

2023 CHARTBOOK

More Older Adults, More Complex Needs:
Trends and New Directions from the
National Survey of Area Agencies on Aging



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Introduction

Most older adults prefer to live in their current home and community,ⁱ and, for more than 50 years, the nation's Area Agencies on Aging (AAAs) have provided a range of supportive services that help make this possible. The range of services and supports offered by AAAs enable millions of older adults to live at home with optimal health, well-being, independence and dignity.

The COVID-19 pandemic had an outsized impact on the nation's older adults, people with disabilities and caregivers. During the pandemic, AAAs were the local leaders supporting the health and wellness of these populations. AAAs served more older adults than ever before, made possible by federal COVID-relief funding through the Older Americans Act. This led to an expansion and adaptation of traditional services and supports in areas such as meal delivery, social isolation and vaccination support. The pandemic also compounded growing national crises in the direct care workforce. Yet it also provided opportunities for innovation through necessity, increased regulatory flexibilities and increased funding streams.

Emerging from the pandemic, AAAs service levels remain high and they are serving more older adults who have increasingly complex needs. AAAs have expanded their already broad partnership networks to reach historically underserved populations. AAAs are addressing health-related social needs such as transportation, housing and access to health care, providing more services to people of all ages to ensure we can all live well at home and in the community.

About the National AAA Survey

The National Survey of Area Agencies on Aging, conducted regularly since 2007, is an important tool to track the trends and new directions in a growing and evolving AAA network. With a grant from the U.S. Administration on Community Living (ACL), USAging partnered with Scripps Gerontology Center of Excellence to conduct the 2022 National Survey of Area Agencies on Aging.

The web-based survey was launched in September 2022 and disseminated to all 616 AAAs. Data collection concluded in December 2022 with 74.2 percent (n=457) of AAAs responding. This response rate reflects all AAAs that completed 10 percent or more of the survey, including questions about services provision. There were 408 AAAs that completed 100 percent. The remaining 49 partial responses contributed useful information for many questions and their answers are included where possible.

About the Chartbook

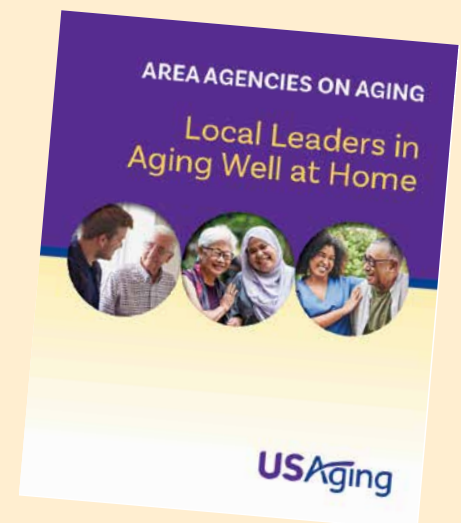
This chartbook provides data from the first comprehensive survey of Area Agencies on Aging to take place since 2019.

The chartbook provides key findings from the survey related to the following topics:

- Service provision and populations served
- Social engagement programs and partnerships
- Housing programs and partnerships
- AAA organizational characteristics
- Workforce and staffing
- Expansion of access to programs and services
- COVID-19 partnerships and flexibilities

The statistics, figures and charts are available to use in educating stakeholders, government officials and others about the important and expanding role of AAAs and their partners in supporting older adults to live where they want to—at home and in the community.

AAAs: Local Leaders in Aging Well at Home



Looking for a primer on Area Agencies on Aging? Check out USAging's *Local Leaders* brochure.ⁱⁱ

Section 1: AAA Services and Supports

On average, Area Agencies on Aging provide 28 types of services that help enable older adults to live at home with optimal health. Table 1.1 shows the percentage of AAAs that offers various services either directly or through contracted providers.¹

Table 1.1 Percentage of AAAs Providing Services Directly or Through Contracted Providers

Service	Percent (n=457)	Service	Percent (n=457)
Home-delivered meals	100	Assessment for long-term care service eligibility	62
Congregate meals	100	Vaccination support	60
Information and Referral/Assistance outreach	100	Emergency Response Systems	55
Evidence-based health and wellness programs (EBP)	95	Care transitions services	52
Legal assistance	95	Translator/interpreter assistance	52
Caregiver services	93	Adult day service	51
Respite care	92	Senior Medicare Patrol	49
Transportation services	91	Official eligibility determinations for public programs or benefits	46
Other nutrition program (e.g., counseling, senior farmers' market program)	88	Assistive technologies	45
Case management	85	Home health	44
Benefits/health insurance counseling or enrollment	81	Training for technology use	44
Personal assistance/personal care	81	Medication management	38
Options counseling	80	Advance care planning	34
Homemaker services	79	Housing assistance program	33
Senior center activities or operations	78	Hoarding clean-up/mitigation	31
Assessment for care planning	76	Mental/behavioral health screening or services	29
Telephone reassurance/friendly visiting	72	AmeriCorps Seniors	29
Chore services	71	Fiscal intermediary services for self-direction	26
Other health promotion services (e.g., health screening, health fairs)	70	Financial management	26
Elder abuse prevention/intervention	70	Guardianship/conservatorship	25
Home repair or modification	67	Senior Community Service Employment Program (SCSEP)	21
Ombudsman services	67	Adult Protective Services	21

¹ See the Appendix for a breakdown of how AAAs deliver services directly by the AAA, through contracted providers or through referrals to other entities.

Trends in Service Provision , 2016 to 2022

The number of services AAAs provide continues to grow. AAAs, on average, provide at least one more service than they did at the time of the last AAA survey in 2019. The proportion of AAAs providing specific services has increased significantly from previous surveys conducted in 2016 and 2019:

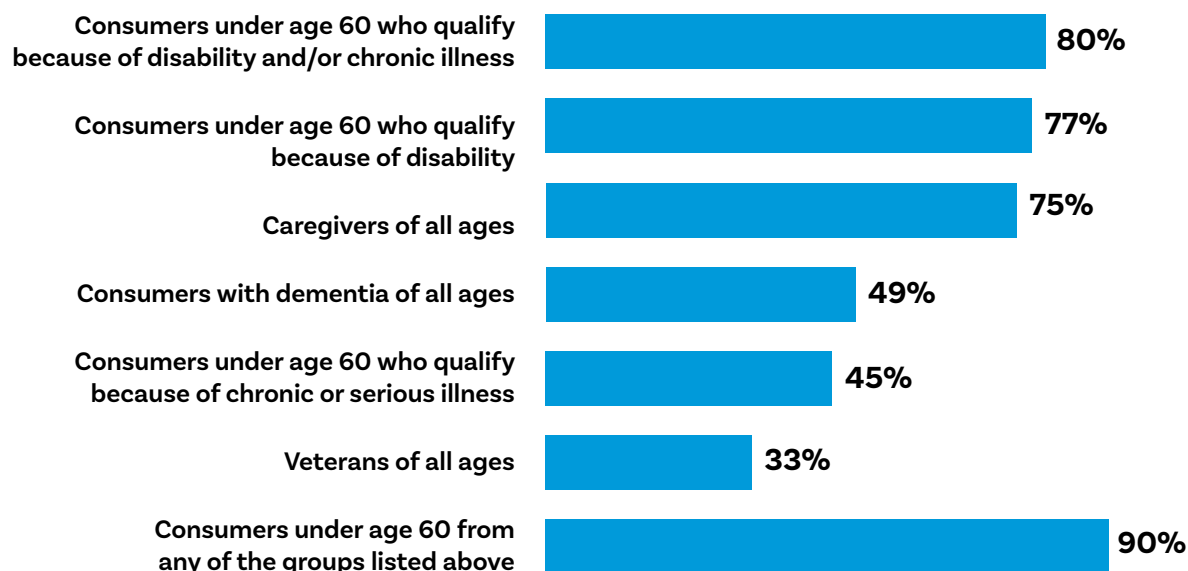
- **Official eligibility determinations for public programs or benefits:** increased by 24 percentage points (from 22 percent in 2016 to 46 percent in 2022);
- **Home health services:** increased by 14 percentage points (from 30 percent in 2016 to 44 percent in 2022);
- **Chore services:** increased by 14 percentage points (from 57 percent in 2016 to 71 percent in 2022);
- **Assistive technologies:** increased by 13 percentage points (from 32 percent in 2016 to 45 percent in 2022);
- **Care transitions services:** increased by 7 percentage points (from 45 percent in 2016 to 52 percent in 2022);
- **Housing assistance program:** increased by 8 percentage points (from 25 percent in 2019 (not asked in 2016) to 33 percent in 2022); and
- **Telephone reassurance/friendly visiting:** increased by 17 percentage points (from 55 percent in 2019 (not asked in 2016) to 72 percent in 2022).

Service Eligibility and Priority Populations

The minimum age requirement to receive most OAA-funded services is 60, and the vast majority of AAA clients meet that age requirement. However, 90 percent of AAAs leverage their expertise and networks to also serve consumers younger than age 60. For these AAAs, on average, consumers younger than 60 make up 11 percent of their clients. The percentage of AAAs serving specific consumer groups younger than age 60 is shown in Figure 1.1.

**90% of AAAs
serve consumers
younger than age 60.**

**Figure 1.1 Percentage of AAAs Serving Specific Populations
(n=434)**



Specific Programs for High-Risk Populations

AAAs prioritize serving consumers who most need AAA services, including older adults with the greatest economic need and greatest social need, those who have chronic health conditions, those who come from historically underserved populations or those who are at greatest risk of losing their ability to remain at home and in the community. In addition to their broad array of programs and services, AAAs often offer specific programs designed for prioritized populations; the populations most commonly offered specialized programs are shown in Table 1.2.

Table 1.2: Percentage of AAAs with Specific Programs for Priority Populations

Priority Population	Percent (n=422)
Family caregivers	80
Individuals living with dementia and their caregivers	72
Individuals at risk for nursing home placement	57
Kinship caregivers and/or grandparents raising grandchildren	53
Individuals with chronic conditions (e.g., heart disease, diabetes)	53
Individuals who are dually eligible for Medicare and Medicaid	50
Individuals who have mobility or physical disabilities	44
Individuals from racial or ethnic minority groups	38
Individuals who have a high risk for Emergency Room use, hospitalization or hospital readmission	32
Individuals at risk for Medicaid spend-down	27
Individuals who identify as LGBTQ+	25
Individuals being discharged from rehabilitation facilities	25
Individuals who are uninsured	24
Individuals who are immigrants and/or have limited English proficiency	22
Individuals who have an intellectual and/or developmental disability	21
Individuals who have hoarding issues	15
Individuals who are homeless or at risk of becoming homeless	14
Individuals who have traumatic brain injury	13
Individuals with advanced or terminal illness	12
Individuals with serious mental illness	10
Individuals with substance abuse/opioid addiction	7
Older adults who are incarcerated or recently released from prison	2

Opportunities to Serve Priority Populations

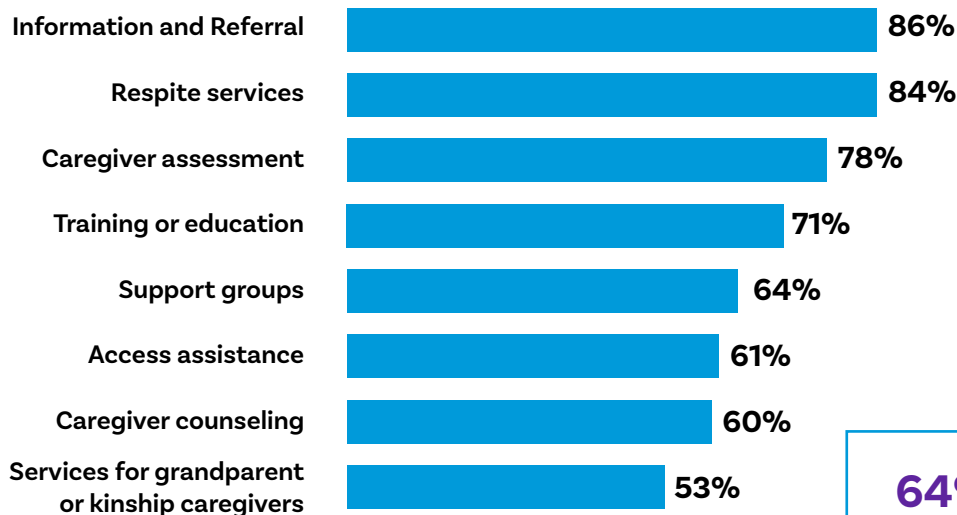
Area Agencies on Aging identified several population groups for whom they would like to enhance service delivery, but would need additional funding or training to do so. The most commonly mentioned priority groups included:

- Individuals who are homeless or at risk of becoming homeless
- Individuals who are at high risk for Emergency Room use, hospitalization and readmission
- Individuals who identify as LGBTQ+
- Individuals who have hoarding issues
- Individuals from specific racial or ethnic minority groups

Supporting Family Caregivers

AAAs provide services to family caregivers through the National Family Caregiver Support Program (Title III E of the Older Americans Act) and other programs. These include providing information and resources, connecting caregivers to services, providing respite, and offering other types of support such as assessment, training or counseling.

Figure 1.2 Percentage of AAAs Providing Specific Caregiver Services
(n=455)



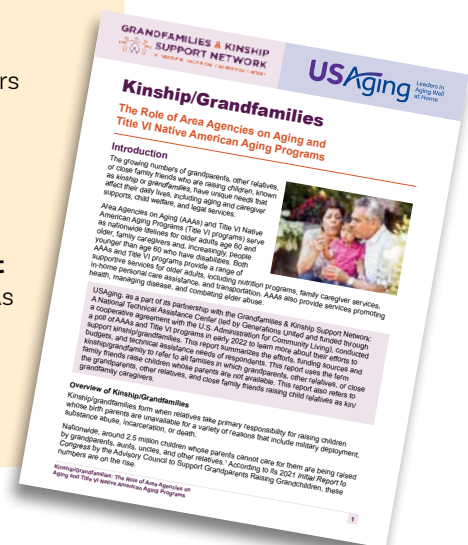
64% of AAAs also provide evidence-based health and wellness programs for caregivers

Growing Trend: AAAs Support Kinship Families and Grandparents Raising Grandchildren

- 53 percent of AAAs provide services specifically for grandparent and/or kinship caregivers
- 30 percent provide social engagement programs for this population
- 20 percent have a kinship program coordinator or/ manager on staff, and an additional 10 percent would like to hire one in the next three years
- 18 percent of AAAs feel they would benefit from additional training or technical assistance to better serve kinship caregivers
- Three percent of AAAs operate a Kinship Navigator program

Grandfamilies and Kinship Resources

USAgging is a project partner in the **Grandfamilies & Kinship Support Network: A National Technical Assistance Center**. To learn how AAAs and Title VI programs support grandfamilies and kinship caregivers and to access other resources for Aging Network providers, visit www.gksnetwork.org.



Elder Abuse Prevention and Intervention

Every year, hundreds of thousands of older adults are abused, neglected or financially exploited.ⁱⁱⁱ AAAs play a critical role in preventing and addressing elder abuse. All AAAs are involved in elder justice activities funded by the OAA under Title VII, although funding for such efforts is severely limited. In addition to those core OAA elder rights services, 70 percent of AAAs also provide additional elder abuse prevention and intervention services directly and/or through contracted providers, as shown in Table 1.3.

Table 1.3: Percentage of AAAs Providing Specific Elder Abuse Prevention and Intervention Services

Elder Abuse Prevention or Intervention Service	Percent (n=450)
Elder abuse prevention or intervention service(s)	70
Public awareness/outreach	60
Community education/training	56
Legal assistance	56
Prevention coalition or multi-disciplinary team	47
Financial abuse prevention	43
Case management services	40
Investigations of abuse, neglect and exploitation	35
Short-term emergency services for victims	21
Victim/witness assistance	11
Safe havens or emergency senior shelters	8

AAAs Have Strong Partnerships With Adult Protective Services

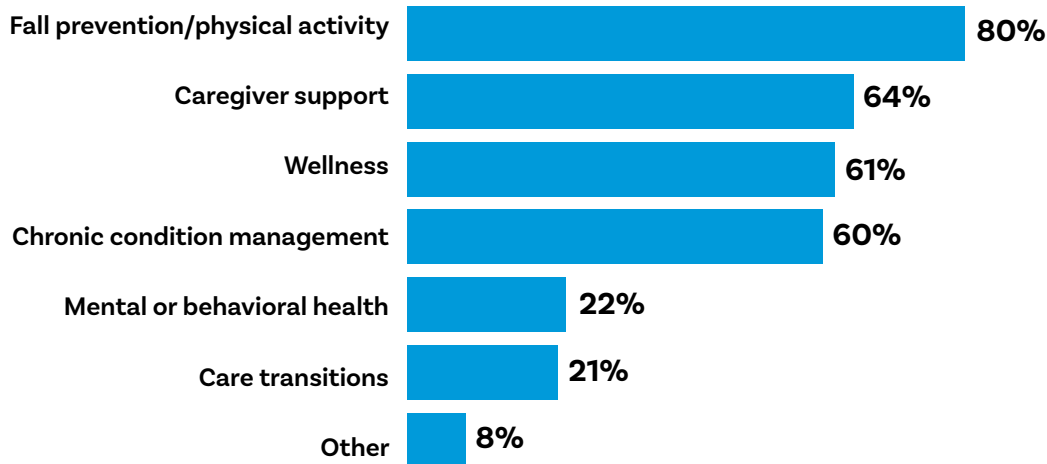
AAAs work closely with Adult Protective Services (APS), and sometimes are the designated APS agency that provides these critical services. A quarter of AAAs provide guardianship/conservatorship services, and are usually directed by the state or local government to be the guardian of last resort. Guardianship caseloads, however, are a very small percentage of AAAs' overall client base.

- 89 percent of AAAs have a partnership with APS
- 13 percent of AAAs are the provider of APS, and an additional eight percent provide APS through a contract with a provider
- 13 percent of AAAs directly provide guardianship/conservatorship services, and an additional 12 percent contract with providers for this service

Evidence-Based Programming

Nearly all (97 percent) AAAs are involved in offering evidence-based programming (EBP). AAAs offer an average of four evidence-based health or wellness programs.

Figure 1.3: Percentage of AAAs Offering Specific Types of Evidence-Based Programs (n=413)



Resources for Reducing Falls Among Older Adults

The type of evidence-based programs most commonly offered by AAAs support falls prevention. The National Falls Prevention Resource Center, funded by ACL and administered by the National Council on Aging, supports the implementation and dissemination of evidence-based falls prevention programs and strategies across the nation. Aging Network organizations can find tools, best practices and other information on falls and falls prevention at www.ncoa.org/professionals/health/center-for-healthy-aging/national-falls-prevention-resource-center.



Service Spotlight: Transportation Service Options are Increasing



91% of AAAs provide transportation services.

Since 2019, AAAs have expanded transportation options for older adults and people with disabilities. Between 2019 and 2022, the proportion of agencies providing non-medical transportation, wheelchair-accessible transportation, non-emergency medical transportation (NEMT), vouchers and partnerships with rideshare companies notably increased (noted in bold below). Table 1.4 highlights these changes for the transportation programs that are most often provided by AAAs.

Table 1.4: Percentage of AAAs Offering Specific Transportation Services, 2022 and 2019

Transportation Service	2022 Percent (n=445)	2019 Percent (n=489)
Any transportation service	91	89
Non-medical transportation	76	65
Assisted transportation (e.g., curb-to-curb, door-to-door, door-through-door)	75	74
Wheelchair-accessible transportation service	60	53
Medical transportation/NEMT	54	41
Transportation information and referral/assistance (e.g., one-call-one-click, mobility management, transportation counseling)	36	34
Volunteer transportation program	30	29
Transportation vouchers	27	21
Travel planning	23	NA
Partnerships with housing sites	16	NA
Driver refresher trainings	12	9
Partnerships with rideshare companies (e.g., Uber, Lyft, taxi)	12	5
Transportation training	6	7
Driver cessation/driver retirement program	2	2

Note: The proportion of AAAs offering services shown in **bold** increased by at least six percentage points from 2019 to 2022.

Transportation Funding

AAAs use a variety of funding sources to provide transportation services.

Table 1.5: Percentage of AAAs Receiving Funding for Transportation from Specific Sources

Transportation Funding Source	Percent (n=404)
Older Americans Act funds	87
State government funds	59
Local government funds	45
Fares or consumer contributions	37
Federal Section 5310 funds (Enhanced Mobility of Seniors & Individuals with Disabilities)	24
Medicaid	23
Federal Section 5311 funds (Formula Grants for Rural Areas)	15
Other funding	11
Federal transportation infrastructure funds (e.g., from the bipartisan Infrastructure Investment and Jobs Act of 2021)	6
Medicare Advantage	2

"Other" responses included public or private grants, fundraising, COVID-19 relief funds such as American Rescue Plan Act (ARPA), and local levies.

Aging and Disability Transportation Resources

The National Aging and Disability Transportation Center (NADTC), administered by USAgeing and Easterseals and funded by the Federal Transit Administration, promotes the availability and accessibility of transportation options that meet the needs of older adults, people with disabilities and caregivers.

NADTC provides resources, training and information for Aging Network professionals and empowers communities across the country to implement or improve innovative transportation programs at the local level. Recent initiatives include a focus on equitable access to transportation.

Learn more at www.nadtc.org.



Service Spotlight: AAA Social Engagement Programs, Partnerships and Evaluation

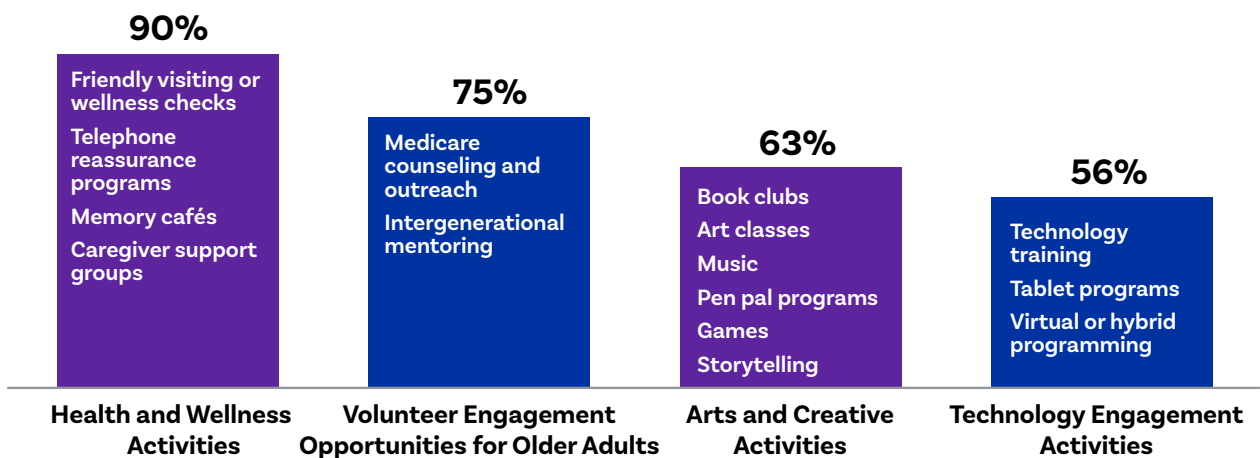
We are facing a national epidemic of loneliness and isolation, which, according to U.S. Surgeon General Dr. Vivek Murthy, “has been an underappreciated public health crisis that has harmed individual and societal health... Given the significant health consequences of loneliness and isolation, we must prioritize building social connection the same way we have prioritized other critical public health issues such as tobacco, obesity, and substance use disorders.”^{iv}



98% of AAAs have a program or activity that specifically addresses the critical need for social engagement.

Engaging in social activities improves mental and physical health and reduces loneliness, depression and stress—ultimately leading to improved overall health.^{v,vi} AAAs provide many social engagement opportunities for older adults through core AAA services such as congregate meals and wellness activities, as well as through specific programs to prevent social isolation and loneliness.

Figure 1.4: Percentage of AAAs Offering Types of Social Engagement Programs and Activities (n=443)



Partnerships for Social Engagement Programs

By working with local community partners, AAAs leverage additional expertise and resources to engage more people with their programs. On average, AAAs work with seven types of partners to provide social engagement programs and activities to older adults in their communities.

Table 1.6: Percentage of AAAs Partnering with Specific Organization Types for Social Engagement Programs

Partner Type	Percent (n=436)
Senior centers	79
Nutrition providers	59
State Health Insurance Assistance Program (SHIP)	53
Caregiver groups	51
Transportation providers	45
Senior Medicare Patrol (SMP)	40
Libraries	36
Health care providers (e.g., hospitals, federally qualified health centers, health systems)	35
Public health units or departments	35
Faith-based organizations or faith communities	34
Parks and recreation agencies	34
Higher education (e.g., community colleges, technical colleges, colleges, universities)	30
Disability groups	27
Housing partners	26
Arts and cultural organizations	26
Technology partners	25
Civic or service clubs (e.g., Rotary, Lions, Kiwanis)	24
Culturally specific groups or organizations	21
YMCA/YWCA	20
Health plans	15
Schools	14
Tribes/Title VI Native American Aging Programs	9
Youth development/service organizations (e.g., Boy Scouts, Girl Scouts, 4H, Girls and Boys Club)	6

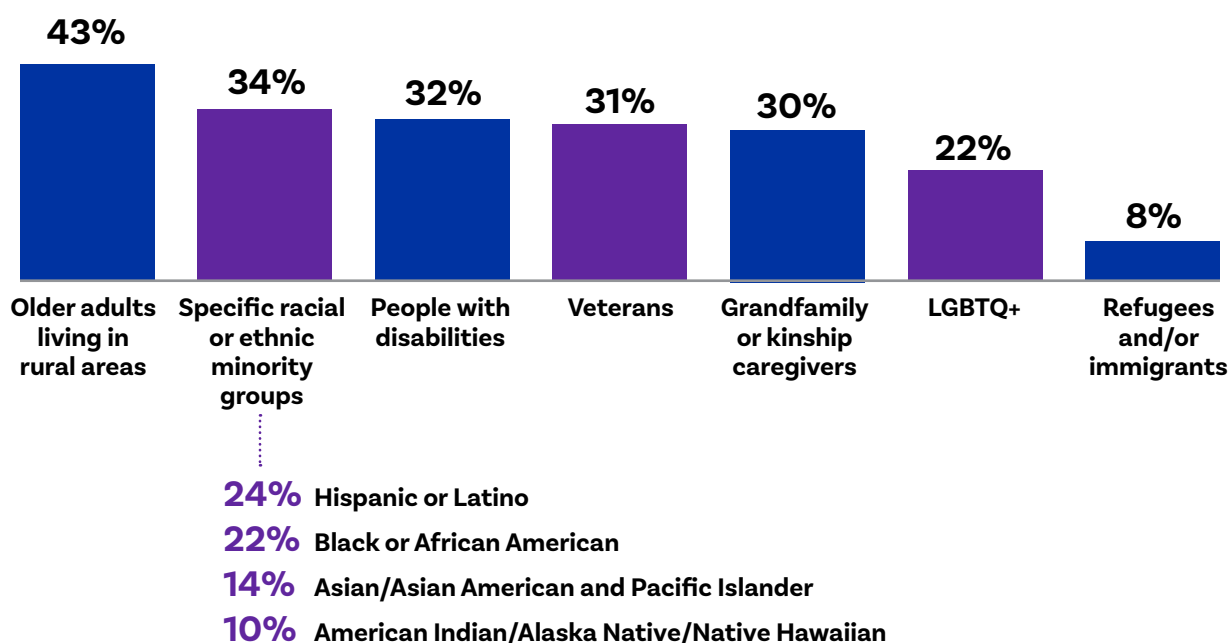
Engagement Programs for Specific Populations



69% of AAAs offer social engagement programming tailored to address the needs of historically underserved populations in a culturally responsive manner.

Given their higher risk of social isolation, 69 percent of AAAs offer social engagement programming tailored to address the needs of historically underserved populations in a culturally responsive manner. Figure 1.5 depicts the types of programs and target populations.

Figure 1.5: Percentage of AAAs Providing Social Engagement Programming for Specific Populations
(n = 443)



Evaluation of Social Engagement Programming

AAAs recognize that program evaluation is important to demonstrate the reach and efficacy of their social engagement programs. As a result, 85 percent of AAAs use one or more methods to evaluate their social engagement programming.

Table 1.7: Percentage of AAAs Conducting Evaluation Activities for Social Engagement Programs

Evaluation Activity	Percent (n=440)
We track outputs. (Output measures are the “counts” of a program, such as number of participants, number of sessions delivered, number of sessions attended, number of partners, etc.)	67
We measure participant satisfaction with the program.	61
We track outcomes. (Outcome measures are the benefits a program is designed to bring about and measured at the participant level; for example, a measured decrease in feelings of loneliness or increased satisfaction with life.)	28
We use another evaluation method.	2

“Other” responses included qualitative methods such as focus groups, narrative reports and participant stories.

Emerging Innovations for Tracking Social Engagement Programming Outcomes

Twenty-eight percent of AAAs track **outcomes** related to social engagement programming/interventions.

Of those that do (n=120):

- 83 percent conduct pre and periodic or post-event surveys
- 25 percent use the UCLA 3-Item Loneliness Scale
- 25 percent use other indicators, such as self-efficacy or quality/satisfaction with life
- 14 percent partner with external researchers
- Four percent use comparison to control groups
- Three percent conduct randomized control trials
- Two percent use the Upstream Social Isolation Risk Screener (U-SIRS)

Resources on Social Engagement



To address the social isolation epidemic, the Administration for Community Living, in partnership with the U.S. Department of Health and Human Services' Office of the Assistant Secretary for Health, established Commit to Connect, a cross-sector initiative, coordinated by USAging, to reach people who are socially isolated. The aim of the collaboration is to connect individuals who are isolated to programs and resources to build the social connections they need to thrive. Access the Network of Champions as well as resources designed for consumers and for professionals at www.committtoconnect.org.



Another ACL-funded initiative that is coordinated by USAging is engAGED: The National Resource Center for Engaging Older Adults. engAGED is a national effort to increase the social engagement of older adults, people with disabilities and caregivers by expanding and enhancing the Aging Network's capacity to offer social engagement. engAGED offers training and technical assistance opportunities and outreach materials to support Aging Network organizations' social engagement programming. Learn more at www.engagingolderadults.org.

Service Spotlight: AAA Involvement in Housing and Homelessness-Related Services and Programs



85% of AAA planning and service areas identify affordable housing for older adults as a major challenge.

AAAs regularly assess community needs and are positioned to understand local emerging housing challenges facing their communities. For each of the following, AAAs were asked whether the issue was “a major challenge,” “somewhat of a challenge,” or “not really a challenge” facing older adults in their planning and service areas.

Table 1.8: Percentage of AAAs Reporting Specific Housing Challenges Facing Older Adults

Housing Challenge	A Major Challenge Percent (n=444)	Somewhat of a Challenge Percent	Not Really a Challenge Percent
Lack of affordable housing	85	13	2
High cost of long-term care (assisted living and nursing homes)	76	22	2
Unavailability of or long waitlist for subsidized housing or housing vouchers	71	25	4
Increasing rents which result in being “priced out” of long-term rental housing	64	30	5
Lack of accessible housing	63	35	3
Inability to maintain or repair home	61	38	1
Lack of home modification services or providers	51	45	4
Increasing costs of property taxes, homeowner association (HOA) fees or other home ownership-related fees	42	46	12
Increasing homelessness	42	47	11
Inability to transition out of long-term care institutions	26	59	15
Unlawful evictions/predatory landlords	15	49	36

“Other” housing-related challenges noted included mental/behavioral health challenges that can put housing at risk, tax-related issues and utility costs.

Provision of Housing and Homelessness-Related Services

81 percent of AAAs provide one or more housing and/or homelessness-related program or service. AAAs have long been involved in providing home modifications to support living independently at home, but as housing challenges grow, so does AAA involvement in the broader housing and homelessness-prevention space. AAAs provide directly or through contracted providers a variety of services to support housing stability.

81% of AAAs provide one or more housing and/or homelessness-related program or service.



Table 1.9: Percentage of AAAs Providing Specific Housing or Homelessness-Related Programs and Services

Housing or Homelessness Program or Service	Percent (n=428)
Any housing or homelessness program	81
Home modification program	60
Housing navigator, coordinator or other assistance with obtaining housing (e.g., locating affordable housing, applying for vouchers)	32
Respite stays in long-term care settings	30
At-home safety program (e.g., home safety assessment)	28
Eviction prevention/diversion or mortgage foreclosure	26
Rental assistance or tenancy supports	21
Service coordination on site at housing property	20
Homelessness intervention program (such as targeted case management)	16
Provide AAA services in a shelter	11
Homelessness prevention program	11
Own/operate subsidized senior housing	8
Co-housing program (multigenerational or senior only)	7
Own/operate assisted living or independent living	6
Adult foster care program	4
Own/operate homeless or emergency shelter	3
Own/operate domestic violence shelter	2
Accessory dwelling units	1

Partnerships for Housing and Homelessness Programs and Services

AAAs partner with, on average, 14 different types of organizations related to housing and homelessness services. While the majority are informal working relationships, most AAAs have at least one or two formal partnerships to address housing.

Table 1.10: Percentage of AAAs with Partnerships for Housing and/or Homelessness Programs

Partner Type	Any Partnership Percent (n=420)	Informal Partnership Percent	Formal Partnership Percent
City, county or other local housing office	87	77	10
Legal support, such as for fair housing or tenant rights	86	34	52
Public housing authority (including Housing Choice Voucher/Section 8)	81	72	9
Hospitals or health systems	81	64	17
Centers for Independent Living	79	57	22
Long-term care residences (nursing homes, assisted living)	79	69	10
Home repair programs such as Rebuilding Together or Habitat for Humanity	78	63	16
Law enforcement or emergency services	78	71	7
Homelessness partners, including homeless or emergency shelters	77	71	5
Public or other subsidized housing	76	69	6
Affordable housing coalition	68	63	5
Retirement/independent living communities	67	65	2
Continuum of Care or Coordinated Entry Systems for housing instability or homelessness	64	60	4
Housing developers (for profit, nonprofit or government)	62	55	6
Property tax office/tax office	61	59	1
Supportive housing	57	50	6
Landlords or property managers	56	54	3
State Protection and Advocacy Systems	54	51	4
Universal design or accessibility experts/programs	50	47	3
Housing trust funds	48	46	2

Note: If a AAA has an informal and formal partnership with the same organization type, they were instructed to select formal.

Resources to Build and Strengthen Partnerships Between the Aging Network and Housing Sector

Community living requires affordable, accessible housing and access to home and community-based services such as transportation, behavioral health services, tenancy supports and home-delivered meals. Partnerships between housing systems and the Aging Network will expand access to both. The Housing and Services Resource Center, launched through a partnership between the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development and administered by USAging, provides tools and resources to build and strengthen these cross-sector partnerships. Learn more at www.ACL.gov/HousingAndServices.

AAA Advocacy for Housing Needs of Older Adults

To meet the needs of the older adults in their communities, the Older Americans Act directs AAAs to advocate on their behalf. As older adults' housing issues have grown in number and in complexity, AAAs have expanded the range of ways they advocate. As a result, 64 percent of AAAs have specifically advocated for the housing needs of older adults in the past year. Some common and emerging approaches used by AAAs can be found in Table 1.11.



Table 1.11: AAA Advocacy Approaches for Housing Needs of Older Adults by Percentage

Area of Advocacy	Percent (n=417)
Government policies that influence housing supply and quality such as city planning, land use, eviction processes, building codes, public transportation, renter protections, rental market regulations, homeownership programs	30
Housing or community development studies	30
Plans that influence how governmental funding for housing is allocated	27
Plans that influence how governmental funding for homelessness is allocated	18
Private developers' plans or projects	16
Other	10

"Other" responses related to advocating for the housing needs of older adults included efforts such as reaching out to legislators, working with local boards and housing authorities, and serving on task forces and planning groups.

Section 2: AAA Organizational Characteristics

AAAs have a designated planning and service area where they plan, coordinate, fund and deliver a wide range of home and community-based services and other aging programs tailored to the local community. Figure 2.1 shows the type of area predominantly served by AAAs. AAAs carry a federally designated role but a state's context, law and/or regulations affect the specific structure of the state's AAAs, such as if they are housed in governmental entities or are standalone nonprofit organizations or a mix; the national range is detailed in Figure 2.2. Similarly, AAAs often serve in additional roles and tap other funding streams to better support older adults and people with disabilities; these additional roles are shown in Figure 2.3.

Figure 2.1: Area Served by AAA
(n = 452)

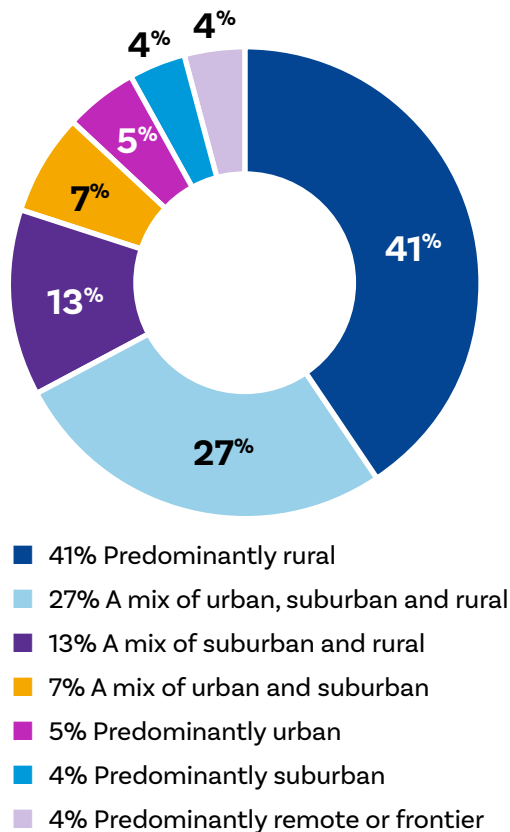


Figure 2.2: AAA Structure
(n = 452)

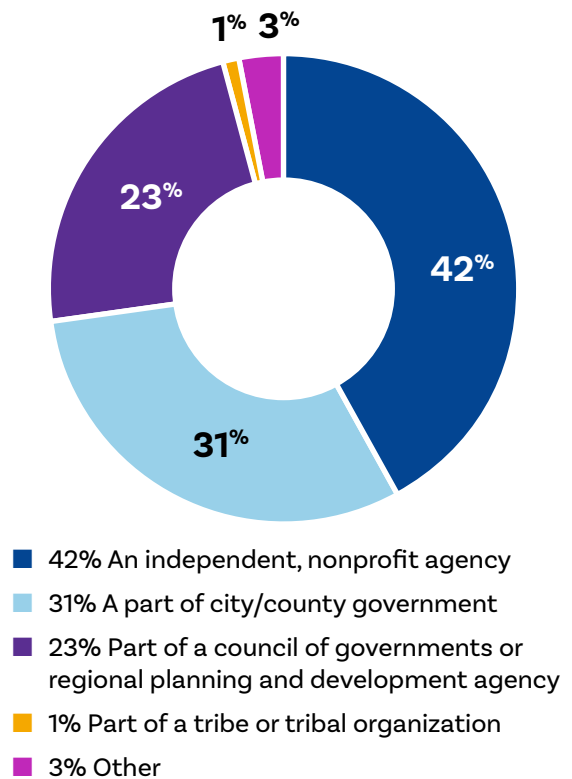
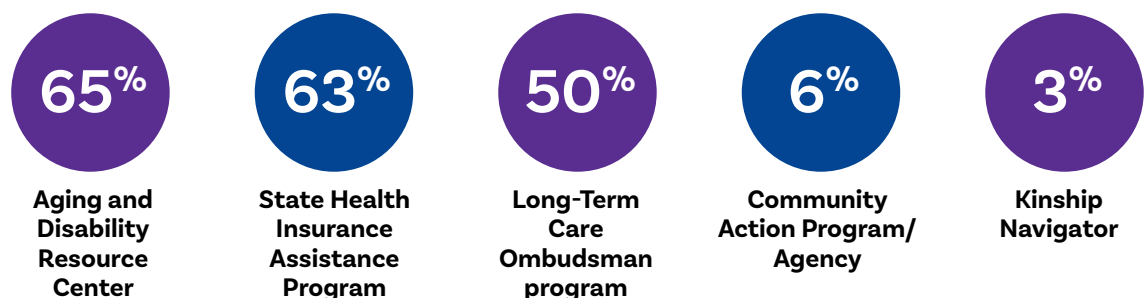


Figure 2.3: Other AAA Roles
(n = 450)





Budget and Funding Sources

In 2020 and 2021, the Aging Network received a large infusion of funding due to the COVID-19 pandemic, yet, as Table 2.1 shows, when adjusted for inflation, the high-water mark of 2021 was only 6.5 percent larger than in 2009. AAAs are serving an increasing number of older adults and need proportionate funding increases to support the complex needs of the growing older adult population.

The median annual budget for AAAs in 2021 was \$5,260,000, with a range of \$211,260 to \$398,000,000.



Table 2.1: Median Budget of AAAs Adjusted for Inflation, 2009-2021

Budget Year	Median Budget	n
2021	5,260,525	375
2018	4,206,247	441
2015	4,635,504	335
2012	4,486,216	338
2009	4,938,954	400

Note: The CPI Calculator at www.bls.gov/data/inflation_calculator.htm was used to identify the inflation rate. All numbers have been adjusted to January 2021 assuming dollar values in January 2009, 2012, 2015 and 2018.

Proportion of Budget from Various Sources

Area Agencies on Aging all receive Older Americans Act funding to provide a myriad of core and supplemental services. AAAs also receive funding from a variety of other sources, including one-time COVID-relief funds. Table 2.2 shows the percentage of AAAs that received funding from each source listed, the mean and median proportion of total AAA budget, and range for those AAAs reporting some amount, greater than zero, for each individual funding source.

Table 2.2: AAA Funding Sources and Budget Proportions, Fiscal or Calendar Year 2021

Funding Source	Percent Receiving (n=361)	Mean Budget Proportion	Median Budget Proportion	Range
Older Americans Act	100	39	36	3-100
COVID-19-Relief Funds (e.g., CARES, ARPA)	83	12	10	1-69
State funds	80	23	20	1-86
Local government	55	15	9	1-80
Medicaid/Medicaid waiver	41	27	17	1-87
Grant funds/fund development	38	7	4	1-57
Other federal funding	35	8	5	1-55
Other	26	9	6	1-66
Cost share revenue	19	4	1	1-25
Department of Veterans Affairs	17	5	3	1-46
Transportation funding (federal, state or local)	17	8	5	1-40
Private pay revenue	14	5	2	1-22
Health care payer	13	9	5	1-46
Medicare	6	3	1	1-26

“Other” funding sources reported included fund raising/donations, in-kind donations and investment/interest income.

AAA Staffing and Job Functions

The breadth and depth of AAA services is reflected in the varied job functions filled by AAA staff, contractors and volunteers. The smallest AAA reported one full-time staff member with the largest reporting 613 full-time staff. **Across all AAAs, the median number of full-time staff is 24 (up from 21 in 2019), three part-time staff (down from five in 2019), and 40 volunteers (down from 50 in 2019).**

Table 2.3: Percentage of AAAs with Specific Job Functions

Job Function	Currently Have on Staff Percent (n=420)	Need to Add or Hire More in Next Three Years Percent (n=420)
Accountant/Finance Coordinator/Manager	94	8
Information and Referral Specialist	80	11
Caregiver Program Coordinator/Manager	76	11
Case Manager/Care Coordinator	76	16
SHIP Coordinator/Counselor	74	4

Table 2.3: Percentage of AAAs with Specific Job Functions, Continued

Job Function	Currently Have on Staff Percent (n=420)	Need to Add or Hire More in Next Three Years Percent (n=420)
Intake Assessor/Screeners	67	10
Nutritionist/Dietician	64	7
Options Counselor	63	10
Evidence-Based Program Coordinator/Manager	59	12
Billing/Claims Coordinator/Manager	55	11
Human Resources Coordinator/Manager	54	8
Information Technology Coordinator/Manager	52	8
Volunteer Management Coordinator/Manager	46	14
Quality Assurance/Compliance Coordinator/ Manager	42	15
Public Relations/Outreach/Marketing Coordinator/Manager	42	14
Transportation Coordinator/Mobility Manager	39	10
Digital Marketing/Social Media Specialist	36	16
Provider and/or Contractor Relations Coordinator/Manager	36	9
Caregiver Trainer	34	11
Service Coordinator (facility and/or community-based)	34	10
Wellness Coach/Program Coordinator/Manager	33	10
Emergency Preparedness Coordinator/Manager	31	10
Staff Attorney/General Counsel	30	6
Grant Writer	28	25
Homemaker Aide	26	11
Personal Care Attendant/Assistant	26	11
Government Relations/Legislative Affairs staff	23	9
Fundraising/Development Coordinator/ Manager	21	21
Community Health Worker	21	20
Business Development Coordinator/Manager	20	17
Kinship Program Coordinator/Manager	20	10
Home Health Aide	20	10
Clinical Manager/Specialist	19	13
Program Evaluator/Statistician/ Research Methodologist	15	12
Behavioral/Mental Health Professional	13	19
Community/City Planner	13	9
Occupational Therapist	7	9
Travel Trainer	5	7
Medical Director	5	8

Note: Top five positions to be added are in **bold**.

Workforce Shortages Impact AAAs

While the number of full-time staff members at AAAs has increased since 2019, AAAs and their contracted providers face a number of challenges due to the ongoing national workforce shortage. More than 40 percent of AAAs reported staffing vacancies of up to 15 percent and low reimbursement rates that make it difficult to attract direct care workers.^{vii} AAAs have pursued a number of strategies to mitigate the workforce crisis, which are highlighted in two USAgings publications: *Caregiver Needed: How the Nation's Workforce Shortages Make It Harder to Age Well at Home*^{viii} and *Research Insight: How Do Workforce Challenges and Strategies Vary Across Area Agencies on Aging?*^{ix} Read more at www.usaging.org/workforce.

AAA Staff Qualification and Certifications

The broad range of agency staff positions mirrors the breadth of qualifications that AAA staff have obtained.

Table 2.4: Percentage of AAAs Having Staff with Specific Qualifications

Qualification or Certification	Currently Have on Staff Percent (n=406)	Need to Add Staff with These Credentials in Next 3 Years Percent (n=406)
Degree or certificate in business (bachelor's, master's, doctoral, certificate)	57	6
Inform USA (formerly known as the Alliance of Information and Referral Systems) Certification	52	16
Social Worker	50	13
Registered Dietician	43	9
Degree or certificate in gerontology (bachelor's, master's, doctoral, certificate)	39	8
Certified Case Manager	37	13
Registered or Licensed Practical/Vocational Nurse	31	8
Other licenses, degrees, certification or training not listed	29	4
Certified Human Resources Professional	24	9
Certified Nutrition Specialist	24	7
Certified Public Accountant (CPA)	24	8
Degree, certification or specialized training in trauma-informed care, services or supports	17	12
Certified Community Health Worker	12	16
Certified Health Education Specialist	10	8
Certified Nursing Assistant/State Tested Nursing Assistant	8	9
Degree or certificate in disability/rehab studies (bachelor's, master's, doctoral, certificate)	6	8
Nurse Practitioner/Physician's Assistant	5	6
Licensed Psychologist	3	7
Physician	2	6
Licensed Psychiatrist	1	8

Note: Top five qualifications/certifications to be added are in **bold**.

"Other" AAA staff qualifications included dementia specialist/practitioner, licensed counselor and public health degree.



Future Needs for Staff Positions and Qualifications

AAAs are serving more older adults with increasingly complex needs and continue to focus on addressing the social determinants of health with a range of service options with traditional and new partners. To meet the growing need, AAAs told us they plan to add new positions, or additional numbers of staff in existing roles, across many job functions within the next three years:

Top Five Staff Positions to be Added or Expanded

- **One quarter of AAAs** reported that they will need to hire a **grant writer** in the next three years.
- Approximately **one in five AAAs** wants to add one the following positions:
 - Fundraising/Development Coordinator/Manager
 - Community Health Worker
 - Behavioral/Mental Health Professional
 - Business Development Coordinator/Manager

Top Five Staff Qualifications/Certifications to be Added

- Inform USA (formerly known as the Alliance of Information and Referral Systems) Certification
- Certified Community Health Worker
- Licensed Social Worker
- Certified Case Manager
- Trauma-informed care, services or supports certification

Section 3: Cross-Sector Partnerships

Consistent with their strong community-responsive mission, AAAs have extensive partnership networks not only with local service providers but also with private, nonprofit and public sector organizations at the local, state and federal levels. During the COVID-19 pandemic, AAAs built on their existing partnerships and developed new ones to support the health and well-being of older adults.

AAA Partnerships

AAAs reported, on average, informal working partnerships (beyond referrals) with 12 different types of organizations, and partnerships formalized with a contract or MOU with five different types of organizations. Note: Agencies could select informal or formal, not both.

Table 3.1: Percentage of AAAs Partnering with Specific Organizations

Partner	Any Partnership (n=411) Percent	Informal Working Partnership Percent	Formal Work Partnership Percent
Adult Protective Services	89	57	33
State Health Insurance Assistance Program	84	17	67
Transportation agencies	83	27	56
Disability service organizations (e.g., Centers for Independent Living)	78	45	33
Medicaid	77	37	40
Federal programs/departments (e.g., Social Security, Veterans Administration Medical Center, Bureau of Indian Affairs)	75	50	24
Department of health/public health	74	50	24
Food banks	74	56	18
Other social service organizations (e.g., local, 211 organization)	73	48	25
Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)	72	61	11
Mental health/behavioral health organization	72	52	20
Hospitals and health systems	71	51	20
Emergency preparedness agencies	70	51	18
Public housing authority or other housing programs	70	59	11
Faith-based organizations	69	58	11
Law enforcement/first responders	69	59	10
Advocacy organizations (e.g., AARP)	68	57	11
Charitable organizations (e.g., United Way, Easterseals, Red Cross)	68	46	22
Educational institutions	68	45	23
Health plans (e.g., Medicare Advantage, managed care organizations)	58	33	25

Table 3.1: Percentage of AAAs Partnering with Specific Organizations, Continued

Partner	Any Partnership (n=411) Percent	Informal Working Partnership Percent	Formal Work Partnership Percent
Civic groups (e.g., Lions Club, Kiwanis Club, Knights of Columbus)	57	54	3
Community health clinics (e.g., federally qualified health centers)	57	47	10
Intellectual disability/developmental disability organizations (e.g., The Arc)	51	40	11
Pharmacies	47	42	5
Businesses (national and local businesses, fiscal intermediaries)	46	28	18
Bank/financial services	44	34	10
Physicians/physician groups/geriatricians	42	38	4
Restaurants	39	28	12
Village programs	29	26	3
Native American (American Indian, Alaska Native, and/or Native Hawaiian) tribe, organization or consortium	24	18	7
Title VI Native American Aging Programs	22	17	5
Indian Health Service	17	17	1

Growth in Partnerships During COVID-19

AAAs reported that they expanded existing and created new partnerships due to the COVID-19 pandemic. On average, AAAs developed partnerships with five different organization types.

The top ten types of organizations that AAAs expanded partnerships with included:

- Public health
- Food banks
- Emergency preparedness agencies
- Hospitals, health systems and community health clinics
- Charitable organizations
- Other social service organizations
- Transportation agencies
- Faith-based organizations
- Mental and behavioral health organizations
- Adult Protective Services

More than 90 percent of AAAs expect that these new and expanded partnerships will continue well beyond the pandemic.

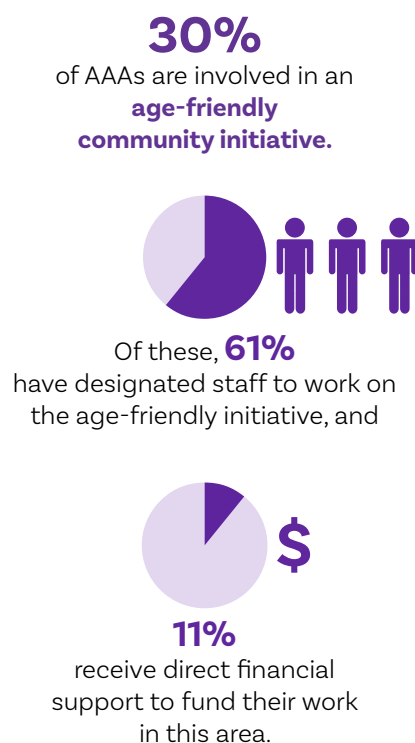
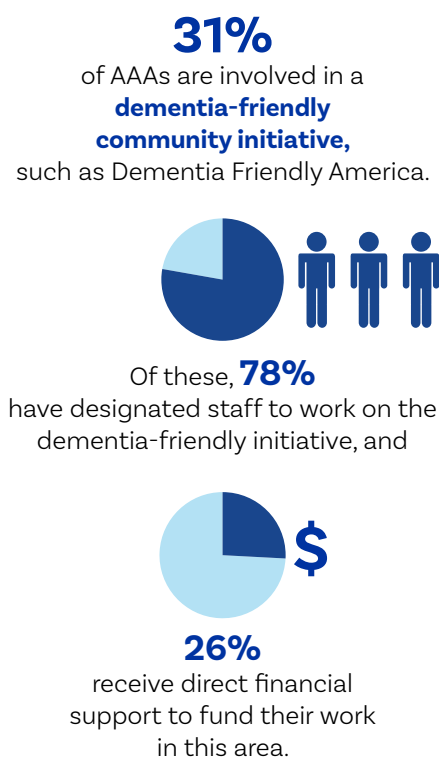
Livable Communities

Livable communities are communities for all ages that value and support people throughout their lifetimes. They provide a full range of options for engagement and they intentionally encourage the integration of community development, infrastructure development, and services. Key domains of livability are housing, transportation, land use planning, workforce development and civic engagement.

Many communities have also become engaged in dementia-friendly and age-friendly community activities that more effectively support and serve older adults, individuals living with dementia and their family and friend caregivers. AAAs are often leading or involved in these livable, age-friendly and dementia-friendly initiatives.

**Figure 3.1: AAA Roles in Livable Community Initiatives
(n=403)**

47% of AAAs are leading or involved in one or more livable community initiative or project. These include:



Resources for Dementia-Friendly Communities

Dementia Friendly America is a national network of communities, organizations and individuals seeking to ensure that communities across the United States are equipped to support people living with dementia and their caregivers. Dementia-friendly communities foster the ability of people living with dementia to remain in the community, and engage and thrive in day-to-day living. Dementia Friendly America is administered by USAging. Learn more and access resources at www.dfamerica.org.

The **Dementia Friends USA** program is part of a global public awareness campaign working to increase awareness and reduce stigma of dementia. A Dementia Friend learns about dementia and then turns that understanding into action.

www.dementiafriendsusa.org.

Section 4: Supporting Older Adults Through Health Care Partnerships and Contracts

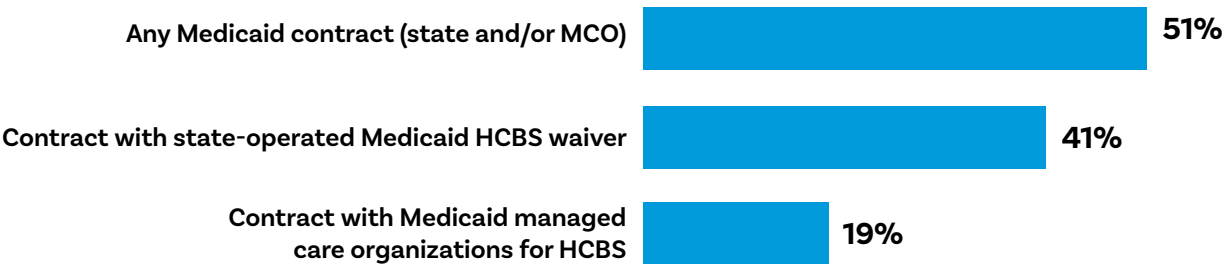
Forty-seven percent of AAAs contract with health care partners to address the health-related social needs of older adults.* Contracting with health care entities helps AAAs serve more people, provides new income streams to expand the delivery of services and supports, and positions AAAs as key partners in the integration of health and social care systems.

Contracts with Medicaid

In many states, AAAs contract with Medicaid to provide home and community-based services for eligible older adults and people with disabilities.

Fifty-one percent of AAAs have a contract with Medicaid, either with the state to provide services under an HCBS waiver and/or with a MCO that administers the HCBS program for the state.

Figure 4.1: Percentage of AAAs with Medicaid Contracts
(n=397)



Services Provided Through Medicaid Contracts

The most common service AAAs provided overall, and through state-operated Medicaid, is assessment for long-term services and supports eligibility. The most commonly provided service through an MCO was nutrition.

Table 4.1: AAA Services Provided Through Medicaid Contracts

Service	Any Medicaid Contract Percent (n=198)	State-Operated Medicaid HCBS Waiver Percent (n=164)	Medicaid MCO Percent (n=75)
Assessment for long-term services and supports eligibility	67	72	36
Ongoing case management/care coordination/service coordination	59	62	35
Nutrition program (e.g., counseling, meal provision)	53	49	45
Home care (e.g., homemaker, personal assistance, personal care)	46	50	29
Options counseling	46	49	23
Person-centered planning	44	49	25
Participant-directed care	39	45	19
Institutional transition and/or diversion (e.g., nursing facility to home)	38	42	17
Caregiver support	37	41	16
Transportation	34	35	24
Adult day services	32	33	24
Home modification and repairs	31	34	24
Assistive technologies	26	29	16
Mental/behavioral health services	15	14	13

Measuring Outcomes

Collecting outcome data is vital for maintaining quality services, improving service delivery and understanding the effectiveness of services. Outcome measures can help AAAs make a case to health care partners for contracting for AAA services by showing that they improve health, quality of life and/or satisfaction. The most common outcomes that AAAs reported collecting are consumer satisfaction, nutrition status, loneliness or social isolation, and caregiver health/quality of life.

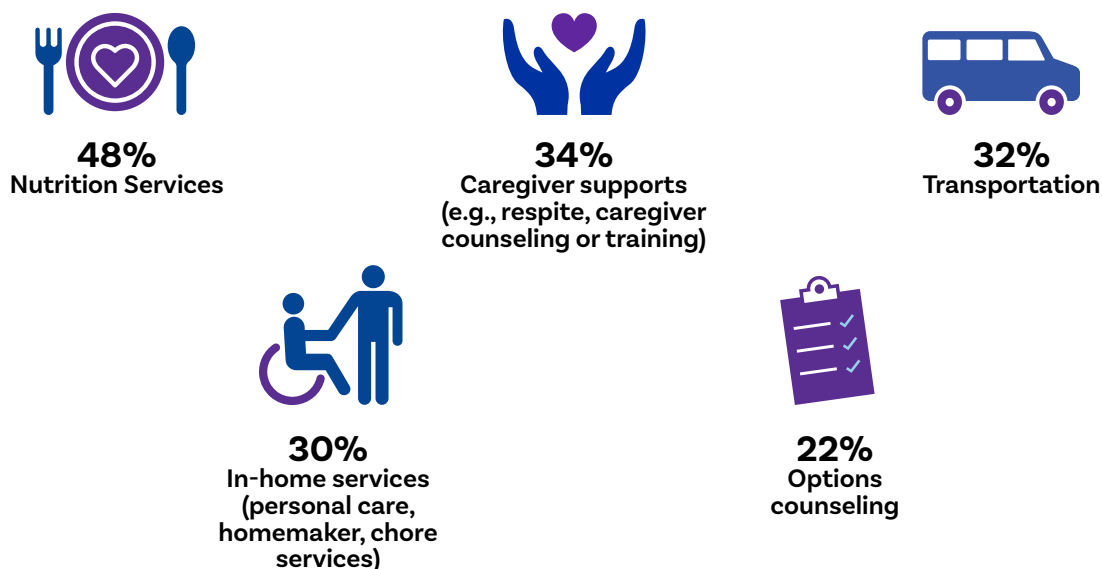
Table 4.2: Percentage of AAAs Measuring Specific Consumer Outcomes

Outcome Measure	Percent (n=408)
Consumer satisfaction	78
Consumer nutrition status	50
Consumer loneliness or social isolation	42
Caregiver health/quality of life	38
Consumer life satisfaction or other quality-of-life measures	28
Consumer health changes over time	25
Consumer clinical/functional status	22
Consumer health issues and diagnoses	19
Consumer utilization of medical services (including ED visits and hospitalization)	17
Consumer utilization of non-medical services	16

Private Pay

AAAs can serve the needs of broader client base by offering private pay services. Under this arrangement consumers who have resources pay out of pocket for services. Forty-one percent of AAAs provide private-pay services with the most common private-pay services they provide listed in Figure 4.2.

Figure 4.2: Most Common Private-Pay Services Provided by AAAs
(n=396)





Emerging Health Care Sector Partnerships

AAAs work with the health care sector in a variety of ways to provide services that help enable older adults and people with disabilities to remain in their homes and communities. In addition to partnerships already referenced in this report, here are some other opportunities AAAs have seized to better meet their missions.

Twenty-eight percent of AAAs work with the **Department of Veterans Affairs** to provide services through the **Veteran Directed Care Program**. This program allows veterans to determine for themselves the services they need to remain in the community (n = 408).

The **Program of All-Inclusive Care for the Elderly (PACE)** integrates health and social services to support individuals ages 55 and older who are eligible for nursing home care in their state to live at home. About 20 percent of AAAs have some involvement with PACE (n = 407).

- 16 percent of AAAs partner with a PACE site
- 4 percent contract with a PACE site
- 2 percent are PACE sites

A small number of AAAs—eight percent—also provide benefits under the **Medicare Fee-for-Service** program as certified Medicare providers or in partnership with a Medicare provider. The most frequently offered services are Chronic Care Management (CCM)/Complex CCM, Medical Nutrition Therapy (MNT), Transitional Care Management (TCM) and Diabetes Self-Management Training (DSMT).

Section 5: Expanding Access to Programs and Services

AAAs are directed by the OAA to prioritize serving older adults who have the greatest economic or social need. Consistent with this mandate and their commitment to equity, AAAs actively work to ensure equitable access to and delivery of their programs and services through a variety of internal and external initiatives.

AAAs Prioritize Equity and Inclusion in the Community Needs Assessment Process

98 percent of AAAs use one or more of the following methods to ensure that the community needs assessment process that is part of their area plan represents the diversity of older adults in their planning and service areas.



Table 5.1: Percentage of AAAs Using Specific Methods in the Community Needs Assessment Process

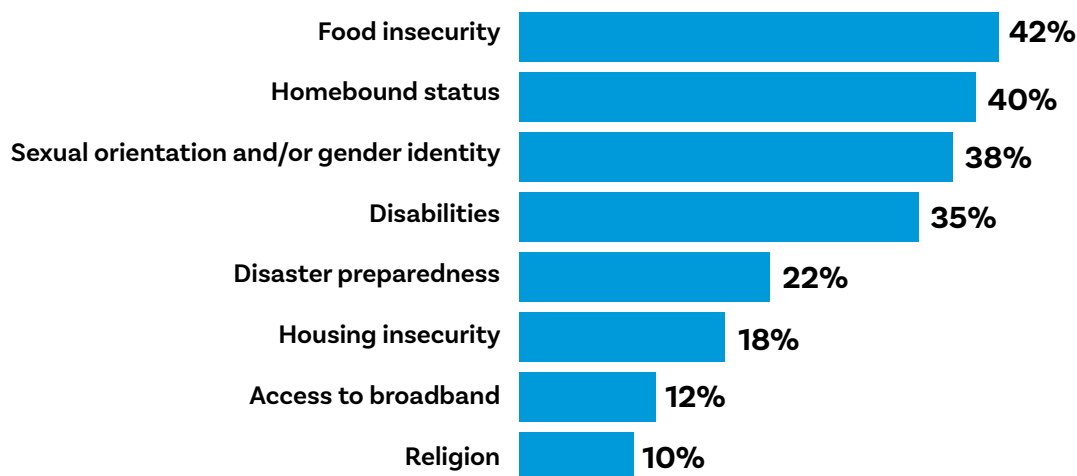
Method	Percent (n=406)
Use external data (e.g., Census data) to understand the demographics of the older adult population in the PSA. For example, using Census data to understand community composition based on race, age categories, gender, ZIP Code and primary language	88
Collect demographic data on consumers, such as age, race, sexual orientation and gender identity, language(s) spoken and financial information	83
Analyze collected consumer demographic data to understand the demographic makeup of the people served	71
Compare external (e.g., Census) data with internal consumer data to identify gaps in service delivery	49
Disaggregate data to identify trends or needs in subpopulations	20
Oversample underrepresented groups in surveys or focus groups	12

Data Collection Beyond OAAPS

All AAAs collect data about service recipients that they must report to the U.S. Administration for Community Living through the OAA Performance System (OAAPS), including living arrangements, race and ethnicity, poverty and marital status. Sixty-eight percent of AAAs collect additional information that helps them better understand the unique needs of their consumers. These data can be analyzed and leveraged to ensure equitable access to services.

Some of the most common supplemental data that AAAs track is shown in Figure 5.1.

Figure 5.1: Percentage of AAAs Capturing Specific Data Beyond OAA Requirements (n=395)



AAA Actions to Address Gaps

AAAs are intentional in their actions to advance equity in access to and delivery of services. To do so, **96 percent** of AAAs have undertaken one or more of the activities shown in Table 5.2.

Table 5.2: Percentage of AAAs Involved in Specific Actions to Address Equity

Actions to Advance Equity	Percent (n=403)
Identify geographic areas that are underserved	71
Update outreach strategies to reach underserved populations	66
Identify demographic groups that are underserved	66
Provide interpreters or translators	63
Develop translated materials	56
Recruit staff members who reflect the ethnic, racial or linguistic background of consumers	46
Partner with culturally specific organizations	45
Make materials and website accessible for people with limited hearing or vision	37
Modify RFP process to encourage more provider applications	23

Actions AAAs Have Taken to Address DEI within their Agencies



87% of AAAs have taken specific actions to improve DEI within their agency.



Table 5.3: Percentage of AAAs Engaging in Specific Organizational DEI Activities

AAA Diversity, Equity and Inclusion Initiatives	Percent (n=403)
Provided staff training on DEI	69
Focused on developing an inclusive organizational culture	53
Created or updated policies	28
Adjusted salaries to ensure pay equity	26
Updated job descriptions and requirements	22
Formed DEI task force or committee	21
Made changes to hiring processes	19
Developed an action plan	18
Allocated resources	17
Conducted DEI survey of AAA staff	16
Hired external consultants to assist with DEI initiatives	16
Established metrics or key performance indicators	11

Section 6: Current and Future Needs of the Aging Network

The survey data presented in this chartbook demonstrate the breadth and depth of AAA expertise, partnerships, service delivery and innovation, providing not only a snapshot of the current landscape but also the opportunity to benchmark against past and future activities. These data are critical to support the continued growth and success of the Aging Network, highlighting both successes and areas where AAAs would benefit from additional support.

Continuation of COVID-19 Flexibilities and Innovations

AAAs were resourceful and innovative to serve the increased and more complex needs of older adults and caregivers during the COVID-19 crisis.^{xi, xii} In many cases, Congress and the presidential administrations granted AAAs additional flexibilities to meet local needs. As we emerge from the pandemic, AAAs would like to see the following flexibilities and innovations shown in Table 6.1 continue.



Table 6.1: Percentage of AAAs Desiring Specific Continued Flexibilities and Innovations

Flexibilities and Innovations	Percent (n=408)
Emphasizing social engagement	91
Serving congregate meal clients through grab-and-go meal sites	78
Offering virtual programs	67
Serving congregate meal clients via home-delivered meals programs	63
Delivering services virtually	62
Expanding telephone reassurance programs	60
Delivering groceries	57
Expanding the use of volunteers	56
Working with non-contracted community groups	56
Working with non-traditional partners to deliver services	56
Expanding the use of volunteers	56
Providing personal care supplies	53
Delivering medication	36

Perceived Barriers

AAAs and the consumers they serve value how provided flexibilities and funding allowed agencies to innovate and increased the ability of their services to be person-centered during the COVID-19 pandemic. Given that most of the flexibilities ended when the public health emergency did, AAAs told us that they see the items listed in Table 6.2 as potential barriers to continuing the momentum and innovation they generated, even as the needs of their clients and the number of their clients continue to rise.

Table 6.2: Percentage of AAAs Perceiving Specific Barriers to Continued Momentum on Post-COVID Flexibilities or Innovations

Perceived Barrier to Flexibility or Innovation	Percent (n=406)
Lack of funding	81
Workforce issues	75
Federal rules or regulations	68
State interpretations of federal rules or regulations	61
Program regulations or funder requirements (e.g., evidence-based program or other service requires in-person delivery)	56
Technology limitations	54
State rules or regulations	53
Lack of partners	25

Training and Technical Assistance Needs

Reflecting the evolving needs of older adults and the expanding role of AAAs in their communities, AAAs indicated several areas in which they could benefit from additional training or technical assistance (n=397).

Between 40 and 50 percent of AAAs reported that they would benefit from technical assistance in the following broad areas:

- Diversity, equity and inclusion
- Housing/homelessness
- Workforce
- Policy and advocacy
- Social engagement
- Business acumen

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Appendix

Table A1: AAA Service Provision by Delivery Method, Percent

Service	AAA Provides this Service (Directly or Through Contracted Providers)	Service Provided Directly by AAA	AAA Contracts with Providers	AAA Refers to Providers (Not Under Contract)
Adult day service	51	5	46	36
Adult Protective Services	21	13	8	71
Advance care planning	34	22	16	53
AmeriCorps Seniors (Foster Grandparents, Retired and Senior Volunteer Program (RSVP) or Senior Companion Program)	29	18	11	56
Assessment for care planning	76	65	18	22
Assessment for long-term care service eligibility	62	55	13	34
Assistive technologies	45	25	26	52
Benefits/health insurance counseling	81	72	17	21
Benefits/health insurance enrollment assistance	81	74	16	25
Care transitions services	52	46	10	40
Caregiver services (National Family Caregiver Support Program or another program)	93	76	34	11
Case management	85	73	22	17
Chore services	71	16	59	26
Congregate meals	100	41	67	3
Elder abuse prevention/intervention services	70	56	21	39
Emergency response systems	55	20	38	44
Evidence-based health and wellness programs	95	67	50	13
Financial management (e.g., representative payee programs, bill pay assistance)	26	14	14	67
Fiscal intermediary services for self-direction	26	8	19	57
Guardianship/conservatorship	25	13	12	65
Hoarding clean-up or mitigation	31	6	26	63

Table A1: AAA Service Provision by Delivery Method, Percent, Continued

Service	AAA Provides this Service (Directly or Through Contracted Providers)	Service Provided Directly by AAA	AAA Contracts with Providers	AAA Refers to Providers (not under contract)
Home health	44	5	41	55
Home repair or modification	67	19	55	42
Home-delivered meals	100	40	72	5
Homemaker	79	14	68	25
Housing assistance program or services	33	19	17	71
Information and Referral/Assistance outreach	100	91	25	9
Legal assistance	95	10	86	15
Medication management	38	14	28	54
Mental/behavioral health screening or services	29	12	19	73
Official eligibility determinations for public programs or benefits	46	42	11	59
Ombudsman services	67	48	19	30
Options counseling	80	74	15	17
Other health promotion services/programs (e.g., health screening, health fairs)	70	55	30	44
Other meals/nutrition program (e.g., nutrition counseling, senior farmers' market program)	88	56	51	18
Personal assistance/personal care	81	15	69	27
Respite care	92	23	78	21
Senior center activities or operations	78	31	53	27
Senior Community Service Employment Program (SCSEP)	21	13	9	62
Senior Medicare Patrol	49	45	7	38
Technical assistance or training for technology use	44	28	22	53
Telephone reassurance/friendly visiting	72	49	31	27
Translator/interpreter assistance	52	22	36	46
Transportation services	91	28	73	28
Vaccination support	60	46	23	57

Endnotes

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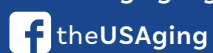
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