



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Older Americans Act Reauthorization 2006

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Introduction

The American Psychological Association (APA) is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes 150,000 researchers, educators, clinicians, consultants, and students. Approximately 2,500 of our members specialize in adult development and aging in their research, clinical, and academic endeavors. APA's Office on Aging and Committee on Aging work with APA members and the public to advance psychology as a science and profession and promote health and human welfare by ensuring that older adults, especially the growing number of older women and minorities, receive the attention they deserve.

APA believes that the 2006 reauthorization of the Older Americans Act provides a critical opportunity to ensure that our nation has the appropriate infrastructure to meet the 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 policy recommendations for the Older Americans Act reauthorization to address the physical and mental health needs of our growing aging population.

APA Recommendations for the 2006 Older Americans Act Reauthorization

Recommendation 1: Increase the authorized funding level for all currently funded programs in the Older Americans Act by at least 25%.

Rationale:

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 the U.S. 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 systems/providers, and policymakers. The upcoming reauthorization of the Older Americans Act must ensure that sufficient resources are available to meet the needs of the current cohort of older adults, as well as prepare to meet the needs and cultivate the contributions of the next generation of older persons.

Recommendation 2: 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 identify and treat the mental health needs of older adults and create an Office of Older Adult Mental Health Services in the Administration on Aging.

Rationale:

While most older adults enjoy good mental health, it is estimated that 20% of seniors have a mental or behavioral health problem. In addition, older adults currently have the highest rates of suicide of any age group in the U.S, and depression is its foremost risk factor. The most common mental health disorders are anxiety, depression, and cognitive impairment. These disorders have a significant impact on the physical health, functional ability, and emotional well being of seniors.

Although effective treatments for mental and behavioral health problems exist, the mental and behavioral health needs of 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. Therefore, new models of care are needed to provide outreach, early identification, treatment and/or referral services for mental disorders in older adults in both traditional healthcare and other community settings.

Recommendation 3: 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.

Rationale:

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 (e.g., psychoeducation, 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.

Recommendation 4: Increase authorization level for the Native American Caregiver Support Program under Title VI of the Older Americans Act.

Rationale:

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. Services include respite, information and assistance, training, and counseling to family caregivers struggling to care for family members. These services assist American Indian, Alaska Native, and Native Hawaiian families to provide caregiving services to their loved ones.

Recommendation 5: 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 federal response to elder abuse, neglect, and exploitation.

Rationale:

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, early identification and intervention programs. In addition, increased awareness among health professionals and direct service providers helps to break patterns of abuse or neglect, and allow both the abused person and the abuser to receive needed assistance.

Recommendation 6: Increase the availability and affordability of innovative models of long term care that respect individual choices/preferences and promote physical health, mental health, and functional independence for older persons and their family members.

Rationale:

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.