

**Spotlight**

# Older Americans Act

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**The Older Americans Act (OAA) provides critical services—such as home-delivered and congregate meals, family caregiver support, in-home assistance, preventive health services, transportation, job training, protection from abuse, and other supportive services—that help about 11 million older adults live as independently as possible. In fiscal year 2019, OAA federal funding was \$2.06 billion. Funding for the program has failed to keep up with inflation and increased demand from a rapidly aging population.**

**About the Older Americans Act**

Enacted in 1965, the Older Americans Act (OAA) provides essential services to older adults (i.e., generally ages 60 and older). States are required to target services to “older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals.”

Each state receives OAA funds according to a formula based on the state’s share of the US older population (see Title III State Allocation Table). OAA services help older adults “age in place” in their homes and communities.

About 3 million people received OAA Title III services (e.g., congregate meals served at group sites and home-delivered meals; family caregiver supports; supportive services such as home care, adult day services, and assisted transportation) *on a regular basis* in fiscal year (FY) 2016 and over 8 million people received OAA services *on a less-than-regular basis*.<sup>2</sup>

Federal funding for all OAA services is \$2.06 billion in FY 2019.<sup>3</sup> States are required to provide a nonfederal match. The required match is 25 percent for family caregiver support and 15 percent for supportive services, preventive health, and meals. OAA federal funding allows states to leverage additional funds (e.g., state general revenue, Medicaid, block grants, donations). In fact, many states “overmatch” with public and private funds. States also have the flexibility to transfer funds among supportive services and congregate and home-delivered meals.

OAA funding is small compared with Medicaid, which spent roughly \$167 billion on long-term services and supports (LTSS) in FY 2016, more than half of this for older adults.<sup>4</sup> However, Medicaid serves low-income people with minimal assets. Thus, most middle-class older adults are ineligible for Medicaid but cannot afford the cost of LTSS on their own.

**Recent Evaluations Prove Valuable Outcomes for Participants**

An outcomes evaluation of OAA nutrition programs found that 42 percent of congregate

For more information on this article, please visit [www.aarp.org/ppi](http://www.aarp.org/ppi).

meal participants and 61 percent of home-delivered meal participants would skip meals or eat less in the absence of these programs.<sup>5</sup> For many older Americans, this meal is the main meal of the day; for home-bound clients, it may be their only human contact of the day.<sup>6</sup> The home-delivered meal program is linked with improved nutritional status, dietary intake, well-being, and food security levels as well as reduced loneliness for new participants.<sup>7</sup> In addition, congregate meal participants are less likely to be admitted into nursing homes, and congregate meal participants who live alone are less likely to be admitted to the hospital than nonparticipants.<sup>8</sup>

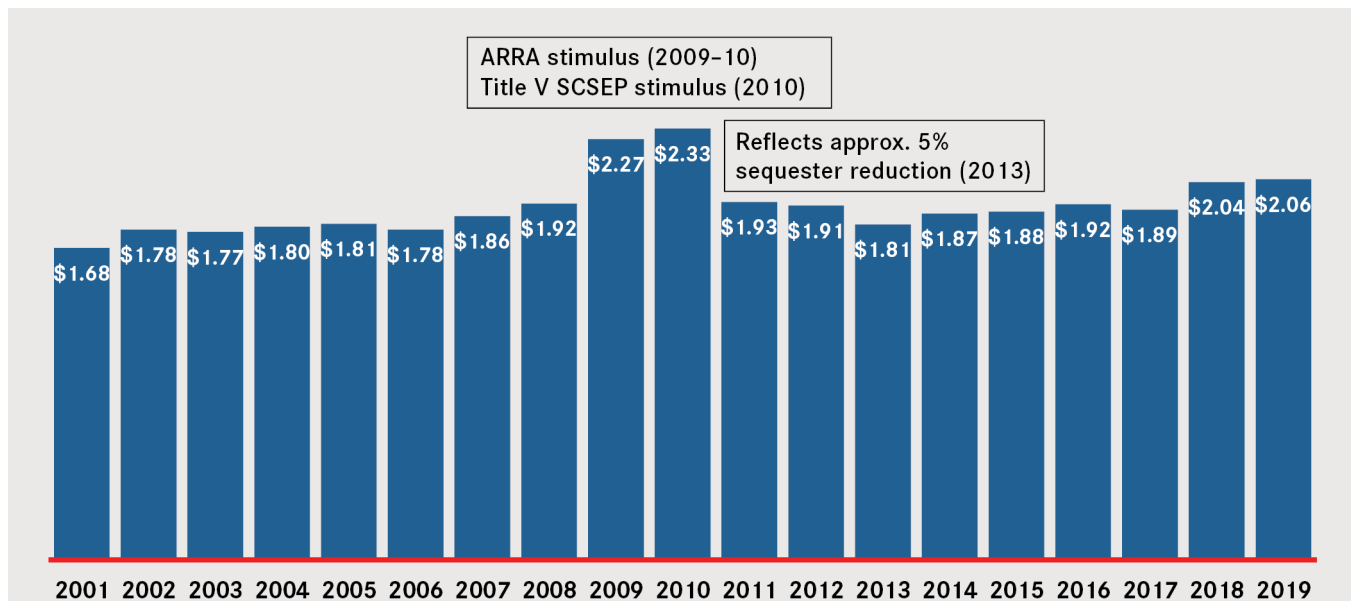
An outcomes evaluation of the National Family Caregiver Support Program found that these OAA caregiver services are effective in reducing caregiver burden and in helping family caregivers continue

in their role for longer.<sup>9</sup> The evaluation discovered that caregivers who received four hours or more of respite care per week reported a decline in burden over time and those caregivers who received at least one education/training, counseling, or support group session experienced an increase in self-reported confidence over time.<sup>10</sup>

**Older Americans Act Funding Has Been Relatively Flat**

OAA funding has increased only 1.1 percent annually *on average* from FY 2001 to FY 2019 (from \$1.68 billion in FY 2001 to \$2.06 billion in FY 2019). Over this time, the program experienced increases in 2009–10 due to *temporary* stimulus funding from the American Recovery and Reinvestment Act during the Great Recession, and it decreased soon thereafter by about 5 percent during the sequestration reduction.

**FIGURE 1**  
**Annual Funding Appropriations for Older Americans Act Programs, 2001–19 (billions)**



**Source:** Funding appropriations for OAA and other aging services programs for FY 1999–FY 2004 from Congressional Research Service (CRS) Report for Congress, Older Americans Act: History of Appropriations, FY 1966–FY 2004, June 18, 2004. Funding appropriations for FY 2005–FY 2009 from CRS Report for Congress, Funding for the Older Americans Act and Other Aging Services Programs, February 22, 2013. Data for FY 2010–FY 2019 from CRS Older Americans Act: Overview and Funding, November 14 2018.

**Notes:** ARRA refers to the American Recovery and Reinvestment Act. SCSEP refers to the Older Americans Act Title V Senior Community Service Employment Program.

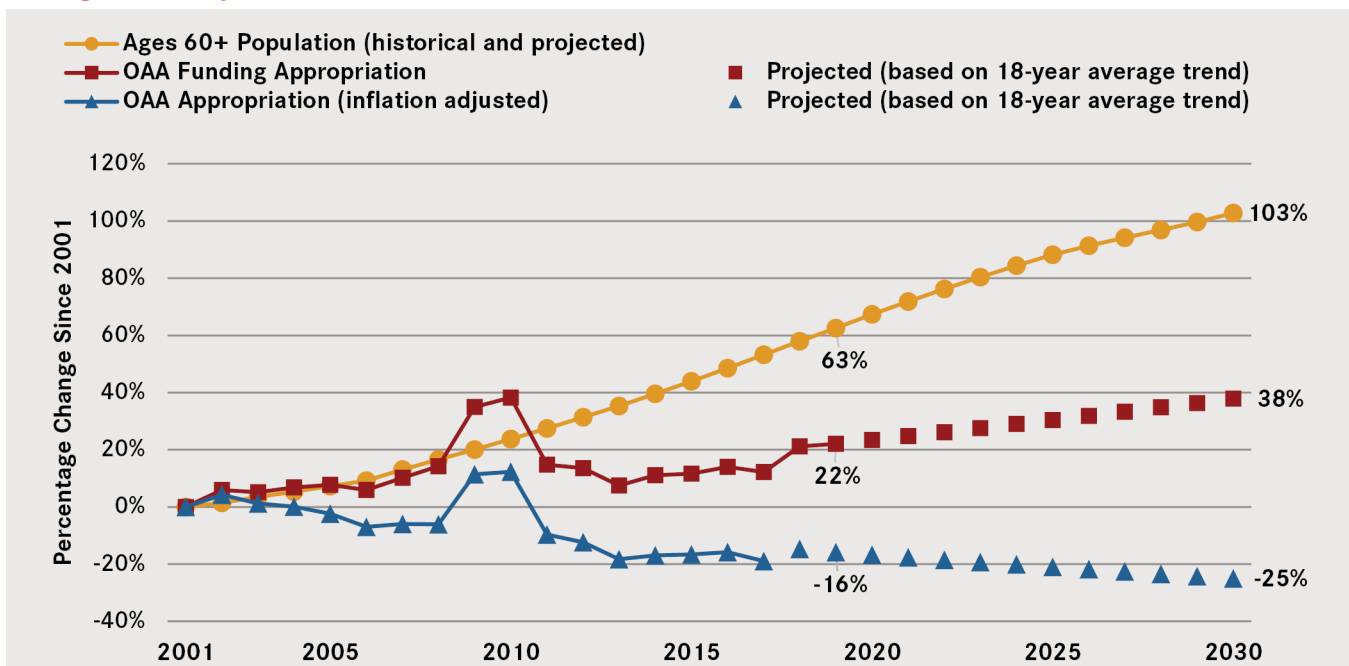
**Growth of the Older Population Outpaces OAA Funding**

OAA funding is overshadowed by the growth of the population ages 60 and older. OAA funding approximately kept pace with the growing older population until 2011, and since then has been dramatically outpaced. While OAA funding in FY 2019 is 22 percent above what it was in FY 2001, the ages 60 and older population has grown by 63 percent since 2001.

In 2015, the US Government Accountability Office (GAO) updated a 2011 report on the OAA and found that many low-income older adults who

were likely to need meals continued to *not* receive them.<sup>11</sup> The GAO found that only 10 percent of an estimated 16.6 million low-income older adults received meals provided by the OAA. An estimated 24 percent of low-income older adults were food insecure, and about 83 percent of them did not receive any meal services. Food-insecure older adults have worse health outcomes compared with those with consistent access to food.<sup>12</sup> The GAO also found that approximately two in three people ages 60 and older who had difficulties with daily activities received limited or no home-based care.<sup>13</sup>

**FIGURE 2**  
**Percentage Change in Actual and Inflation Adjusted Funding Allocations for Older Americans Act Programs and Ages 60+ Population 2001-30**



Source: Funding appropriations for OAA and other aging services programs for FY 2001–FY 2004 from CRS Report for Congress, Older Americans Act: History of Appropriations, FY 1966–FY 2004, June 18, 2004. Funding appropriations for FY 2005–FY 2009 from CRS Report for Congress, Funding for the Older Americans Act and Other Aging Services Programs, February 22, 2013. Data for FY 2010–FY 2019 funding appropriations from CRS Older Americans Act: Overview and Funding, November 14, 2018. Ages 60+ populations estimates from US Census Bureau, Population Division. Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States: April 1, 2000 to July 1, 2009, released June 2010, and April 1, 2010 to July 1, 2017, released June 2018. AARP Public Policy Institute calculations from Regional Economic Models Inc., eREMI 4.1.0 (build 4681) standard regional control. AARP Public Policy Institute calculations using annual average consumer price index 2001–17 data and projections based on 18-year average trend, from US Department of Labor, Bureau of Labor Statistics, Table 24. Historical Consumer Price Index for All Urban Consumers: US City Average, All Items, <https://www.bls.gov/cpi/tables/supplemental-files/historical-cpi-u-201811.pdf>, accessed, January 10, 2019.

**OAA Funding Is Not Keeping Up with Inflation**

When adjusting for inflation, not only have total OAA appropriations over the past 18 years failed to keep pace with population growth, they actually fell by 16 percent. If total OAA appropriations had kept up with inflation since FY 2001, funding would have been \$2.44 billion in FY 2019, or \$388 million more than FY 2019 actual funding, just to maintain the same buying power as FY 2001. If inflation and OAA funding trends continue, the inflation-adjusted appropriation will continue to decrease to \$1.83 billion in 2030 (in 2019 dollars), 25 percent lower than in FY 2001.

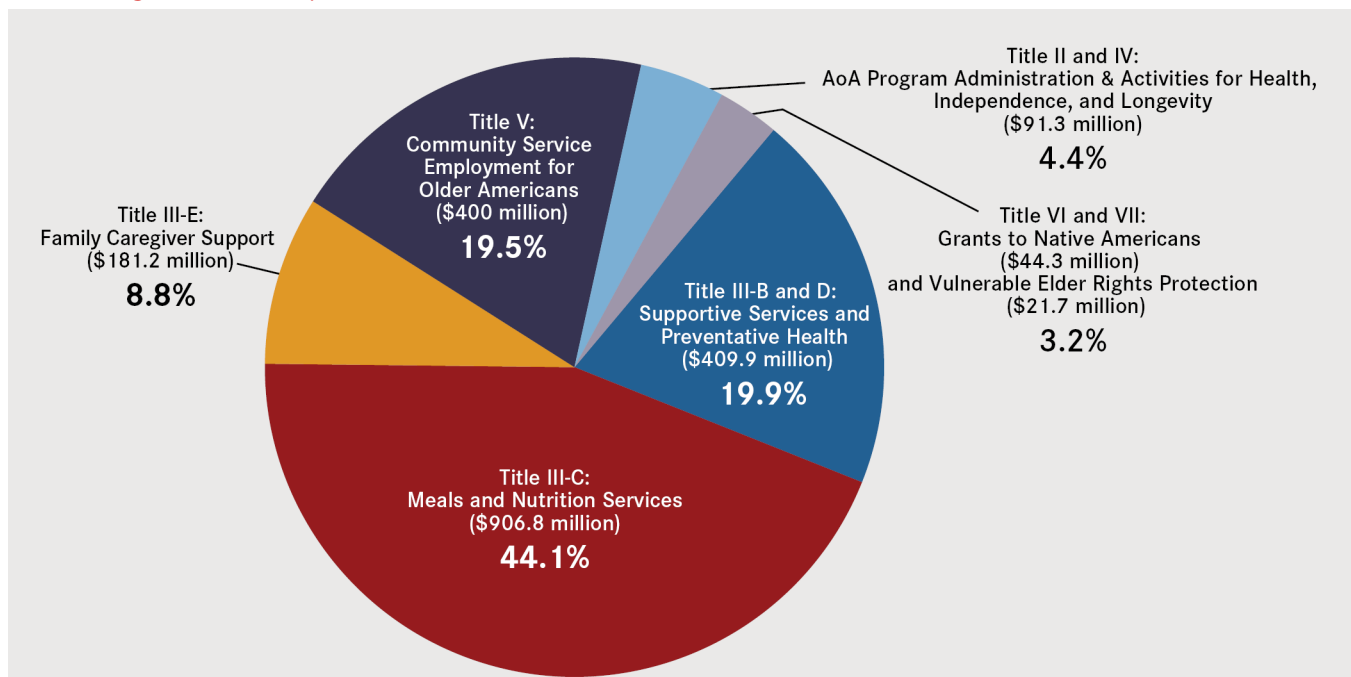
In FY 2019, OAA nutrition services—the largest OAA program—were funded at \$907 million. This funding represents an increase from \$680 million in FY 2001. However, when adjusted for inflation, total funding appropriated for OAA nutrition services over the past 18 years fell by 8 percent, a decline of \$80 million in 2019 value.

At a minimum, OAA needs increased funding just to maintain current programs.

**Older Americans Act Helps Older Adults Live at Home**

OAA provides important services and supports for people who are at risk of entering nursing homes, by providing meals, employment, home- and

**FIGURE 3**  
**Older Americans Act, FY 2019 Discretionary Budget Authority, by Program** (funding as a percentage of total OAA funding, \$2.055 billion)



*Source: Colello, Kirsten J. and Napili, Angela Older Americans Act: Overview and Funding. Congressional Research Service Report for Congress, R43414, November 14, 2018.*

*Notes: i) In FY 2016, funding for Senior Medicare Patrol formerly under Title II was transferred to Centers for Medicare & Medicaid Services, Health Care Fraud and Abuse Control appropriations; ii) of the \$181.2 million appropriated to Title III-E, \$300,000 is appropriated to establish a federal advisory committee for Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregivers Act implementation and \$300,000 for the Supporting Grandparents Raising Grandchildren Act; iii) Alzheimer’s disease programs consolidated in 2018 to form the Alzheimer’s Disease Program under Title IV; and iv) sums may not total due to rounding.*

community-based services, family caregiver supports, and elder abuse and adult protective services.

### **Nutrition**

More than 40 percent of federal OAA funding goes to meals provided in congregate settings such as senior centers and adult day centers; home-delivered meals, sometimes referred to as “meals on wheels”; and nutrition counseling. About 146 million home-delivered meals and 79 million congregate meals were served in 2016, which fed roughly 2.4 million people.<sup>14</sup>

### **Employment**

OAA provides part-time community service employment and training to low-income, unemployed people ages 55 and older. Roughly one-fifth (19.5 percent) of OAA federal funding goes to this Community Service Employment for Older Americans (CSEOA) program, also known as the Senior Community Service Employment Program (SCSEP), which has helped more than 1 million older Americans enter the workforce since its inception.<sup>15</sup>

### **Home- and Community-Based Services**

OAA provides supportive services and preventive health services, including home care, adult day services, case management, transportation, and health promotion. About 20 percent of OAA federal dollars are allocated to these services that help older people remain active and independent in the community for as long as possible and reduce the need for more costly medical interventions.

### **Family Caregivers**

OAA provides grants to states to fund a range of supports for family caregivers, including information and referral, counseling, respite care, support groups, training, and supplemental services. About 40 million family caregivers provided \$470 billion in unpaid care in 2013, making them the primary providers of LTSS.<sup>16</sup> Thus, the \$181 million appropriated for family caregiver supports is a small fraction of the unpaid care they provide, less than 1/25th of 1 percent.<sup>17,18</sup>

### **Services for Native Americans**

OAA provides limited funds for supportive and nutrition services for older Native Americans, including Indian tribes, Native Alaskans, and Native Hawaiians. In FY 2019, \$44.3 million (2.2 percent of total OAA funding) was appropriated to these services, which includes \$34.2 million for supportive and nutrition services and \$10.1 million for Native American family caregiver support services (including respite, caregiver training, information and outreach, and counseling services).<sup>19</sup>

### **Elder Rights Protection, Elder Abuse, and Adult Protective Services**

Services that support and protect vulnerable older adults are included in OAA Title II, Title IV, and Title VII. These programs include Elder Rights Protection; Elder Rights Support; Elder Abuse, Neglect, and Exploitation; Adult Protective Services (APS); Aging Network Support Activities; and the Ombudsman program. Other programs under these titles include Aging and Disability Resource Centers, Alzheimer’s Disease Program, and Administration for Community Living Program Administration.

OAA provides minimal program funding for elder rights support (\$3.9 million), prevention and detection of elder abuse (\$4.8 million), the Ombudsman program (\$16.9 million, less than 1 percent of total OAA funding), and aging network and support (\$17.4 million, also less than 1 percent of total OAA funding). APS also received \$12 million in FY 2019 through the Prevention and Public Health Fund.<sup>20,21</sup>

### **Conclusion**

OAA serves millions of frail seniors—many of whom are homebound. OAA services play a key role in preventing more costly institutional services and hospitalizations, helping people remain in their own homes, and assisting family caregivers. Yet, current funding for OAA is woefully inadequate, leaving many needs unmet and potentially leading to more costly care.

**TITLE III STATE ALLOCATION TABLE**  
**FY 2018 Older Americans Act, Program-Specific Funding Allocations**

State	Meals and Nutrition Services <sup>a</sup>	Supportive Services and Preventive Health <sup>b</sup>	National Family Caregiver Support Program <sup>c</sup>	Total Title III
Alabama	\$14,386,115	\$6,123,246	\$2,709,415	\$23,218,776
Alaska	\$4,128,280	\$2,031,845	\$895,096	\$7,055,221
Arizona	\$17,834,709	\$8,872,169	\$4,162,295	\$30,869,173
Arkansas	\$9,266,558	\$3,744,826	\$1,707,413	\$14,718,797
California	\$89,800,716	\$42,208,939	\$18,613,674	\$150,623,329
Colorado	\$12,331,907	\$6,026,130	\$2,460,926	\$20,818,963
Connecticut	\$9,597,587	\$4,543,668	\$2,053,876	\$16,195,131
Delaware	\$4,177,112	\$2,031,845	\$895,096	\$7,104,053
District of Columbia	\$4,410,838	\$2,031,845	\$895,096	\$7,337,779
Florida	\$60,517,616	\$30,313,813	\$14,897,648	\$105,729,077
Georgia	\$22,310,255	\$10,808,902	\$4,525,861	\$37,645,018
Hawaii	\$4,144,928	\$2,031,845	\$895,096	\$7,071,869
Idaho	\$4,379,969	\$2,031,845	\$895,096	\$7,306,910
Illinois	\$33,020,064	\$14,975,370	\$6,519,625	\$54,515,059
Indiana	\$15,541,039	\$7,847,254	\$3,431,275	\$26,819,568
Iowa	\$9,018,602	\$4,371,744	\$1,832,214	\$15,222,560
Kansas	\$8,320,221	\$3,535,631	\$1,535,955	\$13,391,807
Kentucky	\$11,447,974	\$5,446,747	\$2,356,607	\$19,251,328
Louisiana	\$13,104,068	\$5,383,163	\$2,297,730	\$20,784,961
Maine	\$4,255,979	\$2,032,003	\$895,096	\$7,183,078
Maryland	\$14,272,461	\$6,956,705	\$3,014,406	\$24,243,572
Massachusetts	\$20,194,626	\$8,465,922	\$3,756,823	\$32,417,371
Michigan	\$30,696,480	\$12,754,375	\$5,566,469	\$49,017,324
Minnesota	\$13,721,301	\$6,596,723	\$2,909,295	\$23,227,319
Mississippi	\$7,884,012	\$3,542,669	\$1,553,735	\$12,980,416
Missouri	\$17,757,721	\$7,634,377	\$3,435,124	\$28,827,222
Montana	\$4,509,332	\$2,031,845	\$895,096	\$7,436,273
Nebraska	\$5,175,133	\$2,360,473	\$1,009,963	\$8,545,569
Nevada	\$7,773,077	\$3,449,129	\$1,481,560	\$12,703,766
New Hampshire	\$4,685,185	\$2,031,845	\$895,096	\$7,612,126
New Jersey	\$22,917,153	\$10,766,001	\$4,857,126	\$38,540,280
New Mexico	\$7,059,276	\$2,614,888	\$1,154,080	\$10,828,244
New York	\$59,303,049	\$24,970,751	\$10,679,449	\$94,953,249
North Carolina	\$25,513,772	\$12,273,075	\$5,377,865	\$43,164,712
North Dakota	\$4,445,027	\$2,031,845	\$895,096	\$7,371,968
Ohio	\$32,477,979	\$14,843,868	\$6,544,816	\$53,866,663
Oklahoma	\$10,278,766	\$4,606,396	\$2,069,518	\$16,954,680
Oregon	\$11,572,664	\$5,401,018	\$2,331,458	\$19,305,140

State	Meals and Nutrition Services <sup>a</sup>	Supportive Services and Preventive Health <sup>b</sup>	National Family Caregiver Support Program <sup>c</sup>	Total Title III
<b>Pennsylvania</b>	\$37,969,800	\$18,375,323	\$7,889,290	\$64,234,413
<b>Rhode Island</b>	\$4,087,058	\$2,031,845	\$895,096	\$7,013,999
<b>South Carolina</b>	\$13,409,632	\$6,451,144	\$2,798,605	\$22,659,381
<b>South Dakota</b>	\$4,574,006	\$2,031,845	\$895,096	\$7,500,947
<b>Tennessee</b>	\$16,437,693	\$8,190,814	\$3,582,430	\$28,210,937
<b>Texas</b>	\$60,082,359	\$26,865,453	\$11,430,354	\$98,378,166
<b>Utah</b>	\$5,821,513	\$2,562,283	\$1,094,914	\$9,478,710
<b>Vermont</b>	\$4,413,213	\$2,031,845	\$895,096	\$7,340,154
<b>Virginia</b>	\$19,511,474	\$9,708,512	\$4,210,006	\$33,429,992
<b>Washington</b>	\$17,773,841	\$8,617,652	\$3,645,963	\$30,037,456
<b>West Virginia</b>	\$6,397,325	\$2,849,199	\$1,173,471	\$10,419,995
<b>Wisconsin</b>	\$16,075,892	\$7,334,694	\$3,234,521	\$26,645,107
<b>Wyoming</b>	\$4,516,057	\$2,031,845	\$895,096	\$7,442,998
<b>American Samoa</b>	\$829,582	\$472,870	\$111,887	\$1,414,339
<b>Guam</b>	\$2,233,681	\$1,015,923	\$447,548	\$3,697,152
<b>Northern Mariana Islands</b>	\$518,463	\$253,981	\$111,887	\$884,331
<b>Puerto Rico</b>	\$11,457,896	\$4,803,068	\$2,358,249	\$18,619,213
<b>Virgin Islands</b>	\$1,924,062	\$1,015,923	\$447,548	\$3,387,533
<b>TOTAL</b>	<b>\$880,265,098</b>	<b>\$406,368,954</b>	<b>\$179,019,122</b>	<b>\$1,465,653,174</b>

**Notes:**

<sup>a</sup> Meals and Nutrition Services includes funding allocations to states for OAA Title III Congregate Nutrition Services, Home-Delivered Nutrition Services, and Nutrition Services Incentive Program.

<sup>b</sup> Supportive Services and Preventive Health includes funding allocations to states for OAA Title III Home- and Community-Based Supportive Services and Preventive Health Services.

<sup>c</sup> National Family Caregiver Support Program is an OAA Title III program.

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Spotlight 34, February 2019

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