

GSA On Aging: GSA Policy Profile Podcast
The Older Americans Act: Protecting and Strengthening Services for the Future
Transcript



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Patricia D'Antonio:

Hello. Thank you for joining this policy profiles podcast installment which will explore the significance and many impacts of the Older Americans Act otherwise known as the OAA, a landmark piece of legislation passed with Medicare and Medicaid in 1965, to provide critical supports and services to older people in the United States. I'm Trish D'Antonio, the Vice President of Policy and Professional Affairs here at the Gerontological Society of America. Joining us for our discussion today is Amy Gotwals, the Chief of Public Policy and External Affairs at USAging. Amy, we're delighted to have you.

Amy is a longtime GSA friend and collaborator, and joined USAging, then the National Association of Area Agencies on aging in September 2005, and currently serves as Chief, Public Policy and External Affairs. Amy leads us Aging's public policy, advocacy and membership relation activities representing local area agencies on aging. Amy serves as the lead in outreach to Congress and the Administration to ensure that needed resources and support services are available to older people and their caregivers. Amy has 30 years of public policy, lobbying and grassroots organizing experience. She's represented diverse groups, including the Older Women's League, the Center for Science in the Public interest, the Alliance of Nonprofit Mailers and the National Network for youth. Amy has a Bachelor of Arts in American studies from Mount Holyoke College, and earned a master's of legislative affairs from the George Washington University.

Amy, welcome to this exciting discussion regarding the Older Americans Act.

Amy Gotwals:

Thanks, Trish, it's great to be here and talk about one of my very favorite policy topics, the Older Americans Act.

Patricia:

Well, let's jump right in. Though it's been around since the 1960s, many people are either unaware or do not understand what the Older Americans Act is, or how it impacts the lives of older people. Could you tell us about this piece of legislation? What Federal agency administers the services and what it offers for older people, and, more importantly, where does the funding come from?

Amy:

We're happy to. As you said, this act was first passed in the summer of 1965, the same summer that Medicare and Medicaid came into being by that same Congress. They were obviously a very productive Congress, and it was part of President Johnson's and the Congress's War on Poverty. However, the reasons many people don't know about Older Americans Act is that it didn't grow on the same trajectory in terms of funding as those other programs which, of course, now are widely known, most especially Medicare. But it was intended to balance out both healthcare for older adults, and health care for those with very low incomes with creating the social supports, other services in community to support healthy aging. That would have been the three-legged stool of Social Security being financial security for older adults, Medicare being the health care piece. But we know there's more than just those two pieces in order to age well at home and in the community, especially so it hasn't grown to the size of those programs or have the visibility the other ones do because it was funded entirely differently. It's in the part of the Federal budget that's described as discretionary funding. And that means that Congress actually makes very specific decisions every year on how much

money should go to different types of meals. Programs under Older Americans Act, how much should be spent focused on caregivers, how much should be spent on this program, and if they don't make those appropriations every year, then the funding doesn't go forward. So, it's not tied to the growth of the aging population or the growth in the need which both Medicare and Medicaid, their funding structures are so different, as you well know, as mandatory programs under the government. So, this is what's kept Older Americans Act artificially small, and it's made it difficult for it to keep up with the incredible demand.

As our population has aged so rapidly, and will continue to now for the foreseeable future, the federal agency that is responsible for this doling out, if you will, allocating per Congress's instructions through a formula, doling that money out to the states is the Administration on Community Living, and they are an agency within the Department of Health and Human Services. They cover aging services such as Older Americans Act and other key and critical programs that the aging network delivers as well as a tranche of disability programs. That's why the focus is then on being the administration for community living, because we have that in common with our colleagues on the disability side of the aisle in terms of wanting to encourage and promote people being able to, whether with disabilities or with age, related challenges that can still remain at home and in the community and living their best lives. But the services are delivered at that state and then local level. And that's where USAging members come in after the state puts their leadership and their imprint on that funding. They also add state dollars. They match those federal dollars, and then those state agencies on aging roll that money out to the Area Agencies on Aging, who are sometimes county based, sometimes independent nonprofit. But they all have planning and service areas around the 42 states in which AAAs are the delivery vehicle. They work with community partners as sort of that last mile, and other experts on delivering these aging services in those community-based organizations.

But it's really that everybody plays a role. Funding is leveraged at the state and local level. And then, of course, donations come in from participants as well as other resources at that community level. So, what does it offer? That's the way that they leverage dollars to try to make these options flourish in the community. For older adults there's a wide range of services. This is not a one size fits all-- this is a person-centered system. So it depends on what you need, what you're able to get. And certainly the aging network, those, again, those Area Agencies on Aging, and their community partners help you figure out what it is that you may be most in need of to respond. Folks don't come in knowing what their need is. They don't know what program might greatly aid them or support their caregiver and just smooth things out there for the family.

There's a wide range of services under the Older Americans Act. I've mentioned a few already. I'll add, in addition to meals and other activities happening in the community that promote healthy aging, you also have transportation. You have legal services in home support. Some folks can't leave their homes, but they need help to be able to live independently in their current homes. And I'm speaking in that case of help with bathing and dressing and CHORE services and the like. So, there's a panoply of services. And I'm already forgetting some, including evidence-based health promotion and wellness programs to keep people from preventing falls, managing their chronic diseases. So, the act funds a whole bunch of options.

And then, when they're delivered at the community level, they reflect the needs and preferences of the older adults in that community, and I'd be remiss in ending if I didn't mention that another key population that the Older Americans Act serves is caregivers. Older adults who are caregivers

themselves, people of many ages, and also anyone of any age who is caring for an older adult. And so the act also has a specific funding stream that is dedicated to supporting caregivers with respite -- getting a break from your caregiving duty. Someone else can come into the home or into your loved one's home and provide that caregiving for a short duration from time to time to be able to provide that relief on caregivers for caregivers. There's support groups. There's training. And there's lots of other different programs that really want to help caregivers get access to information about their role. They usually don't self-identify as caregivers. They're just taking care of mom or supporting that older cousin with a disability. And so, we want to make sure that they have access to resources that would make their jobs bigger. This country is completely reliant on family and friend caregivers supporting our older population. And we want to make sure we're doing all we can to shore them up because they're irreplaceable. We can't afford to pay all of them, and so we want to make sure they're getting the help that would make their lives easier.

And, of course, for the older adults who are the care recipients, so that's where I'd pause there. But it's really the tip of the iceberg. There are many other programs that happen through the Older Americans Act.

Trish:

Indeed, indeed! And I often wonder if you hear comments back from people who work with Area Agencies on Aging, saying, "I never knew that these services were available until Trish someone suggested I make a call or someone introduced me to the Area Agency on Aging."

Amy:

That's very true, and it's a darn shame we don't want to be a best kept secret. We want to make sure that people realize the wealth of these services in their community. When I say wealth, I mean incredible programs with diversity that reflect the needs of that community because these programs are developed. When they roll out, they get the federal guidance, they get the state leadership and guidance, but when they roll out they should also reflect the surveying work that the Area Agency on Aging has done. The town halls they've held to hear from older adults and caregivers themselves to hear from other experts in aging. It could be some of your members, Trish, in academia who are studying these issues and have demonstrated programs themselves. We want to hear from everyone in that neck of the woods, if you will, and then have the programs. Reflect what that? I don't know. And most importantly, what those older adults say they want, and they don't want.

And so, what happens about that is because it's not one size fits all because the agencies all have slightly different names. You don't have that brand recognition that you have with Medicare, for example, or the concept. Everyone has a concept of a nursing home in their head but showing how you prevent people from needing that level of care by reaching them earlier through prevention programs in the community or the alternatives to institutional care such as this in home help. People aren't as familiar with that. You're right.

Trish: Right. And I was thinking as you were speaking, I'm like, and this is where GSA members come in. There's so much opportunity here, and I know some of our members work with Area Agencies on Aging, in helping to conduct those surveys in community in the evaluation of those programs in the community to improve upon them. It's so important that these programs are evidence-based and

evidence-informed. And that's a key, right, when we're all talking on the Hill, or we're talking to policymakers about why this is so important.

So, while we're on the podcast, want to thank our members for work that they do in community with Area Agencies on Aging and thank the area Agencies on Aging for recognizing that value of that partnership with researchers, with evaluators in community.

Amy:

Absolutely. Amen.

Trish:

So, let's talk a little bit about the present here. So last year we know that the United States Senate voted unanimously to reauthorize or update the Older Americans Act and advance the legislation to the House of Representatives. The bill was included in one version of the Continuing Resolution to keep the government going last year, but it wasn't passed in the House. Does that bill that Older Americans Act reauthorization still have a chance in the new Congress?

Amy:

I think so. That's certainly what we're hoping and have been working on since January 6th. When I came back to work after a nice long break to heal from that disappointment of it not actually going through, as you said, it was not because of the substance of our bill. We are a rather not big deal bill, but it is a big deal to older adults who receive these services. But in the scheme of as Congress was trying to wrap up lots of high-profile deal making and spending bills, this was one of the things that got tossed out to sideline of that final bill and made it easier for Speaker of the House, Mike Johnson, to get it through his Republican caucus. So, it wasn't on the merits of it. It was a political move that he needed to make. So that funding continued, and we certainly appreciate the funding being extended to March 14th for all of these programs and services as we talked about. That's a totally different process than authorizing, but so I think there is still great possibility.

We've heard some interest from the same dealmakers on the Hill who were in roles affected by some of the changes from the election. They might have switched seats a bit from majority to minority, but we're hearing very good things. I don't think one deal has been struck to reintroduce that piece of legislation. There's no reason to walk away from the text. It was very robustly debated, and there was, even though it only passed the Senate, and then, of course, as we just said, couldn't move through the House because of the larger issues around the final year package. The House Committee with jurisdiction, Education, and Workforce, did weigh in on this. They worked with their Senate colleagues all fall in the quiet way with wonderful committee staff, comparing notes, asking questions and trying to find a deal. And so, we had it, and it slipped away.

But there's really no reason that all that work should be shunted aside advocacy groups have lots of wonderful opportunities to share our views on this important piece of legislation, and where we wanted Congress to update it, and the members of the key committees were very invested. There was a robust bipartisan process in the Senate, and, as I said, ended in the House. So we're very much hoping that we could move that bill and not try to reopen the whole thing again. Congress has got a lot on its plate, and I hope they recognize this could be a wonderful bipartisan win early in the 119th Congress. So, we'll be working to that end. But of course, ultimately, it's up to Congress.

Trish:

And you know, through work that we do together through our coalitions, we'll be working to help support that as well from the Gerontological Society. I was wondering, though some of our listeners may or may not be familiar with the reauthorization process, like, how does that happen? And what does that entail? And then maybe you could highlight some of the modifications, some of the things that are in this package that we already know we'd like to see pass? If you could talk a little bit about that in the legislation.

Amy:

Sure, happy to. So, and I made reference to this. But I want to be a little clear. So, authorization processes are completely separate from appropriations. They don't happen every year, in most cases for most pieces of legislation, anyway, nobody wants to do it that often. Usually, the Older Americans Act has been in my almost 20 years of doing this usually gets a five-year reauthorization. One time we had a three-year authorization, meaning Congress takes it off the shelf and dust it off, if you will. Now, wonderful things are happening because of that statute. But, if we picture the law itself that Congress has done in creating the act that gets pulled off the shelf, and then there's always committees who have jurisdiction over that piece of legislation. They know it's coming. They keep a punch list of what's up for reauthorization, and then they have their own processes. Might involve hearings, might involve a request for information in advance of that, just to survey groups, others who care, and have a stake in how this particular piece of legislation works. And so it's a chance for Congress to make sure and validate that these efforts should continue and update any parts of the law that need it.

We went through a pandemic; the aging network changed a lot of its service delivery. So, this reauthorization was a chance to say, "Hey, you know, we've learned some new things. We're doing some stuff differently. Give us a little bit more of this flexibility, please, and make those requests of Congress." Congress decides if that seems worthy and sensible, and then they can change the law which then frees up the federal administration for community living to offer different guidance, or allow additional flexibilities to states, and to AAAs and to providers. So that's the process. I always think of it as both updates and also, then you're blessing this to continue. You're validating the important work. The Older Americans Act Reauthorization has always been bipartisan. This bill does not get contentious at the end, but there's hard work done. Bipartisan processes are not easy. As I had been saying, Senate had done a wonderful job setting up a work group evenly split between Republicans and Democrats. And worked really hard to get a bipartisan bill, and I'm sure if the House had had its full process they would have done the same, and they did so at the end to be able to put their stamp on that legislation. There were things that were in the Senate bill that the House couldn't agree to, and they changed them they compromised. It's working.

That's what's so important about that process is this is how things get done, to your second question. When you have a very bipartisan bill, you often have a modest bill. There are a lot of compromises made. Some of the things that we were excited about in the Older Americans Act bill that we think are important, even if they're modest, were important updates to the act. It did make funding increase recommendations. They were very modest, but it is still Congress validating that given the size of the aging population, the efficacy of these programs. Appropriators who actually make the spending decisions, they're on record as saying, "Hey, we all think you might want to increase these programs."

We'll let those decisions be made annually by appropriators. But we're making recommendations that more resources could go to this act, and that would be something that then everyone would validate.

They've also strengthened a lot of language around national technical assistance to help this aging network deal with social isolation and loneliness, something that we know GSA also cares about. We've worked together across many fronts. We were pushing for enhancing what was already in there. The Assistant Secretary on Aging already has some great authorities in there, but we felt that they weren't spelling out enough that some of this has to be training the network to know what the latest and best and most innovative programs are to address. It's something the network is heavily doing, because we know about the epidemic of social isolation and loneliness, and particularly with older adults, there was some flexibility in several of the funding streams, specifically nutrition and evidence-based health and wellness programs. Again, coming out of COVID, coming out of a system that is not funded to meet the need, Congress has not been able to do that in the past. And so, the network also comes back and says, "Okay, but you need to give us a little flexibility, because you're not giving us enough money to do this to that degree, but it's all still worthwhile, and we're doing it efficiently."

An example of that is the bill codified one of the nutrition delivery systems that completely emerged in COVID almost spontaneously across the country, like all these wonderful aging professionals at the nutrition provider level, the AAA level and support from their state leaders. They stood up grab and go meals. So if you could no longer congregate together at that local community center or senior center or other place that folks used to gather, how do we still feed these folks, and so a lot of picking it up, making that point of contact, doing it safely, but ensuring people are still getting meals? And the network has found there are consumers who really prefer that. And so that's another way that this act can be person-centered and respond to the needs of older adults and not say, this is the services it has to look like this in every community. We want that local flavor to come through. And then we had a top priority, too, that made sure that nothing in the act was restricting the aging network from going above and beyond that federal funding, and doing other activities to serve more older adults, like through work working with healthcare organizations.

So, contracting, maybe with a health plan that's offering services as the healthcare industry understands more and more about how important shoring up one's social supports are to their health. If you don't have rides to the doctor, you're not getting to the doctor if you make it there, and you come back, and you've got a new prescription. But you have some issues about your home, and the fridge is on the blitz and so that medicine needs to be cooled, or you don't have enough food at home to keep that medicine down. Those are things that really do affect older adults lives, particularly those who are most vulnerable, which is largely who our network serves.

So, we want to make sure that if there's other opportunities outside of Older Americans Act for AAAs and their providers to be able to expand these services. We absolutely have to be able to do that with the demographics that we are facing right now.

Trish:

And I think one thing, that as you're as you're commenting there, I think that's you know, the recognition of the social determinants, or what happens in someone's home? Really is important for healthcare providers and hearing more of that discussion and more of that connection starting to happen because of so many different initiatives around. How we recognize the interconnectedness right? Like the holistic approach for services and programs that benefit us all as we age are so

important. And thinking about that, that's definitely a changing conversation that I've heard over the years in it, in working, in aging. And it's, you know, it's common sense. But yet it never really fit into how programs are legislated, how programs are allocated. And so, I really think that's been a huge, huge piece of people understanding the importance of the Older Americans Act. And the programs that are that are administered through that.

I know we talked a little bit about activities that that you were, that USAging was advocating for, and I just wondered if there was anything else specifically that you wanted to add there in the federal policy, because we know the modifications that made it into the bill. Was there anything else that you were hoping to see that you were advocating for that you'd want to share with our listeners?

Amy:

I think one thing is always people say, "Well, why didn't they do this? Or why didn't they do that?" And it's like, okay, we have been trying. And there are activities around certain areas. That doesn't always mean that they wind up in a final version of the bill. I guess since I want last year's bill to go through, this time we've already made our peace with what didn't make it in that's been a priority of ours. We obviously strongly endorse the Senate bill, and then we endorse the House/Senate compromise bill, so I almost don't want to bring it up again to remember everything I wished. But I want to share this with your listeners. I stressed about bipartisan negotiated bills being modest. It's not just that, though these issues really shouldn't be Republican or Democratic, it's just they sometimes come at this different approach to how to fix the same identified problem that we can agree on.

I would say sometimes things don't make into these bills, because the groups who are advocating for them cannot agree. So, if we are advocating for a whole bunch of flexibility in one or another, because our members and the role they play think it's ridiculous that they get two separate funding streams to feed people. And that it's based on the location. This is just one example -- location where we serve the meal. They want to be able to meet people's nutritional needs, and they feel they're charged to decide which program best fits that need. And of course, the preferences of the consumer. So, that's something that is important to our members. It seems logical to them. They think this is just more administrative management. But if you are a community provider who provides one of those types of meals, or another, or both. Many provide both. Then you may feel a little threatened by that since in the act we've got two separate funding streams for the wonderful nutrition programs that are congregate.

I gave those examples before, and the other one is one of the best-known programs in the act, the home-delivered meals program. So, that can feel threatening, that can feel worrisome, that can feel like you're not seeing yourself in that act again. So, there were attempts between groups to try to find a middle pathway there. But Congress doesn't want to touch it if we're not going to agree. So that was one of the things that we had hoped for worked with several of our national colleagues on this, and both who agreed with us and who had concerns, and in the end of the day we couldn't really have and Congress didn't want to get in the middle. So sometimes it's Congress why things don't go forward. You really have to have enough broad support by Congress, but also by the advocacy community to get something through.

Trish:

So appreciate that. And that's certainly something that I know that we all work on together. So, let's pivot a little during the last reauthorization process for Older Americans Act. GSA worked with USAging and other organizations to establish the Research, Demonstration, and Evaluation Center for the aging network recognizing the importance of having those evidence-based programs. How we can incubate those programs? So, can you talk a little bit about what the center has done, and maybe some of your thoughts for the future of that program?

Amy:

I can try. This is a great example of the difference between authorizing programs and actually funding them. So, USAging, GSA, National Council on Aging and ADvancing States, all four organizations worked so closely together in the last reauthorization which was finalized in March of 2020 to really boost up the research, demonstration, evaluation arm of the Administration on Aging, which is the agency within Administration for Community Living that actually technically deploys. The Older Americans Act programs administers them and all of our organizations knew more should be done. As Congress hadn't robustly funded the act over the years, some of those activities took a backseat to the actual delivery of services. So, we wanted to collectively get Congress to realize you do need to fund services as much as you can to meet this need. And here's why this is the smart thing to do, and saves costs on Medicare and Medicaid. But then we also need to have more research into how these programs do become a game changer, how they do save, in many cases, money on another part of the federal ledger?

So, I think our goal and the statute, and how it was changed, set up a really robust feature for the Administration on Aging to go ahead with. Unfortunately, the funding didn't follow. As you well know, our groups advocated during the appropriations process to fund it. I think \$75 million was our first ask and we may have decreased that over time when that seemed unrealistic. But that is what we all thought it actually needed to have the level of staff expertise and ability to put money out in the field to do all of these things. Interestingly, this is the fun of working with Congress. You never know who's going to do what. There was a passionate member of Congress in the House, with wonderful intentions, who wanted to do something about falls prevention and developed a passion for the issue. And somehow one year we all looked around and money had been given to the center. But it was dedicated to that work around fall prevention. So while I know all of our organizations support that and support the existing funding streams in the Older Americans Act and at ACL from other funding sources, falls prevention, that was not the vision of what we would do. So, I think a lot more work would really need to be done, to get a lot of energy, from your members, from our members, from all the others and others in academia and the field, to be able to say, "You really need to fund this here is how this is going to pay off. Here is how this will improve services. We will have better data for you on the successes of these programs; what it means for health outcomes for older adults without the federal agency having the ability to do that." We kind of get stuck where we are in terms of funding, so I don't think any of us have given up, but the center hasn't become the full center, and it's great that more money was put into falls prevention. But, I know that this is sometimes what happens. The vision is there. You get Congressional buy in, and if the money's not there, then the agency can't build out what they've been directed to build out.

Trish:

Exactly. This is where we all learn our patience. You know we all learn that patience and that perseverance, right, that this opportunity presents itself. We know that we could get it in, you know, getting it in the reauthorization was very important. And now that it's there, now we know what we need to do to create that interest for the appropriators. And so, for our listeners, for our members who are listening to this right now, when we need you to help us when we're advocating here in Washington, and how you can help support us in your local districts to really make your members of Congress aware of why this is so important.

Trish:

Amy, we're sort of getting close to the end. I can't believe this one went by so fast, but I was just wondering, is there anything else that, you know you, would think would be important for our listeners to hear? Anything else that you wanted to share around our conversations around the Older Americans Act?

Amy:

Well, thank you for taking the time to have this about my favorite piece of legislation, and something that, as we said earlier, goes under the radar, and it shouldn't. And so, I just wanted to reinforce that these services are essential to the safe and healthy aging of millions of older adults and close to a million caregivers around the country. And yet, most people who get these services have no clue that federal funding under Older Americans Act is involved. They probably don't know state and local funding has been leveraged from that federal funding, or that there's something called an Area Agency on Aging, either going by that name or maybe having a new, hip modern name on the agency to appeal more to consumers. They don't understand that local planning and coordination role. And so what we end up having is, as we're so wonderful as a network at delivering person-centered services and trying to coordinate things for the consumer, but now you have consumers who, if they're receiving a service or two, may not have any idea how many layers of government funding are supporting this work. They may see the final step of service delivery in the community-based group and think this is all just charitable enterprises. And while certainly private donations are another key resource for delivering these services, it's nothing compared to all of the layers of governmental contributions that have gone into this.

And, I think not only does this make it hard to educate consumers that these services are available, but it also leads to a populace that doesn't understand why this is a great investment of government resources, and how reaching older adults and creating ways to stay healthy at home. Maybe the earlier part of their aging journey will save us all taxpayers money in the end, with healthier, older adults able to stay in their homes and communities, avoiding more expensive nursing homes and have better health outcomes. This benefits us all because we are all aging. And even if you think you won't need services, data shows us that many do. And so, we want to create services that people will that actually work for them and that work for taxpayers in the end.

Amy:

So, I just wanted to thank GSA, and you, Trish for this conversation and helping us tell this story about Older Americans Act, and for you being a policy partner on and supporting the act through many

appropriations years and working together on reauthorization. So, thanks to you and your members for all of that support.

Trish:

So, Amy the thanks is reciprocal. It really is. I learn a lot working with you. And I also, it's fun working with you in the policy journey. And so, we really appreciate your passion and your advocacy. We also appreciate your colleagues at USAging and getting to work with everyone there. Hopefully, our listeners understand and hear your passion and your voice, because it really is, colleagues. I just want to share with you, Amy is definitely out there making sure that she represents well on behalf of the aging network. And so that's really something important for us all to understand. I also want to just say as we're here today, and we're highlighting the importance of the older Americans act, it's also important for us to highlight the importance of the Area Agencies on Aging, who carry out these programs and provide services for older people in our communities and think about how we all work with those communities. And I think there's a call to action here to help communicate the services in our own communities, right? We have great opportunity for that.

Trish:

So, with that, Amy, I want to thank you for taking the time for being with us today. I want to thank our listeners for joining for this edition of the Policy Profiles Podcast. Follow GSA's latest advocacy activities geron.org/advocacy and listen to this podcast and other podcasts through GSA Enrich. So again, thank you so much, and have a great afternoon.