



**Testimony of the Pennsylvania Association of Senior Centers**

To the

**Senate Aging & Youth Committee**

September 7, 2011

**“Long Term Care in Pennsylvania”**

Presented by

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To the  
Senate Committee on Aging and Youth  
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Madame Chairlady and members of the Committee:

Good morning. Thank you for the opportunity to speak this morning. My name is William Pierce. I am the President of the Pennsylvania Association of Senior Centers (PASC). I am also the Executive Director of the Downingtown Area Senior Center in Downingtown, PA. I am joined today by Linda Doman, Vice President of PASC and Executive Director of Eastern Area Adult Services in Pittsburgh, PA.

PASC's mission is "revitalizing and empowering senior centers across Pennsylvania to be able to provide comprehensive customer service to meet the needs of seniors in their communities". We applaud your efforts to address the long term care system for our state's aging senior population, of which Community Senior Centers are an important component.

Traditionally, since the Federal Older Americans Act of the 1960's first charged states to develop a network of community senior centers, our centers have been trusted islands of tranquility and safety in an otherwise increasingly frightening sea of loneliness and helplessness for many aging seniors. Now, as then, center activities continue to help ward off depression and the costly illnesses spawned by isolation, malnutrition and lack of physical and mental exercise.

Additionally, as the aging population demographics are changing, so are community senior centers. Medical advances have allowed people to live longer lives and as the number of aging seniors is about to increase dramatically with the so-called "baby boomer" generation, we continue to wrestle with this same issue: Can we avoid the high cost of long term nursing home care by facilitating the ability of aging seniors to remain in their homes? Those who provide home and community based services know that we can do so – if we are willing to evolve and make the necessary funding commitments.

Within an array of home based and community services and often with the assistance of their local Area Agency on Aging, Pennsylvania's network of 520 Senior Centers and their 130

satellites are developing new ways to assist in helping aging seniors to avoid long term nursing home care – and contrary to popular myth, only 27% of these facilities are located in urban areas. 51% are in rural areas and the remaining 22% are in suburban areas of our Commonwealth. Today we are meeting in one of our newest and most modern centers. Center in the Mall serves as a beacon of centers for the future.

Today, community senior centers serve three primary functions: (1) Entrance to the long term care system; (2) Prevention and early intervention; (3) A cost effective early alternative to more expensive long term care services.

For many consumers, community senior centers serve as a first step into Pennsylvania’s aging network—connecting older adults to vital community services that can help them stay healthy and independent. Maintaining a strong senior center network is important to Pennsylvania so that older adults have quality information about and access to services that they need or may need. (In this vein, PASC in responding later this month to DPW’s Request for Information (RFI) will be delineating the role of community senior centers for informational outreach to consumers who may desire shared living arrangements.)

Second, Senior Centers focus upon prevention and early intervention. Research shows that older adults who participate in senior center evidenced based programs can learn to manage and delay the onset of chronic disease and experience measurable improvements in their physical, mental, emotional, social, spiritual, and economic well-being. In addition to their information function, community senior centers offer a wide variety of programs and services, including:

- Meal and nutrition programs
- Health screenings
- Fitness, diet, and wellness programs
- Personal action plans to address deficiencies
- Public benefits counseling
- Volunteer and civic engagement opportunities
- Social and recreational activities to combat depression
- Educational and arts programs

Sometimes, the personal action plan to address deficiencies is for very basic needs...and success. As one participant wrote: “Prior to attending...classes, I was unable to tie my shoes and fasten some of my undergarments...After 4 weeks I am able to bend over and tie my shoes; Also, I can fasten all of my undergarments. My doctor told me ‘Whatever you are doing, keep on doing it.’” Other participants report, “my blood sugars and blood pressure are now normal...I am no longer tired, depressed and sluggish.” Clearly, it doesn’t require a medical degree to understand that community senior center action plans of this nature are helping aging consumers to avoid more costly interventions. (A composite sampling of similar testimonials statewide has been compiled and will be forwarded to the Committee.)

Third, Senior Centers, as with other home and community based services, are a cost effective means to help avoid more expensive institutional care. Community senior centers provide an array of preventive and intervening services, such as those I have previously enumerated, at a fraction of the cost of any other aging services. The chart below compares these per-person costs based upon 2010-11 samplings from across the Commonwealth (The senior center cost is derived from an annual cost for 260 days of service. The rate varies widely due to regional demographics and economies of scale.):

Nursing Home Semi-Private (Daily Rate)	Residential Assisted Living (Daily Rate)	Adult Day Services (Daily Rate)	Home Health Aide (Hourly Rate)	<b>Community Senior Center (Daily Cost)</b>
\$210 - \$279	\$93 - \$126	\$68 - \$75	\$19 - \$20	<b>\$.50 - \$3.44</b>

In recognition of the importance of senior centers within the long term care system, PASC respectfully requests and urges the members of the Senate Committee on Aging and Youth to advocate, at the very least, for capital funds to repair, enhance and maintain Center sites as suitable facilities for the provision of community based services necessary to reduce or delay more expensive long term care services and admissions to nursing homes. The \$4 million of lottery monies provided in 2006 and the \$2.7 million of federal monies provided in 2009-10 for matching competitive capital grants helped to address the most urgent needs. As the applications demonstrated during those cycles, however, at least another \$12 million of need remains.

Finally and additionally, PASC urges the Committee to advocate for continuing the proposition that Lottery funds should be utilized first and foremost for the purpose the Lottery was initially enacted: To facilitate the ability of our aging seniors to remain in their homes and out of more costly facility and institutional care for as long as possible. In this time of financial duress for everyone, fixed income aging seniors are in particular distress. We believe that a portion of the unexpended \$100+ million Lottery funds that are annually held in reserve should be allocated to PennCare for the Area Agencies on Aging to be able to apply to the spectrum of home and community based services they administer. If the definition of a reserve is to be able to meet unexpected need, then clearly it is time to apply those funds.

Thank you for providing today's opportunity to Pennsylvania's Senior Centers.

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