

Spotlight

The Older Americans Act

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Since it was enacted in 1965, the Older Americans Act (OAA) has provided essential services to adults ages 60 and older and other populations, such as family caregivers of older adults and those with dementia. OAA services and programs guide individuals with low incomes, as well as those who are frail and reside in rural areas, in navigating long-term services and supports (LTSS) systems. OAA also provides direct services to both older adults and their family caregivers. It specifically targets older individuals with the greatest economic and social needs.

However, OAA federal funding has increased only slightly over the past two decades and has not kept pace with the rapid growth of the 60-plus population. While nominal OAA federal funding in fiscal year (FY) 2024 is 41 percent above what it was in FY 2001, the 60-plus population over the same time period has grown by 70 percent. What's more, OAA funding is not keeping up with inflation.

In addition to services and supports, OAA has also authorized and extended system-level functions, such as the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC). The ICC published a draft Strategic Framework for a National Plan on Aging in May 2024.

This *Spotlight* paper breaks down the OAA mission, explains its benefits in detail, and provides an in-depth look at how needed increased funding could be allocated to better support nutrition and caregiver support services.

Basics of the OAA

The Older Americans Act includes seven titles in its legislative text. Most of these titles include

one or more programs administered at the federal level and operated by state and local agencies and service providers. See figure 1 for a list of OAA titles and their respective key functions. Of note, Title III (Grants for State and Community Programs on Aging) accounts for most (72 percent) OAA funding.

The OAA funds **direct services**, which include supportive services; nutrition services (congregate and home-delivered meals); family caregiver supports (e.g., respite); community service employment for older adults; the Long-Term Care Ombudsman Program (advocacy for nursing home and assisted living residents); and services to prevent the abuse, neglect, and exploitation of older persons.

The OAA also provides critical **infrastructure services** for older adults and their family caregivers. Some examples follow.

- **National Family Caregiver Support Program** (NFCSP) includes resources such as training and education for family caregivers and caregiver assessment. NFCSP provides an infrastructure to support family caregivers in addition to funding direct services. NFCSP is inclusive of family caregivers who support people who rely entirely on family caregiver support, pay for care privately, and/or receive Medicaid and other publicly funded services.
- **Information and referral** are available to supportive services for older adults and their family caregivers. The National Eldercare Locator and *engAGED: The National Resource Center for Engaging Older Adults* offer a nationwide toll-free phone number and website¹ to help people identify community resources for older adults.

FIGURE 1
Older Americans Act titles and descriptions

Title	Name	Key Function
I	Declaration of Objectives; Definitions	Provides overall language for the OAA as well as definitions for key terms.
II	Administration on Aging	Establishes the Administration on Aging, State Units on Aging, and Area Agencies on Aging. Also funds the National Long-Term Care Ombudsmen Resource Center and the National Center on Elder Abuse.
III	Grants for State and Community Programs on Aging	Most key OAA program services, including the National Family Caregiver Support Program, are included in Title III. More than 70% of OAA dollars flow through Title III.
IV	Activities for Health, Independence, and Longevity	Programs such as chronic disease self-management, falls prevention, and similar activities.
V	Community Service Senior Opportunities Act	Provides for the Senior Community Service Employment Program (SCSEP).
VI	Grants for Services for Native Americans	Provides direct care, caregiver support, and nutrition services for Native American communities.
VII	Vulnerable Elder Rights Protection Activities	Provides for the Long-Term Care Ombudsmen program and funding for elder abuse prevention programs.

- **Volunteers** provide billions of dollars’ worth of services through the Aging Network. For example, volunteers deliver meals and counsel people about health insurance choices.
- Help is available for **emergency responses to disasters**, including those related to health and weather. For example, during the COVID-19 public health emergency, the Administration on Aging responded by disbursing almost \$3 billion in additional federal dollars (FY 2020 and 2021) for relief, suspending congregate meals and ramping up home-delivered meals, providing guidance to the Aging Network on responding to the pandemic, and increasing telephone reassurance and programs to combat social isolation.²

Funding for OAA

Each state receives OAA funds according to a formula based on the state’s share of the US older population (see appendix A, Title III State Allocation Table). OAA services help older adults “age in place” in their homes and communities. More than 10 million people

The Older Americans Act and Medicaid

Medicaid is the main public payer for LTSS, spending roughly \$182 billion on nursing home care, home and community-based services (e.g., home care, adult day services), and other services in FY 2021. The majority of Medicaid LTSS spending historically has gone to services for older adults and people with physical disabilities. However, Medicaid serves low-income people with few assets; most middle-class older adults are ineligible for Medicaid but still cannot afford the cost of LTSS on their own. The OAA can also fund LTSS, particularly in home- and community-based settings. While its level of funding is much smaller than that of Medicaid, OAA programs can reach additional populations beyond those who qualify for Medicaid, such as those who may be at risk for nursing home placement and/or those with modest financial resources just above Medicaid eligibility thresholds.

received OAA Title III services in FY 2021. These services include meals, family caregiver support, home care, adult day services, and assisted transportation.

Federal funding for all OAA services was \$2.37 billion in FY 2024.³ States are required to provide a nonfederal match. The required match is 25 percent for family caregiver support and 15 percent for supportive services, preventive health, and meals.

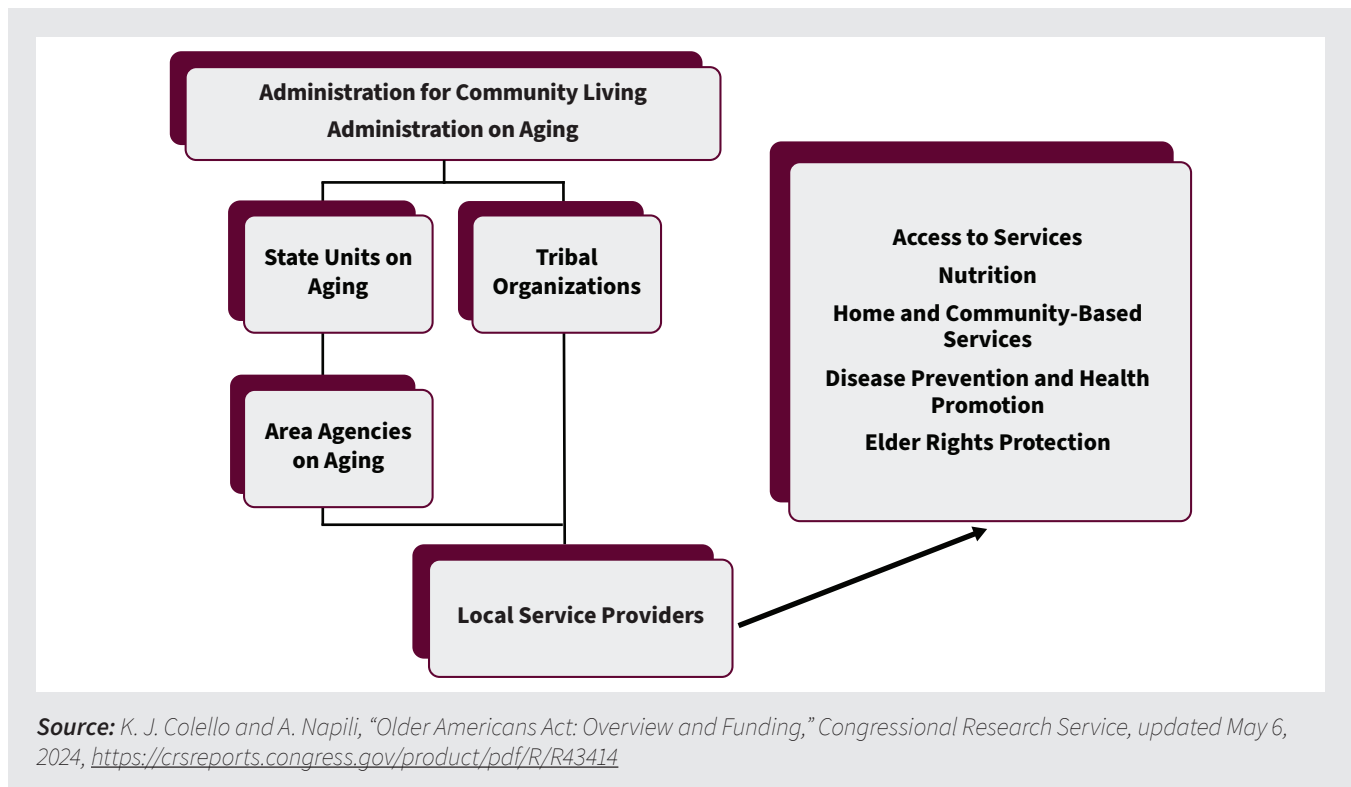
The OAA allows states to provide additional funds, such as state general revenue, Medicaid funds, block grants, and donations. Many states provide funding that exceeds federal match requirements. States also have the flexibility to transfer funds among supportive services and congregate and home-delivered meals.

OAA funding for the Aging Network

The Aging Network is a national network of federal, state, tribal, and local agencies that

plans and provides services that help older adults live independently in their homes and communities. The lead agency for the Aging Network is the Administration on Aging (AoA) within the Administration for Community Living (ACL). AoA administers most of the Older Americans Act programs, with the exception of senior employment services programs in the US Department of Labor. AoA also is the chief federal agency advocating for older adults. State Units on Aging are the state agencies primarily responsible for planning and policy development as well as administration of OAA programs at the state level. Local area agencies on aging are the agencies that, either directly or through contracts with local service providers, oversee a comprehensive and coordinated service system for delivering services to older adults. AoA also provides funding directly to tribal organizations. **Figure 2** depicts the Aging Network and the services it provides.

FIGURE 2
The Aging Network⁴



Source: K. J. Colello and A. Napili, "Older Americans Act: Overview and Funding," Congressional Research Service, updated May 6, 2024, <https://crsreports.congress.gov/product/pdf/R/R43414>

Volunteers augment the Aging Network's activities. An ACL study quantified the value of volunteer labor in the delivery of services to older adults and others through the following programs.⁵

- **OAA Title III programs** involve supportive services, nutrition services, family caregiver supports, and health promotion and disease prevention services. In FY 2019, OAA Title III area agency on aging volunteers provided about 56 percent of total annual labor, with an estimated value of \$1.7 billion.
- **OAA Title VII Long-Term Care Ombudsman Program** advocates on behalf of nursing home residents and other people using LTSS services. In fiscal year 2019, volunteers for this program contributed about 15.9 percent of the total certified ombudsmen annual labor, worth about \$14 million.
- **State Health Insurance Assistance Program** provides information to help Medicare enrollees and others deal with health insurance matters. Program volunteers contributed about 28.2 percent of the total annual labor, worth about \$28 million.

Unpaid volunteers across the three programs donated 6 to 14 hours per month on average.

OAA as a complement, not duplicate, to other programs

The Older Americans Act plays a unique role in the suite of federal programs that support older adults and their families by being the only one of its kind to provide a service to older adults while complementing other programs without duplicating services.

OAA nutrition programs, for example, often provide one or two meals per day on any number of days per week but are not meant to meet the full nutritional needs of participating older adults. Further, the congregate meal program offers socialization and potential monitoring for changes to a participant's health and/or functional status not available through other nutrition programs. Eligibility

criteria are different for OAA services than for the Supplemental Nutrition Assistance Program and other federal nutrition programs.

Likewise, OAA's NFCSP is the only federal program specifically for family caregivers of older adults regardless of income. NFCSP services reach families regardless of income status or whether they are enrolled in Medicaid or otherwise receive publicly funded services. Some Medicaid home and community-based services (HCBS) waivers and state plans include support for family caregivers, but these vary by state and are limited to families of individuals with very low incomes and assets and in situations where a person's care needs are advanced (e.g., nursing facility level of care). NFCSP, by contrast, can provide services to families earlier in the caregiving journey and can delay or head off the need for Medicaid HCBS and/or nursing home care entirely.

Some OAA supportive and preventive services include in-home care and other paid HCBS. While these may be similar in nature to what Medicaid HCBS programs provide, the clientele and scope of services are often different. OAA programs have more flexibility than Medicaid HCBS programs regarding who qualifies for services.

OAA also funds the Long-Term Care Ombudsman program, which provides an important resource that provides information and advocacy for people receiving care in nursing homes and in home and community-based settings. This support is available to people regardless of how they pay for care; it helps ensure the safety and well-being of all people receiving paid LTSS.

Additional OAA services, such as those meant to ensure elder rights, prevent abuse, and provide supports for employment, are generally the only of their kind and are tailored to the unique needs of older adults. OAA programs can also work with other publicly funded services to ensure the safety of older people, such as an adult protective services program working with local law enforcement, but the functions they provide in those partnerships are distinct.

Researchers have found that increasing funding for OAA programs such as nutrition⁶ and supportive services⁷ results in cost savings elsewhere. Specifically, more funding for these programs can lead to fewer nursing home residents with low care needs. As discussed in the [LTSS State Scorecard](#), residents with low care needs can often be served in the community with appropriate supports (e.g., OAA services) which is most typically their preference and are often unnecessarily in nursing homes and consuming expensive care.⁸

OAA as an essential resource for family caregivers

OAA programs including and beyond the NFCSP provide crucial support and resources for family caregivers. There are more than 48 million family caregivers in the United States, most of whom care for older adults.⁹ OAA programs reach some of these family caregivers; however, their reach is limited because of funding restraints.

The NFCSP is the primary OAA program that serves family caregivers. NFCSP provides a range of services, such as information about and referrals to services, counseling and support groups, and respite services. As with other OAA programs, NFCSP dollars flow from the federal government to state units on aging, which distribute funds to participating area agencies on aging and other local service providers.

Family caregivers provided an estimated \$600 billion in unpaid care in 2021.¹⁰ The support family caregivers provide is often similar to tasks an LTSS provider such as a home health or personal care aide might perform. The \$192 million appropriated through the OAA in FY 2024¹¹ for NFCSP amounts to just 1/30th of 1 percent of the unpaid care that family caregivers frequently provide.

Despite insufficient funding, OAA provides essential supports that family caregivers rely on. NFCSP and other OAA services support family caregivers regardless of the care

recipient's payment source for other services (e.g., Medicaid, Medicare, private funds). These services are critical to meeting family caregiver needs to the extent made possible by funding. They do not simply augment Medicaid and other publicly funded services. Rather, OAA services for consumers and family caregivers are inclusive of people who pay for care privately or who rely entirely on family caregivers for their care needs.

Three studies have outcomes data related to NFCSP with positive findings:

1. Services reduce caregiver stress and help family caregivers continue in their role for longer.¹² People receiving four hours of respite per week or those who participated in one or more education/training, counseling, or support group sessions experienced an increase in self-reported confidence.
2. A survey of program participants receiving respite care showed that they had more personal time, found giving care easier, and had less stress.¹³
3. Another survey of program participants using respite found that users reported better health.¹⁴ In addition, the health benefit of day-care respite was greater for caregivers 75 and over than for those who were 65 to 74.

While NFCSP grantee agencies provide valuable services, inconsistencies exist, including with respect to family caregiver assessments. The assessments evaluate the family caregiver's situation (e.g., where they live, their employment status), needs, and challenges, ideally to ensure that agencies and service providers offer tailored services and supports. The assessments are important tools because they help identify gaps in care and, with the appropriate supports offered as a result of the assessment, can reduce family caregiver stress and improve the overall well-being of both family caregivers and care recipients.

Fewer than half of state units on aging (41 percent), for example, indicated that they provide assessments for all family caregivers. Local providers were more likely to conduct family caregiver assessments; however, the frequency, scope, and use of these vary, creating disparate experiences for family caregivers. Approximately 2 in 5 (40 percent) local agencies, for example, do not assess for caregiver “skills, ability, knowledge or other requirements to provide care,” and a similar rate do not assess caregiver “values and preferences with respect to everyday living and care provision.”¹⁵ These are essential elements that, when not assessed, limit the ability of NFCSP agencies to fully understand their clients’ experiences and needs.

In addition to further funding of the NFCSP, programmatic changes such as making caregiver assessments a required or otherwise universal component of what participating states and agencies provide for family caregivers could increase the benefits of the program to family caregivers. Further, collecting additional data from and about family caregivers would provide greater insight into their experiences and the impact of services on them and the people for whom they care.

Family caregivers also receive support from Title VI of OAA, which provides services specifically to native communities. A portion of Title VI funds go to family caregiver support services and provide services parallel to those offered through NFCSP to states and territories, although these dollars are very limited (\$12 million in FY 2024).

OAA funding is inadequate

OAA federal funding has remained relatively flat over time and hasn’t kept pace with inflation or growth in the aging population. See figure 3 for FY 2024 funding.

Funding has increased only slightly over the past two decades. OAA funding has increased by only 1.5 percent annually on average from FY 2001 to FY 2024 (from \$1.68 billion in FY 2001 to \$2.37 billion in

FY 2024).¹⁶ Over this time, the OAA received temporary funding increases in 2009-10 due to stimulus funding from the American Recovery and Reinvestment Act during the Great Recession, and in 2020-21 due to a special supplemental appropriation in the Coronavirus Aid, Relief, and Economic Security Act during the first years of the COVID-19 pandemic. However, appropriations returned to previous levels after each temporary increase.

Growth of the older population is outpacing OAA funding. OAA funding has not kept pace with the rapid growth of the population ages 60 and older. While nominal OAA funding in FY 2024 is 41 percent above what it was in FY 2001, the 60-and-older population has increased by 70 percent from 2001 to 2024 and is projected to grow by 95 percent from 2001 to 2030.

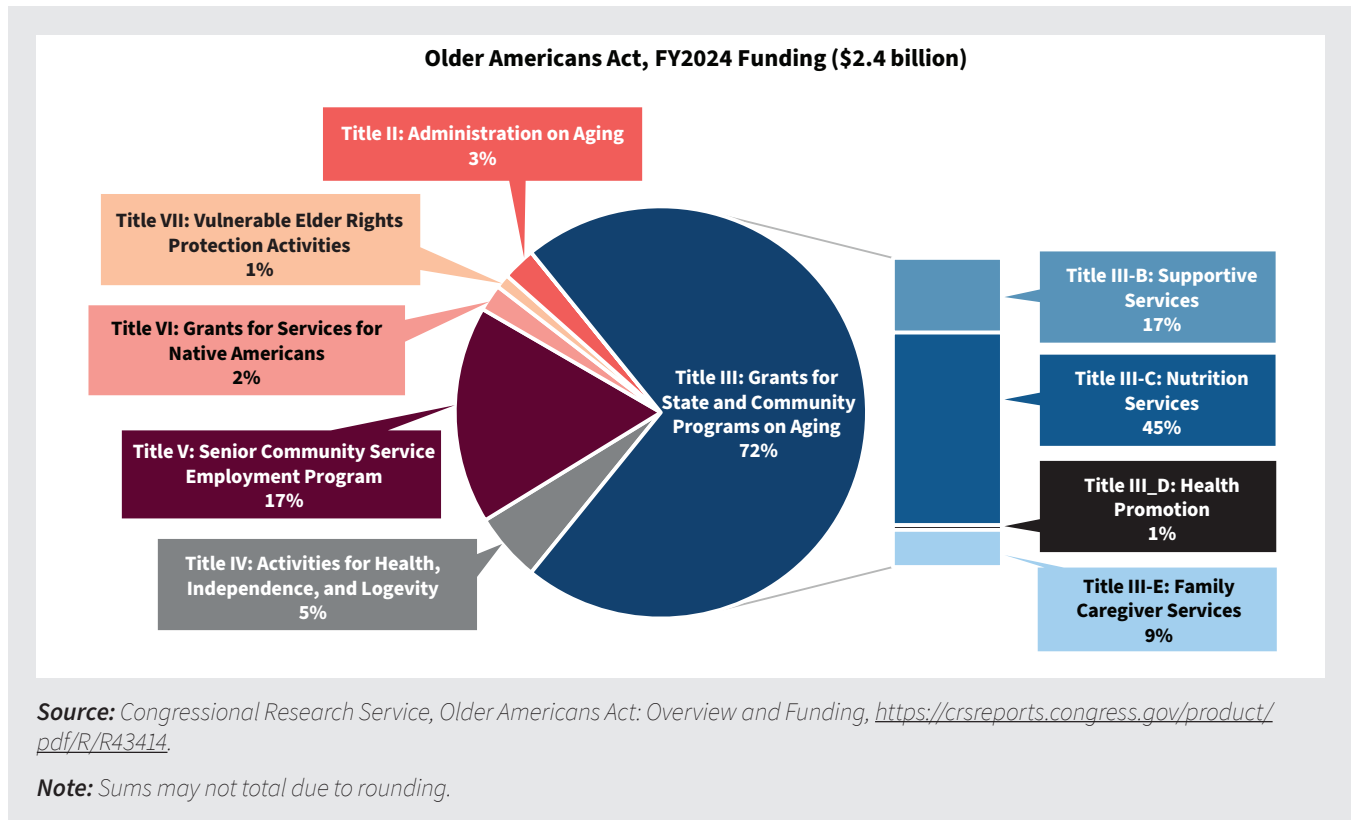
OAA funding is not keeping up with inflation. When adjusting for inflation, not only have total OAA appropriations over the past 23 years failed to keep pace with population growth, but they also fell by 21 percent, as the average annual rate of inflation has been 2.5 percentage points over the period 2001-24, greater than the average nominal funding increase of 1.5 percent per year. If total OAA appropriations had kept up with inflation since FY 2001, funding would have been almost \$3 billion in FY 2024, or \$620 million more than actual funding, just to maintain the same total buying power as in FY 2001. (See further details in figure 3.)

On a per-capita basis, the inflation-adjusted appropriation per person 60 or older declined by 55 percent from 2001 to 2024 and is projected to decline further by 2030 if current funding trends continue. At a minimum, OAA needs dramatically increased funding just to maintain current program services.

OAA helps older adults live at home

OAA provides important services and supports for people who are at risk of losing their independence. These services include meals, employment, home and community-based

FIGURE 3
Older Americans Act, FY 2024 Funding (\$2.4 billion)



services, services for Indian Country, family caregiver supports, and elder abuse and adult protective services.

Nutrition

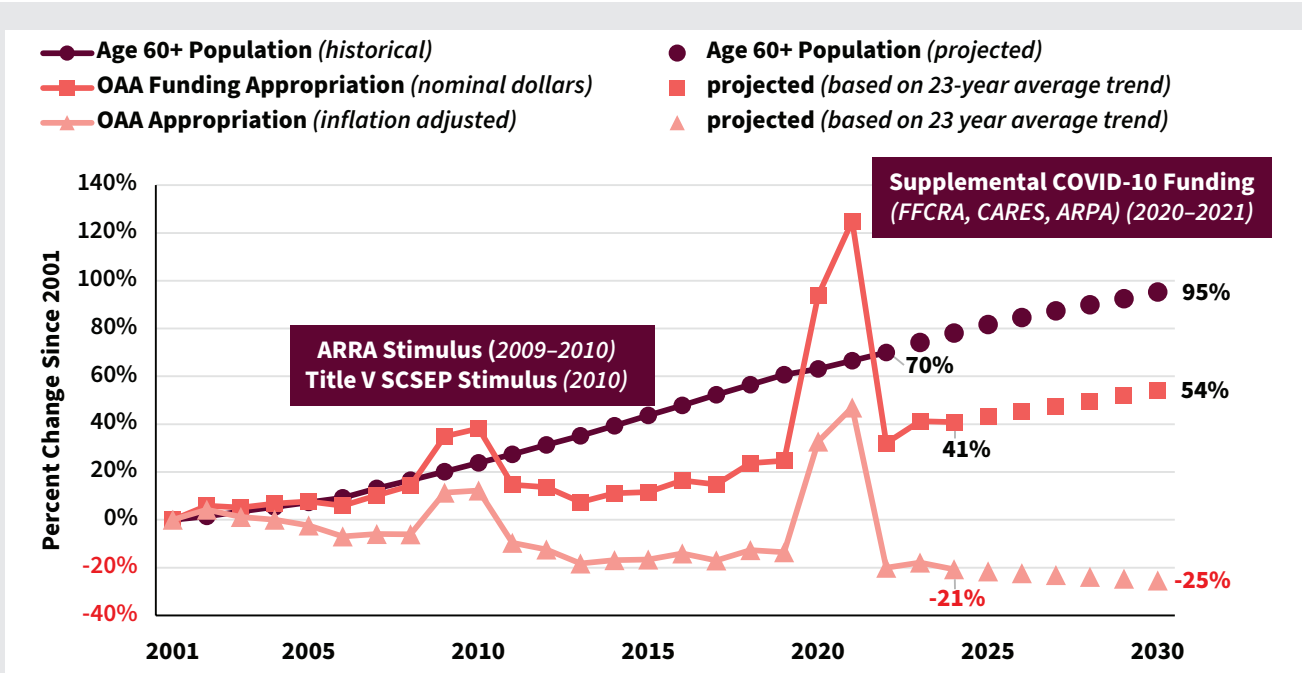
About 45 percent of federal OAA funding goes to meals provided in congregate settings such as senior centers and adult day centers; home-delivered meals, sometimes referred to as meals on wheels; and nutrition counseling.¹⁷ About 225 million home-delivered meals and 25 million congregate meals were served in 2021,¹⁸ which fed roughly 2.2 million people.¹⁹ The Older Americans Act home-delivered and congregate meals together comprise the largest of the OAA programs and is the only federal food assistance program that delivers healthy meals to older adults who have difficulties leaving home without assistance. The program also provides meals to older community-dwelling individuals in congregate settings to

promote socialization while consuming healthy meals. Along with nourishing meals, funds for these programs provide periodic nutrition screening, needs assessment, education, and counseling to participants.

The meal programs have several positive outcomes for participants:

- People who received home-delivered meals were less lonely²⁰ and had better diets on days they received their meals.²¹
- Participants in congregate meal programs had more food security and socialization and better quality of diet.²² They also reported better well-being.²³
- Congregate meal participants were less likely to be admitted to the hospital with or without an emergency department visit or to a skilled nursing home. Participants who had home health episodes had fewer of them.²⁴

FIGURE 4
Percentage Change in Actual and Inflation-Adjusted Funding Allocations for Older Americans Act Programs and Ages 60+ Population 2001–30



Sources: Historical funding appropriations for FY 2001–04 from CRS Report for Congress, *Older Americans Act: History of Appropriations, FY 1966–FY 2004*, June 18, 2004; for FY 2005–09 from CRS Report for Congress, *Funding for the Older Americans Act and Other Aging Services Programs*, February 22, 2013; for FY 2010–15 from CRS *Older Americans Act: Overview and Funding*, November 14, 2018; for FY 2016–FY 2024 from CRS *Older Americans Act: Overview and Funding*, May 6, 2024. Population estimates and projections from US Census Bureau, Population Division, Table 1. *Intercensal Estimates of the Resident Population by Sex and Age for the United States: April 1, 2000, to July 1, 2010 (US-EST00INT-01)*, released September 2011; *Annual Resident Population Estimates by Selected Age Groups and Sex for the United States: April 1, 2010, to July 1, 2019; April 1, 2020; and July 1, 2020 (NC-EST2020-AGESEX-SEL)*, last revised October 2021; *Annual Estimates of the Resident Population for Selected Age Groups by Sex for the United States: April 1, 2020, to July 1, 2022 (NC-EST2022-AGESEX)*, released July 2023; and *Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2022 to 2100 (Main Series)*, released November 2023. Inflation adjustment and projected future appropriations by AARP Public Policy Institute based on Consumer Price Index for All Urban Consumers (CPI-U) from 2021 to May 2024 (<https://www.usinflationcalculator.com/inflation/consumer-price-index-and-annual-percent-changes-from-1913-to-2008/>, last accessed June 17, 2024) and projections based on average trend since 2001.

Note: ARRA, American Recovery and Reinvestment Act; SCSEP, Older Americans Act Title V Senior Community Service Employment Program; FFCRA, Families First Coronavirus Response Act; CARES, Coronavirus Aid, Relief and Economic Security Act; ARPA, American Rescue Plan Act.

- People who received meals from local aging network service providers who offered health promotion programs were less likely to experience adverse health events than people who didn't have access to health promotion programs.²⁵

Employment

OAA provides part-time community service employment and training to low-income, unemployed people ages 55 and older. Roughly one-sixth (17.1 percent) of OAA federal funding goes to the Community Service Employment for Older Americans program.²⁶ Also known as the Senior Community Service Employment Program, the program has helped more than

1 million older Americans enter the workforce since it began when the OAA first became law in 1965.

Home and community-based services

OAA provides supportive services (e.g., home care, transportation, case management) and preventive health and health promotion services; HCBS, including home care, adult day services, and case management; and transportation. About 18.4 percent of OAA federal dollars are allocated to these services.

Services for Indian Country

OAA provides limited funds for supportive and nutrition services for elders in Indian Country. These can include direct care such as home care as well as home-delivered and/or congregate meals. This population includes members of American Indian tribes, Native Alaskans, and Native Hawaiians. In FY 2024, \$50.3 million, or 2.1 percent, of total OAA funding was allocated to these services.²⁷ Funds included \$38.3 million for supportive and nutrition services and \$12 million for family caregiver support services.

Protective services for older adults

Services that support and protect vulnerable older adults are included in OAA Title II, Title IV, and Title VII. These programs include elder rights protection; elder rights support; protection against elder abuse, neglect, and exploitation; Adult Protective Services; aging network support activities; and the ombudsman program.

OAA provided minimal program funding for elder abuse prevention (\$4.8 million) and the Long-Term Care Ombudsman program (\$21.9 million) in FY 2024. Adult Protective Services also received \$12 million in FY 2019 through the Prevention and Public Health Fund.

OAA providing a broad vision for the future

The 2020 reauthorization of the OAA included key provisions creating the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities (ICC), through which ACL convened 16 agencies and departments across the federal government to develop national recommendations on aging issues. In FY 2023 Congress appropriated \$1 million for the ICC, and in May 2024 the ICC published its Report to Congress, *Aging in the United States: A Strategic Framework for a National Plan on Aging* (the Strategic Framework).²⁸ This report includes recommendations across four domains: age-friendly communities, coordinated housing and supportive services, increased access to LTSS, and aligned health care and supportive services.

Similar to the important role of multisector plans for aging at the state level, a national plan for aging is important for coordinating what AARP refers to as “interconnected areas of policy opportunities that can impact the quality of life for millions of older adults” in *Aging Well in America*, the organization’s own vision for a national plan on aging.²⁹

As of October 2024, ACL and a collaborative of foundations have worked to follow up on the Strategic Framework through outreach, including listening sessions to receive feedback on its recommendations and next steps. ACL and its partners will continue to refine and work toward implementing its Strategic Framework.

The 2020 reauthorization also extended the sunset date of the Supporting Grandparents Raising Grandchildren Act advisory council and the Recognize, Assist, Include, Support, and Engage Family Caregivers Act (RAISE Family Caregivers Act) provisions.³⁰ Together, the SGRG and RAISE advisory councils developed the National Strategy to Support Family Caregivers, first published in 2022.³¹

Conclusion

OAA provides direct services and infrastructure that serve millions of frail older adults, many of whom are homebound. Its services play a key role in preventing more costly institutional services and hospitalizations, helping people remain in their own homes, and assisting family caregivers. Yet, current funding for OAA is woefully inadequate, leaving many needs unmet and potentially leading to more costly health and LTSS.

Acknowledgments

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Appendix A. Title III State Allocation Table

FY 2024 Older Americans Act, Program-Specific Funding Allocations

State/Territory	Meals and Nutrition Services ^a	Supportive Services and Preventive Health ^b	National Family Caregiver Support Program ^c	Total Title III
Alabama	\$13,914,023	\$6,425,783	\$2,896,187	\$23,235,993
Alaska	\$4,626,774	\$2,159,877	\$960,345	\$7,746,996
Arizona	\$21,500,876	\$10,259,570	\$4,569,514	\$36,329,960
Arkansas	\$8,274,033	\$3,828,552	\$1,736,843	\$13,839,428
California	\$94,475,166	\$43,649,236	\$19,627,742	\$157,752,144
Colorado	\$14,577,892	\$6,900,504	\$2,834,769	\$24,313,165
Connecticut	\$10,263,363	\$4,719,794	\$2,110,302	\$17,093,459
Delaware	\$4,626,774	\$2,159,877	\$960,345	\$7,746,996
District of Columbia	\$4,626,774	\$2,159,877	\$960,345	\$7,746,996
Florida	\$71,106,859	\$33,160,389	\$16,012,063	\$120,279,311
Georgia	\$26,338,892	\$12,431,210	\$5,137,864	\$43,907,966
Hawaii	\$4,626,775	\$2,159,877	\$977,844	\$7,764,496
Idaho	\$5,366,690	\$2,550,301	\$1,035,564	\$8,952,555
Illinois	\$33,268,728	\$15,370,966	\$6,857,251	\$55,496,945
Indiana	\$17,661,716	\$8,095,198	\$3,628,427	\$29,385,341
Iowa	\$8,991,073	\$4,422,794	\$1,874,982	\$15,288,849
Kansas	\$7,675,705	\$3,589,642	\$1,591,208	\$12,856,555
Kentucky	\$12,155,278	\$5,591,368	\$2,490,229	\$20,236,875
Louisiana	\$12,029,509	\$5,542,376	\$2,429,228	\$20,001,113
Maine	\$4,741,168	\$2,192,795	\$990,127	\$7,924,090
Maryland	\$16,191,367	\$7,492,123	\$3,315,889	\$26,999,379
Massachusetts	\$19,260,612	\$8,878,477	\$4,014,418	\$32,153,507
Michigan	\$28,765,743	\$13,162,960	\$5,898,234	\$47,826,937
Minnesota	\$15,563,395	\$7,266,428	\$3,151,540	\$25,981,363
Mississippi	\$7,830,741	\$3,620,754	\$1,595,841	\$13,047,336
Missouri	\$17,072,917	\$7,853,152	\$3,532,828	\$28,458,897

State/Territory	Meals and Nutrition Services ^a	Supportive Services and Preventive Health ^b	National Family Caregiver Support Program ^c	Total Title III
Montana	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
Nebraska	\$5,082,514	\$2,406,632	\$1,056,460	\$8,545,606
Nevada	\$8,435,668	\$3,992,039	\$1,697,556	\$14,125,263
New Hampshire	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
New Jersey	\$24,944,344	\$11,575,766	\$5,142,267	\$41,662,377
New Mexico	\$5,905,211	\$2,741,697	\$1,269,519	\$9,916,427
New York	\$54,279,014	\$25,520,222	\$11,468,234	\$91,267,470
North Carolina	\$28,795,938	\$13,464,079	\$5,897,427	\$48,157,444
North Dakota	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
Ohio	\$33,082,761	\$15,254,713	\$6,817,368	\$55,154,842
Oklahoma	\$10,173,768	\$4,698,249	\$2,087,105	\$16,959,122
Oregon	\$12,101,938	\$5,563,632	\$2,605,922	\$20,271,492
Pennsylvania	\$38,459,268	\$18,708,757	\$8,110,584	\$65,278,609
Rhode Island	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
South Carolina	\$15,657,733	\$7,397,186	\$3,194,315	\$26,249,234
South Dakota	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
Tennessee	\$18,661,463	\$8,620,011	\$3,841,874	\$31,123,348
Texas	\$64,581,749	\$30,390,620	\$12,475,138	\$107,447,507
Utah	\$6,554,059	\$3,136,414	\$1,251,083	\$10,941,556
Vermont	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
Virginia	\$22,695,198	\$10,503,894	\$4,659,625	\$37,858,717
Washington	\$20,174,578	\$9,430,038	\$4,116,143	\$33,720,759
West Virginia	\$5,802,618	\$2,879,953	\$1,208,127	\$9,890,698
Wisconsin	\$17,066,960	\$7,929,378	\$3,454,254	\$28,450,592
Wyoming	\$4,626,775	\$2,159,877	\$960,345	\$7,746,997
American Samoa	\$880,056	\$497,251	\$120,043	\$1,497,350
Guam	\$2,313,452	\$1,156,432	\$480,173	\$3,950,057
Northern Mariana Islands	\$639,561	\$269,985	\$120,043	\$1,029,589
Puerto Rico	\$10,879,796	\$5,036,793	\$2,603,223	\$18,519,812
Virgin Islands	\$2,356,467	\$1,079,939	\$480,173	\$3,916,579
Total	\$927,444,382	\$433,016,699	\$192,069,000	\$1,552,530,081

Source: Administration for Community Living, FY2024 AoA OAA Title III Programs Annual Allocation for the State and Territories, <https://acl.gov/about-acl/older-americans-act-oaa>.

Notes:

^a Meals and nutrition services include funding allocations to states for OAA Title III Congregate Nutrition Services, Home-Delivered Nutrition Services, and Nutrition Services Incentive Program.

^b Supportive services and preventive health include funding allocations to states for OAA Title III Home and Community-Based Supportive Services and Preventive Health Services.

^c National Family Caregiver Support Program is an OAA Title III program.

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