Welcome Aboard!

New Directors & Staff Boot Camp

July 28, 2019, New Orleans
Our Foundation
Welcome

Deborah Stone-Walls, n4a
President
Advocacy Roles of the Aging Network and n4a

Amy Gotwals, n4a Chief, Public Policy & External Affairs
Agenda

• Older Americans Act
• The Aging Network
• Advocacy 101, Speed Edition
• n4a: your national association
Older Americans Act of 1965, P.L. 89-73, July 14, 1965

Lyndon Johnson signing the OAA, July 14, 1965.
Older Americans Act (OAA)

- Summer of 1965, alongside Medicare and Medicaid
- Created the National Aging Network (AAAs designated in 1973)
- Remains the foundational core of the Network’s work today
- Most of Act applies to those age 60 and older; also targets services to most frail and vulnerable, as well as special populations: veterans, minority, low-income, limited English proficiency
Older Americans Act, Influenced by Political and Policy Trends

• 1965: Legacy of the Great Society
  – one of the foundation pieces for evolving public policy on aging

• 1970s: New Federalism
  – state and AAA infrastructure development

• 1980s: national policy focus on nursing home reform & HCBS waivers
  – OAA authorization for ombudsman program and Title III priority on funding home care services
1965

1972 – Nutrition program
1978 – Home-delivered meals authorized and ombudsman services required
2000 – National family caregiver support program
2016 – Small changes to definitions, specific authorization levels

1973 – AAAs created; multipurpose senior centers and community service employment authorized
1992 – Elder rights recognized
2006 – HCBS systems thru ADRCs; evidence-based health promotion services

Present (Working on 2019 OAA Reauthorization)
Declaration of Objectives, to assist older adults to secure:

- An adequate income
- Best possible physical and mental health
- Suitable housing
- Comprehensive long term care services
- Employment opportunities
- Retirement in health, honor and dignity
- Opportunity for meaningful participation in community life
- Continuum of care, especially for vulnerable elderly
- Benefits from research
- Freedom, independence and individual initiative in planning and managing one's own life; protection from abuse.
Older Americans Act

• Seven titles in the Act, added over time, reauthorizations every 3-5 years

• **Title II** established U.S. Administration on Aging

• **Title III (Grants for State and Community Programs)** is largest section of OAA and funds the bulk of services, including:
  - III B Supportive Services: catch-all, flexible, 25 purposes!
  - III C Nutrition: most well-known, congregate meals (C1) and home-delivered (C2)
  - III D: Preventative Health & Wellness
  - III E: National Family Caregiver Support Program
• **Title V Senior Community Service Employment Program** is a low-income community service/employment program run by Dept. of Labor

• **Title VI Native American Aging** provides competitive grants to tribes for supportive services and meals (Part A), caregiver program (Part C)

• **Title VII Elder Rights** provides funding for LTC ombudsman, elder abuse prevention, some legal services
The National Aging Network

• **FEDERAL** = U.S. Administration on Aging (HHS), Assistant Secretary for Aging Kathy Greenlee (who is also Administrator of the Admin for Community Living, est. 2012)

• **STATE** = State Units on Aging (Governor’s office on elder affairs, State office on aging and disability, etc.)

• **LOCAL** = Area Agencies on Aging

• **TRIBAL** = Title VI Aging Programs
The National Aging Network

- **TRIBES** = Title VI Native American Aging Programs
  - Direct grants from Admin. on Aging
  - ~266 grantees across the country
  - *Very* limited funding (nationally only $34 million for meals/services and $10 for caregiving services in FY 2019)
The National Aging Network

- Mission = To develop a comprehensive and coordinated system of home and community-based long-term services and supports (LTSS) that is responsive to the needs and preferences of older adults and caregivers
- Meet people where they are, provide alternatives to nursing home care
- Access point for information on all things LTSS
All AAAs Play A Key Role In...

A WIDE RANGE OF LONG-TERM SERVICES AND SUPPORTS

to consumers in their local planning and service area (PSA)
Core AAA Services

- Caregiver
- Nutrition
- Health & Wellness
- Elder Rights (includes abuse prevention and long-term care ombudsman programs)
- Supportive Services

AAA core services

National Association of Area Agencies on Aging
Area Agencies on Aging (AAAs)

The OAA is foundational for all AAAs, but since the law calls for local control and decision-making, AAAs adapt to the unique demands of their communities to provide innovative programs that support health and independence. That’s why no two AAAs are exactly alike.
Many Names, Many Partners: One Mission

While only designated AAAs can use the Area Agency on Aging name, not all AAAs use “Area Agency on Aging” in their operating name.
Nationwide Network With a Local Flavor

**AAA Structure**

- 39% Independent, nonprofit
- 28% Part of county government
- 26% Part of a Council of Governments or Regional Planning and Development Area
- 3% Part of city government
- 4% Other
The Older Americans Act on Advocacy

The Older Americans Act of 1965 (as amended in 2000) states that area agencies on aging shall:

“Serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals.”

Supersedes any other federal or state law or regulations
What Does this Mean? Advocacy Needed!

- You are an advocate!
- Your voice is meaningful!
- Your voice echoes!
- Recruit!
Advocacy vs. Education

- Don’t be afraid of the first word.
- Embrace the second wholeheartedly!
- You can’t use federal dollars to lobby, but you can EDUCATE about the programs you care about!
- You can advocate/lobby with other dollars even if you also have federal grants/funds.
- You can engage your stakeholders!
If You Don’t, Who Will?

• No one

• Special interests with $ to hire teams of lobbyists

• Donors

• Other good advocates!
What We Face

• Competition for Members of Congress’ time from other worthy (and some not-so-worthy) interests
• Frenetic pace can mean “hurry up...and wait”
• Process, particularly around spending, means you have to time your request appropriately
• Tighter-than-ever budgets! (And sequestration!)
What We Have

• A compelling issue: human needs that won’t be ignored
• Strong arguments:
  – Prevention and in-home and in-community living is preferred AND more cost-effective
• Solutions
• Existing infrastructure and experience
  – Our Network has been addressing the social determinants and social isolation for decades!
• Passionate advocates!
What We Need

- Consistent, strong messages
- Grassroots energy and commitment
- Shared sense of purpose
- Active advocates willing to put in the time to build relationships, write to their Members of Congress and speak out about the needs of elders
It’s All About Relationships

• The hardest step to take is the first step: organizing and making outreach—again, and again and again
• Understand you know more about aging issues than they do and learn how to translate!
• Share your passion—it’s catching!
• They want to understand what resources are in your communities
• No is not a dirty word
Key Aging Advocacy Strategies

• Build relationships with your Members of Congress

• Invite lawmakers to see your programs in action (not just meals!)

• Engage local media

• Enlist your local networks
  – advisory councils
  – providers
  – clients and caregivers

Congressman Rick Larsen (D-WA) delivers meals to constituent. Credit: Larry Vogel, MLT News
2019 Policy Priorities

• Reauthorize the Older Americans Act
• Invest in Cost-Effective Aging at Home and in the Community
• Improve Health by Addressing the Social Determinants
The n4a OAA Reauthorization Toolkit

What is Available Through OAA?

Older Americans Act

GET THE FACTS

For more than 50 years, the Older Americans Act (OAA) has connected older adults and their caregivers to programs and services that help older adults age with health, dignity, and independence in their homes and communities. Whether they need help in the kitchen, on the street, or on the way to the doctor’s office, the OAA program is there to help. The OAA provides a wide range of services to help older adults remain independent and engaged in their communities.

Why Is the OAA Important? The OAA...

Supports caregivers...

Strengthens communities...

Protects vulnerable older adults...

Prepares us for the future.

Visit n4a.org/OAA to learn more about the Older Americans Act

Talking Points

What you’ll find at www.n4a.org/OAA:

✓ Our fact sheet
✓ Templates to:
  ▪ write to Congress
  ▪ write a letter to the editor
  ▪ send an advocacy alert
✓ Talking points and tips for Congressional visits
✓ Congressional committee lists
✓ Background information
✓ Social media tools
✓ and more!
Other Advocacy Resources

• **n4a staff and n4a.org!**

• **MoC websites**
  - Contact information
  - Bio information
  - District information
  - Legislative background

• **House and Senate Member Contact Sites:**
  - Senate: [http://www.senate.gov/general/contact_information/senators_cfm.cfm](http://www.senate.gov/general/contact_information/senators_cfm.cfm)

• **For rules on lobbying and nonprofits, [www.bolderadvocacy.org](http://www.bolderadvocacy.org) and 888.NPL-OBBY**
n4a’s Policy Workshops

“Live from DC: A Federal Policy Update”
**Tuesday, 10:15 am**, Churchill D, Level 2

“Candidate College and Other Ideas for Non-Partisan Candidate Engagement During Election Season”
**Tuesday, 2:30 pm**, Camp Room, Level 3

*Plus look to the Advancing Our Advocacy track for many more options!*
SAVE THE DATES!

☑ March 17–18, 2020
☑ April 27–28, 2021
☑ March 29–30, 2022
Board of Directors

• For each of 10 federal regions, 2 Board Members and 2 Alternates are elected
• Plus 2 Members, 2 Alternates from Title VI Native American aging programs
• Your elected representatives to n4a!
• Committees: Executive, Finance, Conference, Corporate Relations, Membership, Public Policy & Grassroots
n4a Membership Benefits

• Have a **national voice**
  – Advocacy, policy, national network, n4a.org

• Be **informed and prepared** on aging issues
  – Newsletter, technical assistance & training, resources, capacity-bdg, educational events

• Receive **recognition and visibility**
  – Aging Innovations and Achievement Awards, media attention, national→local partnerships

• Save precious **resources**
  – Preferred Providers, discounts, access to help
https://eldercare.acl.gov
1-800-677-1116
www.dfamerica.org
Other n4a Programs

- n4a University*
- Preferred Providers*
- Annual Conference
- Aging Policy Briefing & Capitol Hill Day
- Webinars, other trainings
- Best Practices Database*
- Funding Opportunities*
- Job Board*
- Member Marketplace*
- Advocacy!

* = Members only
Associate Membership

• Associate Membership launched last year to strengthen connections within and increase information sharing across the Aging Network

• This new membership category offers a different avenue for n4a to build the capacity of our members

• By supporting your local network, we can help enhance the work of your providers and partners and your collaborations
Join Us!

- Membership campaign for 2020 is currently underway
- Dues based on agency revenues
- Directors and staff get info!
- Not sure if your agency is a member? Contact Rebecca Levine, Membership & Outreach Coordinator, rlevine@n4a.org
Be in touch!

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National Association of Area Agencies on Aging
Ask a Veteran

What New AAA Leaders Need to Know About Governance and Finances; Politics and Federal and State Relationships; and Making Your Mark
Our Future: New Challenges and Opportunities for the Aging Network

Boot Camp
2019 n4a Annual Conference
Sandy Markwood
We are facing Challenges, Opportunities and A lot of CHANGE
Key Factors Impacting Local Aging Services and Supports

- Bridge Between Health Care and Aging Services
- Living with Chronic Conditions
- Living with Dementia
- Living with Serious Illness
- Social Isolation as a Public Health Issue
- Caregiving
Growing Realization of the Value of Social Services
In a survey of 1,000 physicians:

- 85% say unmet social needs directly leading to worse health
- 85% say social needs as important to address as medical conditions
- 80% not confident in their ability to address social needs
- 76% wish the health system would cover the costs associated with connecting patients to services that met their social needs
- 1 in 7 prescriptions would be for social needs

Social Determinants of Health

- Genetics 30%
- Environment & Social 20%
- Personal Behaviors 40%
- Medical Care 10%

Sources: Determinants of Health and Their Contribution to Premature Death, JAMA 1993
Figure 1

Characteristics of the Medicare Population

Percent of total Medicare population:

- 3+ chronic conditions: 66%
- Income below $24,150: 50%
- Savings below $63,350: 50%
- Cognitive/mental impairment: 31%
- Fair/poor health: 27%
- Functional impairment (2+ ADL limitations): 21%
- Under age 65 with permanent disabilities: 17%
- Age 85+: 13%
- Long-term care facility resident: 5%

NOTE: ADL is activity of daily living.
Living with Chronic Conditions

Older Adults Are More Likely To Have Multiple Chronic Conditions

- The prevalence of multiple chronic conditions increases with age.
- Among people age 80 and older (data not shown), 93 percent have at least one chronic condition and 78 percent have two or more.

Top 5% of enrollees accounted for more than half of Medicaid spending, FY2011

Source: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.
Increase in People Living with Dementia

Projected changes between 2014 and 2025 in Alzheimer’s Disease Prevalence by State

- 14.3% - 23.5%
- 23.6% - 28.5%
- 28.6% - 40.0%
- 40.1% - 49.9%
- 50.0% - 80.3%
Impact on persons with disease and caregivers

By 2025, the number of people age 65 and older with Alzheimer’s disease and other dementias is estimated to reach 7.1 million—a 40 percent increase from the 5.1 million age 65 and older affected in 2015.¹

Nearly 60% of people with dementia live in their own community homes.

Caregivers and families

In 2014 caregivers provided 17.9 billion hours of unpaid care, averaging 22 hours per week and valued at $217.7 billion annually. The physical and emotional impact of dementia caregiving is estimated to have resulted in $9.7 billion in health care costs in the United States in 2014.

85% of all unpaid help provided to those with dementia comes from family members.

Business

$34 billion annually is lost in revenue/productivity due to caregiving responsibilities.²

Cost to U.S. Society

• Total (estimated) payments in 2015 for Alzheimer’s disease and related dementias: $228 billion

National Association of Area Agencies on Aging
Living with Serious Illness
Family Members of Someone with Serious Illness Report

- Need Help More Often 44%
- Have Had Trouble Getting Help 27%
- Don’t Get Needed Help Due to $ 18%

Services Family Members Provide

- Transportation 67%
- Everyday Activities 57%
- Coordinated Care 55%
- Managing Finances 43%
- Medical Nursing Tasks 42%

Kaiser Family Foundation Survey
Serious Illness in Late Life
Social Isolation as a Public Health Issue
SOCIAL ISOLATION is associated with $6.7 Billion in additional Medicare spending each year.
Number of Caregivers Declining

By 2050 there will be fewer than 3 caregivers for every person over the age of 80.
Growing Demands on Caregivers

The bar chart illustrates the average hours of care provided each week by caregivers of different age groups. It shows that caregivers aged 75+ dedicate the most hours to caregiving, with an average of 34.5 hours per week. The 65-74 age group comes next, providing 30.7 hours, followed by the 55-64 group at 25.3 hours, and the 45-54 group at 25.8 hours. The youngest age group, 15-24, provides the least hours, averaging 14.8 hours per week.
Building the Business Case for the Aging Network
AAA Funding Sources

The most common sources of non-OAA funding leveraged by AAAs for additional programs include:

- **69%** State General Revenue
- **65%** Medicaid
- **56%** Local Funding
- **45%** Other State Funding

**Emerging Sources**

- **20%** Transportation
- **16%** Veterans
- **15%** Health care payer

- Most common sources of non-OAA funding are state general revenue, Medicaid and local funding.
- Other key sources include: health care payers, veterans funding and transportation.
Health Care And Community-Based Organizations Have Finally Begun Partnering To Integrate Health And Long-Term Care

Nora Saper, Mary Kaushal, Elizabeth Blair

February 2, 2018

Community-based organizations such as area agencies on aging (AAAs) and centers for independent living (CILs) have served for decades as cost-effective, trusted, and proven resources for addressing the health-related social needs of older adults and people with disabilities, including long-term care needs. Yet, until recently, the health care sector has had little awareness of the value of these home and community-based resources. AAAs and other community-based organizations have typically relied on traditional funding sources such as the Older Americans Act of 1965. However, these funds have remained flat or declined, despite upward growth...
RFI Survey

To Take the Pulse of CBO-Health Care Partnerships

RFI T1: 2017
RFI T2: 2018
Overall Contracting Status, by Year

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<th>Status</th>
<th>RFI 1-2017</th>
<th>RFI 2-2018</th>
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<td>Yes, currently have one or more contracts</td>
<td>38.1%</td>
<td>41.3%</td>
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<td>No contracts, but pursuing</td>
<td>16.5%</td>
<td>16.8%</td>
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<td>No contracts, and not pursuing</td>
<td>45.4%</td>
<td>41.9%</td>
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Contracting Status: Comparing RFI 1 to RFI 2 for Each Agency Type

*Please note that the overall number of CILS reached directly doubled from 2017 due to database access*
Other Factors:

- Responding to Growing Competition and Partnership Opportunities
- Demonstrating Consistency and Quality Services
- Embracing Diversity
- Workforce Issues
The Aging Network is a Network on the Move
Moving Forward to Help Millions of Older Adults Age Well!
Sandy Markwood
smarkwood@n4a.org
Ask a Rookie

A Year in the Life of a New Director!
Good Luck and Stay in Touch!