

AREA AGENCIES ON AGING

Local Leaders in Aging Well at Home



USAging

USAging



USAging represents and supports the national network of Area Agencies on Aging (AAAs) and advocates for the Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities.



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 a broad range of aging and other home and community-based services in every community in the United States.

All data in this report, unless otherwise noted, is from the 2022 National AAA Survey, which was funded by the U.S. Administration for Community Living. For details, visit usaging.org/research.

An Aging Nation

In 2019, 16 percent of—or 54.1 million—Americans were age 65 or older. With an estimated 10,000 people turning 65 each day, by 2040, an estimated 80.8 million—or one in five Americans—will be age 65 or older.¹

These numbers represent unprecedented demographic change and are driving a corresponding increase in the need and demand for health and social services to support a sound quality of life for millions of older Americans.



2019—54.1 M



2040—80.8 M

We know that the aging of our nation’s population will impact 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 cost 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 resources, 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...

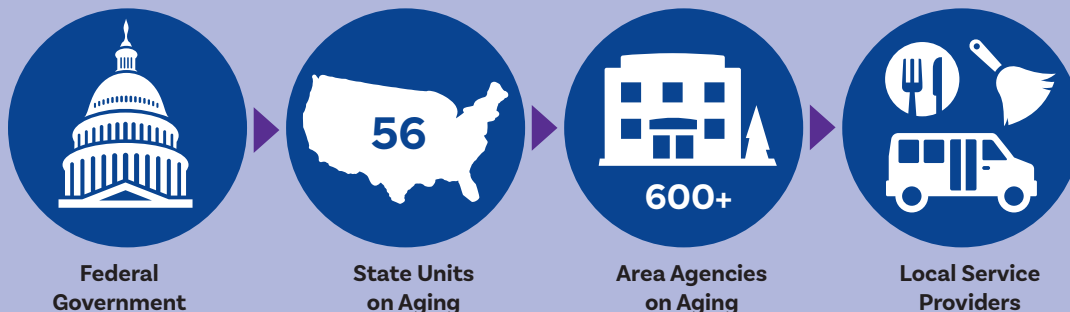


According to AARP, **most (85 percent) Americans age 65 and older want to age well at home**—and not in institutions such as nursing homes. Yet estimates show that 70 percent of people age 65 and older will eventually need long-term care—and to live successfully in their homes and communities, most people will eventually need some level of service or support.²

¹ U.S. Administration for Community Living, 2021 Profile of Older Americans, https://acl.gov/sites/default/files/Profile%20of%20OA/2021%20Profile%20of%20OA/2021ProfileOlderAmericans_508.pdf.

² Richard Johnson, Urban Institute, What Is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports?, <https://aspe.hhs.gov/reports/what-life-time-risk-needing-receiving-long-term-services-supports-0#:~:text=Our%20results%20show%20that%2070%20percent%20of%20adults%20who%20survive,paid%20care%20over%20their%20lifetime>.

The AAA Role in the Aging Network



Area Agencies on Aging 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. For 50 years, AAAs have served as the local leaders on aging by **planning, developing, funding and implementing local systems** of coordinated aging and other home and community-based services for consumers in their Planning and Service Areas (PSAs).

The OAA was intentionally designed to give AAAs the flexibility to ensure that the **local needs and preferences of older adults** are considered and reflected in the design and implementation of local service delivery systems.

Once AAAs receive input from consumers, service providers and other stakeholders, they develop **Area Plans**, which outline local needs and proposed recommendations for programs and services for older adults and caregivers.

AAAs provide some services directly and others through contracts with local service providers. Most AAAs contract with local service providers for 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.



AAAs Serve Communities

Building on their designated roles under the OAA, AAAs tap other funding streams and take on other roles to further meet their missions and to serve more older adults and caregivers, as well as people of all ages living with disabilities.

Yet All AAAs....

- **Assess** community needs and develop and fund programs to respond
- **Educate** and provide direct assistance to consumers about available resources in their communities
- **Serve** as portals to care via assessments, eligibility determinations, and coordination or monitoring of services
- **Maximize** use of public and private funding to serve as many consumers as possible
- **Develop**, fund and coordinate a wide range of services



Core AAA Services

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. While AAAs provide a core set of programs and services via the OAA, there's nothing one-size-fits-all about the way the AAAs offer those services and supports to their clients to ensure that their unique needs are prioritized and met.



Nutrition



Supportive
Services



Caregivers



Health &
Wellness



Elder Rights

A foundational role of AAAs is to create **local information and referral/assistance (I&R/A)** hotlines to help consumers find aging and other home and community-based services. AAAs help clients match services and solutions to their individual needs, enabling consumers to age in place with increased health, safety and independence.



The national Eldercare Locator
hotline and website helps connect
consumers to the local resources
provided by AAAs.

800.677.1116

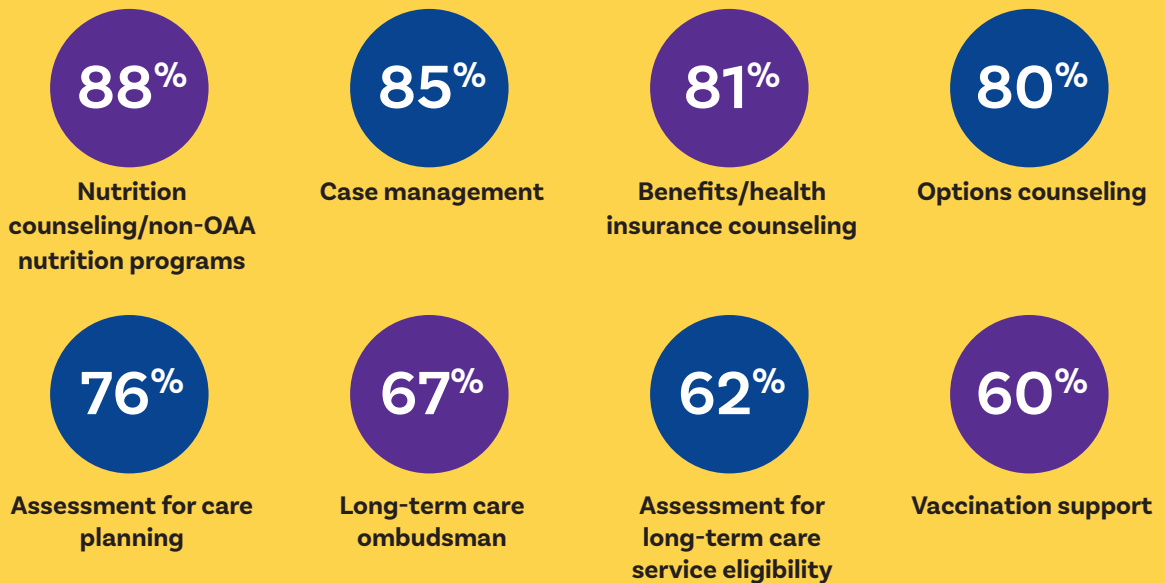
www.eldercare.gov

AAA Evolution and Innovation

While their fundamental mission has not changed, the scope of services provided by all AAAs has broadened to address growing and evolving client and community needs. Today, AAAs operate complex delivery systems that provide access to a range of community-based, in-home and elder rights services.

The average AAA offers more than a dozen additional services beyond the core offerings.

Common non-core services offered by AAAs include:



Many AAAs serve people younger than age 60

Population	Percent
Consumers under age 60 who qualify for services because of disability	77%
Caregivers of all ages	75%
Consumers with dementia of all ages	49%
Consumers under age 60 who qualify because of chronic or serious illness	45%
Veterans of all ages	33%

AAAs Provide a Variety of Services Through Health Care Contracts



Care transitions services



Home care services (including participant-directed care)



Assessment for long-term services and supports eligibility



Care coordination, case management and person-centered planning



Nutrition



Evidence-based programs for chronic disease management, fall prevention and mental health



Transportation

AAAs Address the Social Drivers of Health

As long-standing, trusted community resources, AAAs are experts at providing programs and care that address social needs that affect health outcomes, such as access to nutritious food, housing, transportation and social support. AAAs increasingly contract with health care entities such as medical providers, health plans and health systems to address these health-related social needs to drive better health outcomes.

In 2021, **47 percent of AAAs** were contracting with health care entities, a number that has risen steadily over the past decade and continues to grow.³

Top contracted services include assessment for health-related social needs, care transitions, home care, care coordination/case management, nutrition, evidence-based health promotion/disease prevention programs and transportation.

Growing numbers of AAAs are leading networks of community-based organizations (CBOs) to better support their work with health care entities to address the social drivers of health and meet their missions. This helps streamline the contracting process for their health care partners and increases their own geographic reach. Between 2017 and 2021, the proportion of AAAs that report contracting as part of a network of CBOs doubled from 22 percent to 44 percent.⁴

³ Aging and Disability Business Institute, USAGing, *AAAs Address Social Needs Through Contracts with Health Care*, www.aginganddisabilitybusinessinstitute.org/wp-content/uploads/2022/07/Survey-Spotlight-AAAs-508.pdf.

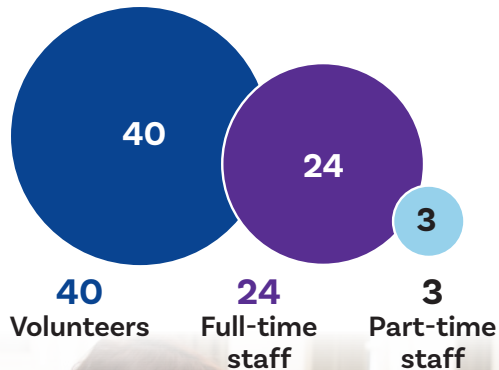
⁴ Ibid.

A Nationwide Network Driven by Local Needs

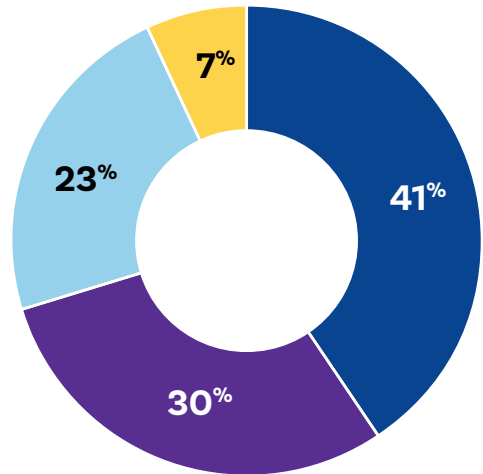
In 2023, 614 AAAs served older adults in virtually every community in the nation. In the few states without a local AAA infrastructure—those with small populations or sparsely populated land areas—the state serves the AAA function.

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 older adults' health and independence. All AAAs share the same mission and a set of core programs and services, however.

Median AAA Workforce



AAA Structure



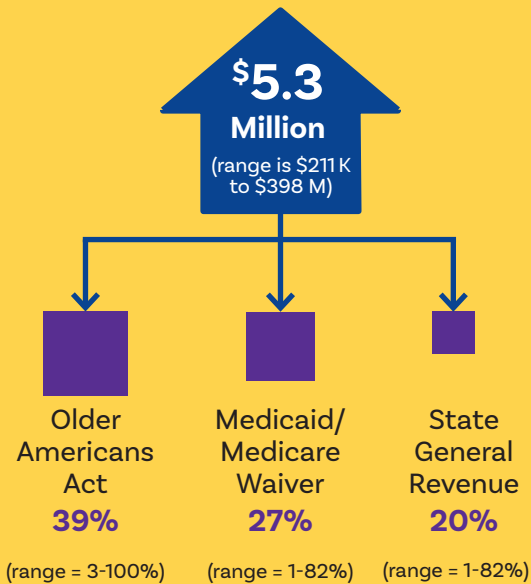
- An independent, nonprofit agency
- A part of city/county government
- Part of a council of governments or regional planning and development agency
- Other

The number and geographic size of AAAs varies by state. State Units on Aging determine the number of service areas, which then drives the number and size of AAAs in that state. While most states have between six and 16 AAAs on average, larger states often have more.





Median AAA Budget



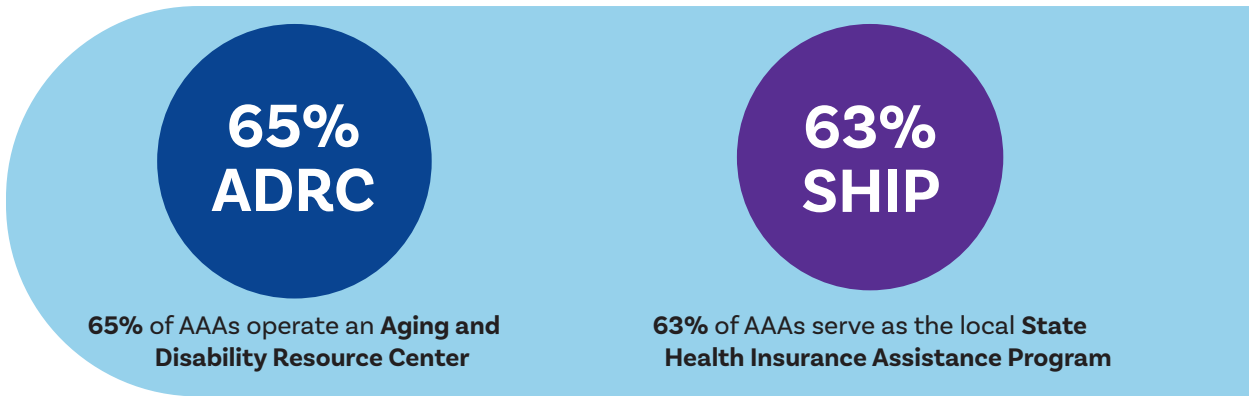
The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

Budget Source	% of AAAs receiving funding
State general revenue	66%
Local government	55%
Medicaid/Medicare Waiver	41%
Grant funds/fund development	38%
Other federal funding	35%
Other state funding	29%

Many Names, Many Partners, Many Roles: 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 names. For example, a nonprofit AAA may be called “Senior Resources” or a county-based AAA may use “ABC County Office on Aging.”

AAAs administer many other well-known programs and services directly or in partnership with other entities. But no matter what program or service a AAA offers, it remains a AAA.



Most Common Partnerships

AAAs are the local leaders on aging in the communities they serve, creating a hub for aging services, and they work with a range of partners to meet their missions. These are some of the most common partnerships, by percentage of AAAs.

Adult Protective Services	89%
State Health Insurance Assistance Program (SHIP)	84%
Transportation agencies	83%
Disability service organizations	78%
Medicaid	77%
Federal programs/departments (e.g., Social Security Administration, Veterans Administration Medical Center, Bureau of Indian Affairs)	75%
Department of Health/Public Health	74%
Food banks	74%

How to Connect with Your Local AAA

Find a AAA by ZIP Code via the Eldercare Locator website (www.eldercare.acl.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 USAging.



USAging

1100 New Jersey Avenue, SE Suite 350

Washington, DC 20003

202.872.0888

info@usaging.org

 [theUSAging](https://www.facebook.com/theUSAging)

 [theUSAging](https://twitter.com/theUSAging)

July 2023

Most data in this publication is from the National AAA Survey, which is supported by Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$562,397 (75 percent) funded by ACL/HHS and \$202,618 (25 percent) funded by non-government source(s). The contents of this publication, however, are those of USAging and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. Government.