Older Americans Act of 1965, P.L. 89-73, July 14, 1965

Lyndon Johnson signing the OAA, 1965.
1965 Older Americans Act, Historical Development

- **1965: Legacy of the Great Society**
  - 10 broad national policy objectives on aging
  - Creation of AoA as federal focal point on aging
  - Grants to states for community planning & services
  - Authority for research, demonstration, and training projects
OAA: Major Amendments

• 1965 Act was one of the foundation pieces for evolving public policy on aging
  – Creation of strategies, programs, and services to meet needs of older persons
  – Provision of tangible and intangible help to innumerable older persons
  – Continuous and dynamic identification of older persons’ needs
  – Development of nationwide aging infrastructure
  – Recruitment of thousands of career professionals to field of aging

OAA, Major Amendments, Cont’d

• 1967-73: State and Area Agency on Aging Infrastructure Development
  – Increased state agency requirements and funding for statewide planning and coordination (1967, 1969, 1973)
  – AAAs created; States and AAAs required to develop a “comprehensive and coordinated service system” (1973)
  – AAAs primary responsibility: coordinate services, stimulate expansion of services, serve as advocates for, and exercise leadership on behalf of, older persons (1973)
  – AAAs “not intended” to be “primary provider of services” (1973)
OAA, Major Amendments, Cont’d

• 1972-1978: Beginning of Specific Service Initiatives
  – National nutrition program (1972)
  – Multipurpose senior centers (1973)
  – Community service employment (1973)
  – Separate authorization for home-delivered meals (1978)
  – Long-term care ombudsman program (1978)
OAA, Major Amendments, Cont’d

• 1978 – 1992 Consolidation, Coordination, Streamlining, and Differentiation
  – 1978 -- Consolidation of titles for State/AAA operations, nutrition services, and senior centers
  – 1987 -- New and separate authorizations for in-home services, health education and promotion, elder abuse prevention and long-term care ombudsman, etc
  – 1992 -- Again, major restructuring by creating a new Title VII for Vulnerable Elder Rights Protection Activities
• **2000**
  – National family caregiver support program authorized
  – Cost-sharing recognized

• **2006 (examples)**
  – Focus on development of HCBS
  – Requires AoA to conduct R&D on innovative, cost-effective strategies in LTC
  – Additional target groups added: those at risk for institutionalization and those with limited English proficiency
  – Implement ADRCs in all states
  – SUA and AAA focus on planning for baby boom population
Themes in Legislative Developments

“Dance of Legislation”

• Participation of older persons in OAA programs
  – Universal vs. targeted participation “Greatest social and economic need”
    • Low income and minority
    • People with Alzheimer’s disease; frail elderly; those at risk for institutionalization; limited English proficiency
    • Rural constituencies
    • Caregivers
    • Abused, neglected, exploited older persons, both in home and institutional settings, etc.
Themes in Legislative Developments

• Tension between federally designated services and state and local needs
  – e.g., congressional directives for mandatory services, but states allowed to transfer of funds between supportive and nutrition services

• Consolidation, simplification, flexibility vs. increasing number of congressionally imposed requirements

• Planning, coordination, & advocacy functions vs. management of specific service programs
Themes in Legislative Developments

• Title III formula controversies
  – How to equitably distribute funds
• Specific statutory recognition to functions already performed by state/area agencies (law catch-up)
  – E.g., Outreach for public benefits, HCBS
• Some R&D initiatives become operating programs
  – E.g., Nutrition program, long-term care, ombudsman, HCBS waivers, outreach for benefits, Alzheimer’s grants
Themes in Legislative Developments

• Tension between requirements to develop “compre/coord” system, but limited control over non-OAA funds — has changed over time, e.g. HCBS waivers, SHIP funds
Policy Questions

• How should Act be positioned to prepare for baby boom population?
  – How should current programs be altered to accommodate changing older population? (eg, nutrition, senior centers)
  – How to balance universal participation issues versus special populations?
Policy Questions for Reauthorization

• How to balance interest group requests for new authorities with requests for increased appropriations?
  – Are authorizing programs too broad for relatively limited funding?
  – What is needed most? new programs, expanded authority, and/or increased funding?
  – How do new programs affect funding for existing programs?
Older Americans Act, FY 2009 Appropriations

Total: $2.272 billion

TITLE VII 0.9%
Vulnerable Elder Rights Protection Activities
($21.4 million)

TITLE III 63.5%
Grants for State and Community Programs on Aging
($1,443.3 million)
Nutrition Services 39.9%
Disease Prevention and Health Promotion 0.9%
Family Caregiver Support 6.8%
Supportive Services 15.9%

TITLE VI 1.6%
Grants for Native Americans
($36.6 million)

TITLE V 30.5%
Community Service Employment for Older Americans
($691.9 million)

TITLE IV 0.8%
Research, Training, and Demonstrations
($18.2 million)

TITLE II 2.7%
Aging Network Support Activities
($60.4 million)

OAA Expenditures, Titles III and VII, 2006

**Elder Rights**
- Legal Assistance – 2%
- Long-Term Care Ombudsman and Elder Abuse Prevention – 5%

**Nutrition**
- Congregate Meals* – 25%
- Home-Delivered Meals – 20%

* Funds for nutrition counseling and education included in congregate meals expenditures.

**Other Expenditures**
- Other – 12%
- Disease Prevention and Health Promotion – 2%

**Access to Services**
- Transportation – 7%
- Outreach, Information and Assistance – 6%
- Care Management – 3%

**Home and Community-Based Long-term Care**
- Family Caregiver Support – 13%
- Personal Care, Homemaker, Chore – 4%
- Adult Day Care – 1%
Beyond the Older Americans Act

• Management of Medicaid and State-funded home and community-based services
  • 2/3s of SUAs manage Medicaid HCBS waivers
  • Some SUAs have played a pivotal role in state LTC systems redesign

• Management of adult protective services funds
  • 31 SUAs manage APS funds

• State health insurance program (SHIP)
  – 2/3s of SUAs manage CMS’ SHIP funds
Some say OAA resources have not kept pace with increasing older population
But aging network successful in leveraging non-OAA funds and in developing varied services programs; will this continue?
The aging of the baby boom will pose challenges for the aging infrastructure
Attention to scarce resources may have increased salience in 2011 – when the Act will be reviewed for reauthorization and the first year the baby boom population turns age 65.