

POLICY POSITION  
PENNSYLVANIA ASSOCIATION OF AREA AGENCIES ON  
AGING, INC.

## **Administration of Aging Services**

### **BACKGROUND NARRATIVE**

Prior to the passage of Act 70 of 1978, the Pennsylvania State Unit on Aging was an Office within the Pennsylvania Department of Public Welfare. At that time, advocates committed to protecting the rights and interests of older adults, most notably the Pennsylvania Association of Older People, felt that the lack of a prominent Aging Unit minimized the visibility of older Pennsylvanians and did not adequately reflect their needs, wants and desires. In addition, there existed a sense that policy decisions were made based on factors that were not always in the best of older adults. As a result, these advocates successfully lobbied the General Assembly to pass Act 70, which transformed the State Unit on Aging into a cabinet-level Department of Aging.

For nearly the first quarter century of its existence, the Pennsylvania Department of Aging (PDA) served as an advocacy entity committed to serve as the voice for older Pennsylvanians while it fostered the development of a statewide Aging Network. In addition, the PDA fine tuned its role as the state-level administrator of Aging Services. As with any new creation, there were disagreements, however over time, the PDA Department successfully formed a solid alliance with the local Area Agencies on Aging serving the Commonwealth's sixty-seven counties. Since inception, aging services in Pennsylvania have operated as a state and local partnership, which allowed a considerable amount of local flexibility. While Aging Services were combined with other human services in some counties, policy regarding Aging Services at the state level and in most local communities has been based almost exclusively on what is perceived as 'in the best interests of older people.'

During the early to mid 2000s, partially in response to a U. S. General Accounting Office study citing a lack of quality control in home and community based services, and partially as a matter of policy preference, the Commonwealth in an attempt to increase standardization and improve program quality began to centralize policy control. As a result, local Area Agencies on Aging came to be seen as contractors carrying out the policies of the Commonwealth.

More recently, the Commonwealth, specifically DPW and PDA has broadened its focus to include services to specific groups, such as older adults (e.g., individuals age 60 and older) and adults with physical disabilities; and has injected the term 'long term living' in place of the term 'long term care' whereby local area agencies on aging must

now focus their efforts to address the need of adults (age 18 and over) in need of long term living services across disabilities. This focus ultimately manifested in the creation of the Office of Long Term Living (OLTL). While the OLTL operates under the joint direction of the Secretaries of Aging and Public Welfare, programmatically, the majority of the programs that were operated by PDA are now facilitated by the OLTL.

## **PROBLEM STATEMENT**

There is a perception that Aging Programs tend to suffer when combined with programs targeted to other constituencies. Older adults tend to have divergent priorities, preferences and sensitivities compared to other recipients of human services, which is the primary reason the cabinet-level Department of Aging was created. Unfortunately, the statewide advocacy organizations such as the Pennsylvania Association for Older People that were instrumental in the creation of the Department of Aging no longer exist. Conversely, advocacy groups such as ADAPT, representing the interests of other constituencies served by the Office of Long Term Living, are extremely vocal, and could serve as examples for efforts to reinvigorate independent advocacy on behalf of older Pennsylvanians.

This is not to suggest that older people cannot be successfully served using a cross-disabilities administrative model. Indeed, there are a number of successful examples of that model (in various manifestations) that have been implemented in Pennsylvania counties such as Cumberland, Lackawanna, Lehigh and Montgomery. It is essential, however, that policy regarding services to older Pennsylvanians is driven by the interests and needs of older Pennsylvanians.

## **GOAL:**

The goal is to preserve the positive aspects of the Aging Services delivery system while enhancing the network to achieve a comprehensive and seamless system that is fully responsive to the priorities, preferences and sensitivities of older Pennsylvanians.

## **THE POSITION:**

1. The seemingly new role and purpose of the Department of Aging must be clearly defined and explained since it has been relieved of the bulk of its responsibilities for program administration.
2. An independent Aging advocacy network is needed to help promote Aging priorities as a complement to the advocacy work of other constituencies served by the Office of Long Term Living.

3. The Pennsylvania Association of Area Agencies on Aging must fulfill a more integral role in the formulation of Commonwealth policy affecting older Pennsylvanians.
4. As service delivery models are developed and revised, emphasis on and support for the role of family caregivers must be preserved and enhanced. In addition, a full range of consumer direction must be offered to older consumers, including the option of a “care and comfort” model.
5. It could be argued that Pennsylvania is the most regionally diverse state in the Union. Accordingly, the unquestioned value of enhanced standardization in state-level policy development must be balanced with a degree of flexibility for AAAs to tailor services to address the unique needs of their local communities.

### **CONCLUSION:**

There is every potential for older people to be well-served by the newly created Office of Long Term Living. In doing so, care and sensitivity to the needs of older adults must be evident as policies and programs are developed, enhanced, implemented and evaluated. There is also a need for more independent Aging advocacy to ensure that this happens. Finally, the role of the Department of Aging must be redefined and reinforced.

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