Overview of AAAs by Organizational Structure

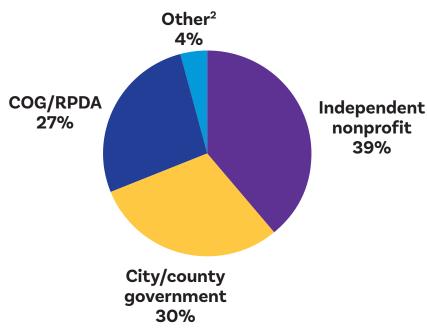


Area Agencies on Aging (AAAs) across the country work to help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Formally established by the Older Americans Act (OAA) in 1973, AAAs assess needs and plan, coordinate and deliver a range of long-term services and supports to consumers in their local planning and service areas. To a large extent, state regulations determine the organizational structure and setting of AAAs, and each AAA navigates regional and local complexities, receiving funding from the federal OAA and other available sources to serve older adults in their community.

This publication explores what similarities and differences exist among the three most common organizational structures of AAAs—AAAs that are independent nonprofit organizations, AAAs based in a city or county government, and AAAs that are part of a council of governments or regional planning and development agency (COG/RPDA).¹

Organizational Structure of AAAs

No matter their size, location or organizational structure, AAAs across the country deliver high-quality supportive services and supports that enable older adults to lead healthy lives in their homes and communities.

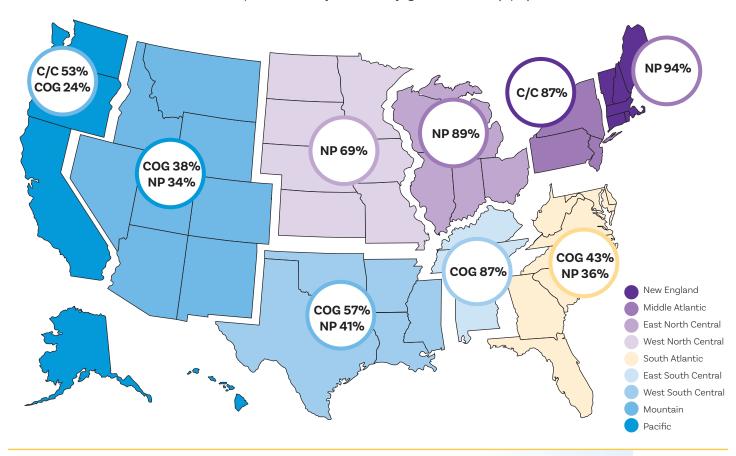


¹ Data in this brief was gathered through the 2019 National Survey of Area Agencies on Aging conducted by USAging in partnership with Scripps Gerontology Center at Miami University and funded by the U.S. Administration for Community Living. The online survey was disseminated via email in June 2019 to 618 Area Agencies on Aging. The survey closed in September 2019 after receiving 485 responses, representing a response rate of 78.5 percent. Read the full survey report at www.usaging.org/2020AAASurvey.

² Includes AAAs based in educational institutions and tribal organizations.

Regional Differences in AAA Organizational Structure

The map shows the most common organizational structure for AAAs in each U.S. Census Division. For example, 94 percent of AAAs in New England are independent nonprofits (NP), while 87 percent of AAAs in the Middle Atlantic are part of a city or county government (C/C).



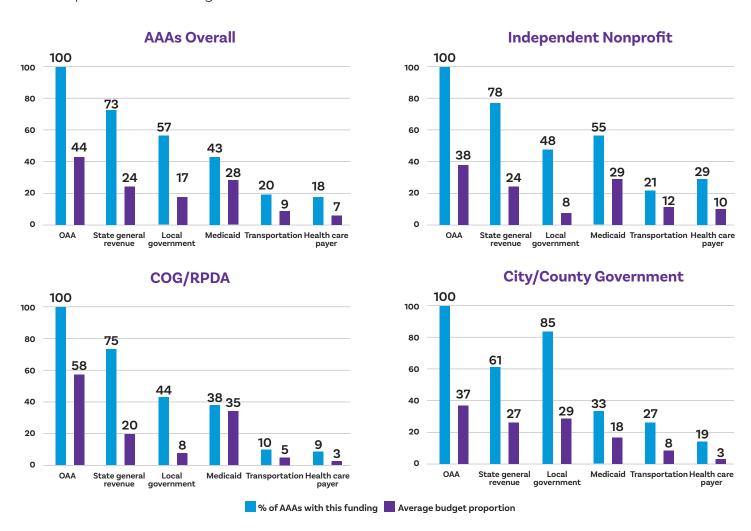
Key Characteristics of AAAs by Organizational Structure

	AAAs Overall	Independent Nonprofit	City or County Government	COG or RPDA
Proportion Serving Predominantly Rural Areas	46	52	70	45
Number of Full-Time Staff	21	35	20	13
Number of Part-Time Staff	5	9	5	2
Number of Volunteers	50	60	45	40
Annual Budget (2018)	\$4 million	\$4.8 million	\$3.8 million	\$2.7 million

Note: Staff, volunteer and budget figures are median values.

Budget Sources and Proportions, by Organizational Structure

While all AAAs receive OAA funding, other budgetary sources and levels vary due to a variety of factors, including Medicaid participation, the robustness of state general funds and the availability of other federal and non-federal sources of funding. The blue bars show what percentage of AAAs receive funding from a particular source, and the purple bars show what proportion of budget is made up from that funding source for those AAAs that receive it.



As shown in the charts above, AAA budgets vary by organizational structure. For example:

- Independent nonprofit AAAs are more likely to have funding from health care payers (29 percent vs. 18 percent overall), which comprises 10 percent of the budgets of those AAAs receiving this type of funding.
- City and county government-based AAAs are more likely to receive local government funding than AAAs overall (85 percent vs. 57 percent), and this funding comprises a larger proportion of their budgets (29 percent vs. 17 percent).

Services Provided by AAAs

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. Every AAA, regardless of location or organizational structure, offers a set of core services as required by the OAA. These are: nutrition programs, including congregate and home-delivered meals; evidence-based health promotion and disease prevention programs; supportive services for caregivers, including respite; and elder rights.











In addition to these core services, AAAs offer a variety of supplemental services tailored to local needs. Many of these services are provided through flexible Title III B funding. There is little difference between organizational types in the likelihood of offering these supplemental services, with a few exceptions. Nearly all (95 percent) of city/county government-based AAAs provide case management, and a higher proportion of COG/RPDA-based AAAs (85 percent) offer long-term care ombudsman services compared with other AAAs.

Top Ten Most Common Supplemental Services Offered by AAAs

Transportation services

Case management

Benefits/health insurance counseling or enrollment assistance

Homemaker

Personal assistance/personal care

Options counseling

Assessment for care planning

Elder abuse prevention/intervention services

Senior center programming and activities

Long-term care ombudsman services

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