOT

Mr. SULLIVAN. Mr. Chairman and members of the subcommittee:

I am pleased to have the opportunity to testify before you today and to represent The Home Depot. As mentioned earlier, my name is Marlon Sullivan. I am the Senior Director of Staffing for The Home Depot.

As many of you here may know, Home Depot was founded in 1978 in Atlanta, Georgia, and is currently the world's number one home improvement retailer, operating more than 2,000 stores across North America. Today, Home Depot is a Fortune 13 com-

pany, which caters to both do-it-yourselfers and professional customers who serve the home improvement, construction and building and maintenance market segments.

The Home Depot currently operates in roughly all 50 U.S. states, the District of Columbia, nine Canadian provinces, Mexico, Puerto Rico, as well as most recently two sourcing offices that were opened in China. The Home Depot family of companies includes the Home Depot proper, which we call back at the home office "The Orange Box," in addition to our EXPO design centers and The Home Depot Supply.

Over the years it's become very clear to us that one of our competitive advantages is that of our associates, and in particular its diversity of thought and cultural background that they bring. We really fundamentally believe that to build a workforce that reflects its community is the key to success. We also believe that diversity is the catalyst for innovative thinking, entrepreneurial spirit, and also for ways of building our communities.

As a sign of our commitment, The Home Depot has joined forces starting back in 2002 with a number of national nonprofit and government agencies to develop key hiring partnerships. Just to name a few today, we have launched hiring partnerships with the following organizations and/or agencies, including, but not limited to: The Department of Labor, the AARP, the Department of Defense, Labor and Veterans Affairs, and four of the nation's leading nonprofit Hispanic associations, which include ASPIRA; HACU, the Hispanic Association of Colleges and Universities; the National Council of La Raza, and obviously SER—Jobs for Progress National. These partnerships allow us to not only reach out to the communities, but also provide us with a broad range of qualified candidates with diverse backgrounds, and they also provide a unique pipeline for us that will aid us in hiring the nearly 20,000 net new jobs we will create in fiscal year 2006.

And today I am particularly excited to talk about the hiring partnership with SER—Jobs for Progress National. It was launched back in February 2005 in approximately 40 markets. The scope of the partnership is fairly large, including more than 60 SER affiliates in five states, each of which are operating One Stops. As many of you know, One Stops today offer services not only to employers, but then also services to their job seekers, providing skill sets and training regarding job matching, career counseling, and et cetera.

The success of the hiring partnership to date has enabled us to develop an active workforce of qualified associates with diverse backgrounds, but that is only one aspect of the partnership. An equally as impressive aspect of the partnership is SER operating as a SCSEP grantee of the U.S. Department of Labor, which affords us the opportunity to leverage the 26 SCSEP sites that currently exist through SER in 16 states.

At each of these offices, the SER staff provide candidates who have an interest in applying online with hands-on training. They also provide them with the option to go to our Home Depot stores where they can apply via the kiosks, and then they also have the opportunity to apply out of their homes. The partnership also brings both SER and The Home Depot the opportunity to provide

jobs on each of our web sites as well as provide promotional materials that are available to each of the candidates.

We have had a number of successes through SCSEP, and I will share with you one in particular that I think you will find interesting. The SER affiliate in Cleveland has developed a customized program with a nearby Home Depot store there, and, in essence, a co-partnership led to the job preparation curriculum that provides each of the interested candidates with clear instructions for how to apply and ensuring they have the skill sets available. This particular partnership and the development, co-development of this curriculum, has been so successful that efforts are currently being made to expand and replicate the program statewide first, and potentially nationwide.

The partnership is not only important in terms of increasing our ability to reflect our community, but it provides us with the ability to provide regular unsubsidized employment opportunities to many SCSEP participants, thus allowing us to mirror the changing U.S. demographics. A number of our panelists have already mentioned some of the 2000 census statistics, which include numbers such as the current population of 281 million people in the U.S., of which 12 percent, some 35 million people, are 65 years of age or older, and the projection that by 2030, 20 percent of all Americans will have passed their 65th birthday, representing 70 million people.

At The Home Depot, we believe knowledge, experience and passion never retires. We fundamentally know that mature workforce brings honed talent, sound judgment and solid experience. We will also know from our customers who have said on numerous occasions that senior workers for us has been very knowledgeable and customer-service oriented. Our research also points to the fact that the retention rate for those in the 50-plus sector is very strong; in fact, higher than the retail norms.

Given the success of the SER hiring partnership in the first six months, we recently agreed to a partnership expansion back in October 2005 involving the participation in SER's 502(e) project, which is a federally funded Older Worker Employment Training Program. This program allows the provision of technical skills training in preparation for unsubsidized employment in the private sector and targets high growth industry, thus The Home Depot interest in being a partner from the retail industry.

The initial 502(e) markets include six geographies, three of which are located in Texas; that being San Antonio, Houston, Fort Worth; and then also Miami, Cleveland, and Los Angeles. In each of these locations, there are roughly 23 participants who receive a two week pre-employment training, roughly 80 hours in total of training, and, of those numbers, we will totally have about 140 total applicants who are currently part of this program applying for jobs at The Home Depot today for opportunities not limited to but including Lot Associates, Cashiers, Sales Associates, Sales Specialists and Management positions.

In conclusion, we fundamentally believe a partnership with SER and a number of our existing hiring partners provides us with a competitive advantage, a highly qualified and diverse workforce. We also are honored to enable for the ongoing regular and unsubsidized employment of our SCSEP participants, and also are very

proud to be an active proponent of lifelong retooling and upgrading of the nation's workforce.

Thank you.

[The statement of Mr. Sullivan follows:]

Prepared Statement of Marlon Sullivan, Senior Director of Staffing, the Home Depot

Mr. Chairman and Members of the Subcommittee, I am pleased to have the opportunity to testify before you today and represent The Home Depot, Inc. My name is Marlon Sullivan, and I am the Senior Director of Staffing for the Home Depot. In this capacity, I oversee enterprise-wide staffing operations, encompassing all domestic and international retail stores, distribution centers, call centers, and the US based Home Depot headquarters, also known as the Store Support Center. My team's responsibilities include policy design, practices development, operational improvement, technological innovations, strategic workforce planning, field implementation, and strategy development for the Staffing function.

The Home Depot, founded in 1978 in Atlanta, Georgia, is the world's #1 home improvement retailer, operating more than 2,000 stores across North America. Today, Home Depot is a Fortune 13 company, which caters to both do-it-yourselfers and professional customers who serve the home improvement, construction and building maintenance market segments. The Home Depot currently operates in 50 U.S. states and in the District of Columbia, nine Canadian provinces, Mexico, and Puerto Rico as well as two sourcing offices in China. The Home Depot family of companies includes The Home Depot, EXPO Design Centers and The Home Depot Supply.

Over the years it has become clear that one of our key competitive advantages is our associates and the diversity of thought and cultural background they bring to the workplace. That withstanding, the Home Depot seeks to build a workforce that reflects its communities. We believe that diversity is the catalyst for innovative thinking, entrepreneurial spirit and new ways of building our communities. We are convinced the greater the diversity of our people, the greater our ability to serve our customers and communities.

As a sign of our commitment, The Home Depot has joined forces with national nonprofits and government agencies to develop key hiring initiatives. To date, The Home Depot has hiring partnerships with the following organizations and agencies: Department of Labor, the AARP, the Department of Defense, Labor and Veterans Affairs, and four of the nation's leading non-profit Hispanic organizations, including the ASPIRA Association, the Hispanic Association of Colleges and Universities (HACU), the National Council of La Raza (NCLR), and SER—Jobs for Progress National. These partnerships allow us to reach out to the communities in which we operate, and provide our company with a broad range of qualified candidates with diverse backgrounds. In addition, these hiring partnerships provide The Home Depot with a unique pipeline to assist the company in its hiring for the nearly 20,000 net new jobs it will create in 2006.

Today I am here today to talk about our hiring partnership with SER—Jobs for Progress National, which was launched in February 2005 in approximately 40 markets. The scope of the hiring partnership is very board, as it includes more than 60 SER affiliate One Stops nationwide. The success of the hiring partnership to date has enabled us to develop an active workforce of qualified associates with diverse backgrounds.

As a Senior Community Service Employment Program (SCSEP) grantee of the US Department of Labor, SER's partnership also affords us the use of its 26 SCSEP project sites in 16 states. This aspect of the hiring partnership enables us to provide regular, unsubsidized employment opportunities to many SCSEP participants, thus building an employment base that mirrors the changing US demographics.

According to the 2000 census, the U.S. population is more than 281 million. Of that, the 65 and older population makes up about 12% of our country's citizens, roughly 35 million people. In essence, Baby Boomers are maturing at twice the rate of the rest of the population. In fact, demographic projections show that by 2030, that population will more than double, with 20% of all Americans, or about 70 million people, having passed their 65th birthday.

At The Home Depot, we believe knowledge, experience and passion never retires. We know that a mature workforce brings with it honed talent, sound judgment and solid experience—precisely the skills and attributes we value in our talent pool. Our research indicates that our customers feel that mature workers are very knowledgeable and customer-service oriented. It also points to the fact that the retention rate with the 50+ sector is very strong—higher than the retail norms.

Given the success of the SER hiring partnership in its first 6 months, The Home Depot agreed to a partnership expansion in October of 2005 involving participation in SER's "502(e)" project, a federally funded older worker employment training program. The initial 502(e) markets include: San Antonio, Houston, Fort Worth, Miami, Cleveland and Los Angeles. As part of SER National's 502(e) On the Job Training Program (OJT), 23 participants in each of the 6 markets underwent 2 weeks of pre-employment training. The 80 hours of training included skills such as computer basics, customer service, interview best practices and preparing for the Home Depot application. Having recently completed training, the 138 total applicants are currently applying on line for Home Depot opportunities, which include but are not limited to Lot Associate, Cashier, Sales Associate and Sales Specialist.

In conclusion, the success of the hiring partnership with SER—Jobs for Hire National enables Home Depot to enhance its competitive advantage by developing a highly qualified, diverse workforce. In turn, we are able to provide regular, unsubsidized employment opportunities to many SCSEP participants. Meanwhile, the recent expansion of the SER hiring partnership to include the 502 (e) OJT further empowers the Home Depot to positively impact our communities by playing an active role in promoting lifelong retooling and upgrading of the nation's workforce.

Chairman TIBERI. Thank you.

Mr. Perez?

STATEMENT OF JOSE T. PEREZ, EXECUTIVE DIRECTOR, SENIOR COMMUNITY OUTREACH SERVICES, INC.

Mr. PEREZ. Good morning. I want to thank the Committee Chairman, Congressman Tiberi, and Congressman Ruben Hinojosa for allowing me this opportunity to testify before the House Subcommittee on Select Education.

My name is Jose Perez, Executive Director of Senior Community Outreach from Alamo. I also serve as vice president of the National Association For Senior Companion Project Directors, and I also served as a delegate for the 2005 White House Conference on Aging.

Senior Community Outreach Services is a nonprofit organization whose mission statement is to establish a comprehensive system of community services that would respond to the talent and everyday needs of older persons and to see senior citizens of our community have the opportunity to live independently, meaningful and dignified lives in their own home and community.

People are living longer, and the family support system they once counted on to help them as they age is not always there now. Families live miles apart due to economics, while adult daughters, who were the primary source of care for elderly parents, are now working to support their immediate families. However, care is still needed for a much longer time than before, due to the increasing longevity of today's seniors. The answer for some of these long-term care needs can be provided by in-home service provider agencies and the utilization of volunteers.

For the elderly, the absence of in-home support care often makes a difference between living independently at home or premature placement in a care facility, and may place their family caregiver at significant risk of being overextended, take a toll on family earnings, workplace productivity, and the loss of quality of family life.

The Senior Companion—I work for the Senior Companion Program, which is a wonderful and compassionate program. The Senior Companion Program currently administered through the Corporation for National and Community Service has been serviced in

the Rio Grande Valley for the past 30 years. Congress established the Senior Companion Program in 1973 to utilize low income volunteers to serve and provide assistance to home-bound elderly and enable them to continue living independently as long as possible. At the same time, the program offered healthy seniors age 60 and older the opportunity to serve their community by volunteering.

Today, the Senior Companion Program has 16,000 volunteers, providing over 15 million hours of service to 80,000 clients, over 227 projects across the country and Puerto Rico. Senior companions serve 20 hours per week and receive a small tax-free stipend which, by law, does not affect any other benefits they may be receiving. Companions also receive liability insurance, a meal, and travel allowance while in service.

Services of the Senior Companion Program are flexible enough to meet the needs of the older person. For example, a senior companion through a care plan can provide assistance in personal care, meaning dressing, grooming, bathing, toiletry and exercising, or provide assistance in home management, preparing a meal, light house keeping, escort service, shopping, tidying, dusting and cleaning, provide protective services, oversee and overlooking or looking in on a individual's physical or mental well-being, seeing that there's no abuse or neglect of those elderly living alone, providing information or referrals or arrange services from the community, respite care services for family caregivers by providing relief from the constant demands of ongoing caring, provide an opportunity to take a well-deserved nap, bathe, or go shopping or just take a short vacation.

The cost of having a Senior Companion Program volunteer in the Rio Grande Valley is 5,475 per year. We have 110 volunteers servicing the Rio Grande Valley. These companions service 330 clients, for a total of 114,840 hours. The total of the project cost is 602,250 per year. This same service outside the program, there's an estimated cost of 1,952,280 per year.

The Senior Companion Program has demonstrated the cost effectiveness of providing in-home care support services to the family caring for loved ones at home and to frail, isolated elderlies striving to maintain independence. In anticipation of the baby boomer population coupled with the current growth of elderly already in need of support services, to continue to live independently, the expansion of the Senior Companion Program and other volunteer-modeled programs is imperative.

My recommendation is the funds should be made available to programs that engage senior volunteers to serve as support resource to frail older persons still living at home. In doing so, we can prevent early institutionalization and save the government and families the expensive of institutional care. One idea is to amend the Title 3(e) of the Older Americans Act Family Caregiver Support Program to establish subprograms of volunteer organizations to conduct family caregiver activities in order to promote independent living and the lay institutional placement for older individuals through the use of volunteers, including low income volunteers. Grants should be awarded on a competitive basis to use and employ the use of volunteers to help older persons requiring long-term care.

Also, my recommendation is to encourage, enable and facilitate collaboration and partnerships among national, state and local organizations of government that currently provide volunteer and paid work opportunities for people of retirement age, in terms of retirement age from all economic backgrounds, and to generate more resources to support elders as volunteers and to attract baby boomers by expanding and realigning their portfolio to include more informal time limit, episodic and project-based volunteer service opportunities, as well as full-time, part-time and episodic pay work opportunities, especially in the area of community services, intergenerational involvement, independent living and long-term care.

Another recommendation is to combat ageism by encouraging the federal government to provide education and public awareness that emphasizes elders as givers of service instead of consumers of service, to publicize the positive contribution older adults make to their community every day, and that focuses on the value of volunteering for people's well-being, physical and mental health, independence and self-esteem.

The 2005 White House Conference on Aging delegates voted and made recommendations on the top ten resolutions, and reauthorizing the Older Americans Act was number one.

The second was to develop a coordinated, comprehensive long-term care strategy by supporting public and private sector initiatives that address financing, choice, quality service delivery and the paid and unpaid work force.

Thank you for this opportunity.

[The statement of Mr. Perez follows:]

Prepared Statement of Jose Perez, Executive Director, Senior Community Outreach Services, Inc.

Good Morning Ladies and Gentlemen, I want to thank the committee Chairman Congressman Patrick Tiberi and Congressman Ruben Hinojosa for allowing me this opportunity to testify before the subcommittee on Select Education.

Today, I am going to testify on the services provided by Senior Community Outreach Services; Specifically, the Senior Companion Program with the hope of making recommendations to the committee on how to strengthen communities and improve programs and services for seniors.

My name is Jose T. Perez, Executive Director of Senior Community Outreach Services, Inc. We are a non-profit organization whose mission statement is to establish a comprehensive system of community services that would respond to the talents and every day needs of the older person and to see all senior citizens of our community have the opportunity to live independent, meaningful, and dignified lives in their own homes and community.

Statement

People are living longer, yet the family support system they once counted on to help them as they age is not always there now. Families live miles apart due to economics, while adult daughters who were the primary source of care for elderly parents are now working to support there immediate families, However care is still needed and for a much longer time than before due to the increasing longevity of today's seniors. The answer for some of these long-term care needs can be provided by in-home service agencies and the utilization of volunteers through the Senior Companion Program.

There is a growing need for long term care and independent living services for the aged and infirm older persons. It is estimated that 80% of the care given to the frail older person comes from informal sources such as, relatives or friends who assumes the burden of providing around the clock care. According to the U.S. censes, by 2020 the 65+ population will increase from 33 million or 12.7% to 53 million.

Substantial portions of the elderly, especially the very old, requires assistance with necessary daily activities such as dressing, bathing, shopping, or meal preparation. Most frail older persons currently living in the community rely primarily on family members and friends for personal care, household assistance, transportation, help with medications and emotional support. At present, there are more than 11 million health impaired Americans who experience difficulty in performing activities of daily living, 5 million or 50% are elderly, while the remainder are the severely disabled and children. For these individuals institutionalization can be avoided only by having some source of support for their personal care. Because family caregivers undergo great sacrifice, studies have shown that a breakdown in the physical and/or emotional health of a caregiver can precipitate institutionalization for the impaired individual.

For the elderly the absence of in-home support care often makes the difference between living independently at home or premature placement into a care facility and/or may place the family caregiver in significant risk of being over extended, taking toll on family earnings, workplace productivity, and the lose of quality of family life.

Senior Companion Program

The Senior Companion Program currently administered through the Corporation for National and Community Service has been servicing the Rio Grande Valley for the past 30 years. Congress established the Senior Companion Program in 1973 to utilize low-income volunteers to serve and provide assistance to homebound elderly, and enable them to continue living independently as long as possible. At the same time, the program offers healthy seniors age 60 and older the opportunity to serve their community by volunteering. Today in 2006 the Senior Companion Program has over 16,000 volunteers providing over 15,000,000 hours of service to over 80,000 clients in over 221 projects across the country and in Puerto Rico.

Senior Companions serve 20 hours per week and receive a small tax-free stipend, which by law does not affect any of the benefits they may be receiving. Companions also receive liability insurance, a meal, and travel allowance while in service.

Services Senior Companion Program are flexible enough to meet the needs of the a signed orlder person for example:

1. Provide assistance in personal care; dressing, grooming, bathing, toiletry, and exercising
2. Provide assisstance in home management, preparing meals, light house keeping, escort services, shopping, tidying, dusting, cleaning, washing dishes, sweeping, laundering and more.
3. Providing protective services, over seeing or looking in on the individual's mental and physical well being. Seeing that there is no abuse or neglect of those elderly living along.
4. Provide information and referral or arrange services from the community, such as, arranging transportation to the doctor or shopping, food stamps, etc.
5. Respite care services for family caregivers by provide relief from the constant demands of ongoing caring. Provide an opportunity to take a well deserve nap, bath, go shopping, or just take a short vacation.

The Alliance on aging research estimates that annually, the United States spends $27 billion more in health care cost for seniors who lose their ability to live independently than if they had maintained their ability to live on their own.

The Senior Companion Program is the most compassionate Program ever put out by the federal government, it is cost effective and it is a program where every body wins. The client wins because they have someone taking care of their needs, the family wins because they do not have to worry anymore for their love one is being care for, and the tax payers do not have pay for their care in an expensive facility, and the volunteer wins because of the opportunity to help someone in need and rip the rewards of appreciation of the clients.

The cost of having a Senior Companion volunteer is $5,475 here in the Rio Grande Valley we have 110 volunteers in service. These Senior Companion services 330 Clients for a total of 114,840 hours per year. The total for this project is $ 602,250 per year. This same service provided by a for profit business is estimated to be at a cost of $1,952,280 per year.

Seniors as volunteers are a viable and untapped resource with 77 million baby boomers ready to retire, an abundance of seniors will be ready to volunteer if asked.

The Senior Companion Program has demonstrated the cost effectiveness of providing in-home care support services to the families caring for loved ones at home and to the frail isolated elderly striving to maintain independence. In anticipation of the baby boom population, coupled with the current growth of the elderly already

in need of supportive services to continue to live independently, the expansion of the Senior Companion Program and other volunteer model programs is imperative.

Recommendation

More Federal Agency Collaboration

Funds should be made available to programs that engage senior volunteers to serve as a support resource to frail older persons still living at home. In doing so, we can prevent early institutionalization and save the government and families the expense of institutional care.

One idea is to amend the Title III-E of the Older American Act/Family Caregiver Program to establish subprograms of volunteer organizations to conduct family caregiver activities in order to promote independent living and delay institutional placement for older individuals through the use of volunteers, including low income volunteers. Grants can be awarded on a competitive basis to use and employ the use of volunteers to help older persons requiring long-term care, including those receiving home health care and nursing care. (Justification and recommendations are attached as provided by the National Association for Senior Companion Project Directors NASCPD)

Encourage, enable, and facilitate, collaborations and partnerships among national, state and local organizations that currently provide volunteer and paid work opportunities for people of retirement age from all economic backgrounds to generate more resources to support elders as volunteers and to attract Baby Boomers by expanding and re-aligning their portfolios to include more informal, time-limited, episodic and project-based volunteer service opportunities as well as full-time, part-time, and episodic paid work opportunities, especially in the areas of community services, intergenerational involvement, independent living and long term care.

Combat ageism by encouraging the Federal Government to provide education and public awareness that emphasizes elders as givers of services instead of consumers of services, that publicizes the positive contributions older adults make to their community every day, and that focuses on the value of volunteering for people's well-being, physical and mental health, independence, and self esteem

Again, Thank you for this great opportunity.

Chairman TIBERI. Thank you, Mr. Perez.

I'm going to ask one question. I would like to remind everybody that your entire testimony is going to be submitted in the record. I'm going to ask one question and then I will turn it over to my colleague, Mr. Hinojosa.

Mr. Urban, I read in fact everybody's testimony on the plane ride down here, so thank you very much for your time in preparing the testimony. But something struck me in your testimony that I would like you to expand on a little bit.

In your written testimony, you talked or you wrote a little bit about several initiatives that Texas undertook to modernize delivery of your Aging Network, and a couple of them kind of stuck out, and I want you to just touch on those. One was your Consumer-Directed Care Initiative that you wrote about. Another one was Money Following the Person. Can you touch on those two a little bit and how they've worked in Texas?

Mr. URBAN. Gladly, and I'll start first with consumer-directed services.

A number of states have implemented, and I think Arkansas is perhaps the most famous, what are known as Cash and Counseling Programs to improve, particularly in their Medicaid waiver programs, how individuals are empowered to make more choices and have more control over the services that they receive. We implemented a program that was similar in concept in Texas, in fact we got a Real Choice Grant to look at a Service Responsibility Option, is what we call it, model for helping empower consumers or clients to direct how their services go. So we have done that through our

Medicaid programs, we've also done that in our Aging Network programs.

When the National Family Caregiver Support Program was funded in Texas, in a number of our rural communities in particular, there are not that many providers, which my written testimony talks a little bit more about. And so we're striving to figure out how to empower these consumers to help, A, find providers to help them with services such as respite, and one of the ways we were able to do that is through the voucher program in which we were able to give the client the cash to go out and recruit and hire and control their own provider of respite services to help them meet the needs of the person that they are providing care-giving to.

In terms of Money Follows the Person, Texas was the first state to implement such a program, and it actually came through a rider to the appropriations bill in our legislative process, I think probably three sessions ago, and the basic concept was, when an individual is in an institution but could be served in a community, to take the individual when they transition from the institution back to the community and have that money from the institutional side of the budget follow the person to the community to ensure that there is funding in the community for the individual.

About the same time that we adopted that rider to our appropriations bill, we implemented our Promoting Independence Plan, and our Promoting Independence Plan was directly in response to the Olmstead Supreme Court case. And so we had this very focused, focused initiative at the state level to try to reach into institutions and those individuals that would prefer services in the community to give them the support, services, and the transition assistance that they need in the community. So we would fill in the gaps with housing, the Aging Network would come in with supportive services that they might need in the transition period, the ombudsman would work with the individual along with other transition specialists to help move the individual to the community, and then, if they're a Medicaid client, that money follows them into the community so we ensured that there were slots in the waiver programs for the individual.

Chairman TIBERI. How does that work? How are seniors responding.

Mr. URBAN. We have moved over 10,000 people out of institutions into the community across our state, and while it is often the case that the younger disabled community stakeholders and advocates are pushing very strongly for deinstitutionalization, what we have found in Texas is that many, many people that are over the age of 60 have made the move from the institution, from the nursing facility in particular, back into the community.

So we applaud what Congress has done in the most recent Deficit Reduction Act to put in a very specific Money Follows the Person program. We think that we have learned a lot in Texas about how that works with our experience to do that, and we look forward to enhancing our efforts with the additional funding that will be available through the DRA.

Chairman TIBERI. I will have someone from Ohio call you.

Mr. URBAN. Please do so.

Chairman TIBERI. Thank you.

Mr. URBAN. And I will direct them to the person that can really help them with that particular program, as well.

Chairman TIBERI. Great. Thank you.

Mr. Hinojosa.

Mr. HINOJOSA. Thank you, Mr. Chairman.

I have questions for each of the panelists, and I'm going to start with the last presenter, Mr. Perez.

My question was, it begs the question when I heard you say that the cost of having a senior volunteer is a little over $5,000 here in South Texas, and that we have 110 volunteers in service. You further said that the senior companion service is 330 clients for a total of 114,840 hours, cost of about $600,000 per year, and that the same service provided by a for-profit business would cost 2 million dollars.

It reminds me of a hearing that we had in Mission, Texas, three weeks ago with 50 farmers who farm in the dry land up around McCook, just north of Edinburg, and they were showing us that if they planted their seed, that there was—because of the drought, there was little probability of it actually taking root and yielding what they were expecting from their sorghum crop, and their accountants were able to show us that by not planting this year, they would save the government some $500 million in agriculture for those that were suffering from the drought in the State of Texas.

What I hear you say is that if we expanded our senior companion volunteer here in Texas it would save the government right here one and a half million dollars.

It also reminds me of the impact that NAFTA had when this area displaced approximately 7,500 garment workers when they closed down Levis, Haggars, Fruit of the Loom, Dickies, and many of these garment workers had worked there for 20 years or longer, and trying to give them retraining has not been very successful with those with the lowest level of education. It seems to me that a program like this could help those displaced workers and that many, because of their age, would be wonderful senior companion volunteers, and $100 a week, $5,000 a year would be a win-win situation for those families and for the elderly who need this type of assistance.

So I want to ask you, Mr. Perez, possibly you and your organization can counsel us as to how much more we should request from our appropriations committee in this very tight budget environment. Do you have any suggestions.

Mr. PEREZ. We had our meeting last week at the National Association for Senior Companion Project Directors Staff, and we came up with a number——

Mr. HINOJOSA. Can you put the speaker closer to you, so folks can hear you in the back? Thank you.

Mr. PEREZ. Okay. I just came back from a meeting with the National Association for Senior Companion Project Directors, and considering the deficit that this country is in, we are asking for $10 million for 2007, and that is just to expand it and keep up with a portion of the growth of the needs here in the Valley and elsewhere in the nation.

Mr. HINOJOSA. Thank you.

Dr. Armando Dominguez, I congratulate you and the Valley for establishing the Center on Aging and Health. Now more than ever we need the teaching and research that those efforts have provided.

Did the project on training, the 60 Valley seniors you mentioned in your statement training in computer literacy, include any of the senior-to-senior partnerships you mentioned.

Mr. DOMINGUEZ. Not at that time. We took computers from the university warehouse surplus, refurbished them a little bit, placed them in senior centers throughout the three-county area, and there was a bit of that at the beginning. I can tell you that subsequently at one of the centers I get feedback of the strength of having computers hooked up to the Internet in these senior centers. There is an individual who walks up to me each time to thank me for that process, and she says that by going on the Internet she was able to help her son find medical help way out at the Mayo Clinic, because they're from up north, and that she did it by going on the Internet, something she was afraid of. She had fear of computers, which we experience area-wide. And then she says a year later she used the computer yet one more time and was able to save herself money for auto insurance.

And in this way, we see the beginning. We see how, and we come to then the conclusion that, indeed, by placing the computers at the senior, centers we see the beginning of this process where now she is able to help those less informed in this process, and thus we get this notion of growing this concept, of partnering between old and old; those who are capable and literate, help those who are less literate, especially with low health literacy.

There is a great deal of information in Spanish about health care that was not available five years ago.

Mr. HINOJOSA. Well, I can relate to that story, because I have a relative who is in his middle 70s, and he was diagnosed with leukemia. He is a cancer survivor, and he didn't know how to use the computer. And about, I guess, eight years ago one of his children bought a computer for him, and they worked with him, and he says that as a result of that he's been able to research all of the best hospitals in the country—MD Anderson, where he has already been to once, and the Mayo Clinic and others—and found everything he possibly can researching on leukemia, and your story is something that is very, very true, if we could just make the tools available and some assistance.

I want to ask you one other question. With my experience on financial services, I work a great deal on financial literacy education programs. I was interested in your comments of trying to establish health literacy for seniors. Could you elaborate more on that idea?

Mr. DOMINGUEZ. Certainly. Another research project we conducted had to do with nutrition and education for those with low health literacy. That came about and was conducted in the primary language of many of us. At home, we speak Spanish. So we conducted these series of health education classes.

Each class had a specific topic that was linked to a specific menu dealing with that health topic. And this time of the year, as you know through our little breakfast this morning, we also include nopalitos. Nopalitos are the baby cactus leaf that is included—it's

in season right now, but in particular in our culture, it is a cultural identity food item for Lent.

So the project was linked with school public health at the University Autonoma de Monterrey. The students came in and conducted these health studies, health topics. One of the topics this time of year was a juice made with the cactus and grapefruit and pineapple. To the day, they still ask me about the possibility of continuing that particular research project, and they ask about that particular menu. "Do you remember the portions I tried," and et cetera.

Again, from our research, we see here the potential for improving health literacy in this model that turned out to be a best practice model that was evaluated out of a research outfit out of Washington. They found us on the Internet, called us up, and they ranked us number two in the country for this type of activity. It's called the Academy for Educational Development out of Washington, D.C., who was at that point under contract with the USDA. And here in our research we find the best practice model for improving health literacy among those that are not quite as fluent in English.

Mr. HINOJOSA. Thank you for sharing those thoughts. After this is over, I would like to maybe visit with you on how in the last year we've created a caucus on the Financial Literacy Education Program that now has 67 members of Congress.

Chairman TIBERI. Including me.

Mr. HINOJOSA. Including our Chairman.

Chairman TIBERI. That's where you're going with this.

Mr. HINOJOSA. And I can tell you that it's moving so rapidly because of the number of banks and federal agencies—actually, they're not federal agencies; they're federally-sponsored agencies like Freddie Mac and Fannie Mae. It's really, really moving forward, so I want to discuss this with you, because maybe the Chairman and I could start health caucus in Washington, and I would like to back to the Chairman so that he can ask some more questions.

Mr. DOMINGUEZ. We welcome the opportunity.

Chairman TIBERI. Thank you.

Mr. Sullivan, let me ask you a question that you've probably been asked before. What can we do to encourage more employers to hire and retain older workers? Much as you have been a leader, Home Depot has been a leader in that; what can we do to encourage others to follow your lead?

Mr. SULLIVAN. I think there are a couple of things. The first is what you guys have done today I think is a very important step, which is to be able to document in the public record the successes that a hiring partnership with a nonprofit and a for-profit can have, not just for both of those entities, but, more importantly, for the community, as well.

I think the second is giving some thought potentially to the creation of a corporate council which sits with government to talk about the changes in U.S. demographics that is visible in the 2000 census. Inevitably, corporate leaders either now or later will realize that these demographics will ultimately change their customer base, will change how their operating their business, and if their

employee base doesn't mirror the community, they're going to be at a competitive disadvantage. Having those conversations, again, in an open forum with the data I think will also start to overcome some of the hesitancy that some of the corporations are having in making that change.

I think, thirdly, there are things that corporations can do, like The Home Depot. Recently I presented at a functional presentation, nationwide HR conference, and talked about the hiring partnership. The responses that I received after that were phenomenal. Many of the folks within retail, even those that are not in retail, were very, very interested, and we were excited to be able to share the lists of the partners we currently have and encourage our peers to get involved, whether it be SER or any other hiring partner, to get involved.

So those are just a few that we thought through.

Chairman TIBERI. Thank you. Thank you for your input.

Mr. Dominguez, obviously a lot of people in this room agree that disease prevention is preferable to disease treatment, whether it be physical activity, whether it be healthy nutrition, whether it be training someone on a computer.

I think of my own mother and father, both of whom were immigrants to America, both self-taught. Both my parents now use the computer, both self-taught on the computer, and that's one of the good things they've done, but for my mother to try to get my father out of the house for physical activity is, well, you might as well forget it.

How do we as a society try to encourage seniors to break, in many cases, a lifelong habit of not doing things right? Whether it be eating right, whether it be lack of physical activity, what do we do to solve that dilemma?

Mr. DOMINGUEZ. Behavior modification is, indeed, very troublesome. The way that we did it was, in its research, is adding a parenthetical phrase to a sentence, so it's very small steps. One of the techniques that we utilized for increasing water intake that proved to be successful was for the individual to label a container with his or her name and pour, in the morning, the amount of water that is prescribed; five glasses of water. And, again, through research we see the benefits when we go into the senior centers and they say, "Oh, I still remember and I still have my jar with my name on it. I tell my children not to drink from it." That way, at the end of the day we don't say, "Well, was it three or was that four glasses that I had?" We know the amount that that individual consumed.

And, as you point out, women are the caregivers primarily, the caretakers in the family. So through our training, through our research and these classes that we have, it was the women, and then they would invite the husband.

"But look, it's so simple." And then the exercises that we did were designed through our kinesiology department for an aging population, exercise and plays with the stretch band, and we have a video of that. So when they see their image projected as part of what we consider best practices, then the husband wants to come in for the next taping to be part of that.

Chairman TIBERI. Thank you.

Mr. Hinojosa.

Mr. HINOJOSA. Mr. Sullivan, I'm so glad that you came, because I want to share a story with you.

About a month ago, maybe six weeks ago, I broke bread with the president of Home Depot in Atlanta, Georgia. We were having a Congressional Hispanic Caucus Institute Retreat, and he agreed to have breakfast with us, and I happened to sit next to him, and I heard some stories of how Home Depot is partnering, as in your presentation, as it applies to health. But I like the fact that you-all are involving folks 50, 55 years and older in ways that are innovative and very, very helpful that could help us continue to drive the unemployment rate down in this region where we've experienced for over 30 years double digit unemployment.

So I mentioned to him that we have a region called the Delta, and that we, with the help of the Department of Commerce, Secretary Gutierrez gave us money to write a strategic plan for the Delta Revitalization Project. They had a 15 percent unemployment, so you can understand my concern as their Congressman. And they agreed to look at what I presented and ask for assistance, and I need a follow-up.

Maybe you would be the ambassador for the Delta Region, an area that has great potential.

I want to tell you that some of my friends in Congress wanted to know if Edcouch-Elsa was a private high school, and I said, "Well, how come you're asking?" He says, "Well, we've heard of all these high school graduates that are at Yale, at Harvard, at Stanford, at Princeton, at Boston College"——

Chairman TIBERI. Ohio State.

[Laughter.]

Mr. HINOJOSA.—in international studies. And I laughed, and I said, "It is the second poorest school district in the whole State of Texas out of 1,050 school districts."

So there is great potential, but a brain drain. They go and they get recruited by big corporations.

So after this program is over, I would like to sit down with you and see if we can have a follow-up of that meeting with the President and see if maybe we can involve Home Depot in a project that now has the support of Secretary Gutierrez, who will be here in the Delta Region, I believe April the 21st. And every one of the successful projects that I have been involved in that are regional in scope always involve corporate partners. The Boy's Club, what we call the high school magnet or the magnet high school program we have here on allied health, the community college, University of Texas, HESTEC, others, all have corporate partners, and I would like to invite Home Depot to help us in this one so that we can drive the unemployment to look like the rest of Hidalgo County, which is 6 percent.

Mr. SULLIVAN. We would be—well, first, I guess we pride ourselves in being a forerunner, and we love challenges, and this is one that I think we will be more than happy to explore with you and work through.

Mr. HINOJOSA. Well, we have the seed money. We have the seed money to launch it. We just need to start off with some strong partner like you, Home Depot. And, believe me, we're going to incorporate home health and the programs that we have been hearing

from the presenters, because that's an area that has many displaced farm workers, and it has many displaced garment workers.

Mr. SULLIVAN. We're very excited to explore those, would be more than happy to do so.

Mr. HINOJOSA. Wonderful. I would welcome your help.

And the last part here I wanted to ask is, the program you mentioned has the 80-hour on-the-job training, and I would ask, is this period sufficient or do you provide some follow-up training? I believe that's what I heard you say in your presentation.

Mr. SULLIVAN. Uh-huh. The training is actually conducted by SER as part of the 502(e) project, and it is a total of 80 hours. What's most impressive about the 80 hours is there is a portion of it that's focused on technology training, so getting our seniors up to speed on being more comfortable with the Internet, understanding how to work through the application process and applying online. And typically what we do is once our associate is on board, we will do more than a million hours of learning and training within The Home Depot.

So, absolutely, when they're on board, we're training them in the department that we brought them into. So we have what's called "Before the Apron" which is kind of the fundamentals of the trade, but then based on their performance we also go into very specifics so they can develop an expertise, increase their compensation overall and add more value to their community.

Mr. HINOJOSA. That's interesting. Approximately what would be the estimate that you-all spend per trainee.

Mr. SULLIVAN. That, I don't know, unfortunately. It is significant investment, though. We have about 345,000 associates in total, and I do know that we will generate about a million hours in learning, so the quick math is that's a significant amount of learning per associate that we're bringing on.

Mr. HINOJOSA. I wouldn't be surprised if you-all are spending over $1,000 per trainee, and that is very significant.

I find that this hearing has been very interesting, because each one of you has brought forward some information that we want to see how we can incorporate into the reauthorization that's coming up.

I also want to take this opportunity to recognize and thank a few people who have volunteered to submit written testimony that the Chairman and I can take back to Washington. I want to acknowledge Rachanna Rodriguez, who is with the Family Caregiver Program, as well as Joe Gonzalez of the Area Agency on Aging.

[The statement of Mr. Gonzalez follows:]

Prepared Statement of Joe Gonzalez, Director, Area Agency on Aging of the Lower Rio Grande Valley

Reauthorize the OAA—Care and Prepare for an Aging America

Since it was enacted in 1965, the Older Americans Act (OAA) has served as the legislative vehicle and guiding force behind efforts to help older Americans age in their homes and communities safely and with maximum dignity and independence for as long as possible. As the baby boom generation ages, ensuring that the necessary supports are in place to promote healthy and productive aging has never been more important.

The OAA offers an extensive range of options for older adults, including, but not limited to homecare services, transportation, ombudsman, case management, advo-

cacy and assistance. The breadth and depth of OAA programs and services provide essential support to older adults who wish to age in place.

One of the reasons the OAA is so successful is that it is based on an effective and efficient system—the national Aging Network—which serves as the infrastructure for aging service delivery at the federal, state and local level. The OAA binds together all 650 Area Agencies on Aging (AAAs) and 240 Title VI Native American aging programs across the country, providing a support structure for planning, service coordination, oversight, and advocacy on programs and services that reach more than eight million older Americans every year. AAAs serve as the focal point at the community level to link seniors and their family caregivers to a myriad of services.

AAAs serve as a single point of entry for the complex and fragmented range of home and community-based services for older adults and their caregivers, including congregate and home-delivered meals, other in-home services for the vulnerable seniors (such as personal care and chore services), elder abuse prevention and protections, the nursing home ombudsman program, senior centers, transportation, consumer information, education and counseling and senior employment.

AAAs and Title VI agencies leverage federal dollars with other federal, state, local and private funds to meet the needs and provide a better quality of life for millions of older adults. According to a quote from the Administration on Aging: "In FY 2003 state and local communities leveraged approximately $2 from other sources for every $1 of federal funding; for intensive in-home services, the ratio was closer to $3 to $1."

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Many AAAs manage or receive funding from a variety of sources in addition to the OAA, including Medicaid waivers for home and community-based care, social service block grants, transportation funds, and state-funded in-home service programs. AAAs have demonstrated an extraordinary record of achievement in stretching limited federal resources to help hundreds of thousands of older people avoid costly nursing home placement and remain independent. OAA funds make it possible for AAAs to leverage millions of non-federal dollars from local governments, foundations, the private sector, and participant and volunteer contributions.

This year, the first baby boomers are turning 60, the age of eligibility for OAA services. Over the course of the next three decades, the aging of the baby boomers will have a direct and dramatic impact on national, state and local policies, programs and services. With the first of the 77 million baby boomers approaching retirement age, and the current senior population experiencing a "longevity boom" of unprecedented proportions, now is the time for individuals, families, communities and the nation as a whole to plan and prepare for this coming demographic explosion.

To balance the current and future needs of the older adult population, n4a believes that legislative changes are needed to improve the accessibility and quality of OAA programs, while meeting rising demand.

As such, the following are recommendations to be considered for the OAA Re-authorization:

1. Help Communities Prepare to Meet Demographic Challenges

The increase in the numbers of aging citizens will impact the social, physical and fiscal fabric of our nation's cities and counties, directly and dramatically affecting local aging, health, human services, land use, housing, transportation, public safety, workforce development, economic development, recreation, education/lifelong learning, and volunteerism/civic engagement policies and services.

Given their mandated role under the OAA to create multi-year plans for the development of comprehensive, community-based services which meet the needs of older adults, AAAs and Title VI Native American aging programs are in a unique position to help communities prepare to address the challenges and opportunities posed by the growing numbers of older adults.

New language should be included in the OAA to authorize State Units on Aging, Area Agencies on Aging and Title VI Native American aging programs to help communities prepare for the aging of the baby boomers.

New funds will be needed to support this expanded role, which would support a full or part-time planning staff position in every AAA. This professional planner would offer the Aging Network's expertise to help state agencies, local city and county elected officials, local government agencies, tribal councils, and private and nonprofit organizations to develop policies, programs and services to foster livable communities for all ages. In addition we recommend that:

- Funding be non-formula based, with a minimum level of funding and additional formula-based funding to increase resources to more heavily populated service areas, and have a 25 percent non-federal match requirement.
- It includes non-formula based funding to State Units on Aging to coordinate state-level preparedness planning.
- A national resource center on aging in place be established to provide the necessary guidance, training and technical assistance to SUAs, AAAs and Title VI Native American aging programs in their efforts to help communities become livable communities for all ages.
- The new provision be evaluated and sunsetted in 10 years.

2. Strengthen the Aging Network as a Single Point of Entry

The OAA reauthorization should permanently establish authorized Aging and Disability Resource Center (ADRCs) within every service area in the nation, with AAAs given the right of first refusal to be designated as the ADRC within their service areas. The ADRC program, part of the President's New Freedom Initiative, and spearheaded by the U.S. Administration on Aging and Centers for Medicare and Medicaid Services, has helped 43 states integrate their long-term support programs for the elderly and people with disabilities into a single coordinated system.

The OAA and the Aging Network comprise the nation's non-Medicaid long-term care system, and many AAAs manage Medicaid home and community-based long-term care services. In order to structure a system that is easily accessible to all who need long-term care, AAAs and Title VI Native American aging programs should be the single point of entry for both Medicaid and non-Medicaid long-term care services.

Many individuals with disabilities, whether age-onset or life-long, need information on and access to basic supportive services that will enable them to become or remain active and contributing members of the community. Over the last 30 years, AAAs and Title VI Native American aging programs have developed the infrastructure that coordinates a host of programs that provide information on, access to and choices for individuals who seek such services.

AAAs have become the first and most trusted source for older Americans and their caregivers who are seeking information on home and community based services, both public and private, anywhere in the nation. The rising numbers of aging baby boomers will bring a corresponding increase in the need and demand for a "one stop" source of information as well as a single point of entry into the aging services system.

3. Enhance the Aging Network's Role in Health Promotion and Disease Prevention

To enhance the ability of AAAs to carry out health promotion and disease prevention efforts, an authorization level of $50 million for the Title III-D program and $10 million of the appropriation be set aside to pilot, through the AAAs, a community-based collaborative between local aging and healthcare providers to promote disease prevention services.

Although only funded at $21 million in prior years and eliminated in the President's FY 2007 budget, Title III-D of the OAA has played a pivotal role in disease prevention and health promotion services for seniors in communities across America. This program has become increasingly invaluable as recent evidence-based re-

search continues to prove that health promotion and disease prevention not only contribute significantly to an individual's quality of life, but also are a cost-effective means of reducing, or in some cases eliminating, acute or chronic care costs.

As the coordinators and providers of home and community-based services at the local level, AAAs and Title VI agencies have long recognized the critical importance of health promotion and disease prevention. With limited Title III-D funding, these agencies have developed innovative programs that improve the physical and mental well-being of older adults, while reducing the need for more intensive chronic and acute care services. To enable older adults to remain in their homes and communities for as long as possible, one critical element is engaging in activities that promote healthy living.

4. Increase Authorization Levels to Enhance Home and Community-Based Services

AAAs, as part of the larger Aging Network, have the ideal structure, the established reputation, and the expertise to engage in community planning, to serve as the ADRC, and to manage health promotion and disease prevention programs. What they lack are adequate financial resources.

The OAA has provided vital community-based supports to millions of older adults for forty years. Since 1980, however, there has been a substantial loss in the OAA's capacity to provide services to older Americans due to rising costs, an increasing number of older adults in need of services in general, and the need to provide more extensive services to larger numbers of vulnerable older persons living into their 80s, 90s and beyond.

To illustrate how the cost of providing services has risen over the last five years, we'd like to share examples of a few situations in Texas.

In many areas of Texas, especially the more rural areas, a pattern that holds up across the country, transportation is one of the most requested services by older adults. It is also one of the most under-funded and suffers from the most rapidly rising costs. Lack of funding has forced the Lower Rio Grande Valley Area Agency on Aging to seek alternatives to provide transportation that may need to fewer trips. Besides the oft-recognized increases in fuel costs, vehicle maintenance and insurance costs have also risen dramatically.

Food prices have also risen in recent years, driving up the cost of home-delivered and congregate meal programs that are funded under OAA Title III. The Area Agency on Aging is expecting an 11% increase in the Congregate Meal rate and will be expecting a similar increase in the home-delivered meal cost. The Lower Rio Grande Valley Area Agency on Aging has funded a breakfast home delivered meal for the last four years. Due to the increase cost, the current meal provider is contemplating discontinuing this needed service.

Unfortunately, appropriations for OAA programs over the past five years have not reflected these and other increased costs. As a result, they have not kept up with demand.

Another factor also needs consideration. In Texas and nationwide this year, the roll-out of the new Medicare Part D prescription drug plan has placed additional responsibilities on AAAs, largely without additional funding. Older adults and their families have turned to AAAs and Title VI programs en masse during the 2005-2006 enrollment campaign. Yet only a small number of local aging programs received new resources from states or national pilot projects to support their one-on-one counseling and enrollment assistance efforts.

To respond to the overwhelming demand for Medicare Rx assistance, AAA staff were often shifted from other responsibilities to help with Medicare Part D enrollment, making this level of effort unsustainable. Even when the initial enrollment period ends, the public will continue to turn to AAAs and Title VI aging programs. Millions of seniors will continue to need counseling and enrollment assistance every year, as they become newly eligible for Medicare or seek to change their prescription drug plans.

In order for AAAs and Title VI Native American aging programs to continue the tremendous amount of work that Medicare Rx enrollment assistance has generated, they will need new funding to support and sustain their efforts.

In conclusion, to compensate for inflation and the rising costs of providing services, it is necessary to raise the authorized funding levels of all the titles of the OAA by at least 25 percent above the FY 2006 appropriated funding level, except for Title III-E which should be authorized at $250 million. The increased authorization levels will ensure the Aging Network has the necessary resources to adequately serve the projected growth in the numbers of older adults, particularly the growing ranks of the 85 and older population who are the most vulnerable and in the greatest need for aging supportive services. The need also exists to allow program income to be used as match.

Conclusion

The Lower Rio Grande Valley Area Agency on Aging appreciates the opportunity to present suggestions for modernizing and strengthening the Older Americans Act. We look forward to working with the Lower Rio Grande Valley Congressional Delegation to reauthorize the OAA in a way that respects the needs of today's older adults and their caregivers, recognizes and rewards the cost-effectiveness of home and community-based care vs. institutional care, and prepares adequately and responsibly for the aging boom.

Mr. HINOJOSA. Joe, thank you for the great leadership that you have shown in this area.

And I also wish to acknowledge Martha Balboa Rochelle of the AARP.

Those three individuals, thank you for agreeing to submit written testimony.

The chairman is running on a very close and tight schedule because he has to be on board the airplane by 11:00 to be able to speak this afternoon in Ohio, and I can only say that if there had been time, we would have had these presentations also in a second panel, but we're just fortunate to have gotten him and his staff.

By the way, I want to give all his staff, both of the majority and minority party, a big round of applause, because they have been on this together.

[Applause.]

Mr. HINOJOSA. We couldn't possibly get these things done without the formidable work that they have done in advancing this project. And, again, I never get tired of thanking the University of Texas, Dr. Bambi Cardenas, the president, and her very competent special assistant Carol Roche. Thank you, Carol, for all that you and the staff have done to make this possible. And other members who are here, I am very, very appreciative of how this has been prepared and conducted.

I yield back, Mr. Chairman.

Chairman TIBERI. Thank you again, Mr. Hinojosa. Again, it's been a pleasure to be down here once again. The people of the 15th District of Texas are awfully lucky to have someone of this man's quality. I enjoy working with you, and will continue to work with you as we work through this process.

I really thank the witnesses for their valuable time and their input, as well. It will be very helpful as we work toward the reauthorization. I would like to thank everyone who came, and again thank the staff, as well, for their time and commitment to making this possible.

With that, if there is no further business, the subcommittee is adjourned.

[Whereupon, the subcommittee was adjourned.]

[Additional materials supplied:]

Additional Testimony of Jose Perez

My name is Jose Perez and I serve as Executive Director of Senior Community Outreach Services, Inc. in Donna, Texas. I also serve as Vice President of the National Association of Senior Companion Project Directors representing 16,500 volunteers in 227 projects nationwide serving the needs of over 57,700 homebound clients.

The Senior Companion Program is part of the Corporation for National and Community Service Senior Corps. While the Senior Companion Program is authorized under another law under the Committee's jurisdiction (the Domestic Volunteer Service Act and national service laws), our work and that of our sister National Senior

Service Corps programs (RSVP and Foster Grandparent Program) is interrelated with that authorized and supported by the Older Americans Act.

Through grants and other resources-including the energy and efforts of citizens age 55 and over-Senior Corps helps meet the needs and challenges of America's communities through three special programs.

Why are senior volunteers and the programs of the National Senior Service Corps relevant to your discussion of Older Americans Act reauthorization? Because we are part of the answer to the nation's growing long term care challenges and a conduit for bringing senior volunteers to the cause of senior services authorized and coordinated under the Older Americans Act. And we are educators and advisers in getting the word out on programs such as the new Medicare Part D option, and can be particularly helpful in communities traditionally overlooked in outreach efforts, including language minorities. Senior facilitators, resource counselors and Promotoras help individuals seeking long-term care support avoid and minimize confusion, enhance individual choices and support informed decision making. But we can and must do more.

The first of 77 million baby boomers turn 60 in 2006. These new "sexagenarians" are the tip of the iceberg of the largest, healthiest, best educated population of older Americans in our history. They are pioneers in a new stage spanning the decades between middle and late life and represent an extraordinary pool of social and human capital. And, in large numbers, they want to do work that serves a greater good.

Our new seniors were in their formative years when President Kennedy issued his call to "ask not what your country can do for you, ask what you can do for your country." Millions of our new older Americans are determined to apply their experience of a lifetime to make a difference for others. Some are able to do so as unpaid volunteers. Others, like the low-income seniors enrolled as volunteers in the Senior Companion and Foster Grandparent Programs, may need incentives to offset the cost of volunteering.

Too often, seniors looking for services to keep them vital in the community are stymied by policies and practices that discourage their sharing of experience. As a result, this growing number of Americans represents a largely untapped resource in a nation with many unmet needs.

The reauthorization of the Older Americans Act can serve to sound the call that seniors are not just recipients of service and a potential drain on our economy. Older Americans are the nation's fastest growing and most valuable asset.

As but one example of the importance of collaboration between programs of government, Senior Companions throughout the country are an integral part of the "new" Family Caregiver Support Program. Our grantees subcontract with area agencies on aging and others to deliver home services and respite services for kin of homebound seniors. But much as we are an integral part of senior services administered by the Administration on Aging through the Older Americans Act, more needs to be done to forge a partnership between federal laws and federal agencies—in much the same way as we deliver on the ground in communities through the country.

Do not look at your reauthorization of the Older Americans Act as simply renewing critical programs for the nation's seniors. Look to this year's legislation as a way to boldly respond to an historic chapter in our nation's growth.

I and my colleagues on the Board and among the membership of the National Association of Senior Companion Project Directors and program directors in all streams of senior service believe this year's reauthorization of the Older Americans Act presents a golden opportunity to harness the assets of experience, particularly as the Baby Boom Generation nears retirement and our truly golden years.

We support modifications in the Older Americans Act that would amplify the intended role of the Assistant Secretary on Aging as a repository of opportunity, service, and information for all older Americans. The Administration on Aging is uniquely positioned to take a leadership role in coordinating not only the activities of the Federal Government as they relate to seniors. AoA can foster cooperation and collaboration by example.

The nation's aging demographic demands that we tap older adults as a source of social capital and foster the growth of promising practices and program models that develop volunteerism to address critical human and community needs especially those of frail, vulnerable populations and of overburdened family caregivers.

Recognizing that this is a tough time of limited tax resources to support domestic initiatives, I urge the Subcommittee to recognize the cost-effective resources we have at hand. It is critical that you look toward program integration and the dissemination of best practices among the larger aging network.

Senior Corps directors and their staff have the experience necessary to inform those who deliver services through the aging network, even as they deliver services and recruit and train others to deliver services themselves. In line with that asset, I urge the Subcommittee to include modifications to the Older Americans Act that would, at a minimum, encourage and, preferably require, specific formalized training and technical assistance from qualified national, state, and local organizations to state units on aging and area agencies on aging in the recruitment, retention, and training of volunteers to assist in operations of the Family Caregiver Support Program. Consistent with this initiative, I urge the Subcommittee to consider augmenting the Family Caregiver Support Program through authority for the designation of a national grantee to share best practices to the field of family caregivers.

I also ask that the committee consider an initiative first proposed by President Bush and introduced on a bipartisan basis by Congresswoman Nydia Velasquez (D-NY) in prior Congresses calling for a valuable incentive for senior service. I speak of the Silver Scholarship program. Under the Senior Scholarship initiative, older Americans who dedicate at least 600 hours per year in service to their communities, in areas such a family caregiver services or literacy training for youngsters, would receive an "education award" of $1,000 for use in helping to defray the cost of higher education. The award would be transferable to a family member or other youngster in need. While the President's original proposal envisioned the initiative as an amendment to national service laws, I encourage the Subcommittee to consider this initiative in the context of the Older Americans Act as a formal partnership between the Administration on Aging and the Corporation for National and Community Service.

Finally, I ask the Subcommittee's indulgence on a matter not strictly germane to the reauthorization of the Older Americans Act. That is the minor but badly needed changes which we have promoted in the authorization for Senior Corps programs under the national service laws, and specifically the Domestic Volunteer Service Act within the Committee's jurisdiction.

I urge the Subcommittee to consider embracing changing the age of eligibility for participation in the Senior Companion Program and the Foster Grandparent Program from the current age 60 to age 55, as is currently the law for participation in the Retired and Senior Volunteer Program (RSVP). In addition, I ask that the Committee consider increasing the income eligibility for participation in the means-tested programs of the Senior Corps (SCP and FGP) from the current law 125% of poverty to 200% of poverty, in recognition of the need to grow volunteer opportunities for low-income seniors. Taken together, these modest changes, which have been endorsed by all three National Senior Service Corps Directors Associations, would go far toward meeting the desire of senior to serve and the needs of communities who need their service. Given the uncertainty of reauthorization of national service laws under the Committee's jurisdiction, your action in the context of legislation aimed at addressing the Federal Government's role in meeting the needs of our greatest natural resource—our seniors—would make great sense.

I, and the Board of Directors of the National Association of Senior Companion Project Directors, are available to provide our wealth of technical and substantive expertise in support of your reauthorization efforts.

Thank you for this opportunity and I welcome your questions.

