The Older Americans Act of 1965

What has it accomplished and what remains to be done?

Introduction

The Older Americans Act of 1965 (OAA) is one of the nation's most comprehensive set of programs aimed at improving the lives of older adults. This issue brief explains the goals of the OAA and its programs, describes funding formulas and gives recommendations for the future of the OAA.

With the aging population in the U.S. growing, comprehensive policies like the OAA have never more important. The healthcare system, the structure of communities, and the economy has to adjust to fit the needs of its aging population. For example, most older Americans when asked say that they prefer to live out their lives in the community or at home—a preference that not only preserves older adults' well-being--but also saves money by keeping people out of expensive long-term care facilities. To accomplish this many will need some type of assistance whether it be help getting to and from doctor's appointments, help with activities of daily living (ADLs), or help with meals. The OAA provides the necessary support to millions of elders to allow them to remain in the community. The OAA also authorizes other programs that maintain or improve older adults' lives. Policy and funding are key to achieving these tasks.

Objectives and Programs of the OAA

The 1965 Older Americans Act was passed by Congress with the following objectives for the nation's older citizens:

- An adequate income in retirement

- The best possible physical and mental health

- Affordable and suitable housing

- Full services for those requiring institutional care

- Equal opportunity employment

- Retirement in health, honor, and dignity

- Pursuit of meaningful activity within the widest range of civic, cultural, and recreational opportunities

- Provide community services that are coordinated and accessible

- Benefit from research that shows how to improve health and happiness

- Freedom, independence, and the free exercise of individual initiative in planning and managing one's own life (U.S. Government Publishing Office, 2015).

Title II of the Act established the Administration on Aging and state agencies that are responsible for carrying out the objectives of the OAA.

Title III of the Act provides grants to states so that state agencies can provide: caregiver support, disease prevention, and supportive services (e.g., transportation, home care and legal assistance), and nutrition (the largest program of the OAA; AARP, 2014). Title III makes up the largest of OAA spending at approximately 70 percent (AARP, 2014).

Title IV of the Act provides fund for aging research, training and demonstration projects.

Title V of the Act provides employment opportunities in the community service sector to those 55 and older who have had trouble previously finding employment.

Title VI of the Act provides nutrition and other support services for Native Americans.

Title VII of the Act provides a long-term care ombudsman program and required states to make the public aware of ways to prevent and report elder abuse.

"…the private sector will not, and in many cases cannot, do all that needs to be done. It never has and it never will. Government will always have to help if there is to be fairness and a degree of equity in our society."
Former Senator and Congressman Claude Pepper, 1987

Millions of elders rely on these programs every day. In 2010 approximately 3 million people received OAA services on a regular basis and 8 million received services less than regularly (Fox-Grage and Ujvari, 2014). Many OAA program recipients are homebound, frail elders who without OAA help would not be able to remain in the community (AARP, 2014). Although many elders rely on these programs, many more need, but do not receive, OAA services. A recent report found significant unmet needs among low-income adults age 60 and older. Despite having trouble with at least one daily activity (e.g., eating, dressing, or managing finances), 75 percent or 16 million individuals received limited or no home-based assistance (U.S. Government Accountability Office, 2015). Furthermore, the U.S. Government Accountability Office revealed that 8 million were without transportation services, which is alarming given the finding in a recent study that those who live in the community were more homebound than those living in assisted living facilities, even after controlling for health and mobility (Freeman, 2011). Perhaps even more alarming was the USGAO's finding that only 10 percent of low income older adults received meal services and that 83 percent were food insecure (worrying food will run out before getting money to buy more or skipping meals or going an entire day without food). Taken together, these findings indicate that many

older adults who are not currently receiving services could benefit from OAA programs.

Funding

"There are worse ways for a government to spend money and our government, no less than many others, has found them. Brightening human lives is not wastrel government; it is government at its very best."

Former Senator and Congressman Claude Pepper, 1987

The goals and objectives of the OAA are achieved through a federally funded network of programs across the nation. Since 2006 states have been receiving federal funding for their OAA programs based on the percent within their borders who are age 60 and above. The OAA is reauthorized every 5 years at which time it undergoes a review and programs are modified, expanded or removed. The OAA is up for reauthorization later this year and some are arguing for increases, as previous funding has not kept up with the rate of inflation and the growing number of those who are 60 and older. Funding for OAA programs makes up a relatively small percentage of the total budget – $1.88 billion in 2014 compared to the $136 billion that was spent on long-term care services provided under Medicaid (Fox-Grage and Ujvari, 2014).

President Obama pledged to work with Congress to reauthorize the OAA at the 2015 White House Conference on Aging and expand programs including some new

programs for veterans. The National Council on Aging is recommending several priorities for the reauthorization including: promoting economic security by expanding access to coordinated benefits, debt and credit counseling, housing options, support for modern senior centers, advancing healthy aging initiatives, restructuring aging services research, protecting and empowering older adults, and enhancing the senior community service employment program (NCOA, 2015). The President's proposed 2016 budget includes increased funding for home and community-based services ($348 million to $386 million), family caregiving ($6 million to $7 million), homebound meals ($216 million to $236 million), congregate meals ($438 million to $458 million), respite care ($2 million to $5 million), Aging and Disability Resource Centers ($6 million to $20 million), elder rights support ($8 million to $29 million) and Social Services Block grants ($1.576 billion to $1.7 billion; LeadingAge.org, 2015). Other OAA programs are not expected to receive funding increases.

The Older Americans Act: A Focus on Florida

In FY 2013-2014, Florida received a total of $85,089,248 for its OAA Title III programs which served over 98,000 people (Florida Department of Elder Affairs, 2015). While the programs are 100 percent federally funded, the state is required to match 10 percent for services and provide a 25 percent match for

administration. The funds are allocated to the states' 11 Area Agencies on Aging who then contract out to service providers. Table 1 summarizes Florida's OAA programs, funding allocation and the numbers of people served during the federal fiscal year 2013-2014. The largest programs are Title III B, Title III C1 and Title III C2.

Table 1: FY 2013-2014 Allocation for Florida by Program Title

Program	Example Services Provided	Funds Allocated	Number People Served
Title III B	Home repair, health aide, housekeeping, transportation	$31,360,052	29,346
Title III C1	Congregate meals	$20,374,456	30,283
Title III C2	Home delivered meals	$20,298,442	17,083
Title III D	Preventative health services	$1,461,573	19,621
Title III E	Family caregiver support	$11,594,573	15,250
Title V	Job slots for those 55 and older, unemployed and impoverished	$5,006,353	2,640
Title VII	Elder abuse prevention	$344,252	n/a
Title VII	LTC Ombudsman program	$3,040,514	n/a

Aging in Place

Perhaps one of the most significant contributions of the OAA is its ability to allow those, who can safely remain in the community, to do so with just a little help. In a multistate study of 16,030 nursing facilities, researchers found that increased spending on home-delivered meals reduced the number of low-care needs residents in nursing homes (Thomas and Mor, 2013). Allowing elders to safely age in their homes or in the community has the potential to greatly reduce the amount of Medicare and Medicaid spending because it reduces expensive hospitalizations and nursing home stays.

Ensuring the Future of the OAA

Earlier this year, Senator Bernie Sanders along with a group of 33 other senators, called on the Subcommittee on Labor, Health and Human Services, Education and Related Agencies to increase funding for the OAA's programs for FY 2016. They argued that the funding formulas have not kept up with the rate of inflation or with the growing number of seniors and that a 12 percent increase would be necessary (Senate.gov, 2015). This increase is necessary to not only continue serving the millions of seniors who rely on OAA programs but to also begin providing services to other seniors who so desperately need help with meals, transportation, preventative health and protection from those who would abuse them. These programs allow people to remain in the community for as long as possible, avoiding costly nursing home admission and save Medicaid and Medicare dollars. The reauthorization of and increased spending on the OAA are paramount to the well-being of the nation's older citizens.

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