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**Testimony**

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**Before the**

**Senate Committee on Health, Education, Labor and Pensions  
Subcommittee on Retirement Security and Aging**

**On**

**2006 Reauthorization of the Older Americans Act**

**April 11, 2006**

Good morning. I am Dr. David Powers, an Associate Professor of Psychology at Loyola College in Maryland and a geriatric psychologist. I am pleased to be here today representing the 150,000 members and affiliates of the American Psychological Association (APA). I would like to thank you for the invitation to speak with you regarding the reauthorization of the Older Americans Act.

The 2006 reauthorization of the Older Americans Act provides a critical opportunity to ensure that our nation has the appropriate infrastructure to meet the physical, mental and behavioral health needs of the current older adult population as well as the resources to prepare for the growing population of older adults in the coming years. APA appreciates the opportunity to share the following recommendations for the Older Americans Act reauthorization.

**Our first recommendation is to increase the authorized funding level for all currently funded programs in the Older Americans Act by at least 25%.**

Currently, there are an estimated 35 million people age 65 or older in the United States. Older adults are now the fastest growing segment of our population. In 2011, the first group of baby boomers will turn 65, and by 2030, nearly 20% of the population is expected to be 65 or older.

This growth in the aging population provides a variety of important challenges and opportunities for families, caregivers, healthcare providers and systems, and policymakers. In order to ensure that sufficient resources are available to meet these challenges and opportunities, we must increase the authorized funding level for all Older Americans Act services and supports by at least 25%.

**Our second recommendation is to incorporate the Positive Aging Act (S.1116/H.R.2629) amendments to Titles I, III and IV of the Older Americans Act to develop and implement initiatives to address the mental and behavioral health needs of older Americans.**

An estimated 20% of older adults in the U.S. experience a mental health problem that is not a normal part of aging. The most common mental health disorders among older adults are anxiety, depression, and cognitive impairment. These disorders can have a significant impact on both physical and mental health, including increased physical illness and disease, delayed recovery, poorer health outcomes, reduced functional ability, increased disability, and mortality. In fact, older adults currently have the highest rates of suicide of any age group in the U.S., particularly among men, and depression is its foremost risk factor. Research indicates that up to 75% of older adults who die by suicide have visited a primary care physician within a month of taking their own life. This is a preventable public health crisis that we cannot afford to ignore.

In addition to the physical and psychological consequences, mental health disorders can also have significant financial costs. The annual indirect cost of mental disorders in the U.S. is estimated to be \$79 billion. These disorders may be particularly costly in late life

because of the excess disability that they cause, their interaction with co-morbid physical health problems, and the time family members or other caregivers have to take off from work to assist in helping the older adult manage these problems.

Although effective treatments exist to address mental health disorders, the needs of too many older Americans go unrecognized and untreated in traditional healthcare settings. It is estimated that up to two-thirds of older adults with a mental health problem do not receive the services they need. Access to mental health care for older Americans is significantly compromised by healthcare benefit limitations and fragmented healthcare services; and minority and rural elders are at an even greater risk of encountering these barriers to appropriate mental health services.

These missed opportunities to diagnose and treat mental health disorders are taking a significant toll on older adults and increasing the burden on families, caregivers, and our health care system. In order to ensure that our seniors do not continue to fall through the cracks, we need to support interdisciplinary models of care that focus on mental health outreach, early identification, treatment and referral services for older adults in traditional healthcare and other community settings.

The Positive Aging Act amendments to the Older Americans Act would develop and implement these much needed initiatives to address the mental health needs of older Americans by designating an Office of Older Adult Mental Health Services in the Administration on Aging (AoA) to provide grants for mental health screening and treatment services for seniors in both urban and rural communities.

**Our third recommendation is to double the authorization level for the National Family Caregiver Support Program under Title III of the Older Americans Act to ensure that all eligible family caregivers have access to vital support services, including individual counseling, respite care, caregiver training, and support groups.**

Over 10 million older adults in the U.S. have a disabling condition that affects their ability to live independently. Family caregivers provide a significant proportion of the health and long-term care for loved ones with a chronic illness or disability. The current economic value of family caregiving exceeds \$200 billion per year.

While caring for a loved one can be rewarding, it may also put caregivers at risk for negative physical and mental health consequences, including cardiovascular disease, cancer, infectious diseases, depression, anxiety, substance abuse, and increased mortality. Family caregivers who experience stressors that exceed their ability to cope are often at increased risk for committing elder abuse.

Research suggests that interventions and support services such as psychoeducation programs, individual/family counseling, respite care and adult day care can lead to significant improvements in health and well-being for caregivers, delay

institutionalization of care recipients, reduce care related strains, and help employed caregivers remain in the workforce.

While the National Family Caregiver Support Program provides these vital support services for family caregivers, there are currently insufficient resources to assist all eligible caregivers in need. A doubling of the authorized funding level for this essential program will ensure that family caregivers have the necessary resources to care for their loved ones and for themselves.

**Our fourth recommendation is to increase the authorization level for the Native American Caregiver Support Program under Title VI of the Older Americans Act.**

As is true in the general population of older adults, the number of American Indian, Alaska Native and Native Hawaiian older adults is growing. Members of these aging communities experience higher rates of physical and mental health problems, including cardiovascular disease, diabetes, obesity, depression, and substance abuse. As the number of individuals with chronic health conditions rises, so do the caregiving demands placed on families and communities.

The Native American Family Caregiver Support Program under Title VI of the Older Americans Act provides vital support services for caregivers of older adults with chronic illness or disabilities. These services include respite, information and assistance, training, and counseling to assist American Indian, Alaska Native, and Native Hawaiian families to provide caregiving services to their loved ones. An increase in the authorized funding level for this program would improve the availability of programs to support caregiver families from the American Indian, Alaska Native, and Native Hawaiian communities.

**Our fifth recommendation is to incorporate the Elder Justice Act (S.2010/H.R.4993) amendments to Title VII of the Older Americans Act in order to expand and coordinate the federal response to elder abuse, neglect, and exploitation.**

As the population of older Americans grows, so does the often hidden problem of elder abuse, exploitation, and neglect. Every year an estimated 2.1 million older Americans are victims of physical, psychological, financial or other forms of abuse and neglect. For every case of elder abuse and neglect that is reported to authorities, experts estimate that there may be as many as five cases that go unreported.

Elder abuse can have long term physical, psychological, and economic consequences. However, there is much that can be done to prevent elder abuse and assist victims, including improving data collection, increasing awareness, prevention and early identification, and enhancing intervention programs. In addition, increased awareness among health professionals and direct service providers helps to break patterns of abuse or neglect, and allows both the abused person and the abuser to receive needed assistance. The Elder Justice Act amendments to the Older Americans Act take important steps to protect vulnerable seniors and coordinate our response to elder abuse, neglect, and exploitation.

**Our sixth recommendation is to increase the availability and affordability of innovative models of long term care that respect individual choices and preferences and promote physical health, mental health, and functional independence for older persons and their families.**

As the average adult lifespan in the U.S. increases, there is a growing need for affordable long term care. Today, the majority of long term care is provided in the home by family members and loved ones. Additional long term care needs are met by professional staff in the home, in assisted living facilities, and in nursing homes. Regardless of location, the right of individuals and families to make choices about where and how they receive their long term care is essential.

Because most older adults prefer to age in place, innovative models of long term care are needed to assist older adults to remain in their homes and in the community as long as possible. Such models must include both physical and mental health services and supports to promote overall health and well being. We encourage you to support the inclusion of a long term care initiative during this reauthorization of the Older Americans Act that would provide supportive community based choices for older Americans.

In conclusion, the significance of the upcoming reauthorization of the Older Americans Act cannot be overestimated. Millions of vulnerable older adults and their families struggle on a daily basis with physical and mental health challenges that undermine their quality of life and compromise their future.

On behalf of the American Psychological Association, I would like to thank you for the opportunity to share our recommendations for the reauthorization of the Older Americans Act. We appreciate your commitment to the physical and mental health needs of older Americans and look forward to serving as a resource and partner as you work to ensure that older adults throughout our nation receive the support and attention that they need and deserve.

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