AAA National Survey Report

MEETING THE NEEDS OF TODAY'S OLDER ADULTS



2020

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MIAMI UNIVERSITY
SCRIPPS GERONTOLOGY CENTER

2020 National Survey of Area Agencies on Aging Report

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Executive Summary

With the population of older adults in the United States set to grow to 73 million by 2030, Area Agencies on Aging (AAAs) are more important than ever in supporting individuals in their preference to age at home and in their communities with maximum health and independence. AAAs are deeply rooted in their communities and provide critical supports that serve older adults, caregivers and, in many instances, people under the age of 60 with disabilities.

AAAs were established by the 1973 reauthorization of the Older Americans Act (OAA) and are charged with responding to the needs of Americans age 60 and older in nearly every community across the country. They assess community needs and develop area plans to address them, coordinating services and supports that help enable older adults to live with independence and dignity in their homes and communities. The OAA requires AAAs to provide a set of core services, including nutrition, health and wellness, caregiver supports, elder rights and supportive services such as transportation and legal services. AAAs are a part of the National Aging Network, which includes the federal Administration on Aging, State Units on Aging and community-based providers that AAAs partner with to provide services.

This report describes the findings of the National Survey of Area Agencies on Aging, which was conducted in 2019. The survey gathered information on staffing, budget and services, as well as new and innovative programs underway at many AAAs across the country. Key findings from the report include:

- AAAs offer an average of 27 critical services to older adults in their communities. In addition to the core services required under the OAA, AAAs address local community needs through services such as care management, home modification and repair services, options counseling, and services offered in senior centers and adult day care facilities.

- AAAs serve a variety of populations in addition to older adults, and many provide services to groups such as individuals under 60 who have a disability, impairment or chronic illness; people living with dementia and their caregivers; individuals living with dementia of all ages; and grandparents raising grandchildren.

- AAAs provide a range of housing and transportation services, which are critical to helping older adults live independently in their homes and communities. Sixty-one percent of AAAs provide home modification and repair services and 89 percent of AAAs provide transportation services.

- AAAs leverage an average of 17 formal and informal partnerships with other agencies and organizations to expand the reach and impact of their programs in their communities. The most common AAA partners are Adult Protective Services (92 percent), transportation agencies (88 percent), State Health Insurance Assistance Programs (SHIPs) (86 percent), and emergency preparedness agencies (83 percent). Many AAAs work with health care partners, such as Medicaid (80 percent), hospitals and health care systems (74 percent), and health plans (62 percent).

The National Survey of Area Agencies on Aging is funded through the U.S. Administration on Aging within the Administration for Community Living and is conducted every three years. The survey tracks important new trends in programs, services and funding affecting older adults in communities across the United States.

Introduction

Today's Older Adults

With the population of older adults in the United States expected to grow to 73 million by 2030, communities across the country are examining how they can prepare for the social and health care needs of our aging population.[1] Eighty-six percent of older adults wish to age in their homes and communities,[2] yet more than half will need home and community-based services in order to do so.[3] Beyond the growth of the aging population, 61 million people have a disability that impacts major life activities[4] and there are more than 40 million caregivers of older adults in the United States.[5] Area Agencies on Aging (AAAs)—organizations that are deeply rooted in their communities and serve older adults, caregivers, and in many instances, people under the age of 60 with disabilities—are now more important than ever in supporting individuals in their preferences to age at home and in their communities with maximum health and independence.

Beyond the growing numbers of individuals older than age 60, additional demographic shifts have spurred innovative responses from AAAs. While the number of older adults continues to grow, changes in family structure and declining birthrates are reducing the pool of available family caregivers, who provide the majority of all long-term care.[6] As a result, programs and services to support caregivers are an increasingly vital component of the multi-faceted system that supports older adults in the community.

Older adults are a heterogeneous and diverse population, and this diversity is increasing. By 2030 more than a quarter of older adults will be comprised of racial and ethnic minorities.[7] Fifteen percent of the nation's 25 million individuals who have limited English proficiency are older than 65.[8] Researchers estimate that there are more than one million older adults who identify as LGBT.[9] As a result of this growing demographic diversity, AAAs are engaging in outreach and the provision of person-centered, culturally appropriate care to ensure they reach diverse elders.

Additionally, older adults are more likely to live in rural areas than younger people, which brings unique challenges for service delivery, transportation and social engagement. People older than 65 comprise 18 percent of the population of rural areas compared to 14 percent in urban areas. In fact, in five states—Arkansas, Maine, Mississippi, Vermont and West Virginia—more than half of the older population live in rural areas.[10]

Additionally, 5.8 million Americans are living with Alzheimer's disease, the most common form of dementia.[11] Eighty percent of people with dementia live in their homes or with family, and 24 percent live alone.[12] Many individuals with dementia require high levels of support, particularly in the middle and later stages of the disease's progression. When it comes to assistance with self-care activities such as bathing and dressing, mobility and household activities, 88 percent of individuals with dementia living in the community need assistance, compared to 43 percent of those who do not have dementia.[13]

Addressing the social determinants of health[1] is a strength of AAAs and there is increasing evidence that AAA services—such as access to nutrition, housing supports or transportation—can prevent, delay or mitigate unnecessary and costly health care episodes, and are found to play a larger role in maintaining the health and well-being of all individuals than medical care alone.[14] Eighty-six percent of older adults have at least one chronic disease, and 61 percent have at least two chronic diseases.[15]

Meeting the needs of the nation's growing and diverse older population is the mission of AAAs.

[1] Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. *https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health*

Critical Issues Facing Area Agencies on Aging

As AAAs work broadly to ensure their communities offer the supports and services needed by the populations they serve, they also work to respond to broader community issues that impact an aging population such as affordable and accessible housing, and adequate, person-centered transportation—and to emerging concerns such as the increase in, and consequences of, social isolation and loneliness among older adults.

Safe, affordable and accessible housing is critically important to individual and community goals to support successful aging in the community. Most homeowners over the age of 65 live in houses that lack basic accessibility features such as extra-wide hallways and doorways, single-floor living, and no-step entrances.[16] For older adults who rent, difficulties can arise in finding rental units that are available and affordable. According to the most recent *Worst Case Housing Needs Report* from the U.S. Department of Housing and Urban Development, only about one-third of the 4.7 million very low-income households headed by an individual age 62 and older received housing assistance in 2015.[17]

Rising housing costs have also led to increased numbers of older adults who are cost-burdened, which is defined as paying more than 30 percent of one's household income towards housing. According to the Joint Center for Housing Studies, the number of cost-burdened households led by individuals age 65 and older has reached 10 million and is predicted to rise to 17.1 million in 2035. In some expensive metropolitan areas, more than one-third of older adult households are cost-burdened.[18] Given their fixed incomes, the more older adults pay for their housing, the less money they have available for food, energy bills, transportation, prescription drugs and other necessities.[19] Homelessness among older adults is also on the rise. The proportion of homeless individuals older than age 50 increased to 33.8 from 22.9 percent between 2007 and 2017.[20]

The availability of accessible transportation is also central to the ability of all individuals to live independently and to participate fully in the community. This is especially true for older adults who at some point may need to restrict or give up driving, and thus become dependent on public or private transportation. Many regions of the country provide limited transportation alternatives, leaving older adults stranded without a way to access services and fully participate in their communities once they cease driving. In a survey conducted by the National Aging and Disability Transportation Center, administered jointly by the National Association of Area Agencies on Aging (n4a) and Easterseals, nearly half of older adults reported that giving up driving would lead to social isolation and loss of enjoyment, and 28 percent said that it would mean a loss of independence.[21] This is particularly true in rural and suburban areas, where older adults are more likely to live. According to the Eldercare Locator, an AoA-funded and n4a-administered national call center that connects older adults and their caregivers to resources in their own communities, transportation is the most common reason that older adults and caregivers call. In fact, one out of every five Eldercare Locator calls is related to transportation needs.[22]

Social isolation and loneliness have increasingly been recognized as important issues among older adults. Forty-three percent of older adults report feeling lonely and 27 percent report feeling isolated from others.[23, 24] In addition to reducing quality of life, loneliness increases the risk of health problems, loss of function in terms of self-care and mobility activities, and shorter life expectancy.[25] Having fewer social connections has also been linked to an increased risk of dementia.[26]

Because AAAs plan, coordinate and provide an array of services for older adults in their communities, they are at the forefront of addressing all these challenges at the community level.

About the Survey

With a grant from the U.S. Administration on Aging within the Administration for Community Living (ACL), the n4a worked with Scripps Gerontology Center at Miami University of Ohio to conduct an online survey to gather information about AAAs.

The National Survey of Area Agencies on Aging, conducted every two to three years since 2007, tracks important new trends in programs, services and funding affecting older adults in communities across the United States. The survey collected information on:

The National Survey of Area Agencies on Aging, conducted every two to three years since 2007, tracks important new trends in programs, services and funding affecting older adults in communities across the United States.

- Programs, services and staffing
- Budgets and sources of funding
- Workforce issues, including current staffing, future needs and challenges
- Livable, age-friendly and dementia-friendly community initiatives
- Participation in integrated care opportunities, such as Medicaid managed care and Centers for Medicare & Medicaid Services (CMS) waivers and demonstration initiatives

The online survey was disseminated via email in June 2019 to 618 Area Agencies on Aging. The survey closed in September 2019 after receiving 485 responses from the 618 AAAs, representing a response rate of 78.5 percent. As a result of the high response, n4a and Scripps Gerontology Center have a strong degree of confidence that the data shared in this report is representative of AAAs nationally.

Area Agencies on Aging: Structure, Service Area and Designations

AAAs were established by the 1973 reauthorization of the Older Americans Act (OAA) and are charged with responding to the needs of Americans 60 and older in every community across the country. They coordinate services and supports to enable older adults to live with independence and dignity in their homes and communities. AAAs are a part of the National Aging Network, which includes the federal Administration on Aging, State Units on Aging and community-based providers that AAAs partner with to provide services.

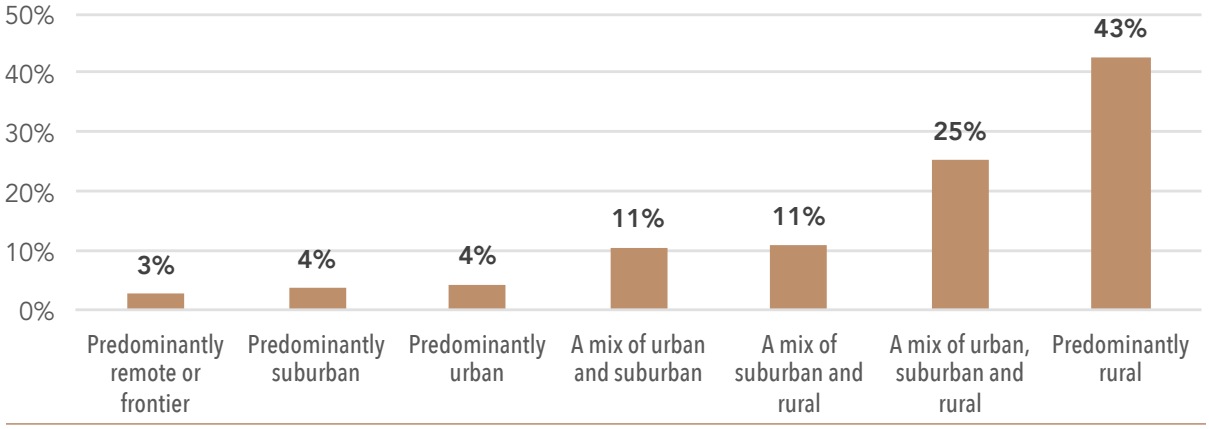
The largest proportion of AAAs (43 percent) serve a predominantly rural area, with 25 percent serving a mixture of urban, rural and suburban areas as shown in Figure 1.

The OAA requires AAAs to provide a set of core services, including nutrition, health and wellness, caregiver supports, elder rights and supportive services such as transportation and legal services. However, because AAAs are charged with responding to the needs of older adults in their communities, many provide a wider array of services, such as care management, options counseling, and home modification and repair services. Through their information and referral programs, AAAs also connect older adults to additional resources throughout the community.

In addition to providing these essential services, AAAs are responsible for assessing older adults' community needs and developing an area plan to address them. Although the OAA requires that AAAs target their programs to those with the highest economic and social need, all individuals over age 60 are eligible to receive OAA services if funding is available. AAAs, however, establish cost-sharing for some services, in which the client may voluntarily pay a portion of the service cost.

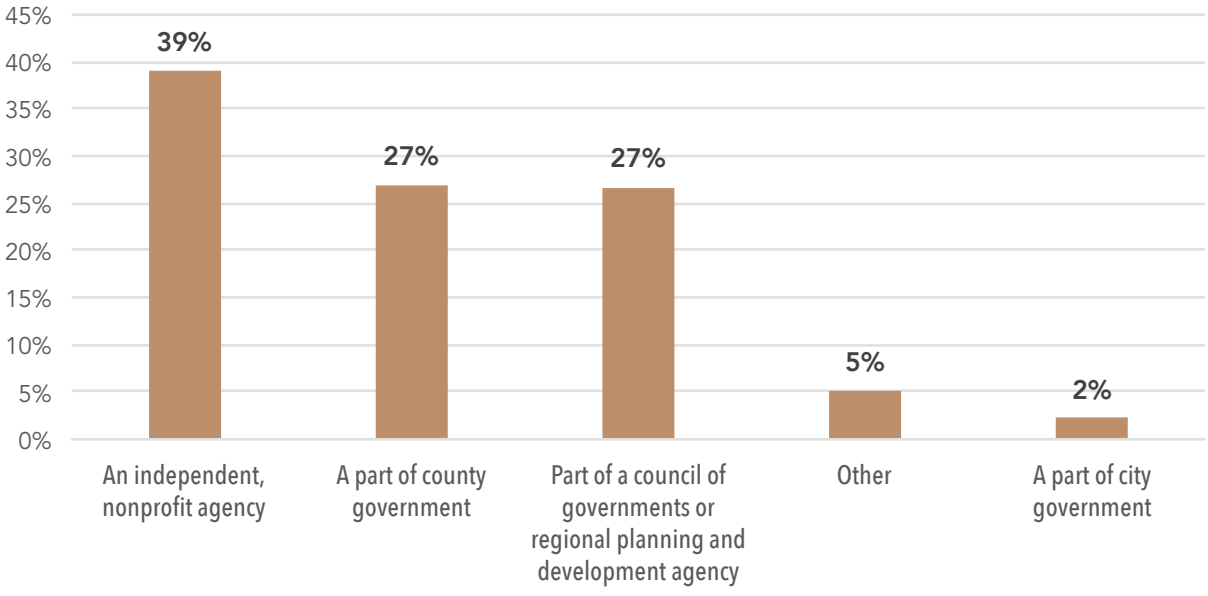
AAAs vary in terms of their structure and service area. The largest proportion of AAAs (43 percent) serve a predominantly rural area, with 25 percent serving a mixture of urban, rural and suburban areas as shown in Figure 1.

Figure 1. AAA Service Areas (n=487)



More than one-third (39 percent) of AAAs are structured as independent nonprofit agencies, as depicted in Figure 2. A little over one quarter (27 percent) are housed in councils of government or regional planning and development agencies, and the same percentage is located within parts of county government. Fewer AAAs (2 percent) are part of city government or other structures (5 percent).

Figure 2. AAA Structures (n=487)



AAAs play an important role as advocates that can help older adults navigate the complexities of accessing home and community-based services, long-term services and supports (LTSS), health benefits and other community resources. This important role is often formalized through specific designations.

Sixty-five percent of AAAs lead or are part of an Aging and Disability Resource Center (ADRC). ADRCs take a No Wrong Door approach to coordinating LTSS resources so that everyone—older adults, people with disabilities of any age, caregivers, veterans and families—can find the information and help they need, regardless of where they start their search.[27]

In addition, 62 percent of AAAs administer local State Health Insurance Assistance Programs (SHIPs). These programs help Medicare-eligible consumers and their caregivers make decisions about their health insurance coverage through no cost and unbiased counseling, assistance and outreach. This work can take the form of one-on-one counseling and assistance via the telephone or in-person, or public education presentations and programs. SHIPs also conduct outreach to raise awareness of benefits that assist with health care costs for eligible beneficiaries, such as the Medicare Savings Program, which helps Medicare beneficiaries pay for all or some of their Medicare premiums, deductibles, copayments and coinsurance, and Extra Help/Low Income Subsidy, which helps eligible beneficiaries with their prescription drug coverage (Medicare Part D) costs. SHIPs also help consumers enroll in these programs.

To serve the needs of community members residing in long-term care residences, 53 percent of AAAs operate local Long-Term Care Ombudsman (LTCO) programs. LTCOs advocate for the rights of residents of nursing homes, assisted living facilities and other adult care facilities. They also investigate and mediate any problems with or concerns about residents' care.

AAA Services and Supports

AAAs provide a variety of services—an average of 27—that respond to the unique needs, challenges and demographics of the communities they serve.

Every AAA offers a set of core services as required by the OAA. These include:

- Supportive Services (Title III B), which provide flexible funding to serve a variety of needs, including services such as transportation, home modification and repair services, outreach, information and referral, case management, adult day care, legal assistance, and in-home services such as personal care, chore and homemaker services;
- Congregate and Home-Delivered Meals (Title III C), which can also include supplementary services such as nutrition screening, education and outreach;
- Disease Prevention and Health Promotion (Title III D), which funds evidence-based programs addressing chronic disease self-management, fall prevention and caregiver support, among others;
- National Family Caregiver Support Program (Title III E), which funds information and assistance for caregivers; individual counseling, support groups and caregiver training; respite care; and other supplemental services for caregivers; and
- Vulnerable Elder Rights Protection Activities (Title VII), which includes training to help providers identify elder abuse, conduct outreach and education campaigns and support coalitions or multidisciplinary teams.

AAAs provide a variety of services—an average of 27—that respond to the unique needs, challenges and demographics of the older adults in the communities they serve. Many of the most common AAA services are provided through Title III B funding, which is a flexible pot of money that AAAs can use to provide a wide range of needed supportive services that can be tailored to meet individual needs. Table 1 shows the services most commonly offered by AAAs, **not including the core services previously mentioned.**

Table 1: Most Commonly Provided Supplemental Services	Percentage of AAAs Offering Directly or Through Contracts with Providers (n=489)
Transportation	89%
Case management	86%
Other meals/nutrition program (e.g., nutrition counseling, senior farmers' market program)	84%
Benefits/health insurance counseling	83%
Homemaker	81%
Benefits/health insurance enrollment assistance	80%
Options counseling	79%
Other health promotion services/programs (e.g., health screening, health fairs)	79%
Personal assistance/personal care	79%
Assessment for care planning	73%
Elder abuse prevention/intervention	69%
Senior center programming and activities	67%
Chore services	66%
Long-term care ombudsman	66%
Assessment for long-term care service eligibility	64%
Home modification and repair	61%
Adult day care	57%
Personal Emergency Response Systems	57%
Telephone reassurance/friendly visiting	55%
Translator/interpreter assistance	53%

A comparison of 2016 and 2019 survey data indicates significant increases in the percentage of AAAs offering certain services. The proportion of AAAs providing official eligibility determinations for public programs nearly doubled from 23 percent to 40 percent. There were also increases in the percentage of AAAs serving as fiscal intermediaries for self-direction[2] (21 percent to 35 percent) and chore services (57 percent to 66 percent). AAAs also reported an increase in the provision of home health services, with the proportion rising from 30 percent to 43 percent. Reflecting the growing diversity of the aging population, especially the needs of older adults with limited English proficiency, the percentage of AAAs offering translator/interpreter assistance also jumped from 32 to 53 percent.

[2] A fiscal intermediary works with individuals to complete the billing and payment of services and helps them manage their budgets.

Elder Abuse Prevention and Intervention

Prevention of elder abuse is an important part of the mission of AAAs. Given the low percentage of individuals who self-report, it is difficult to estimate the prevalence of older adults who are affected by elder abuse.[28, 29] One review found that 10 percent of older adults will experience some form of financial, physical, psychological, sexual or verbal abuse or neglect.[30] For this reason, OAA Title VII, enacted in 1992, provides funding for a range of elder justice activities. All AAAs are involved in elder justice activities, with 69 percent providing elder abuse prevention/intervention services. As shown in Table 2, 85 percent of AAAs providing elder abuse prevention/intervention services provide community education and training, 81 percent provide public awareness programs and 73 percent offer legal assistance.

Table 2: Elder Abuse Service(s) Provided by AAAs or Contracted Providers	Percentage (n=338)
Community education training	85%
Public awareness/outreach (e.g., general campaigns, mailings, ads, brochures)	81%
Legal assistance	73%
Participation in an elder abuse prevention coalition or multi-disciplinary team	65%
Financial abuse prevention	62%
Case management services	52%
Investigations of abuse, neglect and exploitation	44%
Short-term emergency services for victims of abuse, neglect and/or exploitation	26%
Victim/witness assistance	15%
Safe havens or emergency senior shelters	9%
Other	1%

Supporting Family Caregivers

The work of family caregivers is vital to helping older adults maintain their health and independence. Millions of caregivers across the country assist their loved ones with cooking and cleaning; performing self-care activities, such as showering and eating; and coordination of personal care and services. Caregivers often provide care at a cost to their own mental and physical health,[31] experiencing higher levels of stress and depression and lower levels of self-reported health than individuals who are not caregivers.[32]

Maintaining the health and well-being of caregivers is an important priority of the OAA. Through the National Family Caregiver Support Program, OAA Title III E, AAAs provide information to caregivers about available services, assist caregivers in gaining access to those services, provide individual counseling, and organize support groups, caregiver training, respite care and other supplemental services.

As illustrated in Table 3, the most common caregiver services are respite care (93 percent) and information and referral (93 percent). Respite programs give caregivers a break by arranging for an older adult to receive care by an alternate provider at home or in an adult day facility. Seventy-eight percent of respondents provide caregiver education and training.

Table 3: Caregiver Service(s) Provided by AAAs or Contracted Providers	Percentage (n=448)
Information and Referral	93%
Respite services	93%
Training/education	78%
Support groups	67%
Caregiver counceling	67%
Access assistance	59%
Other	11%

Additionally, AAAs offer a wide range of evidence-based programs targeted to supporting caregivers, as will be discussed in more detail in the Evidence-Based Programs section on page 12. The most commonly offered evidence-based program focused on caregivers is Powerful Tools for Caregivers, with 39 percent of AAAs offering that program.

Addressing Social Isolation

Loneliness can take a toll on the health and well-being of older adults.[33] Many AAA programs and services inherently address these issues through friendly visiting programs (offered by 55 percent of AAAs), and by encouraging socialization through a range of activities such as congregate meals and evidence-based programs, which are generally conducted in highly interactive group settings. Most AAAs also provide transportation, which addresses social isolation and loneliness by ensuring that older adults can participate in social activities in their communities.

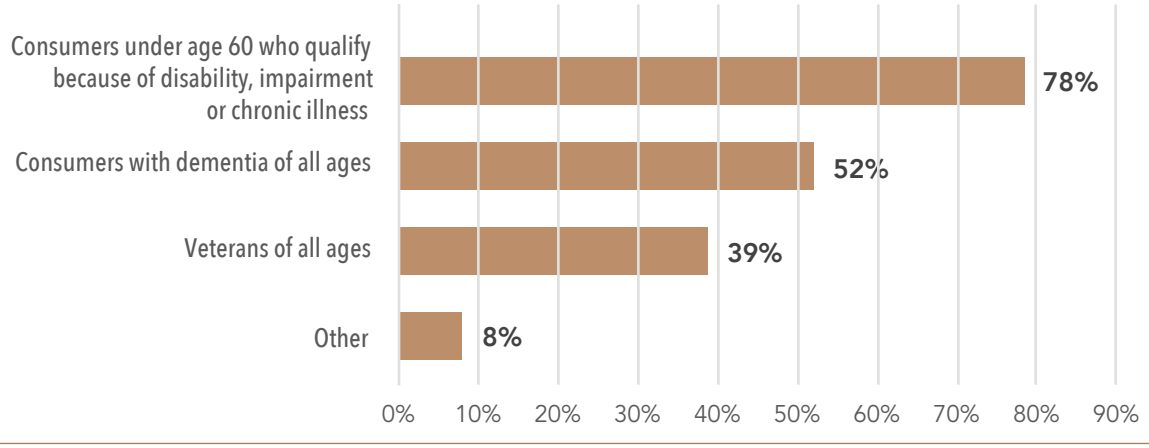
AAAs are also beginning to find new ways to address the growing concern of social isolation and loneliness in more targeted ways. For example, as shown in Table 4, AAAs are assessing clients for social isolation (43 percent) and assessing for loneliness (36 percent). Fifty percent of AAAs reported addressing social isolation during care planning. More than one in five respondents (21 percent), are developing or have in place a program specifically targeted to address social isolation such as activity programs or telephone reassurance programs.

Table 4: Social Isolation Services Provided by AAAs	Percentage (n=477)
Social isolation is addressed during care planning	50%
Assess for social isolation	43%
Assess for loneliness	36%
Have established partnerships to address social isolation and social engagement	24%
Developing or have in place programming to specifically address social isolation and social engagement (in addition to AAA core services or programs)	21%
Have a social isolation task force/workgroup/committee	5%
Use standardized social isolation and/or loneliness instruments (e.g., PROMIS Short Form-Social Isolation, UCLA Loneliness Scale)	5%
Other	11%

Special Populations Served by AAAs

The OAA requires that AAAs assess local community needs and develop plans to coordinate a system of services and supports to address the needs of older adults that have been identified in their communities. Figure 3 shows the proportion of AAAs serving populations in addition to older adults. More than three-quarters of AAAs serve consumers younger than age 60 who have a disability, functional impairment or chronic illness. More than half of AAAs provide care to individuals with dementia of all ages. Veterans are another key population that AAAs serve, with 39 percent reporting that they serve this group.

Figure 3. AAAs Serving Populations In Addition to Older Adults (60 and Older) (n=482)



To better understand the populations that AAAs serve, the survey asked AAAs to indicate whether they have a special program or initiative in place to serve specific population groups, or whether they would like to have a program in place but would need additional funding, training or technical assistance to do so.

Table 5 lists the most common populations that AAAs target, or would like to target, through their programs. The most common population group that AAAs identified serving through a special program is individuals with dementia and their caregivers, indicating that this is a critical area of need that AAAs are seeing in communities across the country. Reflecting the growing prevalence of grandfamilies, more than half of AAAs are targeting grandfamilies through their programs and services. Similarly, reflecting the increasing diversity of older adults, 39 percent of AAAs have also developed programs targeted to serve racial or ethnic minorities.

Responses also indicate that AAAs are addressing population health and specific chronic illnesses: half of AAA programs target individuals who are dually eligible for Medicare and Medicaid, 40 percent are targeting individuals with specific conditions such as heart disease or diabetes, and 36 percent are targeting individuals at high risk for emergency room use, hospitalization and hospital readmission.

AAAs would like to target other at-risk groups, such as homeless individuals, individuals who hoard and individuals with substance abuse issues, but indicated they would need more funding or training in order to do so.

Table 5. Populations AAAs Currently Target, or Would Like to Target with Special Programs or Initiatives (n=480)	AAA Has Special Program Targeting this Population	Would Like to Target but Needs Additional Support
Individuals living with dementia and their caregivers	74%	13%
Individuals at risk for nursing home placement	66%	17%
Grandfamilies/grandparents caring for grandchildren	52%	17%
Individuals who are dually eligible (Medicare and Medicaid)	50%	10%
Individuals with specific conditions or diagnoses (e.g., heart disease, diabetes)	40%	20%
Individuals from racial or ethnic minority groups	39%	12%
Individuals at high risk for ER use, hospitalization and hospital readmission	36%	40%
Individuals at risk for Medicaid spend-down	30%	10%
Individuals being discharged from post-acute rehabilitation facilities	30%	16%
Individuals who are uninsured	23%	7%
Individuals who identify as LGBTQ	23%	17%
Individuals who are immigrants and/or non-native English speakers	22%	13%
Individuals who have an intellectual and/or developmental disability and/or traumatic brain injury	21%	13%
Individuals who are homeless or at risk of becoming homeless	17%	37%
Individuals with hoarding issues	14%	25%
Individuals with advanced or terminal illness	12%	9%
Individuals with serious mental illness	10%	19%
Individuals with substance abuse/opioid addiction	9%	22%

Addressing Opioid Addition | 2019 n4a Aging Innovations Award Winner

Area Office on Aging of Northwestern Ohio, Inc., Toledo, OH

The Area Office on Aging of Northwestern Ohio, the Lucas County Sherriff's Office and Bowling Green State University teamed up to develop a local strategy to reduce opioid addiction among older adults. The partnership has resulted in the production and distribution of a documentary called "Aging and Addicted" that profiles older adults who have struggled with opioid addiction. Additionally, more than 1,000 people have been trained to identify red flags that indicate whether an older adult is struggling with opioid addiction, how to initiate a conversation on the topic and where to find available resources. The Area Office on Aging of Northwestern Ohio hired a retired police officer to serve as a Drug Abuse Response Team (DART) Officer, who provides older adults who are addicted to opioids with education, intervention/treatment, referrals and distribution of opioid drug deactivation bags. Chronic pain self-management workshops are offered to assist older adults in avoiding opioid addiction.

Evidence-Based Programs

All AAAs are required to use their OAA Title III D Disease Prevention and Health Promotion funding to provide evidence-based programs that meet ACL's criteria for evidence-based program models. To be designated as evidence-based, a program model must be evaluated through rigorous research and proven to be effective in improving the health and well-being of older adults.[34] AAAs offer many types of evidence-based programs, including those that prevent and reduce falls, encourage physical activity, help older adults manage chronic disease, support caregivers, provide care transitions, manage mental health and facilitate wellness.

Of the evidence-based programs offered by AAAs, fall prevention programs are the most common, offered by 89 percent of AAAs. Reducing falls is a priority, as falls are the leading cause of fatal and non-fatal injury in older adults and are associated with high health care costs.

Of the evidence-based programs offered by AAAs, fall prevention programs are the most common, offered by 89 percent of AAAs. Reducing falls is a priority, as falls are the leading cause of fatal and non-fatal injury in older adults and are associated with high health care costs.[35] One study found that fall-related medical costs in 2015 amounted to $50 billion dollars.[36] Two-thirds of AAAs offer the A Matter of Balance program, which is a fall prevention program that works with participants to prevent falls by reducing fear of falling and increasing activity.

The second most common type of evidence-based program offered by AAAs is chronic condition management programs, which 69 percent of AAAs offer. These programs support the 86 percent of older adults who have at least one chronic condition in managing their health.[37] The most common chronic condition programs offered by AAAs are the Chronic Disease Self-Management Program (offered by 59 percent of AAAs), and the Diabetes Self-Management Program (offered by 47 percent of AAAs). The most commonly provided programs are shown in Table 6.

Table 6: Evidence-Based Programs Offered by AAAs	Percentage (n=473)	Type
A Matter of Balance	66%	Fall Prevention
Chronic Disease Self-Management Program	59%	Chronic Conditions
Diabetes Self-Management Program	47%	Chronic Conditions
Powerful Tools for Caregivers	39%	Caregiver
Tai Chi for Arthritis	37%	Fall Prevention
Chronic Pain Self-Management Program	22%	Chronic Conditions
Walk with Ease	22%	Fall Prevention
Stepping On	13%	Fall Prevention
Tai Ji Quan: Moving for Better Balance (formerly known as Tai Chi: Moving for Better Balance)	13%	Fall Prevention
Care Transition Intervention (Coleman CTI)	12%	Care Transitions
Savvy Caregiver	12%	Caregiver
EnhanceFitness	11%	Fall Prevention
HomeMeds	10%	Other

Partnerships

Creating and strengthening partnerships is a hallmark of the way that AAAs operate in the community. With their deep knowledge of and connections to many resources, AAAs leverage both formal and informal partnerships with other agencies and organizations to expand their reach and impact. The most common types of partners that AAAs work with are listed in Table 7.

Consistent with their core focus on elder justice, nearly all AAAs partner with Adult Protective Services programs (APS). Transportation is another priority partnership area for AAAs, with transportation agencies being the most common type of partnership after APS. Other common partnerships include those with mental health/behavioral health organizations (80 percent), public housing (79 percent), and disability organizations such as Centers for Independent Living (78 percent).

Consistent with their core focus on elder justice, nearly all AAAs partner with Adult Protective Services programs (APS). Transportation is another priority partnership area for AAAs, with transportation agencies being the most common type of partnership after APS.

Reflecting their increasing role in health care and promotion, many AAAs also have partnerships with health care organizations. Three-quarters (74 percent) have partnerships with hospitals and health systems, nearly two-thirds (62 percent) have a partnership with a health plan and 60 percent have a partnership with community health clinics.

Table 7: AAA Partnerships	Percentage of AAAs with This Partner (n=482)
Adult Protective Services	92%
Transportation agencies	88%
State Health Insurance Assistance Program (SHIP)	86%
Emergency preparedness agencies	83%
Federal programs/departments (e.g., Social Security, Veterans Health Administration Medical Center, Bureau of Indian Affairs)	81%
Medicaid	80%
Mental health/behavioral health organization	80%
Public housing authority or other housing programs	79%
Disability service organizations (e.g., Centers for Independent Living)	78%
Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)	78%
Advocacy organizations	77%
Hospitals and health care systems	74%
Charitable organizations (e.g., United Way, Easterseals, Red Cross)	72%
Department of health	72%
Law enforcement/first responders	72%
Other social service organizations	70%
Faith-based organizations	68%
Educational institutions	66%
Health plans (e.g., commercial health plan, Medicaid managed care)	62%
Community health clinics (e.g., Federally Qualified Health Centers)	60%

Budget and Funding Trends

The median budget for AAAs in 2018 was $3,985,710, with a range of $230,912 to $377,170,448. When adjusting for inflation, AAA budgets have been largely stagnant over the past decade, despite the growing number of older adults that these limited dollars must support. The budgets presented in Table 8 are all in 2018 dollars.

Table 8: AAA Budgets[3]

Budget Year	Median Budget	Budget Range	Total n
2018	$3,985,710	$230,912 – 377,170,448	441
2015	$4,392,460	$212,000 – 301,040,000	335
2012	$4,251,000	$150,420 – 318,280,000	338
2009	$4,680,000	$175,500 – 195,390,000	400

While all AAAs receive OAA funding, most leverage funding from multiple sources to support older adults. Table 9 indicates the percentage of AAAs receiving funding from other sources, as well as the average proportion of their budgets that come from each funding source. After OAA funding, the most common funding sources for AAAs are state general revenue (73 percent), local government funding (57 percent), and Medicaid/Medicaid waiver (43 percent).

Table 9: Funding Source	Percent Reporting Any Funding from This Source (n=430)	Average Budget Proportion* *calculated based upon those AAAs that report any funding from this source
Older Americans Act	100%	44%
State general revenue	73%	24%
Local government	57%	17%
Medicaid/Medicaid waiver	43%	28%
Grant funds/philanthropy	39%	6%
Other federal funding	35%	9%
Other state funding	31%	15%
Cost share revenue	20%	4%
Other	20%	12%
Transportation funding (federal, state or local)	20%	9%
Health care payer (hospital, managed care organization, Medicaid MCO, etc.)	18%	7%
Department of Veterans Affairs	16%	5%
Private pay revenue	16%	4%
Medicare	3%	5%

[3] The CPI Calculator at https://www.bls.gov/data/inflation_calculator.htm was used to identify the inflation rate. All numbers were adjusted to January 2018 assuming dollar values in January 2009, January 2012, and January 2015.

Special Focus: Livable Communities

The growing number of older adults poses significant challenges and opportunities for communities across the country, which are examining how they can better support people as they age in areas such as housing, transportation, community services, and accessible streets and walkways. AAAs are working in their communities to address these challenges through the implementation of livable community initiatives. Livable communities are communities that support the varying needs of people of all ages and are places that value and support people throughout their lifetime.[39] These communities encourage independence, supporting older adults as they remain in their communities as they age, and foster engagement in civic, economic and social life. Age-friendly and dementia-friendly communities fall under the broader umbrella of livable community initiatives.

Ensuring that communities are livable and responsive to the needs of older adults, individuals living with dementia and their caregivers is an integral part of the mission of AAAs. As shown in Figure 4, 30 percent of AAAs involved with livable communities are involved in an age-friendly community, and 37 percent in a dementia-friendly community.

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Figure 4. AAA Participation in Livable Communities (n=463)

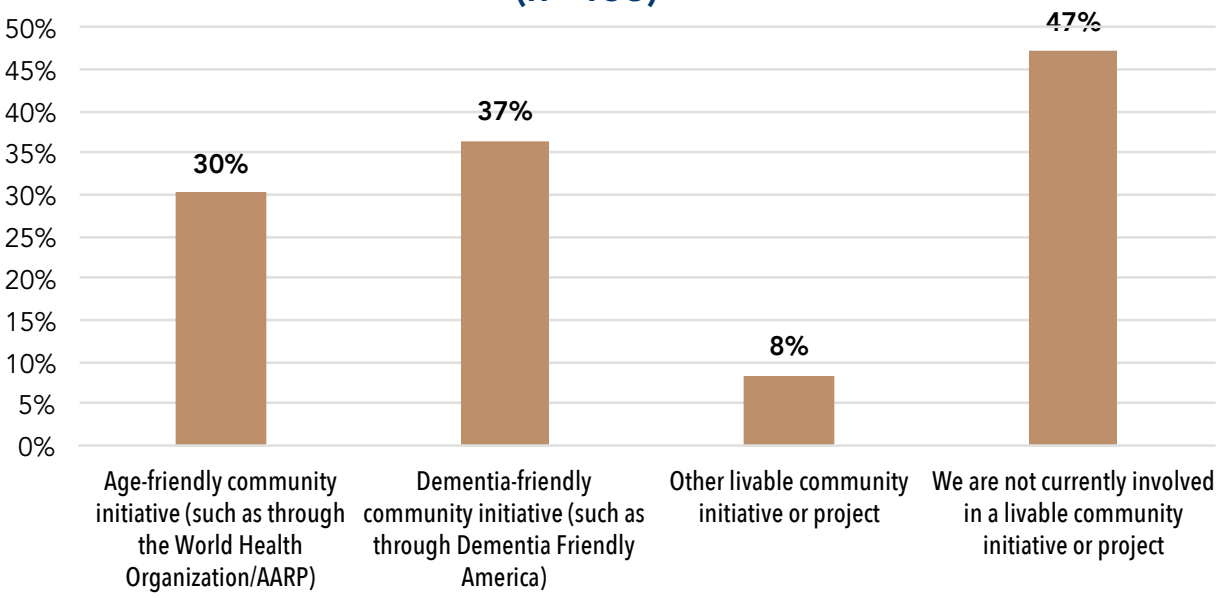

Table 10 shows the proportion of livable community initiatives that AAAs are in involved in that have designated staff and direct funding. Among AAAs involved in age-friendly and dementia-friendly initiatives, 25 percent of dementia-friendly communities and 19 percent of age-friendly communities have obtained direct funding for their initiatives. However, 59 percent of AAAs working on age-friendly communities and 68 percent of those involved in dementia-friendly communities have designated staff to work on the initiative.

Table 10: Funding and Staffing in AAA Livable Community Initiatives	Age-Friendly (n=138)	Dementia-Friendly (n=167)
AAA has designated staff to work on the initiative		
Yes	59%	68%
No	40%	31%
AAA has obtained direct financial support for this work		
Yes	19%	25%
No	80%	73%

Both dementia-friendly and age-friendly community initiatives focus heavily on community-based and social services, while taking a multi-sector approach to livability and including a broad range of additional partners.

For example, AAAs involved in dementia-friendly communities are more likely to report working with the banking/financial services sectors and first responders/law enforcement. These efforts can provide training to the banking and financial services sector on how to identify and respond to financial abuse, or to help clients experiencing difficulties in money management. First responders can be trained on how to respond to common calls they might receive involving individuals with dementia.[40] Age-friendly communities focus more heavily on housing and transportation. Table 11 illustrates the community sectors that dementia and age-friendly communities are targeting in their initiatives.

Table 11: Community Sectors Addressed in Livable Communities Initiatives	Age-Friendly (n=138)	Dementia-Friendly (n=167)
Arts and culture	26%	24%
Banking/financial services	20%	46%
Business/retail	34%	52%
Civic organizations	43%	41%
Community-based/social services	67%	69%
Faith-based organizations	41%	55%
First responders/law enforcement	38%	68%
Health care/hospitals	50%	54%
Housing	64%	39%
Legal services	24%	30%
Libraries	28%	30%
Local and state government	64%	53%
Parks and recreation	51%	31%
Senior living/long-term care/memory care	32%	43%
Transportation	67%	49%
Youth/universities/schools	21%	21%

Special Focus: Housing and Home Modification and Repair Services

61 percent of AAAs provide home modification and/or repair services either through their own staff or a contracted provider.

Access to affordable and supportive housing is critical for the nation's growing population of older adults. Home modification and repair services support older adults' desire to age at home and AAAs play a key role at the community level to ensure that older adults can access these services.

As shown in Table 12, 61 percent of AAAs provide home modification and repair services either through their own staff or a contracted provider. Additionally, 25 percent of AAAs provide a housing assistance program and eight percent own or operate housing, such as low-income housing or assisted living facilities.

Table 12: AAA Housing Service Offered by AAAs or Contracted Providers	Percentage (n=489)
Home modification and repair services	61%
Housing assistance program	25%
Own/operate housing (e.g., assisted living, Section 8)	8%

Home modifications and repairs help older adults remain in their homes by converting, adapting or repairing the home to support independent living. This includes modifications to increase accessibility, such as widening doorways, and changes that reduce falls and related accidents, such as securing rugs to the floor, improving lighting and installing grab bars or a walk-in shower in the bathroom. Some renovations make everyday tasks easier, such as lowering kitchen counters and cabinets to more accessible heights that support residents of all ages and abilities.[40] In some cases, repairs to a home's structure (e.g., roofing, plumbing, wiring, etc.) or environment (e.g., fixing loose stair treads) may also be required.

Affordable Housing | 2019 n4a Aging Innovations Award Winner

Aging Ahead, Manchester, MO

The Aging Ahead at Home program was established to expand access to resources, combat social isolation and meet the needs of residents living in affordable housing. A Community Options Specialist offers onsite support and individual assessments to residents, so they are aware of the programs offered by Aging Ahead and other community providers. Engaging programming delivered in an inviting communal space encourages socialization among neighbors. The fee-based private pay program also supports the expansion of other vital services. Each hour onsite is billed to the apartment management-company, offering Aging Ahead a revenue source outside of Older Americans Act funding. The project began in 2016 with one housing community and has expanded to four in 2019. More than 275 residents have gained access to services and have participated in more than 100 educational events, resulting in them receiving an average of an additional $45,000 in benefits or income.

Table 13 illustrates that, of the 61 percent of AAAs that provide any home modification and repair services, most provide minor home modifications (94 percent), which includes services such as the installation of grab bars, raised toilets, handheld showers, handrails and lever door handles. More than half (52 percent) provide major home modifications, including remodeling bathrooms, adjusting counter/cabinet heights, installing ramps, elevator/platform or chair lifts and widening doorways. Fifty-five percent provide repairs, such as repairs to the roof, electrical system, carpeting/floors and stair repairs.

Table 13: Home Modification and Repair Services Provided by AAAs or Contracted Providers	Percentage (n=300)
Minor home modification installation (e.g., grab bars, raised toilets, handheld showers, handrails, lever door handles)	94%
Repairs (e.g., roof, electrical, carpeting/floors, loose stair railings or other stair repairs)	55%
Major home modification (e.g., remodel bathrooms, adjust counter/cabinet heights, ramps, elevator/platform or chair lifts, widen doorways, roll-in shower)	52%
Home assessments (a systematic review of the home environment)	30%
Delivery or coordination of other home repair or modification services	10%

Seventy-eight percent of the AAAs that provide or contract for home modification and repair services target low-income older adults through these programs, and more than half (54 percent) target rural elders.

The most common funding source for home modification and repair services is Older Americans Act Title III B funding followed by donations and grants. Table 14 shows the funding sources that AAAs use to support their home modification and repair services.

Table 14: AAA Funding Sources for Home Modification and Repair Services	Percentage (n=300)
OAA Title III B Services	67%
Donations (e.g., labor, materials)	38%
Grants/foundation funds	34%
Centers for Medicare & Medicaid Services (e.g., Medicaid home and community-based services waivers)	28%
Cost sharing	23%
State funding	14%
Private pay	12%
U.S. Department of Housing and Urban Development (e.g., Community Development Block Grants, HOME Block Grants)	11%
Other	11%
U.S. Department of Agriculture Rural Development (e.g., Section 504 Loans/Grants and Rural Housing Preservation Grants)	8%
State Housing Finance Agency (e.g., home modification loan programs)	5%

Special Focus: Transportation

Transportation is the critical link that enables older adults to remain independent and to live in the community. Transportation connects older adults to services and necessities such as medical appointments, grocery stores, pharmacies and social activities. Without adequate transportation options for older adults to access necessary services and participate in meaningful activities, there is an increased risk of social isolation and reduced quality of life.

AAAs are filling gaps in their communities by providing services such as assisted transportation (83 percent), a service for older adults who need assistance from the door to the car or an "escort" to stay with them throughout the trip. Seventy-three percent of AAAs provide non-medical transportation and 59 percent provide wheelchair-accessible transportation. Table 15 shows the most common types of transportation services that AAAs provide.

Table 15: Transportation Services Offered by AAAs	Percentage (n=437)
Assisted transportation (e.g., curb-to-curb, door-to-door, door-through-door)	83%
Non-medical transportation	73%
Wheelchair-accessible transportation service	59%
Non-emergency medical transportation (NEMT)	46%
Transportation information and referral/assistance (e.g., one-call-one-click, mobility management, transportation counseling)	38%
Volunteer transportation program	32%
Transportation vouchers	24%

Because transportation is so critical for accessing social supports as well as health care appointments, as discussed elsewhere in this report:

- 51 percent of AAAs involved with an integrated care initiative provide transportation services;
- 88 percent of AAAs partner with transportation agencies;
- one in five AAAs receive transportation funding, which comprises nine percent of these AAAs' budgets on average; and
- 40 percent of AAAs currently have a transportation coordinator or mobility manager on staff, and 10 percent anticipate needing to hire one in the next five years.

Transportation | 2019 n4a Aging Innovations Award Winner

Community Council/Dallas Area Agency on Aging, Dallas, TX

My Ride Dallas has provided information on transportation options for thousands of older adults living in Dallas County for more than 10 years. However, the need to develop creative transportation solutions for older adults in areas not supported by public transportation systems remained a challenge. Now, through a contractual arrangement with the Lyft ride-sharing service, rides are provided for participating seniors five days a week from 8:00 a.m. to 5:00 p.m., enabling them to reach medical appointments and social engagements in a timely manner. Navigators schedule and monitor rides to assist the many older adults who may not have smartphones they can use to secure their own rides. Although most Lyft rides are not wheelchair-friendly, a fold-up wheelchair with rider assistance is allowed through the program.

Special Focus: Workforce Issues & Staffing

The more than 600 AAAs across the country have a range of staffing levels and staff positions. The smallest AAA reported one full-time staff member and the largest AAA reported 497 full-time staff. Across all AAAs, there is a median of 21 full-time staff, five part-time staff and 50 volunteers. These numbers have remained steady since the 2016 National Survey of AAAs. AAAs were asked about the current staff positions (including staff, contractors and volunteers; full or part-time), as well as future staffing needs. Table 16 indicates the most common current AAA positions.

Table 16: Most Common Staffing Positions in AAAs (n=485)

Position	Percentage
Accountant/Finance Coordinator/Manager	92%
Information/Referral Specialist	84%
Caregiver Program Coordinator/Manager	79%
SHIP Coordinator/Counselor	74%
Case Manager/Care Coordinator	73%
Intake Assessor/Screener	71%
Options Counselor	68%
Evidence-Based Program Coordinator/Manager	66%
Nutritionist/Dietician	60%
Billing/Claims Coordinator/Manager	56%
Human Resources Coordinator/Manager	51%
Information Technology Coordinator/Manager	49%
Quality Assurance/Compliance Coordinator/Manager	47%
Volunteer Management Coordinator/Manager	42%
Public Relations/Outreach/Marketing Coordinator/Manager	41%
Transportation Coordinator/Mobility Manager	40%

AAAs were also asked about their anticipated staffing needs over the next five years, as reported in Table 17. Responses to this question suggest that AAAs are focusing on business development opportunities, with grant writer, fundraising/development coordinator/manager and business development coordinator/manager being rated as the most needed positions.

Table 17: AAA Staffing Needs Within 5 Years (n=485)	
Position	**Percentage**
Grant Writer	28%
Business Development Coordinator/Manager	24%
Fundraising/Development Coordinator/Manager	24%
Behavioral/Mental Health Professional	19%
Digital Marketing/Social Media Specialist	19%
Case Manager/Care Coordinator	18%
Program Evaluator/Statistician/Research Methodologist	17%
Volunteer Management Coordinator/Manager	16%
Public Relations/Outreach/Marketing Coordinator/Manager	15%

As shown in Table 18, AAAs staff have various licenses and credentials. Currently, 58 percent have staff with a degree or certificate in business, which may reflect a growing emphasis on business acumen among AAAs. Other common credentials include Registered Dietician and Certified Nutrition Specialist, which reflect the importance of quality meal programming and meeting dietary requirements. Also common are Licensed Social Workers, Certified Case Managers, Alliance of Information and Referral Systems (AIRS) certification and Registered or Licensed Practical/Vocational Nurses, which align with common AAA services such as case management, options counseling, and information and referral/assistance, as well as the growing emphasis on health care contracting.

Table 18: Most Common Qualifications, Education or Certifications Among AAA Staff	Percentage (n=469)
Registered Dietician	62%
Degree or certificate in business (bachelor's, master's, doctoral, certificate)	58%
Alliance of Information and Referral Systems (AIRS) Certification	55%
Licensed Social Worker	52%
Certified Case Manager	37%
Registered or Licensed Practical/Vocational Nurse	35%
Certified Nutrition Specialist	33%

Workforce Challenges

AAAs face a number of workforce challenges, both within their own agencies as well as with their contracted service providers, as can be seen in Tables 19 and 20. In addition to services that AAAs provide directly, most AAAs contract with local providers to provide in-home supports, meals and transportation services. In these relationships, they are responsible for the oversight and quality assurance of all contracted services. For this reason, this survey asked AAAs to report on workforce challenges in their own agencies and among their contracted providers.

Maintaining competitive wages topped the list of concerns for AAA staff (60 percent) and was second highest for providers (56 percent). Sixty percent were concerned about staffing shortages among their providers, whereas this was only a concern about AAA staff for 29 percent.

Table 19: Workforce Challenges Facing AAAs	Percentage (n=479)
Maintaining competitive wages	60%
Building workforce capacity for future service demands with current funds	45%
Having strong applicant pools	42%
Maintaining appropriate staff workloads/caseloads	36%
Keeping staff appropriately and continually trained	29%
Recruiting staff with aging and/or disability expertise	29%
Staffing shortages	29%

Table 20: Workforce Challenges Facing AAA-Contracted Providers (as reported by AAAs)	Provider Percentage (n=479)
Staffing shortages	60%
Maintaining competitive wages	56%
High staff turnover	53%
Keeping staff appropriately and continually trained	30%
Providing competitive benefits	28%
Having strong applicant pools	27%

Table 21 shows the impacts these workforce challenges have on service provision. A majority (81 percent) of AAAs indicated that workforce issues had impacted the delivery of services in the past year. The most common of these issues was delayed service start (62 percent), followed by larger caseloads for staff (59 percent) and needing to start or lengthen waitlists (49 percent).

Table 21: Impact of Workforce Challenges	Percentage of AAAs (n=393)
Delayed service start	62%
Larger caseloads per staff member	59%
Started waitlists or have longer waitlists	49%
Looked for new solutions to address workforce/staffing issues	43%
Difficulty completing required documentation on time	37%
Unspent funds or unutilized units	37%
Served fewer clients	35%

Special Focus: Business Acumen and Integrated Care

Several trends have led AAAs to seek contracts and partnerships with health care entities. Addressing the health and quality of life of older adults is central to the mission of AAAs, and AAAs have long known that the social and supportive services they provide have a direct impact on the health and well-being of the olders adults they serve. At the same time, the shift in the health care sector from paying for volume to payment for value has incentivized health care entities to improve overall health outcomes, while also recognizing the central role social determinants of health play in improving these outcomes.

As both the health sector and policymakers increasingly understand the role of social determinants of health in improving health care outcomes and lowering costs, AAAs are positioned to have a broad impact on the overall health of older adults living at home and in the community through partnerships with health care organizations. By leveraging their expertise to contract with health plans and payers to improve the health of older adults in their communities, AAAs also have the opportunity to add new sources of revenue to their increasingly tight budgets, which can be utilized to expand service delivery to the growing population of older adults.

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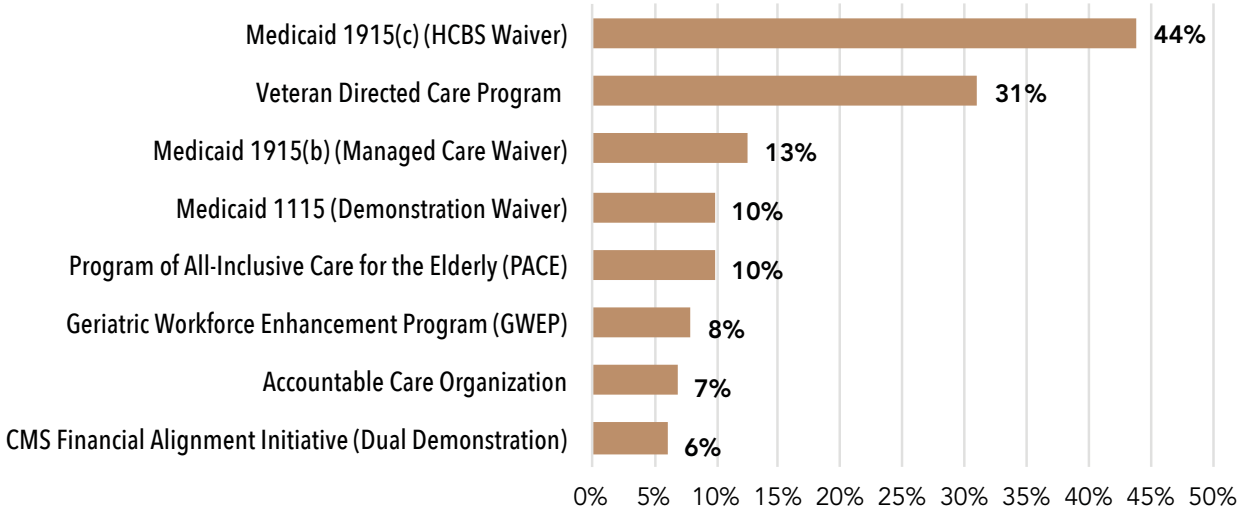
Forty-eight percent of AAAs are involved in at least one integrated care initiative, whether under a contract, grant, formal agreement or other active engagement beyond referrals for service. As Figure 5 illustrates, the integrated care initiatives that AAAs are most commonly involved with are Medicaid 1915(c) waivers, which provide home and community-based services (HCBS), and the Veteran Directed Care Program (31 percent), a partnership between ACL and the Veterans Health Administration which enables veterans to self-direct their LTSS care.

Figure 5. AAAs Involved in Integrated Care Opportunities (n=369)



Integrated Care | 2019 n4a Aging Innovations Award Winner
Springwell, Inc., Waltham, MA

A partnership between Springwell, Inc., a AAA and the second largest health care provider in Massachusetts, provides health coaches to work one-on-one with patients who are struggling to manage chronic conditions such as diabetes, hypertension and COPD. The six-to-eight-week telephone intervention includes a comprehensive assessment, education around the causes and risks associated with the chronic conditions of the patients, and development of patient-centered goals. Coaches at Springwell work closely with pharmacists, community resource staff and the primary care team to maximize success. Patients are referred to the program by primary care physicians or are identified via claims-data algorithms as being at risk of negative outcomes. A key component of the program is consultation with the program pharmacist to address issues related to side effects, costs or other concerns. The Springwell coach also assists patients with identifying health-related goals to work toward during the patient's participation in the program, such as improving diet and increasing exercise. Springwell's health care provider partner pays the full cost of salaries and fringe benefits for the health coaches and a proportional cost of overhead to cover contract management.

Table 22 shows the services that AAAs are most likely to provide in these integrated care partnerships, such as care management, assessment for LTSS eligibility, person-centered planning, nutrition programs, respite care, evidence-based programs and transportation.

Table 22: Services AAAs Provide Through Integrated Care Partnerships

Service	Percentage (n=264)
Case management/care coordination/service coordination	71%
Assessment for LTSS eligibility (including level of care/functional assessment)	60%
Person-centered planning	53%
Nutrition program (e.g., counseling, meal provision)	52%
Respite care	52%
Evidence-based programs (e.g., fall prevention programs, Chronic Disease Self-Management, medication reconciliation program)	51%
Transportation (medical or non-medical)	51%
Options/choice counseling	50%
Caregiver support/training/engagement	48%
Home care (e.g., homemaker, personal assistance, personal care)	48%
Care transitions/discharge planning	35%
Participant-directed care	35%
Adult day	33%
Assistive technologies	26%
Environmental modifications	24%
Fiscal intermediary	21%

Business Culture and Processes

As AAA service lines and partnerships with health care entities continue to evolve, they are actively examining and revamping their internal business cultures and processes to identify new strategies and innovative practices to expand and enhance services to older adults. Table 23 shows AAA progress on a number of service and business activities.

Over 50 percent of AAAs reported that they are either in the process of updating or have updated their IT systems to better support their AAAs' business needs. Additionally, 44 percent of AAAs have made progress in calculating the true cost of the services they deliver and developing rate structures for new business development.

Twenty-four percent of AAAs reported that they already have or are developing a separate legal entity or structure, such as a Limited Liability Corporation (LLC) or Management Services Organization (MSO), to support new partnerships or lines of business. Although there are many reasons that a AAA might develop such structures, AAAs often develop such entities to manage or oversee broader network operations. By joining together to enable regional or statewide coverage,

AAAs are better able to meet the needs of potential partners who need standard delivery of services across a wide geographic range. Networks also facilitate contracting by making it easier for managed care organizations (MCOs) or other partners to contract with one entity, rather than multiple individual AAAs.

Table 23: Service/Business Orientation Activities

	Plan to work on this but have not yet begun	Have made progress	Have completed task or have a program in place
Purchasing/updating IT systems to support AAA business needs (n=455)	19%	39%	14%
Developing a separate legal structure (e.g., 501(c)(3), LLC, MSO) to support new partnerships or lines of business (n=448)	15%	10%	14%
Calculating true cost of services and developing rate structures (n=456)	31%	34%	10%
Developing cross-agency IT system to collect/share information and data (n=444)	22%	30%	10%
Providing services to private pay consumers (n=457)	38%	16%	8%
Pursuing accreditation from National Committee for Quality Assurance (NCQA) (n=363)	11%	4%	6%
Developing a business orientation/ culture (e.g., customer services focus, Lean/Six Sigma) (n=442)	24%	22%	4%
Developing/marketing value proposition of AAA services, including return on investment (n=449)	39%	25%	3%
Conducting external competitor/market analysis (n=448)	27%	13%	3%
Implementing risk-based payment models (n=432)	22%	9%	3%

Private Pay Services

The limitation of traditional government funding sources, coupled with an increasing demand for services by older consumers, has resulted in AAAs developing or looking to develop private pay services that enable them to better meet the needs of older adults and caregivers in their communities. In general, private payment systems for services are developed when the demand for services exceeds the ability of a AAA to provide the service with its traditional funding sources. In a private pay structure, individuals who may be on a waiting list for services or who may want services beyond those traditionally delivered, pay out of pocket for the full cost of the services they receive. Private pay is an option that AAAs can use to fund services not funded through federal or state dollars, and is different from cost-sharing, which is a voluntary contribution permitted for certain services under the OAA.

As reported in Table 9 on page 15, 16 percent of AAAs report that they offer some degree of private-pay services with 38 percent of AAAs reporting an interest in developing a private-pay service. Table 24 shows that the most common services that AAAs offer for private pay are nutrition, case management/care coordination and in-home services, each at 42 percent, followed by transportation (26 percent) and home modifications/home safety (18 percent).

Table 24: Private Pay Services

Service	Percentage (n=110)
Case management/care coordination	42%
In-home services (personal care, homemaker, chore services)	42%
Nutrition services	42%
Transportation	26%
Home modifications/home safety	18%
Options counseling	18%
Care transitions	14%

Conclusion

As on-the-ground organizations with a deep understanding of their local communities, AAAs address the needs of the nation's growing aging population by offering a broad range of services and supports that address their specific needs and that tackle critical social determinants of health, such as access to healthy food, safe and affordable housing, chronic disease management, and transportation, through efficiency, creativity and community partnerships. With the onset of the COVID-19 pandemic in early 2020, AAA services and supports, which were vital pre-pandemic, have become essential to the health and safety of older adults. An n4a membership survey of AAAs conducted in May 2020 found that 93 percent of AAAs were serving more clients than before the pandemic and 67 percent of their existing pre-COVID clients had greater needs.[41] When staying at home is necessary or required for personal and public health, the true importance of being able to live at home with independence and dignity becomes even more evident.

Additionally, in the last several years, as social isolation has been increasingly recognized as an issue that affects health and mental health outcomes, many AAAs are taking a targeted approach to address the social isolation of older adults and caregivers in their communities. As the data in the report shows, AAAs are actively addressing social isolation by assessing for it during their intake procedures, identifying appropriate supports during care planning, establishing new partnerships and developing new programming. The importance of addressing social isolation has grown vastly more important because of the pandemic and AAAs are not only well-positioned to address social isolation in their communities, they are already actively engaged in this important issue.

While emergency legislation in response to the COVID-19 pandemic provided substantial, temporary funding for the Aging Network, federal funding has been largely stagnant over the last decade, lagging behind population and inflation growth. Faced with high demand and limited funding, AAAs are developing other sources of revenue through contracts with health plans and payers, as well as private pay programs.

Contracting with health care partners continues to be a priority for AAAs, with many working on developing business acumen processes, upgrading IT systems, hiring staff aligned with services provided under health care partnerships and engaging in network development.

Today, as on-the-ground local leaders, AAAs are working to address the current—and also future—needs of the nation's rapidly increasing aging population. With AAA expertise in developing or adapting services and supports, establishing or reinforcing community partnerships and contracting with health care institutions, they are ready to meet the needs of our aging society.

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Endnotes

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