Area Agencies on Aging

Area Agencies on Aging (AAAs) operate in virtually every community in the nation with the mission to help older adults age with independence and dignity at home and in the community through a coordinated system of services and supports. Established by the Older Americans Act in 1973, there are 622 AAAs nationwide.

Data presented in this state profile was gathered through the 2016 National Survey of Area Agencies on Aging conducted by the National Association of Area Agencies on Aging (n4a) in partnership with the Scripps Gerontology Center, with funding from the U.S. Administration for Community Living. Eighteen of the 25 AAAs in Virginia responded to the survey for a response rate of 72 percent. In Virginia, the average budget and staffing of AAAs are as follows:

<table>
<thead>
<tr>
<th>AAA Budget and Staffing</th>
<th>Virginia</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Budget (million)</strong></td>
<td>5.5</td>
<td>10.1</td>
</tr>
<tr>
<td><strong>Average Number of Full-Time Staff</strong></td>
<td>36</td>
<td>44</td>
</tr>
<tr>
<td><strong>Average Number of Part-Time Staff</strong></td>
<td>63</td>
<td>17</td>
</tr>
<tr>
<td><strong>Average Number of Volunteers</strong></td>
<td>399</td>
<td>149</td>
</tr>
</tbody>
</table>

Services and Supports

Each AAA provides core services required by the Older Americans Act—supportive services, nutrition, disease prevention and health promotion, caregiver services and elder rights. AAAs also provide innovative services that are tailored to local and regional needs to support the health and independence of older adults. The top five most commonly offered services by Virginia AAAs, not including core services, are:

- Benefits/health insurance counseling
- Assessment for care planning
- Case management
- Senior Medicare Patrol
- Options counseling
- Adult day services
- Respite care
- Care transitions services

Engaging in Evidence-based Programs

AAAs offer evidence-based health promotion and disease prevention programs. Evidence-based programs are ones that have demonstrated effectiveness for improving health and well-being among older adults in peer-reviewed studies. In Virginia, the most commonly offered evidence-based programs are:

<table>
<thead>
<tr>
<th>Evidence-Based Program</th>
<th>Virginia Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Disease Self-Management Education</td>
<td>100%</td>
<td>73%</td>
</tr>
<tr>
<td>Diabetes Self-Management Education-Training</td>
<td>69%</td>
<td>47%</td>
</tr>
<tr>
<td>A Matter of Balance</td>
<td>31%</td>
<td>60%</td>
</tr>
</tbody>
</table>

Nationally, the most common evidence-based programs are Chronic Disease Self-Management Education and a Matter of Balance.
Engaging in Integrated Care Opportunities

Integrated care is a broad approach to health care that combines service delivery, management and organization across multiple systems such as behavioral health, long-term services and supports and acute care to achieve better health outcomes. Increasingly, AAAs are engaging in these types of opportunities. The table below shows the most common integrated care activities in Virginia AAAs compared to national data:

<table>
<thead>
<tr>
<th>Integrated Care Involvement</th>
<th>Virginia Average</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers for Medicare and Medicaid Services Financials Alignment Initiative</td>
<td>29%</td>
<td>9%</td>
</tr>
<tr>
<td>Veteran-Directed Home and Community-Based Services (VD-HCBS)</td>
<td>29%</td>
<td>25%</td>
</tr>
<tr>
<td>Programs of All-inclusive Care for the Elderly</td>
<td>24%</td>
<td>10%</td>
</tr>
</tbody>
</table>

The top integrated care activities that AAAs are involved in nationally are the Medicaid HCBS 1915(c) Waiver (34 percent) and VD-HCBS (25 percent).

Budget and Funding Sources

Most AAAs receive funding from a variety of federal, state and local government sources. AAAs nationally are also increasingly receiving funding from health care payers as part of integrated care initiatives. The table below shows average budget proportions by selected budget category:

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Average Budget Proportion (Virginia)</th>
<th>Average Budget Proportion (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Americans Act</td>
<td>30%</td>
<td>39%</td>
</tr>
<tr>
<td>Local Government</td>
<td>18%</td>
<td>15%</td>
</tr>
<tr>
<td>State General Revenue</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>Health Care Payer (Hospital, Health Plan or Managed Care Organization)</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Other State Funding</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>Medicaid Waiver</td>
<td>3%</td>
<td>22%</td>
</tr>
</tbody>
</table>

1 https://www.census.gov/programs-surveys/popproj.html
2 Supportive services may include personal care services, chore services, homemaker services, outreach and information and referral/outreach.
3 https://www.acl.gov/programs/health-wellness/disease-prevention#future
4 For a glossary of these terms, please review Appendix A of the n4a AAA National Report at www.n4a.org/publications.

Development of this report was made possible, in part, by funding from the U.S. Administration for Community Living under grant number 90UC0002. The views expressed in this material do not necessarily reflect the official policies of the U.S. Department of Health and Human Services or represent official U.S. Administration for Community Living policy.