Congress: Reauthorize the Older Americans Act in 2013!

The Older Americans Act (OAA) should be reauthorized this year and just in the nick of time: the U.S. expects an unprecedented wave of growth in the population of citizens over the age of 60. The Older Americans Act was originally established in 1965 with the goal of providing health and human services for Americans, particularly as they grow older.

The reauthorization provides an opportunity for Congress to ensure the Aging Network in the U.S. can continue to support a valuable and ever-expanding population of older Americans and their caregivers.

Area Agencies on Aging (AAAs) design, fund, and coordinate programs that enhance the community support system designed to maintain older adults in their homes, postponing the need for more medically intensive and costly health care services.

5 Reasons to Reauthorize the Older Americans Act Today!

1. **The Age Wave.** Every eight seconds in America someone turns 65. Reauthorizing the Older Americans Act will demonstrate a commitment to good planning for handling the growth of the older population. The 2010 U.S. Census reported a 15% increase in New York State’s overall 60-plus population.

2. **Reach older New Yorkers before they end up on Medicaid.** Area Agency on Aging programs are pre-Medicaid programs that help older New Yorkers avoid the spend-down to Medicaid. These services can be provided to older New Yorkers at one-tenth the cost of a nursing home.

3. **Access to community-based programs.** The national Aging Services Network, which is comprised of the Administration on Aging, State Office for Aging, Area Agencies on Aging, and community providers was established by the act to ensure Americans have access to community-based programs and a continuity of care so they may maintain their independence.

4. **More New Yorkers will be able to live independently long into old age.** Agencies on Aging serve the needs – nutritious meals, caregiver support, transportation, in-home personal care services, health insurance counseling – of older New Yorkers who want to live independently in the least restrictive setting.

5. **Supports families and caregivers.** The value of the services that family caregivers provide to help older adults live independently is estimated at $450 billion a year nationally, according to AARP’s Public Policy Institute.
Reauthorize the Older Americans Act in 2013

Reauthorize OAA!

This is the year to reauthorize the Older Americans Act! The Older Americans Act (OAA) was established in 1965 with the goal of providing health and human services for Americans, particularly as they grow older, and is in line for reauthorization. And just in the nick of time: the U.S. expects an unprecedented wave of growth in the 60-plus population.

Community Services for Older Americans

For more than 40 years, the federal Older Americans Act (OAA) has been the impetus for a system of cost-effective community services that meet the most basic needs of our older citizens: health care information services, assistance with bathing and other personal care needs, home delivered meals and transportation, the kinds of services that allow older New Yorkers to remain independent in their homes.

Area Agencies on Aging

Federal funds from the OAA are used by states and Area Agencies on Aging to develop and enhance comprehensive and coordinated community-based systems for older adults. They dovetail with state and local funds to make up a human services infrastructure. The original legislation established authority for grants to states for community planning and social services, research and development projects and personnel training in the field of aging. The law also established the Administration on Aging (AoA) to administer programs and to serve as the Federal focal point on matters concerning older Americans. In 2012, the AoA was made part of the Administration on Community Living (ACL) a new agency dedicated to improving access to community supports and achieving full community participation for seniors and people with disabilities.

NEW YORK: Funding to AAAs by Source for Fiscal Year 2011-12

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal</td>
<td>32%</td>
<td>$83,890,489</td>
</tr>
<tr>
<td>State</td>
<td>36%</td>
<td>$94,746,244</td>
</tr>
<tr>
<td>Local Share</td>
<td>21%</td>
<td>$55,100,675</td>
</tr>
<tr>
<td>Participant</td>
<td>11%</td>
<td>$27,959,684</td>
</tr>
</tbody>
</table>

OAA Allocation to NYS is higher than amount above, as a portion is retained by the NYS Office for the Aging (NYSOFA) for oversight.

Preserve Services for Vulnerable Older Americans

While a great number of older adults live independently, a growing number have chronic illnesses and disabilities, particularly as life expectancies increase. Many require supportive services to help them avoid or delay more costly levels of care such as nursing homes.

The Caregiver Cliff

Older individuals aren’t the only ones impacted; their friends and families who support them in their homes also receive support through Older Americans Act funding. Nearly 80% of adults in need of long-term services depend on family and friends as their only source of help. The value of the services that family caregivers provide is estimated at $450 billion a year, almost twice as much as home care and nursing services combined, according to AARP.

“We are at a critical moment. We must give seniors the support they need to stay healthy in their homes and communities.” - Senator Bernie Sanders (I-VT)
Older Americans Act
Federal Fiscal Year 2012
Funds for all States

Total: $1.9 billion

**Title VII** 1.1%
Vulnerable Elder Rights Protection Activities
($21.8 million)

**Title VI** 1.8%
Grants for Native Americans
($34.0 million)

**Title V** 23.4%
Community Service Senior Opportunities Act†
($448.3 million)

**Title IV** 1.2%
Activities for Health, Independence, and Longevity†
($23.6 million)

**Title III** 71.0%
Grants for State and Community Programs on Aging
($1,358 million)

Nutrition Services 42.7%
Disease Prevention and Health Promotion 1.1%
Family Caregiver Support 8.0%
Supportive Services 19.2%

**Title II** 1.4%
Administration on Aging‡
($27.3 million)

Source: Prepared by the National Health Policy Forum, based on e-mail communications with AoA staff and phone conversations with DOL staff February 2012.

Unmet Need

The Older Americans Act (OAA) was enacted to help older adults remain in their homes and communities, living independently for their benefit and the benefit of the cost associated with nursing home care. In fiscal year 2008, about 5 percent of the nation’s adults 60 and over received key aging services through Title III of the OAA, including meals and home-based care. In 2010, states received $1.4 billion to fund Title III programs. Studies project large increases in the number of adults who will be eligible for these in the future. More should be done to measure the extent of unmet need for services, according to the U.S. Government Accountability Office.

Funding

All programs are administered at the federal level except for the Title V community service employment program, which is administered by the Department of Labor. Title III services are the greatest share of federal funding and are available to all people age 60 and over, but they are targeted to those with the greatest economic need.
Older Americans Act -- Overview

**OAA Structure**

Several titles set forth broad social policy objectives for improving the lives of all older adults, and also delineate grants to the states and Native Americans for specific purposes. See page 3 for a chart outlining the titles. Title III services comprise 71% of the OAA funding and are described below.

**Title III: Grants for State and Community Programs on Aging**

Title III formula grants support the activities of 56 state units on aging (SUAs) and 629 area agencies on aging (AAAs), which can be nonprofit or public agencies. AAAs act as advocates on behalf of, and coordinate social service programs for, older people. Title III authorizes funds for supportive and nutrition services, family caregiver support, and disease prevention and health promotion activities. State agencies are required to pass all Title III funds to area agencies to administer within their state-defined planning and service areas.

**Supportive services (Title III-B).** Funds a wide range of social services aimed at helping older people remain independent in their own homes and communities, transportation and information and assistance, home care, and legal assistance.

**Nutrition services (Title III C).** The elderly nutrition program provides meals and socialization to older people in congregate settings (Title III C-1), such as senior centers and churches and home delivered meals to frail older people in their own homes (Title III C-2).

**Family caregiver support (Title III E).** The National Family Caregiver Support Program provides grants to states to develop a variety of services to assist family caregivers. These include information and assistance about available services, individual counseling, organization of support groups and caregiver training, respite services to provide families temporary relief from caregiving responsibilities.

**Disease prevention and health promotion (Title III D).** Seed money for programs are proven to prevent or delay chronic conditions and promote health among older people.

**Serving an at-risk population**

Older Americans Act (OAA) funding is vital to serving frail older adults who need these services to remain in the community.

**Title IIIB Supportive Services: Services for 180,000+ people**

- 22% household income below poverty
- 11% minority (4% low income minority)
- 68% age 75 or older
- 32% age 85 or older
- 58% lived alone
- 55% frail/disabled

**Title IIIC1 Congregate Meals: Services for 130,000+ people**

- 18% household income below poverty
- 11% minority (4% low income minority)
- 58% age 75 or older
- 22% age 85 or older
- 46% lived alone
- 25% reported as frail/disabled

**Title IIIC2 Home Delivered Meals: Services for 55,000+ people**

- 23% household income below poverty
- 10% minority (3% low income minority)
- 74% age 75 or older
- 40% age 85 or older
- 60% lived alone
- 71% reported as frail/disabled

**Title IIID Health Promotion & Disease Prevention: Services for 15,000+ people**

- 13% had household income below poverty
- 7% minority (1% low income minority)
- 64% age 75 or older
- 26% age 85 or older
- 44% lived alone
- 34% reported as frail/disabled

**Title IIIE Family & Caregiver Support: Services for 23,000+ people**

- 21% minority (21% low income minority)
- 61% age 75 or older
- 30% age 85 or older
- 52% lived alone
- 79% reported as frail/disabled

**Data Source:** NYS Office for Aging Client Data (October 2011 submitted data)