



Sent via Email: OAA@help.senate.gov

March 21, 2024

Dear Chair Sanders, Ranking Member Cassidy, Sen. Casey, Sen. Braun, Sen. Kaine, Sen. Collins, Sen. Markey, and Sen. Mullin,

Grantmakers In Aging (GIA) and Grantmakers In Health (GIH) are pleased to respond to your request for feedback on how the Older Americans Act (OAA) is responding to the needs of older adults, particularly in the wake of the COVID-19 pandemic. GIA is a community of funders mobilizing money and ideas to strengthen policies, programs, and resources for all of us as we age, and GIH helps foundations and corporate giving programs improve the health of all people.

The COVID-19 pandemic revealed and magnified challenges that have long afflicted America's older adults, from malnutrition to neglect of paid and unpaid caregivers to social isolation. Through the Aging Services Network created by the OAA, private philanthropy has long partnered with Congress to help address these challenges, dramatically increasing funding levels and providing additional flexibility to grantee partners during the pandemic. However, although the prevalence of COVID-19 has diminished, the challenges it revealed have not. This is in part because the U.S. population aged 65 and older continues to grow, and by 2040 will reach 22% of the population compared to 17% in 2020. Americans are also living longer—a person in their early twenties today can anticipate living to 100 years old—and the older we get, the more likely we are to require some form of social support. Returning to pre-COVID funding levels for social services for older Americans will not be adequate to meet the needs of a growing aging population.

As America's aging population [changes](#) to become more racially and ethnically diverse, gender and racial inequalities also widen. Women are more likely than men to live longer, often outliving their partners and therefore being more likely to live alone, develop physical and cognitive disabilities, and [require long-term services and supports](#). According to the [Elder Index](#), more than half of single older women do not have enough money to meet their basic needs, as compared to 45% of single men. Single older women of color experience much higher rates of disability and financial insecurity, particularly Black women (67%) and Latinas (76%) as compared to single white women (51%). This reflects a larger racial inequality in financial assets like savings and home equity: in 2023, according to KFF, half of Black and Hispanic Medicare beneficiaries had savings of \$22,100 and \$20,050 or less respectively, compared to \$158,950 for white Medicare beneficiaries—savings also too small to live on into one's eighties or nineties.

We recommend that, to apply lessons from the pandemic and meet the needs of a growing aging population, Congress increase authorization levels for OAA programs and better incentivize public-private partnerships, address the specific circumstances of rural older Americans, strengthen programs for paid and unpaid caregivers, and bolster interagency and cross-sectoral action on aging. In this letter, we address each of these four recommendations in turn.

Increase authorization levels for OAA programs and better incentivize public-private partnerships

In response to the elevated risk that older Americans faced during the COVID-19 pandemic, Congress provided an additional \$1.120 billion in FY2020 funding and \$1.609 billion in FY2021 funding for OAA programs and activities. This additional funding supported critical nutrition services, supportive services, family caregiver services, Aging and Disability Resource Centers, disease prevention, and elder rights protection programs, including the long-term care ombudsman program. These amounts were approximately 50% and 75% higher than annual mandatory and discretionary funding levels in FY2020 and FY2021 respectively. In FY22, OAA funding returned to just above pre-COVID levels at \$2.2 billion, and in FY23 it increased by 7% to \$2.378 billion—the largest annual increase since 2018 not counting the COVID-19 increases.

GIA and GIH join stakeholders such as the [National Council on Aging \(NCOA\)](#), [Meals on Wheels](#), and [USAging](#) in recommending increased funding across diverse Titles of the OAA. As funders and partners in the Aging Services Network, we witness every day the benefits of Congress's increased appropriation for OAA programs, as well as the danger of reverting to pre-COVID levels. Even before the combination of COVID-19, population growth, and inflation greatly magnified the need, the U.S. Government Accountability Office had [found](#) that a majority of older people in need of nutrition, caregiving, and transportation services were not receiving them. There has never been a better time to address this gap.

We acknowledge that debt ceiling negotiations and the desire to maintain a budget that will preserve social programs for future generations make arguments for increased funding politically difficult in this Congress, and we do not wish to make a recommendation that will result in cuts to equally important social programs. At the same time, we draw your attention to the OAA's popularity across political lines, the Government Accountability Office's consistent assessment that the OAA is a good example of federal spending, the effectiveness of the Aging Services Network which gives autonomy to states and communities, and the savings on medical care that are reaped by investing in the social determinants of health through the OAA. In particular, we note that a substantial amount of increased funding would address malnutrition in a context where, according to Meals on Wheels America, 12 million older Americans struggle with hunger, 2.5 million low-income food-insecure older people are not receiving the meals for which eligible, and a majority of nutrition programs report being unable to meet demand. We thus recommend that Congress make a bold statement of the importance of applying lessons of the pandemic and keeping pace with the aging population by doubling OAA authorization

levels. Such a doubling would recognize the increased demand for and cost of services over the past several years. Given that the White House requested only a \$70 million increase for ACL in its FY2025 budget, it is clear that a bold signal from Congress is needed to spur the necessary level of action for older Americans.

In increasing authorization levels, Congress should also enact policy changes to better incentivize and optimize philanthropic and corporate investment in OAA programs, thus magnifying the impact of its increased investment. In 2022, a national survey of AAAs found that OAA funding represents only 39 percent of the median AAA's budget, down from 44 percent in 2019. The Administration for Community Living currently estimates that each \$1 Congress spends on OAA services and programs leverages an additional \$3-4 in other funding. GIA and GIH believe that this impressive match could be even higher if Congress both increased overall authorization levels and ensured that when OAA funds are leveraged to secure health care contracts or establish private-pay programs, State Units on Aging have a clear, non-burdensome and appropriate oversight process for the AAAs' activities. We also recommend that when OAA funds are not used in the creation of non-OAA programs or the AAA secures other revenues to meet their mission, the State Unit on Aging is only responsible for ensuring the continued oversight of the AAA's or providers' OAA programs, rather than having approval over any contracting outside of OAA that is intended to assist older people and their families and caregivers. This recommendation echoes that of [USAgings](#), which represents and supports the national network of AAAs.

A second way in which Congress could better optimize philanthropic partnership with the OAA is by leveraging the Research, Demonstration, and Evaluation Center (RDE Center) in Title IV of the Act more effectively. Created in the 2020 reauthorization of the OAA, the RDE Center is intended to coordinate and align the significant and diverse grant awards for training, research, and demonstration projects in the field of aging, including those related to income, health, housing, retirement, long-term services and supports, and career preparation and continuing education for personnel in the field of aging. We believe that private philanthropy would be better incentivized to invest in OAA programs if ACL were able to test models and generate data across all of these areas, thus enabling funders to better identify where their resources can be most helpful. Yet of the \$63.5 million in discretionary spending for Title IV activities in FY2023, the \$5 million appropriated for the RDE Center was specifically directed for research and competitive grants in just one area, namely, falls prevention. While preventing falls is obviously an urgent priority, leading stakeholders such as ADvancing States, USAging, and the Gerontological Society of America [urged](#) Congress in FY2024 to appropriate \$10M to the RDE Center in FY24 within a broader framework that allows the Administration on Aging to test models and generate data across the range of its functions. Echoing this concern, GIA and GIH recommend that Congress specifically provide that funds for the RDE Center should support the aging network more broadly and should help identify "best bets" for private funders in partnering with AAAs on aging support services.

Third, Congress can have the most impact through an increased authorization by helping to ensure that additional funds reach those in greatest need. The 2020 reauthorization made

limited progress in strengthening the law's equity provisions, such as adding language on measuring impacts related to social determinants of health in relation to planning and providing services under Title III, extending authorizations and adding a new grant program for tribal organizations, and requiring the Assistant Secretary of ACL to operate the National Resource Center for Women and Retirement. GIA and GIH recommend that Congress clarify and codify an expanded definition of greatest social need in the OAA, including LGBTQ+ older people and older people living with HIV, consistent with feedback provided to ACL during the 2024 Update to OAA Regulations.

Address specific needs of rural older adults

The OAA is designed to target older Americans with the greatest economic or social need, particularly low-income and people of color, older individuals with limited English proficiency, and older persons residing in rural areas. For the 2024 reauthorization, GIA and GIH recommend that Congress pay particular attention to the needs and social connectedness of [older Americans in rural areas](#), which are aging faster than urban areas and growing more diverse. Rural areas are also home to most Title VI Native American Aging Programs, with the most [commonly reported](#) unmet needs being home repair, money management, help in home/personal care, and home modification.

Because rural Americans are both more likely to own their own homes and to have less income and accumulated wealth, they may be in greater need of home and community-based services than those in urban areas, while being less likely to be able to afford them. The extent to which rural older Americans are able to afford the care they need also varies tremendously by demographic factors, socioeconomic status, access to health care and resources, and environmental characteristics. We endorse the recommendation of NCOA to modernize and increase flexibility in the determination of economic need with proven tools such as the [Elder Index](#), which was supported by GIA members as a tool to calculate the differential cost of aging in every county in America.

Congress already requires every State Plan on Aging to assure that the special needs of older individuals residing in rural areas are taken into consideration. Among the ways in which States are meeting this obligation are by allocating increased funding and staff, providing specific services (e.g. transportation, nutrition, in-home services, and socialization opportunities), strengthening referral networks, and testing new modes of service delivery. In 2020, Congress amended the OAA to improve transportation for older adults which is a significant issue in rural areas. Another area affecting rural populations in which Congress has partnered with private philanthropy is in expanding access to [home modification screenings and improvements](#).

A 2022 [evaluation](#) of State Plans on Aging recommended that State Plans identify innovative ways to serve rural older adults, including addressing the unique needs that exist at the intersection of rurality and other socio-demographic characteristics; pay special attention to

developing strategies¹ for improving access, as six states currently do (Colorado, Indiana, Mississippi, Montana, Oregon, and Vermont); and adopt a consistent definition of rurality that relies either on county-level or U.S. Census definitions. GIA and GIH agree that in order to promote equity between and within states, particularly in a context where Americans may be caring for loved ones in other states, Congress should consider a consistent definition of rurality for the 2024 reauthorization of the OAA and encourage and incentivize states to account for demographic diversity when formulating their responses to older adults in rural areas.

A critical area in which to increase access and equity for rural older adults is in programs to address social isolation. In 2020, Congress authorized projects that address negative health effects associated with social isolation among older adults and the Assistant Secretary to develop a long-term plan for supporting state and local efforts. Subsequently, the U.S. Surgeon General's [2023 Advisory on the Healing Effect of Social Connection and Community](#) recognized the role of philanthropy and community-based organizations in addressing social isolation. Members of Congress now [want to do more](#), noting that a quarter of Americans suffered from loneliness even before COVID-19 and that the health effects of loneliness surpass those of cigarette smoking. A [2020 survey of Title VI Native American Aging Programs](#) revealed significant gaps in tribal elders' access to communication technologies, contributing to isolation and loneliness.

One opportunity for Congress in the 2024 OAA reauthorization is to pass the *Addressing Social Isolation and Loneliness in Older Adults (SILO) Act* (S. 3437 and H.R. 2692), requiring the Secretary of Health and Human Services (HHS) to establish grants and trainings to help AAAs and other community-based organizations better address social isolation and connect at-risk elders with the support they need. GIA and GIH support the *Addressing SILO Act* and further recommend that Congress encourage ACL to develop a plan for how these programs will address intersections of social isolation with rurality and other socio-demographic risk factors in order to advance health equity.

Finally, an important way in which ACL can expand access and equity in programming for older adults—both in rural areas and overall—is to better disaggregate data to identify unmet needs. Improved data disaggregation helps us to better understand how programs are serving older Americans and to identify common sense measures to address gaps. GIA and GIH echo the [recommendations of the Diverse Elders Coalition](#) to create and promote a federal demographic data collection standardization requirement for the OAA; disaggregate available data in order to collect more detailed information on population subgroups based on age cohorts, race, ethnicity, LGBTQ+ status, and disability; and provide strong consumer protections by safeguarding the data that has been collected to ensure that it cannot be used for discriminatory, profiling-related actions such as immigration or law enforcement, redlining or

¹ Such strategies might include locating services in rural areas, addressing workforce issues, conducting rural-specific evaluation of services, and using virtual technology to ensure that rural and remote older adults' needs are met. However, the evaluation notes that “all of those approaches also require policy investment at the state and federal level into basic rural infrastructure, including transportation and broadband Internet, as well as investment in programs and policies to increase the rural health care workforce.”

targeting of specific groups. As partners to the OAA, we believe that improved data disaggregation will incentivize further investment by private philanthropy by identifying gaps in coverage and linkages to foundations' strategic priorities.

Strengthen Programs for Paid and Unpaid Caregivers

It has rightly been a priority for Congress to support both the direct care workforce and unpaid family caregivers in previous OAA reauthorizations, and 2024 brings new challenges and opportunities to address this issue. In 2020, Congress authorized grants or contracts to demonstrate new strategies for recruitment, retention, or advancement of direct care workers under Title IV of the OAA. Congress also amended the National Family Caregiver Support Program (NFCSP) to improve the process of caregiver assessments and to require the Assistant Secretary for Aging to issue a report to Congress on the use of caregiver assessments by AAAs and tribal organizations and publicize best practices. Congress required the Assistant Secretary for Aging to develop a National Family Caregiving Strategy under the *Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017 (RAISE Family Caregivers Act, P.L. 115-119)* and extended the sunset date for this law by one year, until January 22, 2022.

RAISE has been an exemplary public-private partnership with GIA and GIH members deploying significant intellectual and financial capital to support the National Family Caregiving Strategy by making grants and serving on the RAISE Advisory Council. From 2021-2023, 46 members of GIA's Family Caregiving Funders Community made more than 370 grants totaling over \$116 million directly aligned with each of the goals of the Strategy.

With the *RAISE Act* having expired, GIA and GIH join the [National Alliance for Caregiving \(NAC\)](#) in recommending the *RAISE Act's* reauthorization in the OAA, along with continued authorization of discretionary grants and cooperative agreements to implement the Strategy. GIA and GIH also endorse the *Supporting our Direct Care Workforce and Family Caregivers Act (S. 2198)*, which would codify an existing national technical assistance center and grant program to support the direct care workforce and family caregivers and authorize increased funding. GIA produced an [Action Guide for Philanthropy](#), and we are confident that increased federal funding would leverage substantial private support.

Bolster Interagency and Cross-Sectoral Action on Aging

Given the number of social sectors affected by demographic change and responsible for contributing to healthy longevity—health care, housing, labor, social services, transportation, to name a few—recognition is growing of the need for better coordination between and among federal and state agencies, as well as cross-sectoral strategic plans that complement existing State Plans on Aging created under the OAA. In 2020, Congress established the Interagency Coordinating Committee (ICC) on Healthy Aging and Age-Friendly Communities, which is focused on the coordination of federal agencies with respect to aging issues (e.g., DOL, DOT, HHS, HUD) and the development of a national set of recommendations that may result in a national strategic framework on aging. In addition, [almost half of states are now developing or](#)

[implementing a Multisector Plan on Aging](#) (MPA; aka “Master Plan”) that brings together stakeholders to collaboratively address the needs of older adults over a ten-year time horizon. Since 2012, GIA members have mobilized approximately \$15 million to initiate, implement, and evaluate MPA and age-friendly community efforts across the country, including articulating the [roles and opportunities for private funders](#). And every decade, the White House Conference on Aging brings together a wide range of experts and stakeholders to generate policy recommendations on aging for the White House and Congress.

The 2024 reauthorization of the OAA provides an opportunity to bolster and improve these interrelated efforts. In particular, we endorse the *Strategic Plan for Aging Act (S. 3827)*, which would require the Assistant Secretary for Aging to award grants to States, Indian tribes, and tribal organizations to create or implement Multisector Plans for Aging. We also recommend that Congress explicitly authorize the next White House Conference on Aging, as it has done previously. In the [Older Americans Act Amendments of 1992](#), Congress enacted a detailed amendment to Title II of the OAA (106 STAT. 1300-1305) requiring the President to convene a White House Conference on Aging no later than December 31, 1994 and setting out detailed provisions related to the purpose, administration, report, and funding of the Conference. The work of the ICC on Healthy Aging and Age-Friendly Communities could help to inform the design and agenda of the next White House Conference on Aging, for which the White House recently requested \$3 million in its FY2025 budget. GIA and GIH stand ready to mobilize private philanthropy to support and co-fund preparatory meetings, stakeholder consultations, travel costs, and other measures to make a Congressionally authorized White House Conference on Aging as inclusive and productive as possible.

Conclusion

Private philanthropy is proud to partner with the U.S. Congress in responding to the social needs of older Americans, and the reauthorization of the OAA provides a momentous opportunity to strengthen this partnership. Through an increased authorization and stronger incentives for private engagement, attention to equity in rural communities, support for paid and unpaid caregivers, and interagency and cross-sectoral action on aging, Congress can optimize private philanthropy’s contribution to this popular, effective, and bipartisan law that has helped to meet critical social needs and strengthen communities since 1965. To summarize, our recommendations are:

1. Double OAA authorization levels to reflect the realities that COVID-19 exposed and magnified and to keep pace with a growing U.S. aging population.
2. Optimize public-private partnerships by establishing a clear, non-burdensome, and appropriate oversight process for OAA activities and limiting SUAs’ oversight function to activities inside the OAA.
3. Provide that funds for the ACL Research, Demonstration, and Evaluation Center support the aging network more broadly and identify “best bets” for private funders in partnering with AAAs on aging support services.

4. Clarify and codify an expanded definition of greatest social need in the OAA, including LGBTQ+ older people and older people living with HIV.
5. Modernize and increase flexibility in the determination of economic need in the OAA with proven tools such as the [Elder Index](#).
6. Promote access and equity within and among rural populations by considering a consistent definition of rurality and incentivizing states to account for demographic diversity when formulating their responses to older adults in rural areas.
7. Enact the *Addressing SILO Act* and further recommend that Congress encourage ACL to develop a plan for how programs addressing social isolation will address intersections with rurality and socio-demographic characteristics in order to advance health equity.
8. Create and promote a federal demographic data collection standardization requirement for the OAA, disaggregate available data in order to collect more detailed information on population subgroups based on [age cohorts of five years](#), race, ethnicity, LGBTQ+ status, and disability, and provide strong consumer protections by safeguarding the data that has been collected to ensure that it cannot be used for discriminatory, profiling-related actions such as immigration or law enforcement, redlining or targeting of specific groups.
9. Reauthorize the *Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017* along with continued authorization of discretionary grants and cooperative agreements to implement the National Family Caregiver Strategy.
10. Enact the *Supporting our Direct Care Workforce and Family Caregivers Act*, codifying an existing national technical assistance center and grant program to support the direct care workforce and family caregivers and authorize increased funding.
11. Enact the *Strategic Plan for Aging Act*, requiring the Assistant Secretary for Aging to award grants to States, Indian tribes, and tribal organizations to create or implement Multisector Plans for Aging.
12. Authorize the next White House Conference on Aging along with a specific deadline, funding, set of goals, process, and report requirement.

With our reach in communities across the nation, private funders appreciate both the vision and flexibility that the OAA provides to states, localities, and service providers in responding to the diverse needs of older Americans. Our partners and stakeholders agree that the Aging Services Network created by the OAA works effectively to channel a combination of public and private resources, and that increased funding combined with modest policy changes would generate a substantial return on investment at a time when the U.S. aging population is rapidly increasing and continuing to feel the burden of social and economic inequalities that predated and were magnified by the COVID-19 pandemic. As funders, we see services for older adults as an investment, not an expense, [preventing greater and more costly medical needs](#) and [stimulating economic growth](#). We look forward to continuing to work with Congress and remain at your disposal should you have any questions about our recommendations.

Sincerely,



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