

## Key Milestones: OAA from 1965 to the Present

### Building the Foundation for Aging in Place

**1965** The Older Americans Act of 1965 is signed into law by President Lyndon B. Johnson on July 14. The Act establishes ten broad national policy objectives on aging, creates the U.S. Administration on Aging (AoA) as the federal focal point on aging, provides grants to states for community planning and services, and authorizes research, demonstration and training projects.

**1967** First amendments to the Act extend authorization of the state grant program and research, demonstration and training programs created in 1965. Increased requirements and funding for statewide planning and coordination are established.

**1969** Congress adds authority for a program of area-wide model projects to test new and varied approaches to meet the social service needs of the elderly.

### The Importance of Local Service Coordination and Delivery Comes into Focus

**1972** Amendments are enacted, creating a national nutrition program.

**1973** Amendments establish Area Agencies on Aging (AAAs) to develop a “comprehensive and coordinated service system” in partnership with state agencies. AAAs are given primary responsibility to develop and coordinate the expansion of services and serve as advocates on behalf of older adults. Multipurpose senior centers and community service employment provisions are included.



**1975** Priority services under state agencies and AAAs are established for Title III including in-home care, transportation, legal assistance and residential repair programs (i.e., home modifications).

**1978** Separate grants for supportive services, nutrition services and multipurpose senior centers are consolidated into one program under the authority of state agencies and AAAs. Priority services are also consolidated with more flexibility in funding and determining state and AAA planning cycles provided. The Long-Term Care Ombudsman Program and new Title VI grants to Indian tribal organizations for social and nutrition services are established.

## **Older Adult Employment and Elder Abuse Prevention are Elevated**

**1981** Amendments give state agencies and AAAs more flexibility in the administration of service programs. The transition of Senior Community Service Employment Program participants to private-sector employment is emphasized.

**1984** AAAs are required to facilitate home and community-based services and case management services. Elder abuse prevention services are authorized and targeting provisions are added, requiring that services be focused on those in greatest need, including low-income and minority older adults, and priority is given to the needs of people living with Alzheimer's and other forms of dementia and their families.

**1987** Amendments restructure Title III, creating separate authorizations for in-home services, long-term care ombudsman, assistance for special needs, health education and promotion services, elder abuse prevention and outreach activities to people eligible for other benefits. AoA is elevated within the U.S. Department of Health and Human Services.

**1992** Major restructuring of Title III through the creation of Title VII Vulnerable Elder Rights Protection Activities, transferring ombudsman, elder abuse prevention and other functions to the new title. New provisions are included to strengthen requirements to focus the delivery of Title III services to special population groups.



## Focus on Family Caregivers and Healthy Aging

**2000** Amendments establish the National Family Caregiver Support Program. The Title V Senior Community Service Employment Program is restructured. Cost-sharing is made permissible for certain supportive services, excluding access, nutrition and elder rights services.

**2006** Amendments add two targeting categories: older adults at risk of institutional placement and those with limited English proficiency. “Choices for Independence” language added to require AoA, states and AAAs to promote home and community-based long-term care services for older adults to prevent/delay the need for institutional care. AAAs are encouraged to include information in area plans on livable communities and are required to include information on their coordination of long-range emergency plans with emergency response agencies, etc. Title V’s focus on community service is maintained, but with a revised emphasis on training.



**2016** Amendments require that all Title III D disease prevention and health promotion programs be evidence-based. Requirements are revised for the Long-Term Care Ombudsman Program to prevent conflicts of interest. The amendments also add specific authorization levels to many titles and subtitles that had previously only had authorizing language of “such sums as may be necessary.”

**2020** Amendments clarify that AAAs can, outside of the OAA, engage in private pay, integrated care and other arrangements to expand services. Expanded references to addressing social isolation and loneliness. Established a Research, Demonstration and Evaluation Center at AoA. Limits which programs are subject to the “hold harmless” provision and reduces the minimum percentages by 0.25 each year through FY 2029. Removed the 10 percent funding cap for OAA Title III E NFCSP services provided to older relative caregivers.



Leaders in Aging Well at Home

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**For more than 50 years, the Older Americans Act (OAA)** has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be! In 2024, Congress must again reauthorize this vital federal program that serves every community in the country. With the rapid growth of America’s aging population, one in five Americans are projected to be 65 or older by 2030. It is essential that Congress make wise investments in critical OAA programs and services.

## Why is the OAA Important? The OAA...

### **Enables aging well at home and in the community—where people want to be.**

The OAA enables the local delivery of services and supports that can help older adults be better able to age where they want—in their homes and communities. Examples include in-home help, meals, transportation, home modification, legal services and many other supportive services that keep older adults healthy and independent.

### **Prevents the need for more expensive long-term care or avoidable health care costs.**

Services provided at home and in the community are almost always less expensive than institutional care provided in nursing homes or assisted living. The longer older adults can successfully age at home, the better it is financially for families and the federal government. OAA programs and services also support healthy aging and address the social determinants of health, further saving Medicare and Medicaid dollars.

### **Supports family caregivers.**

Family caregivers are the backbone of the nation’s long-term services and supports system. The OAA provides vital supports to caregivers to bolster their ability to continue caring for their loved ones.

### **Reflects community needs.**

OAA services are delivered through a nationwide network of community-based agencies and service providers that know and can best meet the needs of older adults and caregivers in their communities through a range of programs and services. While the services are generally available to everyone age 60 and older, they are targeted to those most in need of support to age well at home.

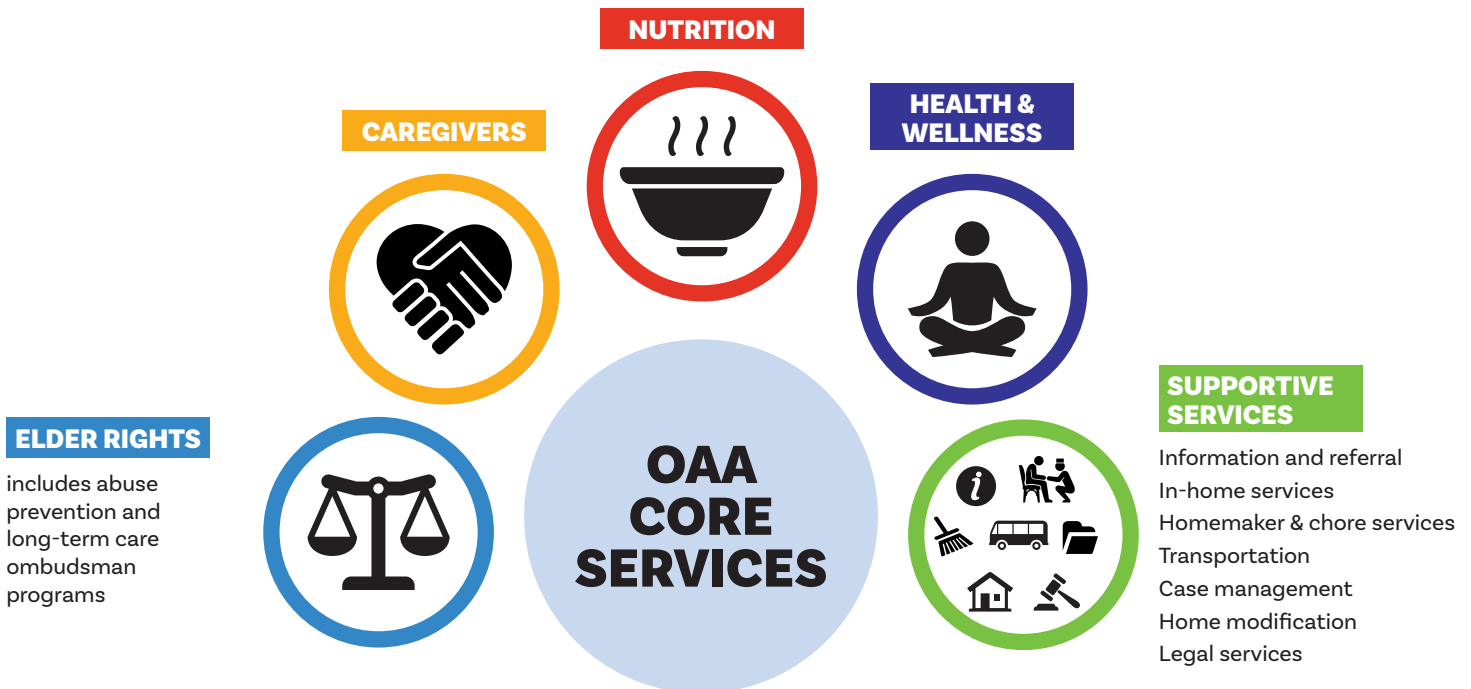
### **Protects vulnerable older adults.**

The Act’s services also help to identify and prevent the abuse and neglect of older Americans, as well as protect the rights of nursing home residents through an ombudsman program.

Visit [www.usaging.org/OAA](http://www.usaging.org/OAA) to learn more about the Older Americans Act reauthorization.



# What is Available Through the OAA?



The OAA funds a wide range of aging services across five core areas, with local flexibility built into the Act to reflect the needs of that area's older adults and caregivers.

## What Can Congress Do? Reauthorize the OAA to...

### Serve More Older Adults Who Need Help to Age Well at Home

- Significantly increase authorized funding levels to meet the real and urgent needs of a rapidly growing older population and the rising costs of service delivery.
- Ensure that Area Agencies on Aging (AAAs) and other Aging Network community-based organizations are able to further meet their missions by securing health care or other private funding to serve more older adults.
- Allow more older adults to access OAA health and wellness programs, especially in rural areas.
- Support expanded service options for older American Indians, Alaska Natives and Native Hawaiians.

### Meet the Needs of Today's and Tomorrow's Older Adults

- Unify and modernize nutrition programs to reflect recent innovations and the changing needs of consumers.
- Reduce social isolation and loneliness among older adults by authorizing a national resource center dedicated to training and technical assistance for Aging Network professionals based on building social engagement programs and activities.

### Maintain Efficient Oversight and Management of Local Service Delivery to Ensure Quality

- Increase the administrative ability of AAAs to ensure appropriate program development, oversight and network management amid rising costs and eroding federal OAA funding.

Visit [www.usaging.org/OAA](http://www.usaging.org/OAA) to learn more!