

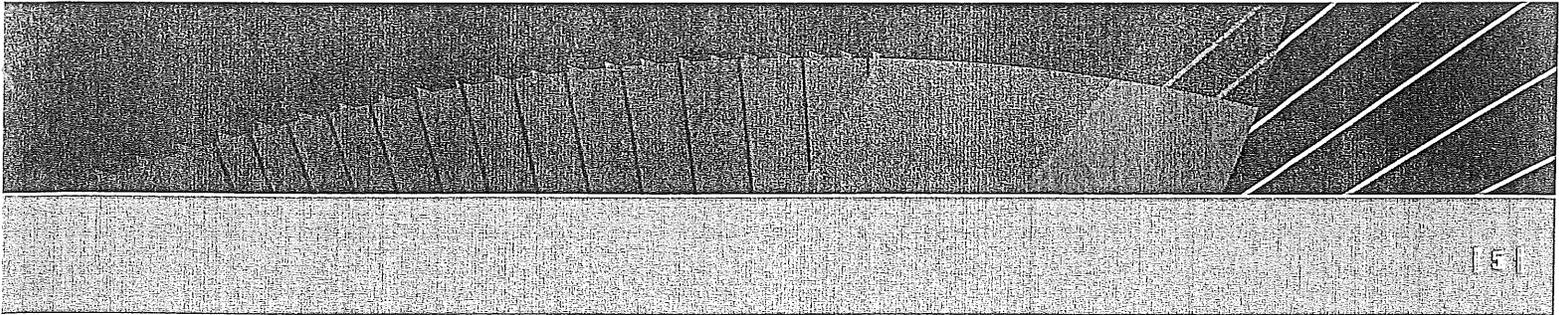
With a grant from the U.S. Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2010 survey of the nation's 629 AAAs—agencies that plan and coordinate the frontline services in the Aging Network. The purpose of the survey was to gauge the impact of these phenomena, and assess the capacity and readiness of AAAs to address the needs of America's rapidly increasing aging population. All AAAs received the survey in September 2010. Data collection concluded in February 2011 with over 71% percent of the AAAs responding.

This report provides key findings from the survey as related to the role and current status of services provided by AAAs, how AAAs are addressing the budget crisis, advances made in the service delivery system, and how AAAs are making it happen—that is, carrying out their mission despite the challenges. Where useful, data from the 2008 and 2007 surveys are included for comparison.

Area Agencies on Aging: Who They Are and What They Do

Area Agencies on Aging were established under the Older Americans Act (OAA) in 1973 to serve as the “on-the-ground” organizations charged with assisting older persons to live with independence and dignity in their homes and communities. The Congressional authors viewed the role of AAAs to include identifying the priority service needs of the age 60+ population in the community, developing plans of action to address those needs, and serving as visible advocates with and on behalf of older Americans.

Today, there are 629 AAAs serving older adults in every community in the nation. Each AAA has evolved in the context of a unique social, economic and political environment. Further, AAAs are flexible and take advantage of emerging opportunities and “climates for success” to mount new initiatives or expand services that support the health and independence of those 60+, especially the most frail and vulnerable, and their caregivers. Consequently, no two AAAs are alike. Yet, the OAA provides the umbrella uniting them in a common mission with a common set of roles and responsibilities.

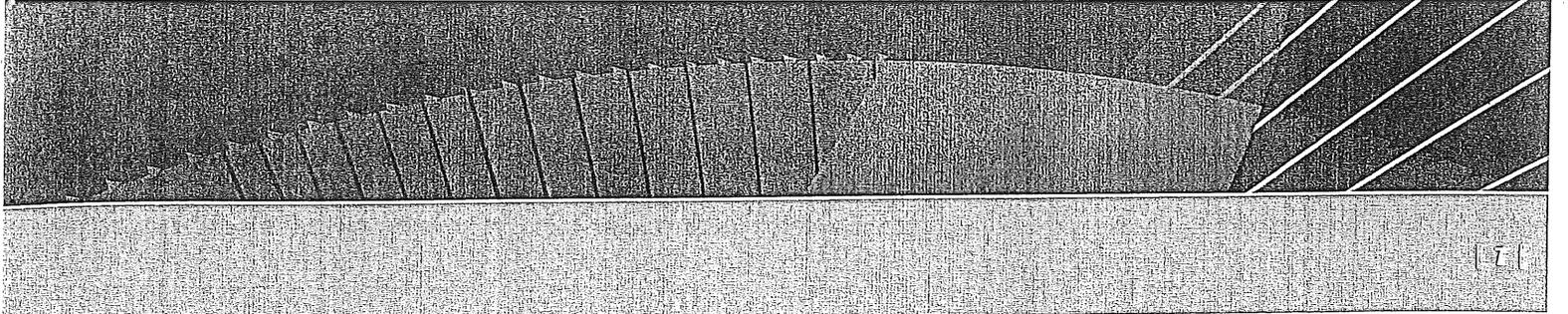


Some services are provided directly by AAAs while others result from contracts with provider organizations. According to the 2010 survey, the core OAA-funded services most likely to be provided directly by AAAs are identified below.

- *Information and Referral/Assistance* (90.4%) offering one-to-one help to older persons and caregivers in determining needs and service options, and—drawing from comprehensive resource databases—linking them to the most appropriate provider.
- *Outreach* (81.5%) to identify potential clients and encourage them to use existing services or benefits to address their needs.
- *Family Caregiver Support* (66.9%) providing information, decision support and problem-solving assistance, as well as caregiving training, respite, and help with securing other services.
- *Ombudsman Services* (58.7%) that investigate and resolve complaints by residents of long-term care facilities and, in some cases, recipients of home care services.

In addition to the services specified in the OAA, AAAs offer a range of other assistance. According to the survey, the most common non-core services provided directly by AAAs are as follows.

- *Benefits/ Health Insurance Counseling* (79.1%) to help older persons apply for benefits for which they are eligible and to provide assistance in addressing health and long-term care insurance issues.
- *Case Management* (78.7%) for frail older clients and others, including assessment for services, care plans and coordination of service delivery across providers.
- *Assessment for Care Planning* (77.3%) to assist older persons and their families determine the health and supportive services needed for independent living.
- *Senior Medicare Patrol* (69.1%) to educate and empower older consumers to identify, prevent and report health care fraud.
- *Assessment for Long-Term Care Service Eligibility* (67%) based on level of physical/mental functioning, as well as financial or other requirements of the various funding sources.



Addressing the Realities of the Recession

The current economic reality has further stressed an aging service system that was already feeling the pressure of an increasing older population, years of stagnant public funding and rising costs for supportive health services. As a result of the recession, public resources for aging services are shrinking—at precisely the time they are needed most, both to serve growing numbers of current older Americans and to prepare systems and communities for the arrival of over 73 million baby boomers as senior citizens.

To address reductions in funding, AAAs are employing the dual strategies of revenue enhancement and expenditure reduction. Among survey respondents, over three-fifths (61.4%) explored new funding opportunities available from federal, state, and local governments, foundations and private businesses; and over half focused on new partnerships to maintain, enhance or expand services.

As in previous periods of fiscal constraints, AAAs are trying to maximize services for older persons and caregivers by first absorbing substantial reductions through strategic reorganizational measures and streamlined agency operations. Three-fifths (60.5%) of the AAAs cut budgets in all or some departments and 39% reorganized the agency. These administrative expenditure reductions resulted in:

- increased caseloads (52.7%),
- cut or eliminated business travel (44.1%), and
- cut or eliminated staff training (39.3%).

AAA staffing was also hard hit as a result of the budget crisis:

- over half (50.2%) of the AAAs eliminated or reduced salary increases;
- nearly half (49.3%) reduced staff through attrition, not replacing personnel who left the agency;
- nearly a quarter reduced the total staff hours through conversion from full to part-time status (24.2%) or lay-offs (23.3%); and
- over one-fifth (22.8%) reduced staff benefits.

TABLE 2 | Proportion of AAAs That Made Specific Changes in Response to the Economic Downturn

Expenditure Reduction Strategies	Proportion of AAAs
STRATEGIC REORGANIZATION MEASURES	
Cut budgets of at least some departments	47.7%
Cut budgets of all departments	12.8%
Reorganized the agency	39.0%
Increased program evaluations to determine where resources can best be allocated	25.3%
Renegotiated contracts with providers	26.7%
CHANGES TO OPERATIONS	
Increased caseloads	52.7%
Cut or eliminated business travel	44.1%
Cut or eliminated staff training	39.3%
Expanded consumer-directed options	12.6%
CHANGES DIRECTLY AFFECTING STAFF	
Eliminated or reduced salary increases	50.2%
Reduced staff by not replacing those who leave	49.3%
Reduced total staff hours by converting some positions from full-time to part-time	24.2%
Reduced total number of staff through layoffs	23.3%
Reduced staff benefits	22.8%
CHANGES DIRECTLY AFFECTING CLIENTS	
Instituted waiting lists for at least some services	58.7%
Eliminated programs (temporarily or permanently)	18.7%
Eliminated services	14.6%
Redefined service eligibility	13.0%

All is not bleak, however. In spite of these financially-driven changes, this report describes the significant strides made by AAAs in advancing health, long-term services and supports, and consumer access for older persons—progress that clearly attests to the commitment and dynamic capability of the Aging Network.