Administration on Aging

Community-Based Services
The mission of the Administration on Aging (AoA) is to help elderly individuals maintain their dignity and independence in their homes and communities through comprehensive, coordinated, and cost effective systems of long-term care, and livable communities across the U.S.
Strategic Priorities Used to Focus AoA’s Investment of Effort and Resources

- Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options.
- Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.
- Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.
- Ensure the rights of older people and prevent their abuse, neglect and exploitation.
- Maintain effective and responsive management.
Organization and Management

- $1.491 billion FY 2009 budget
- 120 FTE
  - DC and 9 HHS Regional Offices
- Over 800 formula and discretionary grants
AoA is the Federal Leader of the Aging Network

- 655 Area Agencies on Aging
- 228 Tribal Organizations
- 56 State Units on Aging
- 29,000 Providers
- Administration on Aging
- 10,000 Senior Centers
- Federal Partners
- 500,000 Volunteers
- 10,000 Senior Centers
Who We Serve

9.5 Million Elderly 60 & Over

3 Million Who Rely on the Network for Intensive Services

700,000 Caregivers
What We Provide

- **HCB-LTC Services**
  - ADRCs, case management, adult day care, transportation, I&R, personal care, homemaker

- **Nutrition Services**
  - meals, counseling, education

- **Caregivers**
  - information, assistance, respite, training, support groups, supplemental services

- **Preventive Health**
  - physical activity, education, health screenings, medication management

- **Elder Rights**
  - ombudsman, legal, elder abuse, pension counseling

- **Alzheimer’s**
  - home health, respite, personal care, training & assistance
What We Provide

- over 27 million hours of in-home services such as homemaker, chore and personal care;
- over 238 million meals in home and community-based settings,
- nearly 10 million units of services for over 700,000 caregivers and,
- 30 million rides to doctor’s offices and other critical daily activities.
Consumer Outcomes

- 93% of home-delivered meal recipients report meals enabled them to continue living in their own homes
- 43% of transportation recipients rely on OAA services for nearly all of their transportation needs
- 84% of caregiver report that the NFCSP enabled them to provide care longer
Older Americans Act - Overview

- Title I – Declaration of Objectives; Definitions
- Title II – Administration on Aging
- Title III – Grants for State and Community Programs on Aging
- Title IV – Activities for Health, Independence, and Longevity
- Title V – Senior Opportunities Act
- Title VI – Grants for Native Americans
- Title VII – Vulnerable Elder Rights Protection
Choices for Independence
Background

People are living longer, and the older adult population is increasing.

The number of people age 65 and older will almost double by 2030.

There are 78 million baby boomers.

People age 85 and older are the fastest-growing segment of the population.
Current Environment

- Institutional Bias
- Fragmented System
- Changing Marketplace
- Increasing Role of Prevention
Principles

- Enhancing Consumer Control, Choice and Independence
- Increasing Flexibility for States and Local Communities
- Strengthening Program Performance
- Positioning the OAA for the Future of Health & Long-term Care
- Document the OAA’s Impact on Consumer Well-Being and Health and Long-Term Costs
OAA’s Unique Mission & Capacity

- Consumer Focused Mission
- Locally Driven, Nation-wide Network
- Social Model of Care
- Ability to Reach People Early - before Spend Down to Medicaid
- Demonstrated Leadership in Systems Reforms at State and Local Level
Choices for Independence: A Three-Pronged Strategy

- Aging and Disability Resource Centers
- Evidence-Based Prevention
- Nursing Home Diversion
Empowering Individuals to Make Informed Choices

Through “one-stop shop” resource centers and public education campaigns

Builds on

- Aging & Disability Resource Centers
- Own Your Future Campaign
Building Prevention Into Community Living

Evidence-based programs, such as:
- Chronic Disease Self-Management
- Falls Prevention
- Nutrition
- Physical Activity

Delivered Through Aging Services Providers

Builds on AoA’s Evidence-Based Initiative
Offering More Choices for High-Risk Individuals

Through Flexible Service Dollars And Consumer-Directed Approaches

Helping Moderate and Low-Income Individuals at High Risk of Nursing Home Placement

Builds on *Nursing Home Diversion grants* and the *Cash & Counseling Demonstration*
AoA’s Approach to Modernization

- Builds on Network’s Unique Mission and Capacity
- Adds Value to Health and Long Term Care
- Grounded in Latest Research and Best Practices
- Complements Reforms in Medicare and Medicaid
Modernizing Older Americans Act Programs

INVESTMENTS

- Aging & Disability Resource Center Initiatives
- Cash & Counseling Demonstration Programs
- Evidence Based Disease Prevention Projects

State Involvement in all 3 Program Components;  2 Program Components;  1 Program Component
NORCs and Community-Based Services

Identify needs of at risk residents, facilitate access to existing community/ government resources and create gap filling supportive services.

Increase healthy aging behaviors through exercise, recreation, socialization, educational and culturally appropriate activities; and

Enhance ability of older adults living in a residential community to continue living independently;
Where Do NORCs Fit Into AoA’s LTC Modernization?

NORCs Provide:

- Identifying needs and facilitating access to services (two functions of ADRCs);
- Promoting healthy behaviors (could utilize evidence based programs);
- Services that maintain older adults in the community and delay institutionalization (elements of nursing home diversion)
FY 2009 NORC Funding

7 Congressional Earmarks totaling $1.6 million
Portland, OR; Waltham, MA; Princeton, NJ; St. Paul, MN; Atlanta, GA, Indianapolis, IN; and North Hempstead, NY

Community Innovations for Aging in Place Programs totaling $5 million – Grant Announcement in Summer 09
For More Information on AoA Funded NORCs

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