



*U.S. Delegation to the
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**Remarks by
The Honorable Kathy Greenlee
Administrator, Administration for Community Living
and
Assistant Secretary for Aging
U.S. Department of Health and Human Services**

Ministerial Panel
Promoting Quality of Life and Active Ageing
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Madame Chair, fellow delegates, ladies and gentlemen, I am delighted to be here with you today, and honored to represent the United States of America.

I extend my great appreciation to the United Nations Economic Commission for Europe and to the government of Austria for convening this ministerial conference. It is a massive undertaking to organize and I want to acknowledge your hard work to make sure this conference is a success.

I want to especially thank the government of Austria, in particular the Federal Ministry of Labour, Social Affairs and Consumer Protection, for its generosity in hosting so many of our aging conferences, starting with the World Assembly on Ageing in 1982 and most recently, today's conference. This is a momentous occasion, and one of which you should be proud.

The United States of America, under the leadership of President Barack Obama, continues to affirm its commitment to the themes of the Madrid International Plan of Action on Ageing (MIPAA), and we attach great importance to the five and ten year reviews.

Last year, President Obama stated that "My Administration is committed to meeting the needs and aspirations of American seniors, both now and in the future. We are working to improve the health and well being of older men and women with a focus on preventive care and community living."

In his recent Proclamation for World Elder Abuse Awareness Day, President Obama also stated that "Every American deserves the chance to live out the full measure of their days in health and security."

In 2007 in Leon, Spain, the U.S. reported on the progress made in meeting the MIPAA objectives in the first five-year review. Today I am pleased to report on our continuous progress and some of our challenges. I will focus my remarks on a few key areas.

The U.S. government continues to work to address the health and long-term care challenges of a rapidly aging population and to help individuals “age in place” and remain in their own homes and communities.

In 2007 we described how we empower our citizens by giving them more choices and greater control over their own health care. This philosophy has been expanded to include other types of services and benefits that lead to independence. One of the most significant achievements since 2007 has been the passage of the Affordable Care Act, passed by Congress and signed into law by President Obama in March 2010. This landmark legislation calls for comprehensive health reform to make health care more affordable, to guarantee more choice and enhance quality, to expand health coverage – especially to key preventive services, to make health insurers more accountable and to make the health system more sustainable.

We know that health promotion and preventive services, starting at an early age, are critical to ensuring that people enter their later years at a higher standard of health and well-being. The Affordable Care Act provides access to preventive services and prescription drug discounts for seniors and also strengthens Medicare. For those of you who are not familiar with Medicare, it is our national social insurance program that guarantees access to health insurance for Americans ages 65 and older and for younger people with disabilities.

Since the law was enacted, nearly 5.4 million seniors and people with disabilities have saved over \$4.1 billion on prescription drugs. In addition, during the first seven months of 2012, the new health care law has helped nearly 18 million people obtain preventive services at no cost to them. And new efforts to fight fraud and abuse have returned a record \$5.4 billion in the last two years alone, helping to ensure the ongoing solvency of Medicare.

In the U.S., we continue to move towards a more balanced system of long-term care which respects the wishes of the individual and shifts the focus from institutional care in favor of home and community-based services.

In furtherance of this goal, President Obama implemented the Community Living Initiative that charged Federal agencies to review programs and policies to enhance community living. We believe that all Americans - including people with disabilities and seniors - should be able to live at home with the supports they need, participating in communities that value their contributions.

To help meet these needs, the Secretary of Health and Human Services just created a new organization, the Administration for Community Living – which I head. The Administration for Community Living brings together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities in a single agency. Our goal is to increase access to community supports and full participation, while focusing attention and resources on the unique needs of older Americans and people with disabilities.

We are encouraging broader partnerships and alliances that result in comprehensive, person-centered care, while continuing to support the needs of caregivers who shoulder the responsibility for providing the great majority of all long-term care services for their loved ones.

We continue to call attention to not just the needs of older people and promote effective community responses to those needs, but to the tremendous resources that older individuals bring to our communities. They represent a wealth of knowledge and experience and contribute to the continued vitality of every sector of our local, state and national communities and economies. In 2010, 23.6% of adults 65 and older dedicated 1.7 billion hours of volunteer service in the U.S. In building our resources for the future, we continue to look at older persons as an under-utilized resource, and we are particularly looking at the skills, education and experience that the Baby Boomers can bring.

Protecting the rights of older persons is a central theme running through the MIPAA and many global conferences. The U.S. has been actively involved in the UN Open Ended Working Group on Ageing which is examining how to best address this issue. We look forward to the February 2013 report to the Commission on Social Development on the progress in implementing the MIPAA, to provide us a better idea of what is needed to best protect the rights of older persons. In the meantime, the U.S. government continues to favor exploring all possible options under current human rights law to protect the rights of older persons.

The U.S. record on putting programs and policies in place to safeguard the dignity and well-being of older persons is well-established and strong. For decades we have had robust legislative protections and enforcement mechanisms in place, and our civil society organizations continue to be actively involved in these issues.

The framework for our protections is comprised of four cornerstones – the Society Security Act passed in 1935; and Medicare, Medicaid and the Older Americans Act, which were passed in 1965. These have served as the foundation for economic, health and social supports for millions of seniors, individuals with disabilities and their families. Additional protections are offered by the Age Discrimination Act, the Age Discrimination in Employment Act, the Americans with Disabilities Act, and most recently, the Elder

Justice Act, contained within the Affordable Care Act, which President Obama signed into law in 2010.

The Elder Justice Act calls for the development of a comprehensive network of national, state and local protections; background checks of direct care workers; additional training of long-term care facility surveyors; enhancements for the long-term care ombudsman program and elder abuse programs; the development of best practices for member states on adult protective services and coordination with law enforcement; and the reporting of suspected crimes in long-term care facilities.

All together, our laws provide protection against discrimination based on age and disabilities in Federal programs and employment, and provide protections against abuse, neglect and exploitation. They focus on affording Americans equal access to participate fully in society free from discrimination, and removing barriers to remaining productive members of mainstream society.

Another issue that all the countries here are now or soon will be facing is the challenge of the growing numbers of persons with Alzheimer's disease or related dementias. Last year, President Obama signed into law the National Alzheimer's Project Act. He stressed that *"Alzheimer's disease burdens an increasing number of our nation's elders and their families, and it is essential that we confront the challenge it poses to our public health."*

This National Plan combines research, medical, and social services to combat the disease and its effects. It presents a holistic approach focused on caring for the 5.1 million Americans with the disease, and providing services, support, and information for family members and caregivers. It creates a roadmap to coordinate efforts among multiple government agencies and the private sector to promote research, accelerate the development of treatment options, improve early diagnosis and coordination of care, and strengthen service delivery to affected families—especially among ethnic and racial minority populations and other special populations such as people with Down syndrome - who are at higher risk for Alzheimer's. We know that France was the first European country to launch a national plan, and we look forward to working with them and other countries in finding solutions that will guide us in addressing these diseases.

A third challenge we continue to confront across the globe is the negative impact of mental health issues on the well-being of older adults. Mental health issues, like depression, are not a normal part of aging, yet these conditions greatly impact the lives of many older adults. Distinctive barriers to the treatment of these conditions among the older adult population exist, such as their under-diagnosis and the presence of other health conditions. A recent Institute of Medicine report concluded that mental health conditions among older adults are common, costly, and often detrimental to their health. The report provided clear strategies for addressing the increasing need for health care professionals trained in geriatric mental health.

Recognizing these challenges and needs, AoA is currently partnering with the Substance Abuse and Mental Health Administration to host a series of regional policies academies across the U.S. to bring together state aging, behavioral health, and other relevant leadership to develop plans to address the mental health needs of older adults.

In the U.S. we have accomplished a lot in the last five years but we have much more to do. Changing demographics, economic challenges and new technologies will shape our policies and programs. We like to view these challenges as opportunities. One opportunity which I think we would all agree to is the need for prevention across the lifespan. If we continue to research, encourage, support and implement evidence-based prevention strategies tailored for older adults and for persons with disabilities, we will help reduce the epidemic of preventable chronic diseases, lower their associated health care costs, and improve quality of life. We also need to work together to mitigate the social and environmental conditions that influence people's health risks ---the so-called "social determinants of health."

Another important opportunity is to continue a holistic approach to health care through the integration of acute care, long-term care and community-based services. As an example, our human services agencies work with medical partners to better manage the transition of people from hospital to home or to other care settings. They ensure that people have the information, discharge plan, and individualized community services necessary to support them at home or in their new setting. By investing in this strategy we are reducing hospital re-admissions and health care expenditures, better addressing chronic diseases, improving medication management, and enhancing the quality of life for millions of Americans.

A third opportunity is to continue investing in community and person-centered services that can meet the needs of an increasingly diverse population. The concept of aging in place is at the heart of this strategy, enabling older persons and persons with disabilities of all ages to remain at home and engaged in their community with the appropriate supports and services for as long as possible. Coordinating with family caregivers and others, assistance that is tailored to individual needs, such as transportation, affordable housing, and a range of other supportive services are central to the success of aging in place.

In conclusion, we are proud of what we have achieved in implementing the Madrid goals but we are mindful of the challenges ahead of us as a country and globally. Working together, and continuing to share information about our challenges and our successes in meeting them, we can better prepare for our changing world.

Thank you Madame Chair.

