Area Agencies on Aging

Local Leaders in Aging and Community Living

National Association of Area Agencies on Aging
n4a’s primary mission is to build the capacity of its members—Area Agencies on Aging (AAAs) and Title VI Native American aging programs—to help older adults and people with disabilities live with dignity and choices in their homes and communities for as long as possible.

This brochure features an overview of the latest data gathered from AAAs nationwide to provide a snapshot of the evolving role these vital agencies play in the planning, development, coordination and delivery of aging and other home and community-based services in nearly every community in the United States.

All data in this report, unless otherwise noted, is from the 2016 National AAA Survey. For details, visit n4a.org.
An Aging Nation

Over the next two decades, the proportion of the U.S. population over age 60 will dramatically increase as the baby boomers reach this milestone. By 2030, more than 70 million Americans will be 65 and older, twice the number in 2000.¹

By 2030, 1 in 5 Americans will be 65 or older.

As this demographic shift occurs, there will be a corresponding increase in the need and demand for fiscal, health and social supports to ensure a sound quality of life for millions of older Americans.

We know that the aging of our nation’s population will challenge federal entitlement programs, such as Social Security, Medicare and Medicaid, but there is less awareness that this shift will also significantly increase demand for home and community-based services (HCBS), like those offered by Area Agencies on Aging (AAAs).

Because HCBS costs a fraction of the cost of institutional care options like nursing homes and skilled care facilities, bringing services to people where they live helps them save their own and government dollars, making this a more sensible approach from a fiscal and human perspective.

AAAs play a critical role in ensuring the development of HCBS options in every community! Here’s how they do it…

Historical Basis for AAAs

Building on a successful model pioneered in the southeastern region of the U.S., Area Agencies on Aging (AAAs) were formally established in the 1973 Older Americans Act (OAA) as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities.

All AAAs play a key role in:

- Planning
- Developing
- Coordinating
- Delivering

A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS to consumers in their local planning and service area (PSA)

The Older Americans Act (OAA) was intentionally designed to mandate that AAAs use the flexibility granted by the Act to ensure that local needs and preferences of older adults are taken into consideration and that the resulting local delivery system is tailored to the community.
The Aging Network

After getting input from consumers, service providers and other interested stakeholders, **the AAA develops an Area Plan** outlining needs and proposed recommendations for programs and services targeted to the needs of older adults, then updates it every few years to reflect emerging trends. AAAs are also tasked by the OAA to serve as advocates for older adults, enabling the agency’s leaders to engage on local and state issues beyond the programs and services they fund or deliver.

**AAAs contract with local service providers** to deliver many direct aging services, such as meals, transportation and in-home services. However, most AAAs are direct providers of Information and Referral/Assistance, case management, benefits/health insurance counseling and family caregiver support programs.
In 2016, there were 622 AAAs serving older adults in virtually every community in the nation. In the few states without a AAA infrastructure—those with small populations or sparsely populated land areas—the state serves the AAA function.

The OAA is foundational for all AAAs, but because the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support the health and independence of older adults. That’s why no two AAAs are exactly alike.

AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.

AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs. For example, Wisconsin has 3 AAAs, but New York has 59.

## Average AAA Workforce

- **149 volunteers**
- **44 full-time staff**
- **17 part-time staff**

## Average AAA Budget

- **$10.1** million

(Ranges from $200,000 to $284 million)

### AAA Structure

- **39%** Independent nonprofit
- **28%** Part of a Council of Governments or Regional Planning and Development Area
- **25%** Part of county government
- **5%** Other
- **2%** Part of city government
- **39%** Older Americans Act
- **28%** Medicaid waiver
- **32%**+ other federal funding, state general revenue, local funding, other state funding, grants, cost-sharing consumer contributions

*Ranked by most frequently cited
AAAs Serve Communities

One of the OAA’s foundational principles is that the programs and services created to help support consumers in their homes and communities are customized to meet their individual needs. There’s nothing one-size-fits-all about AAAs or the services they offer their clients!

Roles of all AAAs:

- **Assess community needs and develop and fund programs that respond to those needs**;
- **Educate and provide direct assistance** to consumers about available community resources for long-term services and supports;
- **Serve as portals to care** by assessing multiple service needs, determining eligibility, authorizing or purchasing services and monitoring the appropriateness and cost-effectiveness of services; and
- **Demonstrate responsible fiscal stewardship** by maximizing use of public and private funding to serve as many consumers as possible.

Speaking of fiscal stewardship, AAAs also leverage federal dollars, building on modest OAA funding to expand the economic support for HCBS. The U.S. Administration on Aging estimates that for every $1 of federal OAA investment, an additional $3 is leveraged.

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

- **69%** State General Revenue
- **65%** Medicaid
- **56%** Local Funding
- **45%** Other State Funding
- **20%** Transportation
- **16%** Veterans
- **15%** Health care payer

Emerging Sources
All AAAs offer five core services under the OAA:

- **NUTRITION**
- **CAREGIVERS**
- **HEALTH & WELLNESS**
- **ELDER RIGHTS** includes abuse prevention and long-term care ombudsman programs
- **SUPPORTIVE SERVICES**
  - Information and referral
  - In-home services
  - Homemaker & chore services
  - Transportation
  - Case management
  - Home modification
  - Legal services

The average AAA offers more than a dozen additional services. The most common non-core services offered by AAAs are:
  - Insurance Counseling (85%)
  - Case Management (82%)
  - Senior Medicare Patrol (44%)
AAAs Serve a Broad Range of Consumers

While all AAAs serve adults age 60 and older and their caregivers, they also serve younger consumers, including...

**Percentage of AAAs that serve consumers under age 60, by category:**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumers with a disability or chronic illness</td>
<td>85%</td>
</tr>
<tr>
<td>Caregivers of all ages</td>
<td>78%</td>
</tr>
<tr>
<td>Veterans of all ages</td>
<td>66%</td>
</tr>
</tbody>
</table>

Most commonly offered services to people under age 60 include:

- Assessment for long-term care service eligibility
- Information and referral/assistance/outreach
- Fiscal intermediary for self-directed services
- Options counseling
- Care transitions services

**Outreach**

A core role of AAAs is to create local information and referral/assistance (I&R/A) hotlines to help consumers find aging and other HCBS programs.

With these resources and a portfolio of other outreach tools including public education, staff and volunteers, ADRCs and SHIPs, AAAs are able to assist clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.

For OAA services, AAAs are charged by Congress to target services to those with the most economic or social need, but there is no means test and, if funding is available, anyone age 60 or older can access OAA services. For non-OAA services, such as Medicaid HCBS waiver programs, AAAs serve all eligible consumers.
A Network on the Move

While their fundamental mission has not changed over time, the scope of core services provided by all AAAs has broadened to address client and community needs.

Today, AAAs operate complex delivery systems that provide access, community-based, in-home and elder rights services.

Did you know?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>93%</strong></td>
<td><strong>Evidence-Based Health and Wellness:</strong></td>
<td>Ninety-three percent of AAAs now offer these tested and proven approaches to supporting older adults’ health. (That’s an 85 percent increase since 2007.) Starting in October 2016, all Older Americans Act Title III D funds must be used for evidence-based programs, so that number will rise.</td>
</tr>
<tr>
<td><strong>63%</strong></td>
<td><strong>Integrated Care:</strong></td>
<td>A majority (63 percent) of AAAs are involved in an integrated care delivery system, which are approaches that combines delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion across multiple systems, including HCBS.</td>
</tr>
<tr>
<td></td>
<td><strong>Most common integrated care initiatives:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Veteran-Directed HCBS, VA Choice</td>
<td>Medicaid Managed Care</td>
</tr>
<tr>
<td></td>
<td>Accountable Care Organizations/Health Homes</td>
<td>Duals Demonstrations</td>
</tr>
<tr>
<td></td>
<td>Program of All-Inclusive Care for the Elderly (PACE)</td>
<td></td>
</tr>
<tr>
<td><strong>45%</strong></td>
<td><strong>Care Transitions:</strong></td>
<td>Whether with federal funding or through local partnerships, AAAs have moved rapidly into providing care transitions services that help consumers make smooth transitions from hospital (or other care setting) to home, generally with an emphasis on reducing preventable readmissions or complications for the patient. Currently, 45 percent of AAAs have care transitions programs.</td>
</tr>
<tr>
<td><strong>70%</strong></td>
<td><strong>Livable Communities:</strong></td>
<td>Livable Communities are good places to grow up and grow old. Seventy percent of AAAs are involved in efforts to make their communities more livable and/or dementia-friendly.</td>
</tr>
</tbody>
</table>
Many Names, Many Partners: One Mission

While only designated AAAs can use the Area Agency on Aging title, not all AAAs include “Area Agency on Aging” in their operating name. For example, a nonprofit AAA may be called “Senior Resources” or a county-based AAA may use “ABC County Office on Aging.”

There are many other well-known programs and services that are administered by AAAs directly or in partnership with other agencies and entities. But no matter what program or service a AAA offers—such as serving as a State Health Insurance Assistance Program (SHIP) or an Aging and Disability Resource Center (ADRC)—it remains a AAA.

Other AAA Roles

<table>
<thead>
<tr>
<th>Percent of AAAs</th>
<th>Designated as ...</th>
<th>Their role ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>Aging and Disability Resource Centers (ADRCs)</td>
<td>Help all consumers connect to services regardless of age or disability.</td>
</tr>
<tr>
<td>68%</td>
<td>State Health Insurance Assistance Programs (SHIPs)</td>
<td>Provide direct health insurance counseling to older adults (e.g., selecting a Medicare Part D plan).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percent of AAAs</th>
<th>Serve as ...</th>
<th>Their role ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>59%</td>
<td>Local Long-Term Care Ombudsman</td>
<td>Funded by OAA, act as a resource for consumers living in nursing homes and other institutions.</td>
</tr>
</tbody>
</table>

Partnerships

AAAs, on average, have 11 informal and 5 formal partnerships with other entities. These are some of the most common. By percentage of AAAs:

<table>
<thead>
<tr>
<th>Adult Protective Services</th>
<th>85%</th>
<th>Disability service organizations</th>
<th>75%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation agencies</td>
<td>84%</td>
<td>Public Housing Authority</td>
<td>75%</td>
</tr>
<tr>
<td>Medicaid agencies</td>
<td>83%</td>
<td>Faith-based organizations</td>
<td>66%</td>
</tr>
<tr>
<td>Advocacy organizations</td>
<td>82%</td>
<td>Community health care providers</td>
<td>60%</td>
</tr>
<tr>
<td>Emergency preparedness agencies</td>
<td>79%</td>
<td>Businesses</td>
<td>46%</td>
</tr>
<tr>
<td>Hospitals</td>
<td>79%</td>
<td>Managed Care/HMO networks</td>
<td>42%</td>
</tr>
<tr>
<td>Mental health organizations</td>
<td>77%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to Connect With Your Local AAA

All AAAs have local hotlines or websites to provide consumers with information and assistance, so if you know the name of your local AAA, start there.

Alternatively, you can find a AAA by ZIP code via the Eldercare Locator website (www.eldercare.gov) or you can speak with an information specialist by calling 800.677.1116. The Eldercare Locator is a free national service funded by the U.S. Administration for Community Living and administered by n4a.

National Association of Area Agencies on Aging
1730 Rhode Island Avenue, NW, Suite 1200, Washington, DC 20036 • 202.872.0888
www.n4a.org • www.facebook.com/n4aACTION • www.twitter.com/n4aACTION

March 2017

Development of this document 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.