ROSE CENTERS FOR AGING WELL

How the Benjamin Rose Institute became a NANASP member!
Who is BRI?

- Established in 1908
- Known locally for developing services for poor and frail elders
- Special emphasis on services other agencies can’t or won’t supply
- Long history of spinning off new independent agencies
- Nationally known applied research teams
- Policy-based advocacy at local state and national levels
- Leader/convener of community-wide initiatives related to aging
The Times, They Are A’changing

- Emergence of managed care challenges local operations to scale
- In Ohio, resources for anything other than Medicaid services shrinking
- Philanthropic shift to kids, education and medical care
- Community-based agencies under financial and operational stress
- New holes in the “safety net” for seniors
- Senior Centers and nutrition sites shrinking and closing
- A time for new sustainability strategies
Golden Age Centers of Greater Cleveland

- Established by Benjamin Rose 63 years ago
- Established at a time of peaking philanthropic support for services
- Grew to 16 service locations, serving 7,000 seniors per year
- By 2013, 6 locations and 2,000 people
- Provides services in several of Cleveland’s poorest neighborhoods
- Burning through reserves
- Could not be allowed to go under
- Their board chair approached BRI’s CEO in November of 2013
6 locations, adding a 7th June 15th and probably an 8th in September

Boards came together to determine structure, re-commit to mission, determine name, and new “branding” strategy

Obtained large grant to support re-camping information system, review programs, and establish new “value-added” services to offer

Increased efficiencies, while getting more “bang” from BRI’s overhead

Reaffirmed what you already know: Nutrition is one of the keys to wellness and a gateway to many other aspects of “engagement”.

Proud to be members of NANASP and to work together as advocates
NANASP’s Greatest Hits for 2014-2015

- WHCOA Webinar/Listening Session in January
- Six board members attended WHCOA forums
- Three joint NANASP/MOWA letters
- Three Huffington Post articles
- Two Next Avenue articles
- Immunization testimony
- FY 16 appropriations testimony (written)
- NYT Letter to the Editor
- Comments to CMS on Medicare Advantage
- Part D awards to Members of Congress
Federal Budget for FY 2016

- In heat of battle right now
- Battle over what happens beginning October 1 or FY 16
- President’s budget says no return to sequestration, make investments in programs including older Americans
- Republican-passed budgets assume return to sequestration
- Unclear outcome right now. Sequestration hit in 2013 and year later was stopped
- No real appetite for a return but alternate savings method must be found
Does It Return?

- If sequestration returns… at what level?
- Or, ideally, do we adopt the President’s investment budget that would add ~$210 million to the OAA, including $60 million for nutrition?
President’s Nutrition Request: Closer Look

- Would increase funding for OAA nutrition programs by $60 million
- $40 million increase for congregate and home-delivered meals
- $20 million grant for a nutrition demonstration grant program “for the purpose of investing in evidence based models to modernize the home delivered and congregate nutrition programs.”
Other Requests

- OAA Title IIIB Supportive Services got an increase of $38.4 million; currently funded at $347.7 million
- The Aging and Disability Resource Centers got an increase of $13.99 million; currently funded at $6.1 million
- The OAA Title VI Native American Nutrition/Supportive Services got an increase of $2.9 million; currently funded at $26.1 million
- OAA Title V SCSEP would be level funded at $434 million. No transfer to ACL proposed this year
- Senior Corps programs would be level funded at $202 million
FY16 Appropriations

- Process well under way
- Subcommittee got instructions to cut HHS spending by 2 percent from last year
- NANASP and MOWA sent letter to House and Senate Appropriations Committees
- Two messages:
  - Support the President’s budget
  - No return to sequestration—our programs cannot afford it!
- Also monitoring situation with SSBG, SNAP and other USDA nutrition programs
- Always possible that they could be victims of cuts
Perpetually under fire

But in a Republican-controlled Congress, exceedingly so

$30 million in funding for senior nutrition at stake

Only source of federal funding for Adult Protective Services; funds other important services for seniors including case management and day care

Could be up for elimination as an “offset” or for deficit reduction.
Older Americans Act

- Early movement in Senate in 2015
- But now stalled again
- Why? Many reasons
  - Dysfunction of Congress
  - New members with no history
  - Not enough advocacy
  - Aging groups not always in sync
OAA Reauthorization

- We have a good bipartisan Senate bill, S.192 that passed key Committee and awaiting action on Senate floor
- Stalled due to other more pressing business
- During that time some bursts of bipartisanship have occurred
  - SGR repealed
  - Human trafficking bill passed
S.192 Summary

- Three year renewal of the Act
- Came to a compromise on the funding formula
- Otherwise, fairly identical to Sanders-Harkin-Alexander bill which passed HELP last Congress, including:
  - Keeps nutrition provisions intact, including separate titles for C1 and C2 as well as keeping voluntary contributions and transfer authority
  - Elder abuse training for volunteers/staff who come into contact with seniors
  - Modernization of senior centers
  - Develop guidance on Holocaust survivors
Time to “Unstick” the OAA

- Another joint effort by NANASP, MOWA and other national organizations: get it out of the Senate in May and over to the House
- 61 national organizations signed letter to Sens. McConnell and Reid
- House may be pressured to act if Senate passes bill.
- Recess periods must be used for advocacy!
White House Conference on Aging

- Scheduled for July 13, 2015, 6th in history
- 2 of the 4 priority topics are Healthy Aging and Long-Term Services and Supports
  - Both are relevant to nutrition
- NANASP board members participated in the regional forums:
  - George Popovich and Angela Vasquez in Tampa
  - Paul Downey in Phoenix
  - Martha Peppones in Seattle
  - Shirley Chao and Linnea Hagberg in Boston
About the WHCoA

- Four primary topics:
  - Retirement Security
  - Long Term Services and Supports
  - Healthy Aging
  - Elder Justice

- Website a good source of information:
  - www.whitehouseconferenceonaging.gov
The WHCOA hosted a national webinar/listening session on nutrition and its role in healthy aging and LTSS, sponsored by NANASP, the Academy of Nutrition and Dietetics, and Abbott Nutrition.

http://tiny.cc/nutritionls
White House has released four policy papers on the four topics

NANASP has submitted comments on HA and LTSS

We feel that nutrition has not been adequately discussed in the HA paper in particular, and the problem of senior malnutrition was left out entirely
WHCOA and Malnutrition

- Working to have malnutrition recognized as part of the WHCOA agenda
- NANASP has started a petition
  - [http://tiny.cc/malnutritionpetition](http://tiny.cc/malnutritionpetition)
  - 147 supporters on petition, has had many shares on social media--thanks!
Malnutrition: A Silent Epidemic

- Malnutrition is different than hunger or food insecurity—can have enough to eat but still not be getting proper nutrition
- Malnutrition leads to the breakdown of protein in muscles for fuel. This can leave older adults feeling weak and lead to weight loss, which can:
  - Make it harder to recover from surgery and disease
  - Make it more difficult to heal wounds
  - Increase risk for infections
  - Increase risk for falls
  - Decrease strength needed to take care of themselves
The Statistics

- 1 in 3 patients admitted to the hospital is malnourished
- Drives up healthcare costs 300% per malnourished patient
- We spend $157 billion per year on disease-related malnutrition in the US
- Malnutrition among older adults is as high as 50% in rehab settings, 13.8% in nursing homes, and 5.8% in the community
- Advanced age alone is a risk factor for malnutrition, especially low-income seniors and isolated older adults
- This highlights the importance of OAA nutrition programs—provide healthy meals, socialization, wellness checks, and more, all at low/no cost for the senior!
Needed: A Malnutrition Agenda

- Affordable Care Act
  - Emphasize malnutrition screening and intervention in care transitions grants and other relevant grants

- Hospital Readmissions
  - Include malnutrition screening and intervention in electronic health record templates visible to all healthcare professionals

- Federal and State Health Goals
  - Add malnutrition into the Healthy People 2020 goal for nutrition and weight status
  - Address malnutrition in state obesity plans
  - Electronic health records?
Affordable Care Act

- 5 years old this year
- Now the American Conversation Act
- All three branches of government involved
- Awaiting *King vs Burwell* decision related to subsidies
- Possible ACA reform legislation possible—scope depends on decision. Budget reconciliation
Accomplishments of ACA

- 16+ million now have insurance who did not
- Reforms are being made to Medicare to slow its rate of growth
- ACOs, care transitions, medical homes all emerging
- Medicaid expansion
One important compromise has come out of this Congress so far

Rare but welcome bipartisan agreement ends the problem with way physicians are reimbursed under Medicare

So called SGR (Sustainable Growth Rate) was an annual headache for Washington to address
SGR Fix

- On March 31 without change Medicare reimbursements would have been cut by 21 percent
- Would drive doctors out of Medicare
- Solution was permanent repeal of SGR
- Only partially paid for:
  - Higher means testing for older persons with means for Medicare
  - Caps on therapy services
Part D

- Quiet so far this year
- SGR could have been an issue
- Budget reconciliation, if they do it, could be as well
- Concerned about higher payment for LIS for brand name drugs
- Also concerned about rebates
Medicare Advantage

- NANASP active in effort to avoid cuts to MA. Sent a comment to Sec. Burwell
- 239 House members, 53 Senators sent letters to CMS
- Now focused on risk ratings
- Those who serve more duals and low income could be unfairly penalized
- Also new managed care rules, comments due on July 27
Many Medicaid programs are outsourcing care management to private insurance for fixed payments.

Meaning, the less care delivered, the more profit private companies make.

Nutrition is a focal point for contracted services in many communities.

HHS proposed overhauling managed care rules in response, but NO mention of nutrition was made.
Elder Justice

- Elder justice is the right to be free of abuse, neglect and exploitation
- 1 in 10 will be a victim; 1 in 2 with dementia
- 6 million total cases are reported every year
- $2.9 billion in 2009 was lost to financial exploitation
- Less than 2% of federal abuse prevention funds go to elder abuse
Current Elder Justice Developments

- $25 million Elder Justice Initiative proposed in the President’s FY16 budget
  - enhance APS, including databases and program standards
  - research, including screening tools and foundational research
- This Initiative received $4 million in funding in FY15, which was first-time funding for the Elder Justice Act
- Victims of Crime Act fund also received over $2 billion in funding; advocating for some of this to be specifically used for elder abuse victims
- Elder justice is a priority issue for WHCOA
Conclusion

- Advocacy so needed for balance of year
- FY 16 appropriations to avoid sequestration
- Get the OAA unstuck
- Produce a WHCOA with strong nutrition recommendations
- More urgently address malnutrition, food insecurity and hunger. Declare as national emergencies
Conclusion

- Protect Medicare Part D
- Help more older workers/reduce long term unemployment—SCSEP etc.
- Protect the good in ACA then
- More nutrition in care transitions
- Stronger nutrition/managed care ties
- Enough work for all of us
- Let’s just do it!