

Testimony before a joint hearing of the Pennsylvania Committees on Health and Human Services, Aging and Youth, and Intergovernmental Operations; and the Appropriations Subcommittee on Health and Human Services Subcommittee; and the Senate's Philadelphia Delegation

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Chairpersons Baker, Schwank, Brooks, Haywood, Bartolotta, Williams, and other distinguished Members of the Committees, thank you for allowing me the opportunity to speak to you today.

As President of Philadelphia Corporation for Aging, the largest Area Agency on Aging in Pennsylvania, I speak on behalf of our city's 281,000 senior citizens – more than half of whom are touched directly by the programs and services for which we are responsible.

As President of the Pennsylvania Association of Area Agencies on Aging, I speak on behalf of a network of 52 agencies, which are responsible to the Commonwealth's 3 million-plus senior citizens. It is a complex and extremely diverse population: living in both rural, urban and suburban areas; and representing myriad ethnicities and cultures. They share one very important characteristic: their age. And they have, since 1978, been served by one very vocal and important advocate: the Pennsylvania Department of Aging.

Why does age unite this otherwise diverse and dissimilar population? Because age is a great levelling force. No one is immune to the indignities and hardships old age can bring. The services and programs provided by Area Agencies on Aging address those in a multiplicity of ways. Some of those overlap with the responsibilities of the current Department of Human Services – but by no means all. Some of the funding for these also overlaps – but again, not all.

The Pennsylvania Department of Aging and the Area Agencies on Aging were created in response to the Older Americans Act, which directed that states designate a single agency with the explicit purpose of serving “as an effective and visible advocate for older individuals.” They have done so for almost 40 years.

The PDA and AAAs, and the community agencies they support, serve **Holocaust survivor Manya Perel**, who found solace at the KleinLife senior center after her husband passed away. In her words, “I was at home alone, getting depressed. I come here, I talk to people, and I see people, and it's my home. We have hot meals, we're sitting at the table and it's wonderful for me to have a hot meal, because I don't feel like cooking now – I don't have the strength.”

They serve **Lena Hicks, who, in her 70s, overcame two strokes** and with the help of the Senior Community Services Employment Project, got a job where she helps older job seekers find employment.

They serve **caregiving men in their 80s and 90s like Lewis Reddick and Philip Cohn**, who are dedicated to keeping their wives with them, at home, in loving and familiar surroundings and who are able to do so only with the help of the Caregiver Support Program.

And yes, they serve people like **Lafronia Childs, who receives care at home through the Aging Waiver program**, and who says: “I'm not prepared for life in a nursing home. I was able to leave a nursing home, due to PCA. They do a beautiful job taking care of me.”

Only the last of these, the Aging Waiver program, overlaps with the services of the Department of Human Services. And while it is a large and very important program, serving more than 11,000 people in Philadelphia and over 25,000 statewide – in the context of **all those we serve and speak for**, it is relatively small.

The proposed unification will silence this distinct and focused voice for seniors, and raises serious concerns which have not been addressed.

If the Department of Aging is eliminated, who then will become that “single effective and visible advocate for older individuals?”

Will the consolidation maintain the level of accountability for promoting and protecting the interests of older Pennsylvanians that exists presently?

If Aging is combined, as proposed, with the departments of Health, Human Services and Drug and Alcohol, how will that new entity balance the very different missions of each of those departments with, or against one another?

Will older Pennsylvanians have a strong and effective advocate within this human services conglomerate?

Presently, the Department of Human Services has more than 17,000 employees; the Department of Aging has 93. The difference between their respective budgets is similarly extreme. **But as cabinet-level departments, each has an equal voice. Eliminate that, and the voice that represents older Pennsylvanians is, at the very least, muffled – at worst, silenced.**

Do we somehow believe that the need for advocacy for older people has suddenly been eliminated? The facts indicate otherwise.

In 2015, 23.73 percent of Pennsylvania’s population was over age 60. That is almost a quarter of all of the state’s citizens. And the elderly population is increasing; seniors 70 and older constitute the fastest-growing segment of the Commonwealth’s population. Also increasing are the symptoms of economic stress among seniors, such as food insecurity, isolation, and elder abuse and exploitation.

I hope I have conveyed with my testimony that the Department of Aging speaks for a population for whom focused and effective advocacy is critical, now more than ever, and that the leadership it provides is essential now as never before.

At the same time, we recognize and respect the goals and objectives that prompted the consolidation proposal. We would like to advance the following recommendations, both to

protect those we are charged with serving, and as alternatives for achieving these goals without harming our state's senior population:

- **Recommendation #1:** Maintain a cabinet-level Department of Aging which continues to oversee all of the Lottery-funded and non-Waiver programs and services, and to advocate for senior citizens as it was mandated to do.
- **Recommendation # 2:** Implement cost savings which are part of the proposal, but which can be done by the individual departments.
- **Recommendation #3:** Utilize technology to streamline service delivery, eliminate duplication and create bridges between departments which will result in individual consumers having a less fragmented experience in accessing services and improving health outcomes.
- **Recommendation #4:** Maintain a clear separation of funding streams between Lottery funds, which are dedicated to benefiting senior citizens; and Medicaid dollars. This is crucial at a time when the federal government is considering a switch to block grants for Medicaid. Lottery funds have already been diverted to pay for the state's Medicaid match, which does not comport with the original purpose and promise of the state lottery. This practice should be reevaluated, not perpetuated.

Thank you for inviting me to provide input as a stakeholder on behalf of Pennsylvania's older adults.