

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES

AGING AND OLDER ADULT SERVICES  
COMMITTEE HEARING

STATE CAPITOL  
ROOM 60 EAST WING  
HARRISBURG, PENNSYLVANIA

WEDNESDAY, NOVEMBER 12, 2008  
9:35 A.M.

PRESENTATION ON  
INNOVATIVE HOUSING OPTIONS FOR SENIORS

BEFORE:

HONORABLE PHYLLIS MUNDY, MAJORITY CHAIRMAN  
HONORABLE LAWRENCE H. CURRY  
HONORABLE EUGENE DePASQUALE  
HONORABLE WILLIAM F. KELLER  
HONORABLE DEBERAH KULA  
HONORABLE BARBARA McILVAINE SMITH  
HONORABLE EDDIE DAY PASHINSKI  
HONORABLE STEVE SAMUELSON  
HONORABLE KEN SMITH  
HONORABLE RICK TAYLOR  
HONORABLE JEWELL WILLIAMS  
HONORABLE TIM HENNESSEY, MINORITY CHAIRMAN  
HONORABLE KAREN BOBACK  
HONORABLE MICHELE BROOKS  
HONORABLE GARTH D. EVERETT  
HONORABLE MAUREE GINGRICH  
HONORABLE DUANE MILNE  
HONORABLE ROSEMARIE SWANGER  
HONORABLE RANDY VULAKOVICH  
HONORABLE KATHARINE M. WATSON

\* \* \* \* \*

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ALSO PRESENT:  
CHARLES W. QUINNAN  
MAJORITY EXECUTIVE DIRECTOR  
ALICIA E. RIEGEL-KANTH  
MAJORITY RESEARCH ANALYST  
LOUISE F. STEPANIC  
MAJORITY LEGISLATIVE ASSISTANT  
SHARON E. SCHWARTZ  
MINORITY EXECUTIVE DIRECTOR  
CAROL A. TURNER  
MINORITY LEGISLATIVE ADMINISTRATIVE ASSISTANT

DEBRA B. MILLER  
REPORTER

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## P R O C E E D I N G S

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3 CHAIRMAN MUNDY: Good morning, everyone.  
4 Welcome back to Harrisburg after a somewhat bruising  
5 political season.

6 The topic of this morning's hearing is  
7 innovative housing ideas for seniors, and there is  
8 a bill before our committee.

9 Representative Bill Keller is the prime  
10 sponsor of House Bill 2516 having to do with  
11 Naturally Occurring Retirement Communities, or NORCs,  
12 and we will be hearing from him this morning about  
13 his initiative.

14 Obviously, anything we can do to promote the  
15 well-being of our senior citizens is to be desired,  
16 and the committee is very interested in these  
17 innovative ideas that will make the lives of older,  
18 sometimes retired but sometimes not, citizens more  
19 productive, happy, healthy.

20 So we look forward to hearing these new  
21 ideas and sharing them with the Department of Aging,  
22 the Office of Long Term Living. So the purpose of  
23 today's hearing is to explore what is currently  
24 available and what might be available given the  
25 appropriate support.

1           Is there anything you would like to say,  
2 Mr. Hennessey?

3           REPRESENTATIVE HENNESSEY: No; just welcome  
4 back to our committee members, our testifiers, and  
5 the public.

6           This is an interesting idea, because it  
7 seems to me that it shows us what can occur in our  
8 communities without government intervention. Maybe  
9 we can help stimulate it with some targeted  
10 government intervention, but it is an interesting  
11 phenomenon. As you talk about it and we go to see  
12 these things, we will probably learn a whole lot more  
13 about what is going on and how the community is  
14 helping itself.

15           So welcome, Bill. We will listen to your  
16 testimony, and we'll be interested in what you have  
17 to say. Thanks.

18           CHAIRMAN MUNDY: All right. I am going to  
19 ask the members of the committee to introduce  
20 themselves, please, starting with Representative  
21 Vulakovich.

22           REPRESENTATIVE VULAKOVICH: Randy  
23 Vulakovich, Allegheny County, 30th District.

24           REPRESENTATIVE MILNE: Duane Milne, the  
25 eastern part of Chester County, the Malvern area.

1           REPRESENTATIVE WATSON: Good morning.  
2 Kathy Watson. I represent the 144th District, a  
3 portion of Bucks County.

4           REPRESENTATIVE EVERETT: Garth Everett, the  
5 84th District, Lycoming County.

6           MR. QUINNAN: Chuck Quinnan, Majority  
7 Executive Director for the committee.

8           CHAIRMAN MUNDY: Phyllis Mundy from Luzerne  
9 County.

10          REPRESENTATIVE HENNESSEY: Tim Hennessey  
11 from Chester County, down in the southeast.

12          MS. SCHWARTZ: Sharon Schwartz, the  
13 Republican Director of the committee.

14          REPRESENTATIVE McILVAINE SMITH: Barb  
15 McIlvaine Smith, Chester County, the 156th.

16          REPRESENTATIVE PASHINSKI: Eddie Day  
17 Pashinski, the 121st, Luzerne County.

18          REPRESENTATIVE SMITH: Ken Smith, Lackawanna  
19 County, the 112th.

20          REPRESENTATIVE TAYLOR: Rick Taylor,  
21 Montgomery County, the 151st.

22          CHAIRMAN MUNDY: And we have Representative  
23 Bill Keller, who is going to tell us about his bill,  
24 House Bill 2516.

25                 Bill, whenever you are ready.

1           REPRESENTATIVE KELLER: Thank you,  
2 Madam Chair, Chairman Hennessey, and members of the  
3 committee.

4           I wish to thank you for this opportunity to  
5 speak on behalf of House Bill 2516, which helps our  
6 seniors to age in their homes.

7           House Bill 2516 supports a progressive and  
8 growing program called Naturally Recurring Retirement  
9 Communities, or NORCs.

10           A NORC is defined as a residential building  
11 or housing complex in urban/rural areas, or  
12 neighborhoods where 40 percent of the heads of  
13 households are seniors or a large population of  
14 senior citizens exist and the population allows for  
15 the efficient delivery of in-home services to our  
16 senior citizens.

17           NORCs are developed to enable these  
18 communities to continue to live in their homes and  
19 age in a comfortable and familiar environment,  
20 postponing the need for senior citizens to leave  
21 their homes and move into an institutional-care  
22 setting -- a hospital, nursing home, or assisted  
23 living center.

24           NORCs develop a "one-stop" resource to  
25 assist seniors residing in their communities, meeting

1 their needs to continue living in their homes and  
2 their neighborhoods. It is a program which enables  
3 the pooling of resources to assist senior citizens  
4 living in these "neighborhoods" to receive the care  
5 they need.

6           Examples of the services that NORCs  
7 currently provide include care coordination, health  
8 assessment and monitoring, home health care, home  
9 repairs, socialization activities, technological  
10 assistance, and transportation assistance.

11           Baby boomers are retiring -- that would be  
12 me -- and are living longer than the previous  
13 generations. We as a society need to find ways to  
14 help these individuals entering their senior years to  
15 live the way they wish with respect and dignity.  
16 NORCs achieve this objective while at the same time  
17 helping to deter the number of people needing Federal  
18 and State assistance that come along with  
19 nursing-care costs.

20           The NORC program is designed to prolong  
21 one's time in their accustomed environment, which  
22 they have developed, built, enjoyed, and have aged  
23 in. The concept of NORCs is a basic and commonsense  
24 approach towards addressing the needs of our aging  
25 population, especially in addressing the aging



1 baby boomers and the demands by our "aging longer"  
2 population.

3           We as elected officials are continually  
4 examining ways to help our elderly age in their homes  
5 longer while addressing the increased costs of  
6 Medicare and Medicaid funding. I believe that  
7 supporting a NORC program is another way to begin to  
8 expand our aging-in-place efforts.

9           NORCs are a progressive concept that is  
10 growing throughout our nation and in Pennsylvania.  
11 This is a simplistic program to help our senior  
12 citizens live in their homes, neighborhoods, and  
13 communities longer and hopefully happier.

14           Thank you, Madam Chair and all the members,  
15 for the ability to talk about the bill today.

16           CHAIRMAN MUNDY: Questions from the members?  
17           Representative Pashinski.

18           REPRESENTATIVE PASHINSKI: Thank you,  
19 Madam Chair.

20           REPRESENTATIVE KELLER: Oh, I've been  
21 waiting for this.

22           REPRESENTATIVE PASHINSKI: I understand you  
23 went out to Home Depot and got yourself a tool belt,  
24 and you have your hammer and all this stuff and you  
25 are ready to go.

1 I think it is a great idea, Representative  
2 Keller, and I just would like to know a few things  
3 about this.

4 Like when we talk about, let's say, for  
5 example, taking care of the homes. A lot of folks  
6 that are elderly basically live within that domicile  
7 and do not do any kind of work, necessary work, and  
8 that could be even dangerous.

9 Who would pay for the repairs of these  
10 homes? How does that system work?

11 REPRESENTATIVE KELLER: Well, that would be  
12 a part of the program that we would develop.

13 Mr. Butler, he is very involved in NORCs and  
14 he has operated one of them, so he will be able to  
15 give further detail.

16 But I agree with you. I have seen in our  
17 neighborhood where people just get older, their kids  
18 move away or they are by themselves, and the first  
19 thing that really happens is the roof goes, and they  
20 don't have \$900 or \$1,200 to fix the roof. And once  
21 you break the seal on a home, it is just a matter of  
22 time that home actually deteriorates because you  
23 can't fix a little leak.

24 But you are right; I mean, we would provide  
25 services like that that would help people to age in

1 place longer.

2 REPRESENTATIVE PASHINSKI: Right. And, of  
3 course, the possibility of people that would be  
4 visiting on a regular basis on a rotation time frame.

5 Once again, being involved with the aging in  
6 our area, some of the conditions that they live in is  
7 anything but humane, and they need vigilance and  
8 people to make sure they are okay.

9 REPRESENTATIVE KELLER: I've had that happen  
10 to friends of mine, the parents -- people, you know,  
11 healthy, and the next thing you know, they can't find  
12 out what is wrong with them.

13 A friend of mine's mother had to go in the  
14 hospital for 2 weeks and they had to get her off of  
15 old drugs, because nobody was coordinating the drugs  
16 that she was taking. She actually became sick  
17 because she was taking too many drugs and they had an  
18 adverse effect on each other. So if we can get that  
19 earlier, we can stop it.

20 There was a big cost involved following that  
21 2-week stay in the hospital, just because she was  
22 taking too many drugs.

23 MR. BUTLER: Madam Chairman, my name is  
24 Hank Butler. I'm the Executive Director of the  
25 Pennsylvania Jewish Coalition. And we have several

1 testimonies coming up with NORC experts to talk about  
2 them.

3           The idea behind this is actually pooling  
4 resources together and hiring a case manager and  
5 staff to actually go around and examine locations,  
6 making sure the residences are up to spec, and then  
7 repair those that are not and to get them back up to  
8 code or back up to livable conditions.

9           Medication is the same thing, to make sure  
10 there is adequate food, medications, social outlets.

11           In essence, we make sure they stay in their  
12 homes happy.

13           REPRESENTATIVE PASHINSKI: Well, again, I  
14 applaud you for this and I agree with it. I am just  
15 looking for the mechanics of how it is going to work,  
16 because again, being associated with a lot of elderly  
17 folks, they do need -- they need observation, people  
18 to come and visit with them on a regular basis to  
19 make sure they are taking their medicines and making  
20 sure they have food and are adequately eating and so  
21 on and so forth. So I will be interested in the rest  
22 of the testimony.

23           But thank you; a great idea.

24           CHAIRMAN MUNDY: Representative  
25 Garth Everett.

1           REPRESENTATIVE EVERETT: Thank you.

2           And I think this is a great idea also. I  
3 just have a question on the definition of "naturally  
4 occurring."

5           In the area that I represent in more rural  
6 Pennsylvania, we do have senior citizen complexes  
7 that were developed by not-for-profits specifically  
8 for seniors to move into.

9           Now, would that -- and anybody can answer --  
10 would that qualify as naturally existing, or because  
11 it was created for senior citizens would it not be  
12 able to have those kinds of services?

13           REPRESENTATIVE KELLER: I believe the goal  
14 is to have the clients or the elderly age in their  
15 homes and keep them there as long as they can.

16           And I would imagine you are talking about a  
17 202 housing project? which I think that is the best  
18 housing project the Federal government ever  
19 designated, because you get -- and this, basically it  
20 would be a 202, but you are actually in your home.

21           In 202s you can bring 75 seniors together,  
22 low income, and then the same things occur -- they  
23 watch their medicines; they socialize together. I  
24 just had to buy a 65-inch TV screen for them to go  
25 watch the election.

1           So it is that -- it is not 202 itself, but  
2 it is more to try and keep them in their homes  
3 longer.

4           REPRESENTATIVE EVERETT: But once these  
5 senior citizens complexes become these people's  
6 homes, would they be eligible for the kinds of  
7 services that we are talking about under this program  
8 where --

9           REPRESENTATIVE KELLER: I don't know exactly  
10 which one you are talking about, but the ones I have  
11 been involved in do receive that kind of care when  
12 they are in that facility.

13           CHAIRMAN MUNDY: Representative  
14 McIlvaine Smith.

15           REPRESENTATIVE McILVAINE SMITH: Thank you,  
16 Madam Chair.

17           Of course, anything for seniors is  
18 wonderful, but I have some concerns; first of all,  
19 creating another level of bureaucracy.

20           You know, in my county -- well, I come from  
21 a very densely populated district, so I could see  
22 that this would work.

23           I live in the community of West Chester  
24 Borough, and now I am probably the oldest person  
25 living on my block, but when I first moved in I was

1 one of the youngest, and people help people in our  
2 community.

3 We have the Department of Aging. We have  
4 visiting nurses. We have Good Works, which comes out  
5 and helps people with their homes when they have a  
6 problem. We have churches that have groups that go  
7 around and help clean out gutters and fix and paint.  
8 We have the Care Food Network.

9 We have a lot of people, just individual  
10 people, you know, I haven't had to rake my leaves  
11 once in the last 2 years. You know, people come over  
12 and do that for me, and that is what we used to do  
13 for the elderly -- it's really great, I'm going to  
14 tell you.

15 But my concern is, especially now that we  
16 are going into this really tight, tight budget, you  
17 know, the money, I think that we need to encourage  
18 that volunteerism, and people helping people, that  
19 does naturally occur anyway when we have that dense  
20 population.

21 My concern is, when Representative Everett  
22 said about rural, that is my concern. You know, what  
23 happens to people that are way out in the rural  
24 areas? How does that become naturally occurring?  
25 They are just sort of out there maybe on 10, 15,

1 20 acres and the closest house may be 2 miles away,  
2 3 miles, who knows. But it is a concern of creating  
3 this level. Could you speak to that, please?

4 REPRESENTATIVE KELLER: Well, I think two  
5 things.

6 I think, number one, you have to be careful  
7 about people raking your leaves. That may be a  
8 reportable income. You know how things are around  
9 here now.

10 And number two, we believe -- and Hank will  
11 speak to it -- we believe and we are trying to prove  
12 to the department right now that this will be a  
13 cost saver. We will save money by doing this and not  
14 increase the cost.

15 MR. BUTLER: The intention -- and NORCs  
16 have really been springing up in more urban areas  
17 and now in suburban areas. If you have, say, a  
18 15-square-mile radius of, let's say, 40, 50 homes  
19 around the area, why not pool the resources?

20 The idea to create a one-stop shop for these  
21 residents of the home and work with the Area Agencies  
22 on Aging and work with the different groups to get  
23 the needs and attention, it is actually very  
24 simplistic but yet needed. So we did realize that  
25 Pennsylvania is a diverse area with rural and urban



1 folks working together to kind of do this.

2 And we have talked with the Area Agencies on  
3 Aging and other groups about as a resource, and quite  
4 frankly, in some of the more rural areas, we believe  
5 that the Area Agencies on Aging would be the resource  
6 for the NORCs.

7 But again, instead of being more piecemeal,  
8 we are kind of pooling it together in a community and  
9 just giving them the attention that they need to stay  
10 longer.

11 CHAIRMAN MUNDY: Representative Watson.

12 REPRESENTATIVE WATSON: Thank you,  
13 Madam Chairman.

14 A question -- several.

15 Is there a legal definition of "NORC"? And  
16 the reason I ask is because, for instance, and I  
17 think Representative Everett referred to it, if you  
18 have groups, and in my area we have lots of  
19 age-restricted, over 55 age-restricted communities,  
20 that that is a specific Federal designation, so it is  
21 not considered that it is discriminatory. You  
22 can't have anybody under 19 live with you more than  
23 3 months. I mean, that has all been tested.

24 For a NORC, is there a legal definition to  
25 give us an idea if it's broad enough or not? That's

1 my first question.

2 MR. BUTLER: Okay. The definition of the  
3 language is taken from the Federal guidelines on the  
4 earmark. We are going to be consistent. We have  
5 tried to be consistent with that in order to clearly  
6 define that definition.

7 So the definition we have in the  
8 legislation, the definition that Representative  
9 Keller entailed, is the definition from the Federal  
10 guidelines that we have.

11 REPRESENTATIVE WATSON: Okay. Thank you.

12 Following along then, would I be correct --  
13 I was trying to put this in terms of an analogy, and  
14 let me say that in effect what we did, with our  
15 country we have a Federal government, but we divided  
16 ourselves actually in reverse. The States came  
17 first. But we divided ourselves into smaller  
18 government entities, and then within that we divided  
19 into counties, and within that we divided into  
20 municipalities. We had a borough, a township,  
21 whatever.

22 In effect, is that what you are suggesting,  
23 that where in a county -- I'll use Bucks. We have  
24 the delivery of many senior citizens' services  
25 through the auspices of the Area Agency on Aging,

1 which gets its funding through the State and some  
2 through the county. You are creating, if I might,  
3 even then a smaller entity that in effect collects  
4 itself and says, come here for services, and in a  
5 NORC you would have one person, in this case a  
6 manager or somebody kind of appointed, to be the  
7 focal point to see who needs what and make that kind  
8 of connection to the services that are out there. Am  
9 I correct in that's the way in general a NORC would  
10 work?

11 MR. BUTLER: With the exception, yes, with  
12 the exception of not really -- if a neighborhood or a  
13 community is aging in place and people want to stay  
14 longer, maybe it is actually pooling the resources  
15 together and then we work with these groups, not  
16 necessarily a whole separate entity --

17 REPRESENTATIVE WATSON: I understand.

18 MR. BUTLER: A naturally occurring entity.

19 REPRESENTATIVE WATSON: Right. For example,  
20 not in my district but in Lower Bucks County, which  
21 was famous in the 1950s for developing Levittown, it  
22 spans four municipalities, but indeed many of those  
23 folks still live there. They are originals, so they  
24 have now moved into their seventies, their seventies  
25 probably and eighties, so they are naturally

1 occurring in their area. They still are eligible  
2 right now, they get services if they need them  
3 through the Bucks County Area Agency on Aging or they  
4 get that Bucks County Transport to come to the house  
5 for scheduled rides to the doctor or whatever, but  
6 what you are suggesting is they in effect form into  
7 this group that gives more definition in where they  
8 go, and in effect they have somebody speaking for  
9 them and also checking that they could use some  
10 services or mentioning that, you know, maybe you  
11 ought to get yourself checked with a case manager for  
12 the medicine or we could get someone in. Am I  
13 correct in that? I am trying to get --

14 MR. BUTLER: Oh, no, no.

15 REPRESENTATIVE WATSON: You guys were going  
16 there but you weren't --

17 MR. BUTLER: No, no, that's --

18 REPRESENTATIVE WATSON: -- so I thought if  
19 we could get this lawyer thing, we will get the idea  
20 out there, all right?

21 MR. BUTLER: Plus it is a social outlet as  
22 well as just the mandate to help them get the  
23 resources they need, yes.

24 REPRESENTATIVE WATSON: Okay, and I thought  
25 that might answer some other questions people had.

1 Thank you.

2 CHAIRMAN MUNDY: Representative Swanger.

3 REPRESENTATIVE SWANGER: Thank you,  
4 Madam Chairman.

5 I am going to ask a question about the  
6 home-share concept. It sounds like a great idea,  
7 what a novel idea, but how can we be sure that those  
8 who move in with our seniors are not going to clean  
9 them out of their assets?

10 CHAIRMAN MUNDY: The home share is  
11 separate --

12 REPRESENTATIVE SWANGER: Oh, it is not part  
13 of the bill?

14 CHAIRMAN MUNDY: No.

15 REPRESENTATIVE SWANGER: I am sorry. My  
16 calendar said it was.

17 CHAIRMAN MUNDY: No. The topic of the  
18 hearing could include other innovative housing ideas,  
19 including home share, but the bill itself only deals  
20 with the NORCs.

21 REPRESENTATIVE SWANGER: I am sorry; my  
22 secretary's mistake.

23 CHAIRMAN MUNDY: That is quite all right.  
24 That's quite all right; not a problem.

25 Representative Gingrich.

1           REPRESENTATIVE GINGRICH: Thank you,  
2 Madam Chair.

3           Just to be clear. So the language of the  
4 bill we are looking at now, Bill, it excludes then  
5 any of our currently formal housing act-established  
6 environments for our seniors.

7           So many of our communities in Lebanon County  
8 that I represent, we have a number of them providing  
9 excellent housing for our aging population who, while  
10 they are there, are aging. So many of them are in  
11 need of, you know, some of the assistance that we are  
12 talking about that is scattered about the community.

13           But in this bill, you are saying that that  
14 is excluded and we wouldn't be looking at those in  
15 the same category as our naturally occurring. Is  
16 that clear?

17           MR. BUTLER: Yes, the idea is current  
18 neighborhoods that are -- the idea of not-for-profit  
19 and for-profit nursing homes that are developing  
20 their own condominium complexes, and that is not what  
21 we are talking about in this bill.

22           REPRESENTATIVE GINGRICH: Okay.

23           CHAIRMAN MUNDY: I really think that our  
24 panel, our NORC panel, can address some of these  
25 issues a little bit later on after the testimony from

1 the department. So you might want to ask these types  
2 of questions of the panel again just for further  
3 clarification.

4 I only have one question of -- well, two  
5 questions, actually, of Representative Keller.

6 Do you envision in the regulations, because  
7 I don't see any in the bill, do you envision any  
8 income eligibility with regard to these services?

9 REPRESENTATIVE KELLER: Good question. I  
10 have not thought about that. We will address that  
11 later on.

12 CHAIRMAN MUNDY: Okay.

13 And my second question would be, do you -- I  
14 am trying to think how to phrase this. Is there  
15 anything in current law or regulation at the State  
16 level that we have some influence and control over?  
17 Is there anything in current law or regulation that  
18 prohibits or discourages the formation of these  
19 Naturally Occurring Retirement Communities?

20 REPRESENTATIVE KELLER: I am going to have  
21 Hank answer that. I do not believe so.

22 MR. BUTLER: It is part of our research at  
23 this point. We do not believe so.

24 CHAIRMAN MUNDY: Okay. So you currently  
25 have the ability to establish these NORCs, and the

1 purpose, main purpose of your bill is to just sort of  
2 further define what it is that we mean by them and  
3 establish a grant program that would help support the  
4 services in this community? Okay.

5 REPRESENTATIVE KELLER: Yes.

6 CHAIRMAN MUNDY: So now I understand the  
7 intent of your bill.

8 Thank you, Representative Keller.

9 REPRESENTATIVE KELLER: Thank you,  
10 Madam Chair. Thank you, members.

11 CHAIRMAN MUNDY: And, Mr. Butler, I believe  
12 you are a part of the panel shortly.

13 Unfortunately, Deputy Secretary -- well,  
14 Acting Secretary -- I will get this right yet.  
15 Acting Secretary John Michael Hall who was scheduled  
16 to testify is not available this morning, so we have  
17 in his place his very able and capable Deputy  
18 Secretary, Ray Prushnok.

19 ACTING DEPUTY SECRETARY PRUSHNOK: Good  
20 morning, everyone.

21 I'm Ray Prushnok. I'm Acting Deputy  
22 Secretary for the Department of Aging.

23 I spoke with Mike early this morning. He  
24 has that bug that's been going around, and he is  
25 under the weather and lying in bed, so we wish him



1 well.

2 CHAIRMAN MUNDY: Best wishes for his quick  
3 recovery.

4 ACTING DEPUTY SECRETARY PRUSHNOK: We wish  
5 he could have been here. But first I would like to  
6 thank Chairman Mundy, Chairman Hennessey, staff, and  
7 members of the committee for engaging us in this  
8 discussion and establishing this forum to talk about  
9 this important issue.

10 This committee has been active in ongoing  
11 dialogue about numerous models to promote aging in  
12 place in Pennsylvania and ways to support our growing  
13 older population. And NORCs, while NORCs themselves  
14 are not really a new thing, a NORC is generally a  
15 neighborhood or an apartment complex where we have a  
16 large number of older Pennsylvanians that have aged  
17 there.

18 Whether it is, as Representative Watson  
19 mentioned, in a place like Levittown or in an  
20 apartment complex where it was not originally  
21 intended to be necessarily for older people but they  
22 have aged there, so the design was not built for an  
23 older population, the construction was not built on a  
24 single-story floor plan where someone could get  
25 around easily, those are some of the issues that are

1 presented.

2           And we would like to thank Representative  
3 Keller for bringing the bill forward as we move  
4 ahead. This bill would make grant funding available  
5 for supporting this aging-in-place model and help  
6 target some of these clusters. But as some members  
7 have already indicated, it is a tough time, I think,  
8 for that kind of an amount for grant funding. But  
9 nevertheless, I think there are a number of things we  
10 can do to support this model and grow it across  
11 Pennsylvania.

12           NORC supportive service programs. I think  
13 that maybe will help draw the distinction that  
14 Representative Mundy was sort of getting at, you  
15 know, are there any impediments to getting there or  
16 are there any things that are out there?

17           We know that NORCs are out there. We know  
18 that there are clusters where we do have a high  
19 density of older populations, and the supportive  
20 service programs are really a new concept that had  
21 begun in New York City in the mid 1990s. And in  
22 New York City, they began finding that there were  
23 apartment buildings where people were aging in place,  
24 and they began to wrap around help promotion services  
25 and case management services.

1           And demographically, we know that there are  
2 NORCs all across Pennsylvania as well. We are one of  
3 the oldest States in the Nation, and that's not a new  
4 discussion for this committee by any means. And in  
5 Pennsylvania, we got old first, and we basically have  
6 2 million individuals that are roughly above the age  
7 of 60, and about half of those are above the age of  
8 75. So we do have a large older population that is  
9 growing older quickly. We are projecting that our  
10 population over 85 will grow by 52 percent between  
11 now and 2020.

12           And already, if you look at the consumers  
13 that we are serving at the high end of the spectrum  
14 in nursing homes and in programs like the aging  
15 waiver, our average age is already about 87 or 88.  
16 So we already are targeting.

17           So as we move ahead into the future years,  
18 that number may even be higher. So we will have a  
19 lot of different issues as we think about how we are  
20 going to maintain older Pennsylvanians in the  
21 community and as our program serves an older  
22 population.

23           Organizing these communities will be a vital  
24 part of our overall rebalancing strategy as we think  
25 about honoring the preferences of the population we

1 serve and reducing the overall proportion of our  
2 spending on institutional care and, you know, moving  
3 towards our overall balance in Pennsylvania.

4 To hit on, I guess, some of the points that  
5 have been raised already.

6 Representative Everett was asking about, you  
7 know, the definition and some different models that  
8 are out there. In addition to the NORC models that  
9 exist around the State, there are supportive housing  
10 models that exist in 202 or for low-income housing  
11 developments.

12 And there is one case study that we have  
13 come to know in Pittsburgh with Presbyterian Homes,  
14 and they basically have a nurse that visits, you  
15 know, several of their apartment buildings. And they  
16 also have infused health-promotion services, and it  
17 is having someone there a couple days a week to check  
18 blood pressure, to do general health status  
19 monitoring, but having that person there to give  
20 someone access to a health professional that can  
21 answer questions and that can help guide them to  
22 services.

23 So what they found is that it may result in  
24 that person seeking out a Medicare service a little  
25 sooner or getting in touch with the Area Agency on

1 Aging a little sooner. And within their data they  
2 have shown that they have reduced their annual  
3 nursing-home placements from about 4 percent down to  
4 1 percent, so again, you know, proving that this kind  
5 of a model, just by having access to those services,  
6 can work.

7           And that is a similar kind of concept that  
8 can work in what you would call a vertical NORC  
9 versus your sort of horizontal or neighborhood NORC,  
10 which, you know, in some examples, is where they  
11 target apartment buildings versus communities.

12           Additionally, there are some efforts  
13 underway to support NORCs across Pennsylvania -- the  
14 United Way of Southeastern Pennsylvania and the NORC  
15 that the Jewish Federation has been doing to better  
16 target supportive services in these neighborhoods.  
17 It is laudable, and we are encouraged by that.

18           And again, it really is, as Representative  
19 Hennessey indicated, people achieving quite a bit on  
20 their own without the support of government. But it  
21 does take, you know, some support of government as  
22 well as local foundation support and really the  
23 grassroots efforts of the communities that identify  
24 that they have that need and those kinds of things,  
25 the needs that are out there.

1           There is one notable example of a rural NORC  
2 in Pennsylvania that is in Franklin County with a  
3 community called Penn National near Chambersburg, and  
4 Al Poppen is here from that area today. And they  
5 have developed through their own grassroots network  
6 basically a membership to help their community of  
7 about a thousand people access different services,  
8 whether it is rides, companionship, socialization,  
9 and help connect them with services like home  
10 modifications or different home-care-type services.  
11 So that is one good example, but again, that is, you  
12 know, another service example that we have.

13           And there are numerous NORCs in the Philly  
14 area, and I think we will hear from some of those  
15 folks in a moment on our panel.

16           Lastly, I know that we were asked to discuss  
17 briefly the home-share concept, which Representative  
18 Swanger was just asking about.

19           There are a number of reasons why an  
20 individual would be interested in some kind of  
21 home-share relationship. It could be an older person  
22 that has an empty nest and is looking for someone to  
23 just be around, looking for companionship. They may  
24 need a little bit of support with, you know, cooking,  
25 cleaning up, and maintenance. Or they may have

1 higher needs, support with, you know, bathing,  
2 dressing, grooming, just generally care support.

3 On the opposite side, there may be  
4 individuals that have a yearning for caring for  
5 someone else, whether it is someone with special  
6 needs, someone with a disability, or an older person  
7 like we have in our Domiciliary Care Program.

8 And to speak briefly about one model that  
9 is out there and, you know, something that Acting  
10 Secretary Hall was involved with, Home Share Vermont  
11 is an established program that is a nonprofit  
12 supported by the State and local agencies across  
13 Vermont. It helps link individuals that may be  
14 looking to be a caregiver or may need some of their  
15 caregiving needs met. And essentially it is a trade  
16 for those kinds of services for a little bit of  
17 support, and in exchange, the person that would move  
18 in would have lower rent or no rent to, you know,  
19 help them out in terms of finding housing. So it is  
20 a win-win.

21 I think that in terms of Representative  
22 Swanger's question around how do we know if these are  
23 people that are okay to be caring for our elders,  
24 within our Dom Care Program, I think we have a tested  
25 model where the local Area Agency on Aging performs

1 an assessment of not only the physical environment of  
2 the home but they also look at the background of the  
3 individual, their finances, and to make sure that  
4 they would not be taking advantage of the vulnerable  
5 elderly that would be moving in. So again, just  
6 another program that fills an important niche in our  
7 long-term-care continuum.

8 And, let's see, with that I will open it up  
9 for questions.

10 CHAIRMAN MUNDY: Well, I am going to ask you  
11 the same questions that I asked Representative  
12 Keller.

13 Is the department aware of any law or  
14 regulation that would discourage -- obviously, since  
15 they already exist, there is nothing to prevent it --  
16 but is there anything that would discourage this kind  
17 of an organization, and I am specifically thinking of  
18 NORCs at the moment. And secondly, would the  
19 department envision any kind of income eligibility  
20 criteria?

21 ACTING DEPUTY SECRETARY PRUSHNOK: Chairman  
22 Mundy, I think that while there is not any regulatory  
23 or legal barrier to forming them, I think that the  
24 question of income criteria is a tricky one, because  
25 not everyone out there qualifies for the services,



1 you know, we provide at the department, and I think  
2 that NORCs offer a model that can help support those  
3 individuals.

4 And many individuals that may be in the  
5 middle-income bracket and they are in sort of a  
6 middle-class neighborhood that has aged in place,  
7 having a care manager that is able to go out there  
8 and check in and get to know the neighborhood, it may  
9 be a good model to prevent those individuals from  
10 going into a nursing facility and spending down.

11 So while I think it is probably important to  
12 acknowledge that with government funds we should be  
13 targeting areas that are more likely to be lower  
14 income and fall into our target populations, that it  
15 would make sense, I think, to target, you know, a  
16 slightly higher income range as well.

17 CHAIRMAN MUNDY: Yes; you know, I really  
18 would have a problem subsidizing those in, say, a  
19 gated community of millionaires, but I certainly have  
20 no problem with preventing exorbitant expenses for,  
21 you know, as you say, people end up in nursing homes  
22 and spending down to qualify for Medicaid, which, you  
23 know, in the end does not help any of us. The longer  
24 we can keep people in their homes and healthy, the  
25 better off we will be.

1           Questions?

2           Representative Hennessey.

3           REPRESENTATIVE HENNESSEY: Thank you,  
4 Madam Chairman.

5           Ray, is the Department of Aging looking at  
6 NORCs to try to see how they can efficiently deliver  
7 existing services to the existing population, or is  
8 the department looking at NORCs and saying, how can  
9 we get more people -- how can we, in a sense,  
10 advertise and draw more people into this kind of a  
11 setting?

12           It would seem to me that we are talking --  
13 NORCs, as I understand them -- they have just  
14 developed over time -- they haven't needed any push  
15 from government, and I am wondering whether or not  
16 your department is just trying to deliver services to  
17 the people who are already there or are you actually  
18 trying to build those communities?

19           ACTING DEPUTY SECRETARY PRUSHNOK: Chairman  
20 Hennessey, we have one project that we have just  
21 begun in partnership with Einstein in Philadelphia,  
22 and they have an urban research institute that we are  
23 working with to look specifically at the Greater  
24 Philadelphia area, because as we move ahead, we want  
25 to make sure that we are targeting supportive

1 services toward NORC areas, that we are doing it in  
2 an efficient way and that there are some kind of  
3 performance measures.

4           So one of the tricky things here has been,  
5 how do you compare the impact of what a NORC  
6 supportive service program is doing compared to a  
7 neighborhood that may also be older but that didn't  
8 have that support?

9           And again, we are still in development of  
10 the concept, but they have an interest in the  
11 West Oak Lane NORC in Philadelphia, and it is around  
12 one of their hospital systems. So we are looking to  
13 see where Philadelphia Corporation for Aging, our  
14 AAA, is providing services in the Greater  
15 Philadelphia area and find basically two things.

16           First are their, you know, hot centers,  
17 where there are high concentrations of older people  
18 and where there are high concentrations of places  
19 where we are delivering services, and to sort of look  
20 at all the data -- the income data where our service  
21 delivery is happening and also compare that to where  
22 the NORCs are.

23           So again, while we are just now thinking  
24 about how to measure these things, as this concept  
25 moves forward, we are doing better and trying to find

1 a way to measure performance and make those concepts  
2 something that is viable.

3 REPRESENTATIVE HENNESSEY: Well, my point  
4 was not what you are doing to make the delivery of  
5 existing services more efficient. We can all agree  
6 with that. I guess I am wondering whether or not the  
7 department is taking another step further or going  
8 another step further and saying, let's try to  
9 identify these and then market them in a sense or  
10 advertise them so that other seniors who do not live  
11 their presently might decide, that's a good place to  
12 try to locate.

13 ACTING DEPUTY SECRETARY PRUSHNOK: Yeah; we  
14 haven't initiated anything along those lines, but I  
15 think it is a good idea to help promote, you know,  
16 places where it may be easier to age in place. But I  
17 think, at least initially, we are looking to make  
18 sure that we know where those clusters are, and, you  
19 know, once we have identified them, to make sure that  
20 those communities are where the services are  
21 available and that, you know, again, to help  
22 provide the ability for those grassroots networks to  
23 emerge.

24 REPRESENTATIVE HENNESSEY: Thank you.

25 Thank you, Madam Chair.

1           CHAIRMAN MUNDY: Other questions?

2           Thank you very much, Mr. Deputy Secretary --  
3 Acting Deputy Secretary. We have a lot of "Actings"  
4 in the next few months.

5           ACTING DEPUTY SECRETARY PRUSHNOK: My first  
6 performance.

7           CHAIRMAN MUNDY: Good job; good job.

8           Would the panel please come forward at this  
9 time and take your seats.

10           I will ask Robin Schatz, Director of  
11 Government Affairs for the Jewish Federation of  
12 Greater Philadelphia, to introduce the panel.

13           MS. SCHATZ: Thank you so much, Madam Chair  
14 and members of the committee.

15           I want to thank you for the opportunity to  
16 speak with you about Naturally Occurring Retirement  
17 Communities and our efforts to help seniors age in  
18 their homes.

19           As you have heard, NORCs are a progressive  
20 program that is gaining popularity nationwide. In  
21 Pennsylvania alone, there are upwards of 10 NORCs  
22 currently operating, including 8 or 9 in the  
23 Philadelphia region.

24           Based on a successful aging-in-place program  
25 in Israel called the Eshel Project, Jewish

1 communities both nationally and throughout the  
2 Commonwealth have partnered with other social service  
3 agencies to develop and implement NORC programs.

4 Philadelphia's successful Rhawnhurst NORC is  
5 a joint project between the United Way, Catholic  
6 Charities, the Jewish Federation of Greater  
7 Philadelphia, and Jewish Family and Children's  
8 Service.

9 The funding has been raised several times.  
10 That was initially funded through grants through  
11 Mellon, through Mellon Bank. They funded a NORC in  
12 Pittsburgh as well as this one in Philadelphia, and  
13 we have been fortunate to get foundation grants as  
14 well as appropriations from both Senator Specter and  
15 formerly Senator Santorum. They both support these  
16 programs in a huge way.

17 As the baby boomer generation retires and  
18 people are living longer than in previous  
19 generations, NORCs help to lessen some of the  
20 obstacles and demands on the service needs.

21 To help articulate the benefits and success  
22 the NORC programs offer throughout the State, I am  
23 going to introduce our panel of speakers who will be  
24 testifying about NORCs in their communities. And I  
25 also want to take this moment to invite any of you

1 who have not yet seen our NORCs to come and visit us  
2 in Philadelphia.

3           We just had -- Chuck was just down. Acting  
4 Secretary Hall came down and took a look at our  
5 aging-in-place programs. We are very proud of what  
6 we have accomplished in the Philadelphia region. And  
7 we would love to show off what we are doing and to  
8 show how successful partnerships make seniors' lives  
9 much better, and we hope it will ease the financial  
10 strain both on them and on our programs such as  
11 Medicaid and Medicare.

12           Our first speaker is Jack Dembow, President  
13 and CEO of the Jewish Family and Children's Service  
14 of Greater Philadelphia, who will speak about the  
15 benefits and successes of our NORC programs in  
16 Philadelphia.

17           Following him is Howard J. Grossman,  
18 Executive Director of the Jewish Family Service of  
19 Greater Wilkes-Barre; and Joan Krechmer, Executive  
20 Director of the Jewish Family Services of York, who  
21 will both speak about the advantages of a NORC in  
22 smaller cities as they strive to develop this program  
23 in their respective communities.

24           And finally, Hank Butler, Executive Director  
25 of the Pennsylvania Jewish Coalition, will read

1 testimony on behalf of the United Jewish Federation  
2 of Greater Pittsburgh on the benefits and successes  
3 of their NORC programs.

4 And once we have completed our panel  
5 testimonies, we are happy to answer any questions you  
6 may have. Again, thank you for the opportunity to  
7 address you, and Mr. Dembow will start.

8 CHAIRMAN MUNDY: Could I just ask each of  
9 you, as you present your testimony, to reintroduce  
10 yourselves for the benefit of the stenographer.

11 MR. DEMBOW: Good morning.

12 I'm Jack Dembow, and I am President and  
13 Chief Executive Officer of the Jewish Family and  
14 Children's Service of Greater Philadelphia, and thank  
15 you all for having us here this morning. We love to  
16 talk about the work that we are doing, and we would  
17 particularly like to talk about the work that we are  
18 doing with the seniors.

19 Madam Chair, I am pleased to be able to  
20 provide information about how NORC programs can  
21 provide a level of alternative support for seniors  
22 who might otherwise move from their own homes to more  
23 intensive, more expensive alternative levels of care  
24 like assisted living facilities and perhaps even  
25 nursing homes.



1           And as we all know, keeping seniors healthy,  
2 keeping seniors as independent as they can be, and  
3 keeping them in their own homes for as long as  
4 possible is important for so many reasons.

5           For seniors today, life is obviously more  
6 difficult than it has ever been. They are stressed  
7 more than ever because they don't have the financial  
8 resources, or in some cases, the family supports or  
9 the wherewithal to take care of themselves during  
10 their so-called golden years.

11           They have difficulty maintaining their  
12 homes, which are aging in very much the same pace as  
13 the seniors themselves. They no longer have the  
14 means to travel or the access to convenient  
15 transportation, so they stay at home, and then, of  
16 course, isolation and loneliness becomes common.

17           As the Acting Deputy Secretary said, the  
18 concept of a Naturally Occurring Retirement Community  
19 actually began in New York City where there were  
20 large clusters of seniors under apartment building  
21 roofs. Today, that concept has been expanded  
22 somewhat to include any group of seniors who reside  
23 within a defined community, and that definition can  
24 be broadened depending on what a "defined community"  
25 is.

1           But the NORC is a neighborhood traditionally  
2 where people have raised their kids, they belong to  
3 churches, they belong to synagogues in those  
4 neighborhoods. They want to remain in those  
5 neighborhoods as long as they efficiently can.

6           And organizations like mine, the Jewish  
7 Family and Children's Service of Greater  
8 Philadelphia, Catholic Human Services, the Jewish  
9 Federation of Greater Philadelphia, and actually the  
10 United Way of Southeastern Pennsylvania began looking  
11 at what services seniors needed, and more  
12 importantly, what services seniors wanted to make it  
13 feasible for them to stay in their own homes.

14           We then consulted with professionals and  
15 community groups in these targeted geographic  
16 populations to find ways in which we could provide  
17 those services that the seniors felt were important.

18           We knew that seniors didn't want to go into  
19 institutions; nobody does. They are expensive and  
20 they are generally unaffordable to the kinds of  
21 people that we generally see as clients. They want  
22 to remain in their own homes and function on their  
23 own, but there are challenges.

24           The idea of a NORC is to bring services to  
25 seniors, and that can be anything from changing

1 light bulbs, installing grab bars in somebody's  
2 shower, assistance in managing medications, mowing  
3 the lawn, managing a chronic disease, or providing  
4 transportation to a doctor's office, a pharmacy, or a  
5 supermarket.

6           The NORC should be considered a supportive  
7 service. What is important is that there should be  
8 community-level intervention to support the seniors  
9 and help them age in place. It is very much a  
10 grassroots approach that engages neighbors to help  
11 neighbors; in essence, sort of reweaving the social  
12 fabric of the community that used to exist.

13           Our NORCs help connect services to seniors,  
14 leveraging the resources in the community and helping  
15 the seniors save time and effort. We try to identify  
16 where there are service gaps, where there are needs,  
17 and we seek ways to assist.

18           Sometimes it means finding the appropriate  
19 agency. Sometimes it means vetting a list of  
20 services or service providers such as contractors,  
21 handymen, plumbers. Sometimes it means a financial  
22 assist.

23           For example, if a pipe breaks in somebody's  
24 house, in a senior's house, the NORC can assist in  
25 finding a responsible plumber, we can engage his

1 services, and if necessary, we can pay for the repair  
2 once we have done a financial assessment and we find  
3 that the senior is simply unable to afford a plumbing  
4 bill of that sort.

5           So the ability to access reliable,  
6 trustworthy repair people who are familiar with our  
7 program and our neighborhoods has been a real boost  
8 to the seniors in our programs.

9           And what has been very interesting is the  
10 range of service gaps that exist out there, whether  
11 it is shoveling snow, raking leaves, grocery  
12 shopping, transportation to medical appointments, or  
13 helping seniors figure out the digital television  
14 transition which is going to happen soon, which I'm  
15 not sure I can figure out.

16           The idea is that the NORC is flexible in  
17 responding to these service gaps, and by using  
18 outreach workers, many home maintenance chores can be  
19 accomplished easily and efficiently, reducing the  
20 cost to the senior as well as making it possible for  
21 that senior to stay in that home just a little bit  
22 longer.

23           Replacing a light bulb, something as simple  
24 as replacing a light bulb in a hallway can be all  
25 that it takes to prevent a broken hip as a result of

1 having a darkened hallway. A minor repair like that  
2 can prevent a life-threatening injury and an  
3 unnecessary expense not only to the senior but to our  
4 Commonwealth as well.

5           And while a NORC is absolutely not a panacea  
6 for those with complicated medical needs, the NORC  
7 concept does address what many say can be a premature  
8 decision by many older people to give up their homes  
9 in response to what are really relatively minor  
10 problems -- no way to get to the grocery store or to  
11 the doctor, finding people to come to your home and  
12 give repair estimates. We know how complicated that  
13 is for us; imagine if you are 82 years old and you  
14 need to engage four or five people to come and give  
15 an estimate on getting something repaired in your  
16 house. Tradesmen are very frequently unwilling to  
17 come into your home and do a very minor repair, like  
18 fix a broken toilet. And imagine what it is like to  
19 face the isolation of a snowy winter without engaging  
20 with other seniors. We provide all of them.

21           Our NORCs have developed ways of providing  
22 help for those relatively minor problems, whether it  
23 is low-cost transportation, leaf raking, snow  
24 removal, or minor home repairs. We set up the  
25 infrastructure for neighbor helping neighbor so that

1 local volunteers who may be recruited through a  
2 volunteer-based winterization program and come to  
3 somebody's house to rake leaves in October are likely  
4 to walk back to that person's house in December and  
5 say, can I shovel your driveway? can I shovel your  
6 walk? That takes place now; that is what it is all  
7 about.

8 We believe that bringing more services into  
9 neighborhoods where people are aging makes sense.  
10 The question of how to get these services to the  
11 client efficiently and effectively has been the  
12 challenge. The NORC programs developed by my own  
13 agency, the Jewish Family and Children's Service, and  
14 through a joint project, which you have heard a  
15 little bit about, with Catholic Human Services, the  
16 United Way, and the Jewish Federation of Greater  
17 Philadelphia, have each found ways of accomplishing  
18 this.

19 For example, the Rhawnhurst NORC in the  
20 Rhawnhurst section of Philadelphia and the SeniorCHAI  
21 program in the Bustleton-Somerton section of  
22 Philadelphia have each evolved differently based on  
23 the different needs of each community.

24 We think that our NORCs have a good  
25 understanding of what their communities need and

1 want, and that is the key ingredient to the success  
2 of any program.

3           Each month, hundreds of seniors come  
4 together in several locations around Philadelphia, at  
5 these seven or eight locations, for community  
6 building, social interaction, educational  
7 programming. And it is, by the way, programming that  
8 they asked for and programming that is different in  
9 each of these seven sites.

10           Some come to the program solely for social  
11 interaction, others come for blood pressure  
12 monitoring by a licensed nurse, and everybody enjoys  
13 the lunches and the snacks. The NORC concept is  
14 always flexible enough to adapt to the individual's  
15 needs as well as the changing needs of the community.  
16 When relationships are formed in these gatherings,  
17 community is fostered, and the connections that are  
18 made help keep the older person independent longer.

19           The goal of all of our community-based  
20 programs is to keep our seniors independent for as  
21 long as possible, and that is a theme we keep  
22 repeating over and over again because it is so  
23 important. But we also want to help people deal with  
24 the inevitable chronic illnesses that come with aging  
25 in a way that allows them to avoid or delay an

1 entrance into an assisted living facility or a  
2 nursing home, and the NORC saves money in two  
3 different ways.

4 First, it teaches people how to stay  
5 healthier longer, and it provides educational and  
6 preventative services. That replaced light bulb  
7 can prevent, as I said, a broken hip, or that  
8 blood pressure monitoring monthly at a socialization  
9 program can prevent a heart attack. The cost of one  
10 hospitalization for each of these two events can be  
11 staggering.

12 And secondly, we believe it can delay  
13 entrance into a nursing home at an average daily cost  
14 of \$320 for a private nursing-home room. A delay of  
15 just 1 month's entrance into a nursing home could  
16 save the senior or the Commonwealth \$9,600.

17 Our communities have embraced these  
18 programs. It takes a lot of coordination, but it  
19 takes very little effort to make a difference in the  
20 well-being of a senior. So maybe it is just changing  
21 a light bulb, fixing a running toilet or a doorbell,  
22 or giving somebody a ride to the doctor or the  
23 supermarket, but NORCs can make all of that happen.

24 Thank you very much.

25 CHAIRMAN MUNDY: Thank you.



1           MR. GROSSMAN: Madam Chairperson of the  
2 committee, my name is Howard J. Grossman, and I'm  
3 Executive Director of the Jewish Family Service of  
4 Greater Wilkes-Barre. In addition, I'm on the Board  
5 of Directors of the Pennsylvania Jewish Coalition,  
6 and in the words of our two Presidential candidates,  
7 I approve this message.

8           It is my pleasure to testify today on behalf  
9 of smaller communities in Pennsylvania that strongly  
10 support the need for legislation that would create a  
11 mechanism for implementing the establishment of  
12 Pennsylvania NORCs in the Commonwealth and the  
13 support of existing NORCs that have been federally  
14 funded for several years.

15           Pennsylvania has one of the largest number  
16 of elderly people in the United States and has a  
17 great need to enhance an aging-in-place strategy that  
18 would enable many seniors to stay in their primary  
19 residences for as long as possible.

20           NORCs have proven to be an effective means  
21 to accomplish this function since they are programs  
22 that meet the needs of elderly citizens to age in  
23 their homes with dignity and respect. NORCs help  
24 to reduce the Federal and State costs for  
25 institutionalization by delaying the need for elderly

1 citizens to seek the mandatory care that comes with  
2 being placed into an assisted living or nursing-home  
3 situation.

4 NORCs allow senior citizens to live in their  
5 established residence, whether it be a home or an  
6 apartment, with familiarity and security while  
7 obtaining needed services and assistance.

8 NORCs also assist elderly citizens who  
9 cannot afford assisted living due to their income or  
10 community-care availability.

11 NORCs have been tested in places in this  
12 Commonwealth such as Philadelphia and Pittsburgh.  
13 Their role has clearly been a key factor in  
14 implementing aging in place as a common theme, and  
15 their experiences have been modeled through a variety  
16 of types, ranging from clusters of residences such as  
17 high-rise apartments as well as neighborhoods that  
18 are centralized residential locations for senior  
19 citizens.

20 Smaller communities can benefit from their  
21 successful efforts and learn what to do as well as  
22 what not to do as more NORCs are developed as a  
23 result of the new Pennsylvania model that will expand  
24 through proposed State legislation. This is one  
25 reason why small communities, such as that of the

1 City of Wilkes-Barre and Wyoming Valley in Luzerne  
2 County, should be encouraged to initiate the NORC  
3 model.

4 Pennsylvania has more local governments, and  
5 therefore more small urban and rural places, than any  
6 other State except Illinois. The Commonwealth can  
7 serve as a solid example and model for other places  
8 across the nation.

9 The NORC concept has been developed in the  
10 City of Wilkes-Barre with a population of 43,000 and  
11 an exceptional number of senior citizens in an  
12 application that was submitted to the Federal  
13 government in fiscal year '07-08.

14 While the proposal was not approved, the  
15 discussions that took place between Jewish Family  
16 Service and management of the B'nai B'rith Apartments  
17 proved to be an exciting opportunity to create the  
18 atmosphere by which a NORC could eventually be  
19 developed, assuming that State legislation is passed  
20 and signed into law. Through a planning process that  
21 it actually started, a fully developed program would  
22 be created with the idea of Commonwealth legislation  
23 being enacted.

24 Many organizations would be involved in this  
25 process through collaboration, including but not

1 limited to the Area Agency on Aging for Luzerne and  
2 Wyoming Counties, the Wilkes University School of  
3 Pharmacy, various senior centers in the Valley,  
4 STEPS to a Healthier Luzerne County, the Penn State  
5 Cooperative Extension Center, and professionals such  
6 as physicians and others to lend their expertise to  
7 the NORC example. And in fact we have used all of  
8 those organizations for other projects, and I know  
9 this would work effectively in the NORC model.

10           Furthermore, by undertaking the Wilkes-Barre  
11 NORC model, a written statement would be prepared of  
12 its results so that steps could be taken to utilize  
13 this experience as a tool for other smaller  
14 communities in Pennsylvania.

15           The dialogue with the B'nai B'rith  
16 apartments clearly has created a systematic theme by  
17 which a successful small-community NORC can be  
18 planned, developed, undertaken, and implemented. The  
19 management of the apartments is committed to the  
20 concept and is urging that this concept be initiated  
21 as soon as possible.

22           Furthermore, the Board of Directors of the  
23 B'nai B'rith Apartments has enthusiastically  
24 supported the NORC theme as well as the Board of  
25 Jewish Family Service of Greater Wilkes-Barre.

1           Other organizations such as the Jewish  
2 Federation of Wyoming Valley, the Jewish Community  
3 Center, and many others also support this process.

4           Now, what are the factors relating to the  
5 need for Pennsylvania NORCs? Here are some of them.

6           The Scranton-Wilkes-Barre Metropolitan Area  
7 has the current highest unemployment rate in the  
8 Commonwealth. The unemployment rate in the State is  
9 significantly higher than in recent years.

10           Together with many other economic  
11 difficulties facing agencies serving the elderly in  
12 the region due to the nature of the current economic  
13 crisis, the more that aging in place can take place,  
14 the more savings there will be for other State-funded  
15 programs, as pointed out by previous speakers.

16           Second, there are higher percentages of  
17 elderly in this region and in this State than almost  
18 any other area of the Nation. By developing new  
19 techniques and options and adding new insights into  
20 ways that senior citizens can be better served and  
21 stay in their primary residences, the more likelihood  
22 that there will be less stress, emotional  
23 disturbances, costly residence alternatives, and a  
24 host of other factors that make it increasingly  
25 difficult for citizens to have the ability to handle

1 other types of living arrangements.

2           It is also difficult for family members to  
3 find the resources for alternative-living styles, so  
4 aging in place can benefit not only the older citizen  
5 but his or her entire family, something that is  
6 sometimes forgotten in evaluating the role of  
7 NORCs.

8           Third, Pennsylvania and the region have a  
9 growing diversity of population and demographics.  
10 There is a need to develop residential lifestyles  
11 that can provide opportunities for a growing Latino  
12 population and other diverse populations, and  
13 Pennsylvania NORCs can be a means to enhance this  
14 process in coming years, especially as examples are  
15 needed in smaller communities that are the heart and  
16 soul of what the Commonwealth has been since its  
17 founding many centuries ago.

18           Fourth, there is a concept that has been  
19 tried in this region of northeastern Pennsylvania and  
20 needs to be expanded all across the Commonwealth.  
21 That theme is Universal Design, meaning ways that  
22 changes can be made to existing residences as well  
23 as new residential facilities to enable aging in  
24 place to take place throughout the lifespan of  
25 citizens.

1           This is particularly true for elderly people  
2 who have less choice to move and who are threatened  
3 with instability and a variety of issues when a  
4 decision is made to move to another location.

5           Therefore, the NORC concept in Pennsylvania  
6 needs to think through ways that Universal Design can  
7 be included in the development of NORCs for smaller  
8 communities as well as larger urban centers in the  
9 State.

10           And fifth, in Luzerne and Wyoming Counties,  
11 there are two organizations that can be added to the  
12 role that NORCs play in smaller communities. They  
13 are the Elder Issues Coalition for Luzerne and  
14 Wyoming Counties and the Northeastern Pennsylvania  
15 Intergenerational Coalition.

16           Both are advocacy groups, and the latter is  
17 a central force for encouraging services to  
18 grandparents and other relative caregivers raising  
19 grandchildren. It is these types of models that  
20 can be essential supports for NORCs as steps are  
21 taken to create a Pennsylvania approach to the NORC  
22 concept.

23           In summary, I thank the committee for the  
24 opportunity to present this testimony as a means to  
25 strongly urge that NORC legislation be enacted as

1     swiftly as possible for the continuing enhancement of  
2     an aging-in-place process throughout the length and  
3     breadth of this State.

4             Everyone recognizes the economic crisis that  
5     faces many States and its citizens, including  
6     Pennsylvania. The NORC theme, however, would be an  
7     investment in striking at the heart of a fully  
8     developed need for aging in place and save money at  
9     the same time, thus creating a win-win situation for  
10    all parties associated with developing this  
11    astonishing alternative to residential living and  
12    service delivery to many seniors in the Keystone  
13    State.

14            I would be happy to answer any questions  
15    later. Thank you.

16            CHAIRMAN MUNDY: Thank you.

17            MS. KRECHMER: Good morning.

18            My name is Joan Krechmer. I'm the Executive  
19    Director of Jewish Family Services of York.

20            I am a licensed clinical social worker with  
21    a specialization in gerontology, and I am here to  
22    testify today on behalf of the seniors in York County  
23    and to demonstrate to you how we are meeting the  
24    needs of our seniors. We often find it very  
25    effective to tell their stories, so I am going to



1 start by doing that.

2 Joe is an 81-year-old World War II vet who  
3 lives with his wife, Mary, in a small apartment  
4 complex for moderate-income seniors in suburban York  
5 Township.

6 He is a cheerful guy, despite the blindness  
7 that glaucoma has brought and the oxygen tank he  
8 carries because of his COPD. But those are the  
9 reasons why public transportation is not the best  
10 solution after Mary, who is also age 81, stopped  
11 driving a year ago when she had an accident.

12 And 7 months ago, things got tougher. To  
13 stay alive, Joe has to get to the doctor 4 days a  
14 week for 2 weeks out of every month. He needs  
15 injections of Vidaza to control his myelodysplastic  
16 syndrome, which keeps his body from manufacturing  
17 red blood cells.

18 Staying Connected, an interfaith outreach  
19 program for seniors in York, helps him get to the  
20 doctor and home again. While not a NORC program, it  
21 helps seniors remain independent by providing  
22 escorted -- and I emphasis "escorted" --  
23 transportation. We accompany people; we advocate for  
24 them; we make sure they get to their appointments in  
25 a timely manner, that they are not waiting for

1 somebody to pick them up and then they arrive late  
2 for an appointment, and other services, and we use  
3 volunteers.

4           Without it, Joe might end up in a nursing  
5 home, separated from his wife of 62 years and costing  
6 taxpayers thousands of dollars each month.

7           A few miles from Joe, 84-year-old Millie  
8 lives alone in a working-class neighborhood of  
9 York City. She can't get around much with severe  
10 arthritis, neuropathy and other leg problems, plus  
11 failing vision.

12           Staying Connected has become her family, and  
13 that is specifically what she says; we are her  
14 family. Volunteers drive her to doctor's  
15 appointments several times a month and help her  
16 remain in her tiny home where she has lived for  
17 30 years.

18           She doesn't have the money to move to an  
19 assisted living facility. If she did go to a  
20 personal-care home, she would quickly need a State  
21 supplement, and all too quickly she might end up in a  
22 nursing home funded by Medicaid.

23           As it is, it is hard to keep Millie in her  
24 home. She divorced her abusive husband decades ago.  
25 She has no children. She gets little support from

1 her church, and her relatives are so distant, they  
2 wouldn't come to visit her the last time she was in  
3 the hospital.

4 Her neighbors try to help out, but they  
5 often are too busy eking out their own livings. So  
6 when a neighborhood man offered to help Millie with  
7 her yard work, she took him up on his offer. The  
8 only problem was, he robbed her. The police later  
9 arrested him.

10 One day we hope there will be a service in  
11 York that could protect Millie. Unfortunately, our  
12 Staying Connected program cannot be everywhere for  
13 all of our 225 people it serves. We don't have a  
14 pool of low-cost home repairmen, let alone drivers to  
15 take folks out whenever they need to go somewhere.

16 We focus on the most essential  
17 transportation for the frail elderly -- getting  
18 to the doctor or the bank and getting food. That  
19 is because transportation is a real issue here in  
20 York.

21 Like most small cities, our public transit  
22 is limited, our paratransit is limited, our senior  
23 centers are scattered, and State funding formulas for  
24 aging services leave growing counties like ours at a  
25 disadvantage.

1           Yet all around us we see the makings of  
2 NORCs. It would be wonderful if we could bring  
3 seniors programs that would help folks like Joe and  
4 Millie age in their homes with dignity and  
5 independence.

6           For us, providing such services would be a  
7 natural evolution of our Staying Connected program.  
8 Six years ago, Jewish Family Services of York  
9 pioneered the interfaith program, which today uses  
10 three dozen volunteers to serve about 225 seniors.

11           The program was initially seeded by the  
12 Robert Wood Johnson Foundation, one of the 1,200  
13 Faith in Action programs launched nationally during  
14 the last two decades.

15           Today, Staying Connected is based in  
16 six congregations and serves an area including  
17 York City, Manchester, York, Spring Garden, and  
18 Springettsbury Townships and the five boroughs they  
19 surround.

20           This area, as of 2000, had about 126,000  
21 residents, more than 19,500 or 15.5 percent of them  
22 over age 65, and about 8 percent of them are living  
23 below the poverty level and 14 percent have incomes  
24 no more than 1.5 times the poverty level.

25           Included in the area are six Section 8

1 subsidized high-rises for seniors and three newer  
2 buildings which serve seniors living at about  
3 approximately 200 percent of the poverty level.

4 In addition, there are at least four  
5 distinctive but contiguous suburban neighborhoods  
6 which evidence NORC qualities.

7 Certifying a NORC in York would be an asset  
8 and would allow the community to provide an array of  
9 services to include affordable yard work and home  
10 repairs, and nonmedical services to assist seniors  
11 and monitor them to ensure their needs are met.

12 Next, we could expand our county volunteer  
13 programs like the APPRISE Medicare-advice program and  
14 financial counseling program. This expansion would  
15 help add volunteers and bring them into the  
16 neighborhoods to make them more accessible to the  
17 residents.

18 We also need to make the benefits check-up  
19 program more accessible. Already, it has saved  
20 seniors tens of millions of dollars nationwide.

21 Without using the NORC approach, social  
22 service agencies will be hard-pressed to serve our  
23 growing senior community. York County itself now has  
24 about 57,000 people 65 and older, and Pennsylvania  
25 has one of the fastest growing populations of those

1 85 and older.

2 That group, which includes many of our  
3 Staying Connected recipients, grew 33 percent between  
4 2000 and 2006, and it is only going to keep on  
5 growing.

6 Please help us to serve our seniors now  
7 while we can do it in a cost-effective manner rather  
8 than later once they become a burden to our nursing  
9 homes and our Medicaid program.

10 Thank you.

11 CHAIRMAN MUNDY: Thank you.

12 MR. BUTLER: Okay. For those here, I spoke  
13 earlier and I'm back.

14 My name is Hank Butler. I'm the Executive  
15 Director of the Pennsylvania Jewish Coalition, and  
16 I'm going to read, in the interests of time, an  
17 executive summary from the United Jewish Federation  
18 of Greater Pittsburgh on their AgeWell program, which  
19 is their NORC in Pittsburgh:

20 "AgeWell Pittsburgh is a comprehensive,  
21 grass roots program designed to address and  
22 facilitate linkages with basic service needs that  
23 positively impact an individual's ability to live  
24 independently. AgeWell Pittsburgh's three agency  
25 partnerships include the Jewish Community Center of

1 Greater Pittsburgh...the Jewish Family & Children's  
2 Service...and the Jewish Association on Aging....  
3 Created in 2003, it is an innovative service delivery  
4 system for seniors based on the previous success of  
5 the three agencies' federally-funded Naturally  
6 Occurring Retirement Community...collaborative  
7 grant.

8           "The central core of AgeWell Pittsburgh  
9 focuses on attracting clients, evaluating their  
10 needs, providing the necessary links to services and  
11 then reviewing how those linkages have successfully  
12 impacted the client. AgeWell Pittsburgh, through its  
13 15 distinct services, provides and coordinates  
14 health, wellness, socialization, home safety,  
15 transportation, mental health, and educational  
16 programs. It eliminates, or defers more costly and  
17 restrictive skilled care settings. AgeWell  
18 Pittsburgh advances a client-centered approach,  
19 focusing on quality of care and seamless delivery  
20 between individual service providers.

21           "AgeWell Pittsburgh's service area  
22 encompasses Allegheny County and the City of  
23 Pittsburgh responding to the demographic realities of  
24 this region: a large population is over age 65, many  
25 of whom are low income and frail. The population has

1 difficulty accessing services on its own, lacks  
2 connections to providers and is often physically and  
3 socially isolated in several of the region's hilliest  
4 neighborhoods. AgeWell Pittsburgh assures that  
5 seniors are able to access a comprehensive, seamless  
6 continuum of health maintenance and support services.  
7 Without both the individual services and a  
8 coordinated integrated approach to enable older  
9 adults to access these services, increasing numbers  
10 of elderly would be forced into more restrictive  
11 living environments, resulting in both a lower  
12 quality of life and a higher cost to the community.

13 "Since its inception in 2003, AgeWell  
14 Pittsburgh has experienced unprecedented growth,  
15 particularly in the area of health and wellness,  
16 transportation, and information and referral  
17 services. The major entry point into the continuum  
18 -- the JCC's health and wellness activities -- is by  
19 far the most heavily utilized and fastest growing  
20 distinct service in the AgeWell Pittsburgh system.  
21 The JCC's senior health and wellness programs were  
22 developed in response to the National Institute on  
23 Aging's 2003 study stating that more than 'two-thirds  
24 of older adults do not engage in regular physical  
25 activity that provide the greatest opportunity to



1 extend years of active independent life, reduce  
2 disability, and improve the quality of life for older  
3 persons.' The U.S. Surgeon General identified a  
4 series of recommendations to increase physical  
5 activity for seniors in its *Healthy People 2010*  
6 report. AgeWell Pittsburgh has embraced these  
7 goals."

8 Thank you.

9 CHAIRMAN MUNDY: Thank you.

10 Okay; that concludes the testimony of our  
11 panel. If you would just give me a second.

12 I want to ask the members who have joined  
13 us since we introduced ourselves originally to  
14 introduce themselves now, starting with  
15 Representative Curry.

16 REPRESENTATIVE CURRY: Representative  
17 Lawrence Curry, eastern Montgomery County.

18 REPRESENTATIVE DePASQUALE: Eugene  
19 DePasquale, the 95th District, and it is good to see  
20 that NORCs are more than well represented in the  
21 testifiers.

22 REPRESENTATIVE SAMUELSON: Steve Samuelson  
23 from Bethlehem.

24 REPRESENTATIVE SWANGER: Representative  
25 RoseMarie Swanger from Lebanon County.

1           REPRESENTATIVE BOBACK: Karen Boback, parts  
2 of Luzerne, Wyoming, and Columbia Counties.

3           REPRESENTATIVE BROOKS: Michele Brooks,  
4 parts of Lawrence, Mercer, and Crawford Counties.

5           CHAIRMAN MUNDY: Representative Kula was  
6 here for awhile, and Representative Jewell Williams,  
7 and Representative Mauree Gingrich.

8           So we think for purposes of attendance,  
9 which we are not taking today, that covers it.

10           I am going to use the prerogative of the  
11 Chair to go first this time, because obviously I live  
12 near or next door to the City of Wilkes-Barre and I'm  
13 very familiar with the B'nai B'rith Apartments, and I  
14 would like to ask Howard Grossman, you said you  
15 applied for a Federal grant in '07-08 that was  
16 denied?

17           MR. GROSSMAN: Correct.

18           CHAIRMAN MUNDY: So I am assuming that there  
19 is grant money available at the Federal level for a  
20 NORC. Is that correct?

21           MR. GROSSMAN: There is a program at the  
22 Federal level -- Hank knows a lot more about that  
23 than I do -- but they have not approved many, many  
24 NORCs in the last few years because of lack of  
25 funding. They have approved some, but not very many.

1           CHAIRMAN MUNDY:   Okay.

2           MS. SCHATZ:   Representative Mundy, if I can  
3   interject.

4           It is through the earmark appropriation  
5   request, is I believe what Howard is referring to.  
6   That is how we have been able to secure some money  
7   for our Philadelphia NORCs and how Pittsburgh got  
8   some money.

9           But I know that last year -- I don't think  
10   we did get anything last year.  Though given the  
11   current budget situation and the somewhat ambivalent  
12   feelings about earmarks, that funding source has  
13   seemed to have dried up, at least for the present  
14   time.

15          CHAIRMAN MUNDY:   Okay.

16          Now, Mr. Grossman, you referred to the  
17   B'nai B'rith Apartments, which is -- I am going to  
18   ask you to define or to sort of describe what the  
19   B'nai B'rith Apartments are and who lives there.

20          And I'm also going to ask you to tell me  
21   what the income levels are.  What does it cost to  
22   rent an apartment in the B'nai B'rith building?

23          MR. GROSSMAN:   B'nai B'rith Apartments is a  
24   high-rise apartment in downtown Wilkes-Barre,  
25   basically in the central business district.  They

1 serve low- to moderate-income individuals or  
2 couples.

3 And the average income, I don't know exactly  
4 the average income, but the general picture of an  
5 individual or a couple there is they don't have a lot  
6 of money. That is why they are in that kind of  
7 apartment situation.

8 So it serves a great need in a community,  
9 that you are well aware of, that has a very high  
10 incidence of elderly people with relatively  
11 low incomes compared to averages in other parts of  
12 the Commonwealth, and now unfortunately, as I said in  
13 my testimony, part of a region that has the highest  
14 unemployment rate in this State.

15 There are very few people living in  
16 those apartments who are working, but there are a  
17 few.

18 CHAIRMAN MUNDY: But they are elderly.

19 MR. GROSSMAN: They are all elderly, yes.  
20 The average age -- an excellent point. The average  
21 age is 75. That means there are many more that are  
22 over 75 and some that are less.

23 CHAIRMAN MUNDY: And this is subsidized  
24 housing?

25 MR. GROSSMAN: Subsidized housing, yes.

1           CHAIRMAN MUNDY: Through Housing and Urban  
2 Development?

3           MR. GROSSMAN: Yes, through HUD.

4           CHAIRMAN MUNDY: Okay.

5           And then, Ms. Krechmer, I wanted to ask you  
6 about your model in York, which seems like a much  
7 more geographically large area, which includes people  
8 in their own homes as opposed to an apartment  
9 building.

10           I guess one would assume that it would be  
11 very easy to sort of enroll people in an apartment  
12 building or a high-rise in a NORC, but how do you go  
13 about getting people in such a geographically large  
14 area to become part of a NORC?

15           MS. KRECHMER: Certainly it is a challenge.  
16 I think that we work very closely and collaborate and  
17 have a working relationship with the local Area  
18 Agency on Aging. We get a lot of our referrals from  
19 them. They are seeing cutbacks in their own funding,  
20 and we try to fill those gaps with our  
21 volunteer-driven program. And so we try to be as  
22 resourceful as we can be.

23           But what we found with our transportation  
24 program is when, just to give you an example, and  
25 maybe this can help shed some light on what you are

1 asking, is we will not allow anyone to come into our  
2 program unless we interview them to see if they are  
3 appropriate, to see if it is safe, and what we have  
4 learned is how many people were not aware of the  
5 services that they could access, and through our  
6 screening process we were able to connect them to  
7 vital services in our community.

8           So I think that we have a plan for getting  
9 the word out and working with different volunteer  
10 groups. We just received word that we got a grant  
11 through the APPRISE program to help train more  
12 volunteers and take them into the congregation zones  
13 that are a part of our Staying Connected program.

14           So we are literally out there in the  
15 community getting the word out. Staying Connected is  
16 truly making those connections with people, and so I  
17 think a lot of it is by word of mouth.

18           CHAIRMAN MUNDY: And how are you currently  
19 funding case managers, or who coordinates your  
20 volunteer pool? How are you funding your NORC  
21 activities?

22           MS. KRECHMER: We get some small grants and  
23 we have fundraisers, so it is a combination of both.  
24 And as the demands increase, we start looking for  
25 further opportunities to collaborate with other

1 agencies to meet the needs that are out there.

2 It's a challenge. Funds are tight.

3 CHAIRMAN MUNDY: Do any of the panel have  
4 any further comment on the questions that I have  
5 asked?

6 MR. DEMBOW: Just a comment on the funding  
7 stream and the funding situation.

8 We have a number of different relationships  
9 that we have tried to work on over the years, and we  
10 have a particular program in, I think it is eastern  
11 Montgomery County right now that is in part funded  
12 through the generosity of the Chestnut Hill  
13 Health Care Foundation.

14 What happens is, we use a funder's dollars  
15 and we put together one of these programs very  
16 successfully. In fact, yesterday we offered over  
17 80 flu shots to anybody who wanted, any of the NORC  
18 participants who wanted to come to the lobby of an  
19 apartment building to get their flu shots -- a great  
20 program.

21 But what happens is, after the year funding  
22 period is over, Chestnut Hill Health Care Foundation  
23 wants to, like any other foundation, spread the  
24 wealth, and they do not bring in the grant, and now  
25 we have got a NORC up and operational. We have got

1 125 people who look forward to coming to see us twice  
2 a month, three times a month, calling our care  
3 manager. We have now got to scramble, and in our  
4 case it is times seven, because we have got seven  
5 similar programs.

6 So unless the funding stream is certain,  
7 guaranteed, and consistent, we always run the risk of  
8 disappointing a lot of people, and we are going to do  
9 everything, of course, to make that not happen.

10 But that is the problem with using  
11 foundations and outside funders, is that it is never  
12 guaranteed to be maintained.

13 CHAIRMAN MUNDY: However, may I just point  
14 out that the bill calls for grant funding as well.

15 MR. DEMBOW: That is right.

16 CHAIRMAN MUNDY: So, you know, I  
17 specifically remember the point in time when  
18 Governor Casey started preschool grants to the  
19 school districts, and one of my school districts,  
20 Wyoming Area, started a fabulous preschool program.  
21 Everybody -- the parents, the teachers, everybody --  
22 loved it, and after the funding went away, it was a  
23 3-year grant program, the program disappeared until  
24 Governor Rendell. So funding through government, it  
25 is no more secure or --



1 MR. DEMBOW: It is never guaranteed.

2 CHAIRMAN MUNDY: Right, exactly, if it is  
3 going to be grant funding.

4 Other questions?

5 Let's see; Representative Samuelson.

6 REPRESENTATIVE SAMUELSON: Yes, just first a  
7 quick question.

8 The folks you work with through the NORCs,  
9 how many of them have family supports, who might have  
10 a son or daughter or grandchild coming to help with  
11 some of those chores around the house?

12 MR. DEMBOW: One of the things that we  
13 always try to do with our care management team is to  
14 establish whether or not there is a relationship with  
15 a family member, where the family member lives, and  
16 try and make and communicate -- oftentimes, family  
17 members do not live locally, so we will communicate  
18 with them in other States just to let them know that  
19 your mom or dad has participated in a program, that  
20 we are sort of watching out for them, if there are  
21 repairs to be made. And actually, if we can get  
22 somebody else to pay for the repair, the family  
23 member, we will do that and simply arrange the repair  
24 for them. So we try to stay in contact with family  
25 members if there are family members.

1           One of the interesting aspects of NORC  
2 participants, at least in our NORCs, versus clients  
3 of our program, we do not really consider -- these  
4 are participants in a program that we offer. We do  
5 not consider them clients.

6           They are not joining -- they are not coming  
7 to the agency and registering as a client for a  
8 service that we would normally provide. We see them  
9 as participants in programs that we offer throughout  
10 the community.

11           So therefore, we typically wouldn't do the  
12 same level of assessment and financial assessment and  
13 intervention that we would on a client who comes to  
14 the agency for indepth social service work. We just  
15 try and provide oversight to particular members of a  
16 community to keep them healthy and active.

17           REPRESENTATIVE SAMUELSON: And that kind of  
18 touches on my second question.

19           Of course, all across Pennsylvania we have  
20 the Area Agencies on Aging, which are out there to  
21 make sure that people are connected to services and  
22 finding exactly what folks need.

23           Now, I guess one of the relationships with  
24 those Area Agencies on Aging -- it seems like what  
25 you are talking about is more in line with a senior

1    censor model than the county-by-county AAAs that we  
2    have.

3           MR. DEMBOW:  I know -- actually, I am hoping  
4    that somebody else can answer this question, because  
5    I'm not actually all that familiar with it -- I know  
6    we work closely with the Area Association on Aging,  
7    but I don't know exactly how.

8           MS. SCHATZ:  I can say that we do work -- in  
9    Philadelphia, we work with PCA, and they are so  
10   overburdened as well that we are like the cushion to  
11   make sure that services are met.  And we are the  
12   connector.  Instead of somebody having to get put on  
13   hold or leave a message, there is somebody who always  
14   answers the phone.

15           We were just up in Rhawnhurst the other day  
16   talking to some seniors who all say, you know, it is  
17   nice; they call up to the Rhawnhurst office and  
18   somebody answers the phone.  They may be the person  
19   reaching out to the AAA or to another agency to help  
20   facilitate.  That is their role.

21           And I also want to stress, because this came  
22   up before about funding, at least in our SeniorCHAI,  
23   which is up in Bustleton-Somerton, people who are  
24   members of that NORC pay a fee to participate.  It is  
25   not a big fee, but they do pay a fee.

1           People who use our -- we are very lucky. We  
2 have people who funded a van for, I think, both  
3 Rhawnhurst and SeniorCHAI. People who use that van  
4 to go to the doctor's or go to the grocery store,  
5 they pay a fee. It is a small fee, but they do pay a  
6 fee, because what I find, I have aging-in-place  
7 parents, and I wish they were up in this area.

8           They are in Maryland, and I travel every  
9 other week to go down to Maryland and take my father  
10 and my mother grocery shopping and take them to the  
11 doctor or whatever. And I wish there was a program  
12 there that would provide support, because they can  
13 afford to pay for somebody to help them, but the  
14 program isn't there. And to try, you know, they  
15 don't hear so well and there are frustrations dealing  
16 with them over the phone, and I wish it wasn't all on  
17 me. I would happily pay a program.

18           And we find that a lot of our seniors are  
19 like my parents; they do not want to not pay. They  
20 may not want to pay full fee, because they are of the  
21 mindset of, getting back to depression babies, not  
22 realizing actually how much things cost now. But I  
23 know that my father is a very proud man. He does not  
24 want anything for free. So if there was a program,  
25 he would pay for it.

1 MS. KRECHMER: May I add a couple of  
2 comments on that?

3 I think a lot has to do -- one of the things  
4 that we have all stressed is our respect to meet and  
5 to help meet the needs of seniors and the importance  
6 of their dignity and their independence.

7 And oftentimes it is a matter of perception.  
8 A lot of it is it is very hard to go out and ask for  
9 help, but when programs come to you, that barrier is  
10 gone. And a lot of people associate that county  
11 agency with a government handout, and that is the  
12 last thing an older person in their mind is going to  
13 ask for. So I think that there are all kinds of  
14 barriers that exist there.

15 And your first question that you asked  
16 about, aren't there family members? I think it is  
17 really important to not make the assumption that  
18 having family is always there to help you.

19 I do a lot of work in our county  
20 increasingly with guardianship for senior adults, and  
21 the amount -- it never ceases to amaze me about the  
22 abuse and financial exploitation of elders by their  
23 own family members. So I think we have to be really  
24 careful in making the assumption that they are there  
25 to help.

1           And when seniors have so many unmet needs,  
2 you have to wonder, why wasn't the family there all  
3 along to help them?

4           MR. GROSSMAN: And I concur exactly with  
5 what Joan said, and I want to add to your point about  
6 Area Agencies on Aging and senior centers.

7           We work very closely with our Area Agency on  
8 Aging and with senior center directors that the AAA  
9 has available, and we have run different programs of  
10 service inside the senior centers. That is why I  
11 used the word "collaboration" in my testimony,  
12 because I visualize NORCs as working effectively if  
13 they have the collaboration of all of the  
14 organizations and agencies that can provide services  
15 inside that particular high-rise apartment building,  
16 and that includes the AAA; it includes people coming  
17 from the senior centers; it includes many other  
18 organizations.

19           So they have to play a very, very  
20 significant role, I think, to make NORCs effective.

21           CHAIRMAN MUNDY: Chairman Hennessey.

22           REPRESENTATIVE HENNESSEY: Thank you,  
23 Phyllis.

24           Howard, I think you had mentioned that  
25 somebody had applied for grants from the Federal

1 government for NORCs. Who applied? Was it the  
2 Jewish Family Center? Was it the United Way? Was it  
3 the AAAs?

4 I mean, what I am having trouble trying to  
5 grasp with this concept is that it seems to be that  
6 NORCs, they exist, but they do not seem to have any  
7 organization unless somebody comes in and  
8 superimposes an agency, you know, a service agency or  
9 a service provider.

10 MR. GROSSMAN: That particular application  
11 was submitted as a partnership between the Jewish  
12 Family Service of Greater Wilkes-Barre and the Board  
13 of Directors of B'nai B'rith Apartments.

14 The actual applicant was Jewish Family  
15 Service, but it was not submitted, you know, standing  
16 alone. We had B'nai B'rith Apartments as a partner  
17 along with the Jewish Federation in our community,  
18 the Jewish Community Center, the Area Agency on  
19 Aging. They were all listed as collaborative  
20 partners. But again, it was not approved.

21 REPRESENTATIVE HENNESSEY: Okay.

22 Now, if 2516 were to become law and we were  
23 actually to have money available just for NORCs, how  
24 do we avoid what seems to be the almost inevitable  
25 warfare between the AAAs and the agencies going

1 around the AAAs applying directly for this money, and  
2 maybe having the AAAs saying, well, if you are giving  
3 the money directly from the State, then you don't  
4 need any help from us? You know, how do we avoid  
5 that inevitable warfare that seems to be almost  
6 guaranteed to come?

7 MR. GROSSMAN: I think it is up to the local  
8 community organizations to be in a position to avoid  
9 that kind of warfare and that kind of conflict from  
10 taking place.

11 In our own example, we have had an  
12 astonishing relationship with our Area Agency on  
13 Aging. They fund our kosher home-delivered meals  
14 program.

15 We work with them -- we worked very closely  
16 with them on a health and welfare program that was  
17 available to three senior centers that are run by the  
18 Area Agency on Aging. They offered their total  
19 cooperation, and we had a tremendous program with  
20 five or six different partners.

21 So I think you avoid it by the building of a  
22 process that, in our case anyway, has already been  
23 successfully implemented. But it can be a problem,  
24 because those kinds of things can occur; there is no  
25 question about it.



1           I think it is up to the local organization  
2 that is involved with the NORC to make sure that that  
3 conflict is avoided somehow, and I think you do that  
4 by bringing in as many organizations as possible and  
5 make them feel that they are equal partners with the  
6 lead organization that happens to be involved with  
7 the NORC.

8           REPRESENTATIVE HENNESSEY: It would just  
9 seem to me that, you know, the bill could be divided.  
10 We could adopt it and use the bill to create a  
11 structure for identifying these type communities,  
12 because that is pretty much what the Area Agencies on  
13 Aging are supposed to do anyway, try to find people  
14 who need these services. And I guess they delegate  
15 to some extent to the other service providers,  
16 saying, you know --

17           MR. GROSSMAN: Exactly, and I think that was  
18 mentioned earlier by one of the other panelists.

19           REPRESENTATIVE HENNESSEY: Okay.

20           MR. GROSSMAN: And you're right, it can be  
21 built into the bill. Some kind of structure could be  
22 built into the legislation that can help avoid that  
23 problem.

24           REPRESENTATIVE HENNESSEY: But if we were to  
25 fund, better fund our Area Agencies on Aging, it

1 would seem to me we could have the same effect.

2 The NORCs, you know, the agencies that  
3 provide services to these communities could be funded  
4 better, but, you know, we might avoid that kind of  
5 fighting.

6 I mean, you know, it is nice to say that,  
7 well, people will have to cooperate over it, but it  
8 seems to me that over the years, I have seen a whole  
9 lot of people, a lot of families, that have been  
10 driven apart oftentimes by money, and when we throw a  
11 lot of money out there and have people scrambling for  
12 it, we might find that the cooperation between the  
13 agencies and the AAAs sort of goes up in smoke.

14 MR. GROSSMAN: Right. And Area Agencies on  
15 Aging are very important players in a lot of  
16 different ways.

17 And somebody mentioned earlier they have  
18 been significantly underfunded in recent years, and  
19 in fact we have cut back our kosher home-delivered  
20 meals program because they got cut by \$800,000 one  
21 year, and Phyllis may remember that, 2 or 3 years  
22 ago, and that is something that caused a lot of havoc  
23 in the community.

24 So I believe, you know, NORCs represent a  
25 way to, I think, bring groups together, not split

1     them apart, and I think that is some advantage to  
2     what a NORC can bring. And that is why I am very  
3     strong on -- especially in the smaller communities in  
4     this Commonwealth, and that is what we have most of  
5     -- and that is why I am very strong about the  
6     opportunity that exists to have NORCs bring and  
7     collaborate and bring partners together rather than  
8     split them apart.

9             MR. BUTLER: Excuse me.

10            If I may add, the whole concept of the NORC  
11     idea is to help the Area Agencies on Aging. It is  
12     kind of having a caseworker or a case manager pool  
13     with a small community, keeping the community  
14     intact, giving the community their resources, and  
15     become, quite frankly, a one-stop shop to help the  
16     Area Agencies on Aging and other social service  
17     entities to make sure they are getting the  
18     care.

19            It is not meant to really take away from or  
20     remove. It would basically be an asset and to keep  
21     these communities together and still intact.

22            CHAIRMAN MUNDY: I think, if I might, I  
23     think probably, you know, I share some of  
24     Representative Hennessey's concerns that we are  
25     duplicating services here.

1           So, Ms. Schatz, I saw that you wanted to  
2 have something to say on this topic, but I think that  
3 is kind of what we are talking about.

4           You know, we fund AAAs, they have a steady  
5 funding source, and I guess the question is, why not  
6 simply expand the function of a AAA to have a  
7 case manager or something like a NORC? And I am just  
8 playing devil's advocate here. I am interested in  
9 your response.

10           MS. SCHATZ: Well, one of the keys to NORCs  
11 as opposed to a AAA is to build and strengthen the  
12 community, and the AAAs just can't do that. So part  
13 of the focus of NORCs is not just assisting seniors  
14 who are aging in place but to bring the entire  
15 community in so that it is a partnership and to make  
16 it more personal and more accessible.

17           And I think Howard spoke to or Joan spoke to  
18 the fact that when government is in play, a lot of  
19 times seniors see it as a handout.

20           CHAIRMAN MUNDY: You know, that really  
21 raises an interesting topic with me. I will never  
22 forget recently a hearing of the Appropriations  
23 Committee where a woman said, oh, we're not -- this  
24 was a woman with an autistic child, and she was  
25 advocating for more money for autism services --

1 oh, we're not on welfare; we get Medicaid. And the  
2 bottom line is, whether it is a grant from State  
3 government or whether it is an out-and-out  
4 entitlement, somebody else is assisting you, and I  
5 really do get a little tired, frankly, of trying to  
6 make this distinction about who is on welfare and who  
7 is getting a handout and who isn't.

8 MS. SCHATZ: A lot of it is perception; you  
9 are absolutely right.

10 CHAIRMAN MUNDY: Absolutely. And then it  
11 really bothers me when we talk about earmarks as  
12 being bad things and, you know, we are not going to  
13 support earmarks when so much of what happens in our  
14 community is totally dependent on exactly that  
15 concept.

16 MS. SCHATZ: I think the difference between  
17 dealing with a AAA and a NORC is that a NORC makes  
18 those services -- they assist the AAA. They provide  
19 services that sometimes a AAA cannot do because they  
20 are more familiar with the community. Hence, it is a  
21 more intimate experience. And it is not that they  
22 are taking their place, but they are just the  
23 facilitator. So nobody is taking away from the AAA;  
24 nobody is taking money from the AAA just to make them  
25 less effective.

1           CHAIRMAN MUNDY: Well, okay, except that any  
2 money in the State budget that gets allocated other  
3 than to existing -- I mean, we are starting a new  
4 program here; new grant funding, granted, but still  
5 it is a new program. So you are asking either for  
6 more money through higher taxes or less money for  
7 somebody else in the State budget.

8           And I just -- I only raise these issues  
9 because I really do get tired of this disconnect  
10 between the need for services and the notion that we  
11 should have less government and lower taxes -- except  
12 when I need something.

13           So I just -- you got me started. I'm sorry.

14           MS. SCHATZ: It's a good discussion.

15           MS. KRECHMER: If I might just add, as we  
16 look towards the future, I think that the NORC model  
17 is a really innovative model, and I think you have to  
18 start looking at the existing agencies differently as  
19 we move towards the future.

20           And the example I give is senior centers. I  
21 have an 85-year-old mother who said that that group  
22 is for older people and would not go there. And we  
23 tend to have a lot of segregated programs for  
24 seniors.

25           We talk about the baby-boomer generation.

1 The baby-boomer generation is going to say, that's  
2 not for me. So if we do not start getting in tune  
3 with what the needs and the perceptions are of people  
4 and meeting those needs, we are missing the boat.

5 Traditionally, the Area Agency on Aging has  
6 met those needs. We are talking about an innovative  
7 model, and we are talking about reconfiguring how  
8 these different groups work together. That's the way  
9 to move forward. That's the future.

10 CHAIRMAN MUNDY: Good point.

11 MR. DEMBOW: I think, if I could add to  
12 that, the Area Association on Aging is very adept at  
13 going in and supporting somebody in their home and  
14 supporting their needs.

15 When we have -- and I'm just thinking of  
16 something that just happened for the second or third  
17 year in a row -- Home Winterization Day, we get  
18 Lowe's, we get Home Depot, we get many, many of these  
19 lawn-care companies to drive to people's homes, do a  
20 complete rake-out of their bushes and get the leaves  
21 out to the street. These are things that, it reminds  
22 the community, there's an individual living in that  
23 home. There is somebody that you might not have seen  
24 for the last 8 months, but there is somebody living  
25 in there.

1           And then the neighbors are reminded to  
2 periodically check the mail, check that the  
3 trash cans are out, and we have people that go back  
4 to that person's home season after season after  
5 season and say, is there something I can do for you  
6 today? Are there light bulbs that need to be  
7 replaced? We have high school kids that get  
8 involved; they wash windows.

9           So all of a sudden it is not just the AAA  
10 going in and supporting one senior's issue; it is a  
11 whole community getting involved, and that is, I  
12 think, the inherent difference between what the  
13 Area Association on Aging does for individuals versus  
14 what the NORC concept does for neighborhoods.

15           CHAIRMAN MUNDY: That is a very good  
16 distinction. I appreciate your raising that. Very  
17 good; very good.

18           Representative Brooks.

19           REPRESENTATIVE BROOKS: I just want to build  
20 on the Chairman and the Minority Chairman's comments,  
21 and my questions are for the maker of the bill.

22           I see that there is \$5 million that would be  
23 appropriated for administration and distribution and  
24 the funding of the grants, and has the Department of  
25 Aging said how much it will cost to administer this



1 program?

2 REPRESENTATIVE KELLER: No. In fact, the  
3 department is here, so we are just working with them  
4 now.

5 REPRESENTATIVE BROOKS: Okay.

6 REPRESENTATIVE KELLER: Hopefully we are  
7 trying to show that this will lower costs, not  
8 increase costs, that we will be able to save more of  
9 the dollars.

10 REPRESENTATIVE BROOKS: Okay.

11 REPRESENTATIVE KELLER: I know we will  
12 benefit, and we also have this distinction from this  
13 side and that side.

14 REPRESENTATIVE BROOKS: I don't think it  
15 ever works out that way.

16 CHAIRMAN MUNDY: The investment versus the  
17 spending.

18 REPRESENTATIVE BROOKS: Right. There is  
19 always a -- that is how it is sold, but it never  
20 works out that way. And so my concern is creating a  
21 new layer of bureaucracy at the State level in the  
22 Department of Aging, where perhaps the layer should  
23 be at the Area Agency on Aging and augment funds to  
24 those agencies and allow them to administer these  
25 funds, because then there is not going to be a

1 duplication of services.

2           The Department of Aging is going to have a  
3 very challenging time identifying, you know, if four  
4 different organizations in the same community are  
5 applying for this funding, and then the pie is cut in  
6 such small pieces that it really isn't going to  
7 accomplish anything because you have so many  
8 administrators. So if the AAAs would actually have  
9 the money augmented to them, they make the decision  
10 whether they want to administer the program or then  
11 people apply to the AAAs.

12           I am always a firm believer that local seems  
13 to run more efficiently and effectively instead of  
14 just creating another layer of State bureaucracy.  
15 And so I just, if this would pass, I think maybe we  
16 need to reevaluate -- \$5 million, I do not want it to  
17 be eaten up in administrative costs and then we  
18 really have not accomplished anything.

19           And I have full confidence in the AAAs that  
20 they could use that money effectively, and whether  
21 that means they administer the program or whether  
22 then they allocate and they make the decisions on who  
23 receives the grants, I think that would protect on a  
24 local level duplicating these services and divvying  
25 up into little slivers of the pie, so.

1           CHAIRMAN MUNDY:   Acting Deputy Secretary  
2 Prushnok, would you care to comment on this  
3 discussion?

4           ACTING DEPUTY SECRETARY PRUSHNOK:   Sure.

5           Chairman Mundy, Representative Brooks, I  
6 think that is a fair question.

7           In terms of the local issue, I think we  
8 would treat a program like this much like we have  
9 treated other grant programs that our department has  
10 created. This bill would create an advisory board  
11 that would help us to identify the places where there  
12 is the most need.

13           And with the example of our senior center  
14 grant program, the last, I guess it was 2 years ago,  
15 the last round of grants that we had, we only  
16 considered applications for senior centers that were  
17 recommended by the AAA. So we basically, I mean, the  
18 first cuts say, if you don't have the endorsement of  
19 your AAA, we are not even going to consider funding.

20           So that is normally how we operate. I mean,  
21 we also will go to our local entities to help  
22 determine the best place for an investment.

23           And in terms of whether or not \$5 million  
24 would cover the entire need across the Commonwealth,  
25 I do not think that the idea behind NORCs is

1 necessarily to fund every place where there is a  
2 cluster of older people that is in need of services.  
3 I think that the idea of any grant funding would be  
4 to help create a sustainable entity where it would be  
5 able to fund itself.

6 I think Mr. Dembow was just speaking to it.  
7 It is once you help, give that initial injection into  
8 the community, help get folks organized, that it will  
9 be self-sustaining, and that ideally would be the  
10 concept, because realistically, we will never fund  
11 everything completely.

12 You know, the AAAs are there to support one  
13 part of our aging community, and this may be a  
14 different segment that wouldn't qualify for AAA  
15 services or, you know, a population that maybe  
16 wouldn't qualify for AAA services for several years  
17 until their needs change over time.

18 So there is a need. I am not sure that, you  
19 know, even \$5 million would cover everything, but  
20 some funding would help meet some of that.

21 REPRESENTATIVE BROOKS: I had read that on  
22 the makeup of the advisory board, and that is my  
23 concern, is not who is on the advisory board but you  
24 have several members that now you are paying expenses  
25 for them to travel to Harrisburg, and that then takes

1 away from the money that would be available, where  
2 if this money would be supplemented to the local  
3 Area Agency on Aging, they already have a local  
4 advisory board and they do not have to travel  
5 anywhere. I have a 5-hour travel time. It is  
6 expensive to travel down here.

7           And my other concern is the \$5 million is  
8 not going to serve the entire need, and so how do we  
9 assure or ensure that it is divvied up regionally so  
10 that every area receives dollars, and shouldn't we  
11 just make sure that every AAA gets a certain  
12 percentage? I don't know, because everyone across  
13 the State is paying into this program.

14           So, you know, advisory boards are great, but  
15 when you add, again, another layer of costs, that  
16 takes away from the end goal. And for a AAA, I just  
17 think that they would be very adequate to handle  
18 these decisions. And not that I do not think the  
19 Department of Aging could do it; I just think they  
20 could handle it more inexpensively.

21           ACTING DEPUTY SECRETARY PRUSHNOK:

22           Madam Chair, I think those are fair comments.

23           And in some instances, I mean, we have  
24 advisory groups that we do support with travel, and  
25 in most instances -- I know in some circumstances we

1 will provide a lunch; in others, we won't. I mean,  
2 it does present issues for those that are traveling  
3 from much, you know, further away. So those are fair  
4 concerns.

5 REPRESENTATIVE BROOKS: Thank you.

6 CHAIRMAN MUNDY: Any further questions from  
7 the committee?

8 Representative Vulakovich.

9 REPRESENTATIVE VULAKOVICH: I noticed when  
10 you were talking about the advisory board --

11 CHAIRMAN MUNDY: Are you addressing Acting  
12 Secretary -- Acting Deputy Secretary Prushnok?

13 REPRESENTATIVE VULAKOVICH: Yes, I am.

14 Why were the AAAs not included in the  
15 advisory board? I would just think that that would  
16 be the most natural selection that I would first  
17 think of when I put this together.

18 CHAIRMAN MUNDY: Mr. Vulakovich, I think you  
19 would need to address that question to the maker of  
20 the bill.

21 REPRESENTATIVE VULAKOVICH: Okay. Well, he  
22 wasn't -- he just came in.

23 CHAIRMAN MUNDY: This is not -- it is my  
24 understanding that this bill is not generated by the  
25 department; it is generated by Mr. Keller.

1           REPRESENTATIVE VULAKOVICH: No, but we are  
2 asking the department for their opinions. But is  
3 there a reason why?

4           REPRESENTATIVE KELLER: No; there is just no  
5 reason why. I mean, that is what we are doing, is we  
6 are venting the bill, and that may be something that  
7 we may put in.

8           REPRESENTATIVE VULAKOVICH: Do you think the  
9 AAAs should be a part of -- I see that you have in  
10 here --

11           REPRESENTATIVE KELLER: The way I see this,  
12 we are not trying to circumvent the AAAs or be a  
13 level of bureaucracy above them. It would actually  
14 be below the AAAs and just working more in the  
15 neighborhoods.

16           REPRESENTATIVE VULAKOVICH: You have two  
17 representatives from senior citizen advocacy groups.  
18 Would that be something like Arc or something like  
19 that?

20           REPRESENTATIVE KELLER: Yes.

21           REPRESENTATIVE VULAKOVICH: But my  
22 suggestion is, and I agreed with -- I mean, the  
23 Chairmen have made it, Representative Brooks and  
24 other people -- you know, the AAAs came for a  
25 3-percent increase this year. We had to fight like

1 heck to get them 1 percent, and they are behind. I  
2 mean, we are trying to play catch-up with them, and I  
3 don't know that we are ever going to get there.

4           And now we are in the times we are now, and  
5 so we are going to add another so-called, not agency  
6 but advisory board, and we are talking about  
7 \$5 million, and the question is, could you have an  
8 advisory board at the local level who comes  
9 underneath the AAAs and have the NORCs under the  
10 local level?

11           In other words, counting the AAAs, I do not  
12 know if statewide a few people here and there, I just  
13 don't know if they could get the picture like the  
14 AAAs can.

15           The AAAs, I deal with them in my office all  
16 the time. I mean, they help us a lot. And I look at  
17 this thing here and I see this as something really  
18 good, but I am just wondering, I just cannot see  
19 moving along here and not having the AAAs somehow  
20 incorporated in this bill.

21           REPRESENTATIVE KELLER: Well, as you know,  
22 this bill is going nowhere in this session.

23           REPRESENTATIVE VULAKOVICH: No; I know that.

24           REPRESENTATIVE KELLER: So, yeah, we'll sit  
25 down and hopefully with the Chairmen and we'll



1 discuss it, and if it's a good idea, we'll change  
2 this bill to meet the needs of all the members.

3 REPRESENTATIVE VULAKOVICH: I mean, this  
4 concept is here and it is great, and there are models  
5 that are proven that have worked in Philadelphia and  
6 Pittsburgh. I do not know; somehow I just see that  
7 if we do not somehow do it a little different, there  
8 might be some conflict between the NORCs and the  
9 AAAs, and we certainly don't need that.

10 We can't give the funding that we would  
11 like to give to the AAAs now. You know, I was  
12 disappointed this year that we didn't give them more,  
13 but we gave them 1 percent, and I was wondering how  
14 we are going to filter this in here when they have  
15 needs, too.

16 So that was just an observation that I had,  
17 and I think it is real important to keep them in the  
18 picture.

19 CHAIRMAN MUNDY: Representative Samuelson.

20 REPRESENTATIVE SAMUELSON: And I guess from  
21 the other end, could you administer this program  
22 strictly through the Department of Aging if the  
23 advisory board is causing a lot of questions? Would  
24 you need the advisory board to implement this  
25 program? Couldn't Aging develop the criteria?

1           REPRESENTATIVE KELLER: I am sure, but just  
2 as a boilerplate, you know, most of the times you do  
3 a program like this, you do have an advisory board,  
4 and that is how we build the legislation usually.

5           But if we come up with a different idea, I'm  
6 not opposed to that.

7           CHAIRMAN MUNDY: Well, as was mentioned  
8 earlier, this is the end of a 2-year legislative  
9 session, and the bill would need to be reintroduced.  
10 And, you know, there are issues that perhaps we could  
11 work on to improve it.

12           REPRESENTATIVE KELLER: If we are interested  
13 in this, Madam Chair, we will work with this as a  
14 committee. I am malleable.

15           CHAIRMAN MUNDY: Okay. Thank you very much  
16 for your insight and your testimony and your  
17 information about what is currently occurring.

18           MS. SCHATZ: Thank you so much.

19           MS. KRECHMER: Thank you.

20           MR. DEMBOW: Thank you.

21           CHAIRMAN MUNDY: And unfortunately we are  
22 quite a bit later than we intended, and I apologize  
23 for delaying our last testifier.

24           Would Shikha Iyengar -- how close did I  
25 come?

1 MS. IYENGAR: You are very close -- Shikha  
2 Iyengar.

3 CHAIRMAN MUNDY: Thank you. Administrative  
4 Director, University of Pittsburgh Institute on  
5 Aging.

6 Thank you very much for being here. Thank  
7 you for your patience with us, as we went far beyond  
8 your time to testify, and you can begin any time you  
9 are ready.

10 MS. IYENGAR: Thank you very much,  
11 Chairperson Mundy and members of the House Aging and  
12 Older Adult Services Committee.

13 I would like to thank you for giving me this  
14 opportunity to speak today about these innovative  
15 housing options for seniors, and particularly  
16 Representative Keller's bill, 2516, which would  
17 establish NORCs.

18 My name is Shikha Iyengar. I am the  
19 Vice President of Geriatric Services at the  
20 University of Pittsburgh Medical Center and the  
21 Administrative Director of the University of  
22 Pittsburgh Institute on Aging.

23 I was very encouraged hearing the panel, and  
24 I may be reiterating some of the same things that  
25 they have talked about and also the direction that

1 the committee was going.

2           So just bear with me, because what I am  
3 going to speak about is the importance of the  
4 structure that I think the panel brought together,  
5 saying that, you know, there are services out there,  
6 but those will structure to those services for people  
7 to access those services, and also the role of the  
8 AAA compared to the care-management services that we  
9 provide through our program.

10           In your handout you have a little bit of  
11 background about the Institute on Aging, which was  
12 established about 6 years ago by the University of  
13 Pittsburgh and the University of Pittsburgh Medical  
14 Center.

15           We have a diverse research portfolio in  
16 aging at Pitt, and the UPMC is one of the largest  
17 employers in the region, which has a whole continuum  
18 of hospitals, outpatient programs, and physician  
19 services. But we also have UPMC Senior Communities,  
20 which is a very large program which offers both  
21 facility- and community-based long-term-care  
22 services.

23           UPMC Senior Communities is southwestern  
24 Pennsylvania's only provider of senior housing and  
25 long-term-care services that is owned and operated by

1 an academic medical center.

2           Therefore, I am very excited that your  
3 committee is discussing these innovative housing  
4 options that encompass health care and social and  
5 support services needed for older adults to age  
6 successfully in their homes.

7           You have heard pretty loud and clear, not  
8 only from the seniors but also from baby boomers who  
9 have been trendsetters, that they would not use  
10 institutional long-term care and that it is a choice  
11 of last resort. And similarly, Federal and State  
12 governments are moving away from institutional care,  
13 because that is not widely needed; it is not the  
14 preferred option. So as providers, which we are, we  
15 are faced with that challenge, but there is an  
16 opportunity to develop this care-delivery system in  
17 the community.

18           Our current health-care system is very  
19 fragmented and mostly inaccessible and has caused the  
20 users to be reactive, and so what the NORCs are going  
21 to bring is a more proactive approach and a  
22 preventive approach to aging.

23           And the services provided by the  
24 Area Agencies on Aging, which reach a large number of  
25 older adults, may not be as proactive and preventive

1 because of the guidelines that are set, that by the  
2 time you need those services, you have to have a  
3 certain decline in your health care. So a proactive  
4 system would anticipate these multidimensional,  
5 interdependent needs and offer appropriate services  
6 that focus on maintenance, on functionality, and  
7 independent living for as long as it is safely  
8 possible.

9           Studies have shown that the following five  
10 basic factors support successful aging, which is  
11 family and friends, facilities, faith, fitness, and  
12 finances, and that is what innovative housing  
13 programs should make provisions for, including these  
14 five in their plan.

15           "*The Maturing of America*," a report funded  
16 by MetLife, summarized the readiness of communities  
17 to serve the future older adults and showed that only  
18 46 percent of the communities have started to address  
19 the needs of this rapidly growing population.

20           The report listed 10 key factors for  
21 communities to consider as best practices, and those  
22 are the things you heard from the panel earlier, that  
23 it should have preventive health care and lifestyle  
24 education; nutrition education and access to  
25 nutritious home-delivered meals; age-appropriate

1 fitness programs; special training for  
2 first responders; home modification programs;  
3 tax assistance and tax relief and protection against  
4 fraud and abuse; job training and retraining;  
5 opportunities to engage older adults in civic and  
6 community activities; and a single point of entry for  
7 information. And this is what a NORC could bring, or  
8 any other group. So it is not like the individual  
9 care that is provided, but it is a whole community  
10 that is coming together, developing partnerships, and  
11 leveraging resources so that this preventive,  
12 proactive care can be provided.

13           The study conducted by MetLife shows that  
14 at least 70 percent of the communities offer the  
15 10 basic "best practice" services mentioned earlier,  
16 but there is no single organization that has taken an  
17 active role in bringing the providers of these  
18 services together to address the needs of older  
19 adults in the systematic manner that can easily be  
20 done by the NORC.

21           Therefore, the services offered are  
22 fragmented, not readily accessible, may not be  
23 affordable, or the older adults may not even know  
24 that these services exist. So this underscores the  
25 significance of having an organized program in NORCs

1 that addresses these multiple interdependent services  
2 needed to promote healthy aging in place.

3           While many senior subsidized-housing  
4 programs have service coordinators, they spend less  
5 than 10 hours per week in a facility serving about  
6 100 seniors. Due to inadequate funding, some of  
7 these housing, they do not even have a service  
8 coordinator. Some of these individuals are not  
9 adequately trained in service coordination and so are  
10 unfamiliar with the range of services that may be  
11 available in their communities.

12           Similar to the program that you heard from  
13 the panel, I would like to share a program that we  
14 have at UPMC. It is called the Living-At-Home  
15 Program. It is a geriatric care-coordination  
16 program, and it serves an active panel of  
17 approximately 700 clients.

18           This program was started more than 20 years  
19 ago in Montefiore Hospital in Pittsburgh, and UPMC  
20 has continued to subsidize the program, and it is the  
21 program that was referred to by the Deputy Secretary  
22 of Aging in Pittsburgh. Our program basically  
23 encompasses the 10 things that we addressed in the  
24 MetLife report.

25           The Living-At-Home Program is offered to



1 older adults 70-years plus who are at high risk for  
2 significant health-care decline due to medical  
3 conditions, multiple hospitalizations, family  
4 caregiving issues, housing, and other reasons.

5 All of our clients live in their own homes,  
6 apartments, or senior high-rises that could be  
7 classified as NORCs. Upon receiving a referral, each  
8 client receives a very comprehensive assessment by a  
9 care coordinator, who is not a nurse but a  
10 health-care professional.

11 Using this baseline information, the care  
12 coordinator initiates the development of a care plan,  
13 which begins with building a trusting relationship  
14 with the client. The care coordinator is located in  
15 the community where his or her clients live and,  
16 therefore, knows the community resources very well  
17 and tries to help connect the client to those  
18 resources they need.

19 The key components of our program are  
20 comprehensive care coordination, medication  
21 management by a nurse, and advance planning, which  
22 includes advance directives as well as planning  
23 for future needs to include financial, housing,  
24 et cetera.

25 In doing so, we help the clients maintain a

1 health-care diary, which we believe becomes a tool in  
2 actively engaging the clients in managing their own  
3 care, and it also serves as a tool for communicating  
4 key information with other service providers.

5           Outcomes for the Living-At-Home Program for  
6 the past 12 years have shown that hospitalizations  
7 and emergency room visits were reduced by  
8 approximately 50 percent and primary-care physicians  
9 increased by an average of 60 percent. This is the  
10 proactive and the preventive care that I was talking  
11 about. And the fact that many of our clients  
12 continue to be in the program for more than 15 years  
13 suggests that we may have been delaying or avoiding  
14 placements.

15           I would like to share a brief case history  
16 of a typical client of Living-At-Home to show how  
17 we make it possible for older adults at risk to  
18 continue to maintain functionality and stay in their  
19 own home.

20           Mrs. D was enrolled in the Living-At-Home  
21 Program in October of 1996 after being referred by a  
22 social worker at her doctor's office. Now 91 years  
23 of age, widowed and legally blind, she continues to  
24 live independently in her apartment with the  
25 assistance of a Living-At-Home care coordinator and

1 medication management nurse.

2 She has no children, and her only family is  
3 nephews and nieces in South Carolina. Medical  
4 diagnoses include chronic conditions such as  
5 hypertension and diabetes.

6 Since her goal was to continue to stay in  
7 her apartment, the care coordinator helped coordinate  
8 with the Area Agency on Aging for homemaker and  
9 personal-care aide services and to receive daily  
10 hot meals provided by the CitiParks office in the  
11 building.

12 The coordinator also encouraged her to  
13 participate in the recreational activities in the  
14 building and to continue to maintain the social  
15 support from friends in the building.

16 Additionally, the care coordinator assists  
17 her on an ongoing basis in arranging for  
18 transportation, escort service to medical  
19 appointments, and completes paperwork as needed. A  
20 medication management nurse from the Living-At-Home  
21 Program visits twice a month to fill her pill boxes  
22 and reorder medications as needed.

23 Without ongoing care coordination and  
24 medication management from this program for the past  
25 12 years and assurances that services from CitiParks,

1 AAA, and the staff in the building are continually  
2 received by Mrs. D, she would be unable to live in  
3 her apartment.

4 In addition to care coordination, the  
5 Living-At-Home also offers an organized community  
6 health education outreach program, almost like a  
7 nurse-operated group visit clinic, in approximately  
8 60 high-rise apartment buildings and senior centers  
9 in Allegheny County.

10 The outreach program, which is offered  
11 once a month at each location, includes a regular  
12 blood pressure and weight check and a lecture on the  
13 topics selected by the older adults participating in  
14 the event.

15 The blood pressure and weight check is  
16 recorded in a diary that is kept by the client, who  
17 is encouraged to take it with them to the PCP visits.

18 Since obesity and high blood pressure are  
19 the underlying causes for many chronic conditions, we  
20 believe that this proactive approach has helped to  
21 identify clients who may need medical interventions  
22 or benefit from the Living-At-Home Program before  
23 they actually show a decline in health-care status.

24 More than 1,500 clients are actively  
25 monitored on a monthly basis through our outreach

1 program. We are in the process of piloting a  
2 telehealth kiosk in a community setting to determine  
3 if it would be an effective extension to our  
4 community outreach.

5 The research conducted by Pitt is now in its  
6 second year and has identified barriers to using this  
7 technology, infrastructure needed to set up the  
8 kiosk, and partnerships needed to make technology a  
9 viable option in preventive, proactive care for older  
10 adults living in NORCs.

11 In closing, I would like to leave you with  
12 the following to consider as you evaluate innovative  
13 housing options.

14 Health and human services need to become an  
15 integral part of housing if you are going to develop  
16 NORCs that are going to be successful in promoting  
17 aging in place.

18 Comprehensive and multidimensional care  
19 coordination needs to be part of a NORC setup that  
20 takes a proactive, preventive, and holistic approach  
21 to meeting the many interdependent needs of older  
22 adults.

23 To be futuristic in planning and actively  
24 engaging the baby boomers of today to determine their  
25 needs and possible solutions, as they are the ones

1 who will be using these services for years to  
2 come.

3 And to build public-private partnerships in  
4 developing housing options and to bring many of the  
5 needed services to the residents of NORCs.

6 Again, I thank you very much and welcome the  
7 opportunity to work with you in addressing this issue  
8 as you move forward. I would be happy to answer any  
9 questions.

10 CHAIRMAN MUNDY: Thank you very much for  
11 your testimony.

12 Questions from the members?

13 Chairman Hennessey.

14 REPRESENTATIVE HENNESSEY: Thank you,  
15 Madam Chairman.

16 How do I address you?

17 MS. IYENGAR: Shikha.

18 REPRESENTATIVE HENNESSEY: Shikha, you had  
19 indicated on page 2 of your testimony that "By the  
20 time the need for services is identified, the decline  
21 in health status has already started," and I think  
22 you might have interjected there because of the  
23 wording of existing regulations.

24 Tell us about that, if you would, and should  
25 this committee be looking to try to change some of

1 those regulations so that we get earlier intervention  
2 before people's health starts to go south?

3 MS. IYENGAR: The AAA programs made  
4 available are offered to older adults who have to  
5 meet certain health criteria -- the OPTIONS Program  
6 and the PDA Waiver Program.

7 The PDA Waiver Program is when they become  
8 nursing-home eligible, so it is a means to keeping  
9 them out. But by that time, their health has  
10 declined quite a bit, because now you are eligible to  
11 move to a nursing home.

12 And even in the OPTIONS Program, there is  
13 certain health criteria that you have to meet. While  
14 the exact requirements are not as stringent as for  
15 the PDA Waiver Program, there are health-care  
16 criteria that have to be met.

17 The Living-At-Home Program, we try to reach  
18 the individuals, the seniors, way before health-care  
19 decline happens. So, for example, we get referrals  
20 when someone probably has multiple hospitalizations  
21 and the physician realizes that this person is not  
22 taking their medications properly. And medications  
23 are the biggest cause for many of the conditions that  
24 result in hospitalizations.

25 In most of our clients, when they start to

1 not qualify for even the OPTIONS services that are  
2 offered by AAA, as they progress, then they meet  
3 those criteria.

4 So I don't have the specific requirements,  
5 but the requirements are much more stringent in  
6 preventing the proactive care that is needed.

7 REPRESENTATIVE HENNESSEY: Okay. It might  
8 be helpful for the committee, if you could, to give  
9 us some specifics on the specific regulations that  
10 you think stand in the way of providing services to  
11 our seniors at an earlier time, because if we could  
12 intervene earlier and protect their health, we would  
13 probably be doing them a service and saving the State  
14 additional money in the meantime.

15 The other thing I wanted to ask you about  
16 is, the Living-At-Home Program, you indicated, was  
17 funded by UPMC.

18 MS. IYENGAR: Correct.

19 REPRESENTATIVE HENNESSEY: But you also  
20 indicated that because a lot of your clients live in  
21 high-rises, you might be considered a NORC yourself,  
22 or the clients of your program.

23 MS. IYENGAR: Right.

24 REPRESENTATIVE HENNESSEY: Now, does that  
25 set you up then to be competing with the Jewish



1 Community Center and AgeWell Pittsburgh and the  
2 United Way and all those other groups that would also  
3 be --

4 MS. IYENGAR: No.

5 REPRESENTATIVE HENNESSEY: I'm just trying  
6 to avoid that warfare that might come if we just  
7 throw open a lot of different agencies or a lot of  
8 different groups to be able to say, hey, we're a  
9 NORC; we're going to apply for that money. And then,  
10 you know, if there are tons of people applying, it is  
11 not going to go very far.

12 And again, we want to avoid the warfare with  
13 the AAAs.

14 MS. IYENGAR: You are absolutely right.

15 We work with AgeWell, because AgeWell, for  
16 example, does not have the medication management  
17 program as such. So our nurses go out and provide  
18 those in the neighborhoods where we are. Since it is  
19 a UPMC funded --

20 REPRESENTATIVE HENNESSEY: Do you serve the  
21 same people that AgeWell serves?

22 MS. IYENGAR: We have a nurse that works,  
23 that goes out and provides those services.

24 REPRESENTATIVE HENNESSEY: So it is to their  
25 clients, is what I mean.

1 MS. IYENGAR: To their clients.

2 REPRESENTATIVE HENNESSEY: So in a sense,  
3 you really would be -- if you consider yourself, your  
4 program, as a NORC eligible to apply for this money  
5 and AgeWell Pittsburgh considers itself a NORC and  
6 serves the same people, you could be fighting between  
7 the two of you for that money.

8 MS. IYENGAR: Well, I mean, the area is very  
9 large, and there are only a few providers.

10 We are really a service provider for care  
11 management programs. So it is not that we have  
12 housing.

13 So we work, for example, with Presbyterian  
14 SeniorCare. They have ACTION-Housing in Pittsburgh  
15 and similar to, you know, the apartments that are  
16 owned or operated by the Jewish community in  
17 Pittsburgh.

18 So we are actually providing those care  
19 management services to those facilities. We are  
20 working with the organizations, not that we own or  
21 manage any apartment buildings ourselves.

22 REPRESENTATIVE HENNESSEY: Okay. I'm just  
23 trying to avoid setting up a situation -- I mean,  
24 good ideas so we can help people, you know, link up  
25 with the services they need. It is just that we

1 don't want to do it in a way that causes one group to  
2 think they can do an end run around the established  
3 pecking order, so to speak. Because even if they are  
4 successful the first time, the recriminations that  
5 come from that success or with that success could end  
6 up tearing apart, you know, a system which currently  
7 works fairly well today.

8 MS. IYENGAR: Right. And at least I do not  
9 see at this point -- the only duplication that may be  
10 there is actual care coordination of services.

11 But again, there are areas that are not  
12 served by AgeWell that we serve through, like  
13 I mentioned, ACTION-Housing and Presbyterian  
14 SeniorCare, where we do provide care management and  
15 care coordination services.

16 And by the way, most of these services are,  
17 again, not paid -- UPMC subsidizes 90 percent of our  
18 budget, and 10 percent may come from organizations  
19 like, say, Presbyterian SeniorCare or other  
20 high-building management companies.

21 REPRESENTATIVE HENNESSEY: Okay. Thank you.  
22 Thank you very much, Madam Chairman.

23 CHAIRMAN MUNDY: Representative Brooks.

24 REPRESENTATIVE BROOKS: Thank you for being  
25 here.

1           I want to compliment you folks, because this  
2 is a prime example of the private sector stepping up  
3 to the plate and trying to solve the problem. So I  
4 compliment you on that.

5           The UPMC, I think you started a foundation  
6 as part of the funding, the UPMC Foundation, and then  
7 also you have NIH. What does that stand for?

8           MS. IYENGAR: National Institutes of Health.

9           REPRESENTATIVE BROOKS: Okay; all right. So  
10 you receive funding from --

11          MS. IYENGAR: That is the research that is  
12 through the University of Pittsburgh.

13          REPRESENTATIVE BROOKS: Okay.

14          MS. IYENGAR: UPMC, as part of its community  
15 initiative, funds this. So it does not come through  
16 the foundations but directly, as it is basically a  
17 cost center within the UPMC.

18           And very recently we have partnered -- the  
19 UPMC has expanded this program to seven additional  
20 senior high-rises that are outside of the  
21 neighborhood, so they are funding. And the Office of  
22 Long Term Living has partnered with us to actually,  
23 since we have the outcome data, but it is only our  
24 outcome data, so there is an outside evaluator who  
25 is going to be brought in to see, are we truly

1 saving the hospitalization and emergency room  
2 costs?

3           Because there was so much discussion about  
4 where we can get the money, if we can save even a  
5 single hospitalization or an emergency room visit or  
6 a couple of nursing-home placements, the program can  
7 be funded very well. And it is preventive and  
8 proactive, and that is where the fragmentation comes  
9 from, the funding coming in from all different  
10 sources, and nobody benefits from it.

11           REPRESENTATIVE BROOKS: That leads to my  
12 next question then.

13           In this model, is there an end date, or do  
14 they continue to plan on pursuing this or continuing  
15 this over the years? When do they decide, okay, they  
16 have enough data and they are going to discontinue  
17 this?

18           MS. IYENGAR: Well, UPMC has been funding it  
19 for 20 years in 16 neighborhoods, and I am assuming  
20 that they will continue as a community initiative  
21 because they have done that. But we are hoping that  
22 -- the funding for this senior high-rise is to  
23 actually evaluate the program just for a period of  
24 3 years, and in 3 years we should be able to show,  
25 since the period is long, that over a longitudinal

1 time period that we are making an impact on the  
2 health-care costs, the total health-care  
3 costs.

4 So after 3 years, we may not need those  
5 senior high-rises where we are in this expanded  
6 program that we continue to do. I am hoping that,  
7 for the 20 years we have done this program, that this  
8 bill is going to provide some funding for this type  
9 of care coordination service that doesn't exist.

10 REPRESENTATIVE BROOKS: And do I understand  
11 correctly that you are focused primarily in the  
12 Pittsburgh area in doing this? Has there been any  
13 desire or thought to compare statistics of a program  
14 like this in a rural area versus an urban area and  
15 see what the data would be?

16 MS. IYENGAR: We would very much like to do  
17 that. However, because there is no funding -- this  
18 is the first time the funding became available from  
19 the Office of Long Term Living to say, let's evaluate  
20 this program and see if it does really make any  
21 impact. I think that we would welcome it very  
22 much.

23 And that is why we are looking also at the  
24 telehealth aspect of it. Telehealth, as you know,  
25 for home health is, again, individual, is in

1 individual people's homes, and again, it is after an  
2 event, a medical event that has happened.

3           The kiosk that we are experimenting with at  
4 this point in Pittsburgh is in a community setting.  
5 It is in an apartment building of 40 units. And we  
6 are trying to see whether, if we have this kiosk,  
7 if people would come and get their blood pressure,  
8 check their own blood pressure and weight. That  
9 information gets to our outreach nurse, and what we  
10 found was that initially, about four people started  
11 to come, and after about 9 months, 9 or 10 months,  
12 there were 15 people out of 40 who started to come  
13 regularly.

14           So the kiosk looks like a viable option to  
15 put it especially in the rural areas where -- if you  
16 can control the blood pressure and weight, those two  
17 factors, a lot of chronic conditions could be managed  
18 better, and so that is where our focus is. So in  
19 rural areas, that would be an approach to the  
20 outreach and the care management effort.

21           REPRESENTATIVE BROOKS: Thank you very much.

22           CHAIRMAN MUNDY: Any other questions?

23           Well, thank you very much for being here  
24 today and for offering insight. We will look forward  
25 to working further on this bill and this concept.

1                   Thank you very much, all of you, for being  
2 here.

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4                   (The hearing concluded at 11:56 a.m.)

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1 I hereby certify that the proceedings and  
2 evidence are contained fully and accurately in the  
3 notes taken by me on the within proceedings and that  
4 this is a correct transcript of the same.

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Debra B. Miller, Reporter

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