USAging

Leaders in Aging Well at Home

2025 Chartbook

AAAs Respond to Complex Community Needs:

Trends and New Directions From the National Survey of Area Agencies on Aging

Executive Summary

For more than 50 years, Agencies on Aging (AAAs) have been the cornerstone of home and community-based services and supports for older adults and caregivers across America. New data from the 2025 National AAA Survey reveals both the vital role these organizations play and the ways AAAs have adapted programs and services to address the increasingly complex needs of a growing older adult population. AAAs provide cost-effective services and programs that support independence, health, and well-being; encourage meaningful engagement and provide choices for older adults and caregivers.

Key Findings

- AAAs support core services with diversified funding streams, but many continue to depend on Older Americans Act (OAA) funding to provide these essential services, including nutrition, in-home services, case management, evidence-based health and wellness programs, transportation and other services that support whole-person health.
- Seventy-one percent of AAAs maintain waitlists for OAA services, with home-delivered meals, homemaker services and personal care among the most needed.
- Ninety-nine percent of AAAs serve caregivers of older adults, 95 percent support older caregivers raising relative children and 94 percent assist caregivers of adults with disabilities. Yet 25 percent rely exclusively on OAA funding for these services, limiting their capacity to meet growing demand.
- About 90 percent of AAAs serve a variety of consumers in addition to those age 60 and older.
- AAAs are expanding the types of services they offer beyond core OAA services to address critical community needs such as meaningful social engagement (95 percent), housing supports (88 percent) and behavioral health (31 percent).
- Housing instability for older adults continues to be a major concern, with 94 percent of AAAs identifying lack of affordable housing as a top challenge in their service area. However, significant unmet needs persist, particularly for innovative housing solutions (71 percent), specialized grandfamily housing (60 percent) and homelessness prevention or intervention programs (59 percent).

Conclusion

AAAs enable millions of Americans to age with independence and dignity in their homes and communities. However, the gap between growing need and available resources is widening. To sustain and expand their impact, AAAs need increased investment that keeps pace with demographic realities, continued support for innovative programs and partnerships, and recognition of their role as cost-effective providers of person-centered care that helps older adults thrive at home.

2025 Chartbook

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Introduction

For more than 50 years, Area Agencies on Aging (AAAs) have supported older adults and caregivers in living at home with optimal health, independence and dignity. To do this, AAAs assess community needs within their planning and service areas (PSAs) and plan, develop, coordinate and implement services to meet those needs. All AAAs receive funding through the Older Americans Act (OAA), which funds the core programs of home-delivered and congregate meals, supportive services, the National Family Caregiver Support Program (NFCSP), evidence-based health promotion and wellness programs and elder justice. AAAs are community-based organizations and work with a variety of partners and service providers to deliver cost-effective, locally tailored services that provide older adults with choices to live and thrive where they want—in their homes and communities.

Through the services and supports they provide, AAAs improve the health and well-being of older adults and caregivers, and the impacts of their services have been demonstrated over and over, including: reduced malnutrition,[1] fewer unnecessary hospital admissions and lower nursing home use,[2,3] improved chronic condition management and increased healthy behaviors and self-efficacy.[4]

As the number of older adults continues to grow and their needs become more complex, it will require increased investment to provide the level of home and community-based services (HCBS) needed to support whole-person health and ensure that older adults can avoid costly preventable medical incidents and nursing home admissions. AAAs maximize every dollar they receive, but funding is insufficient to keep pace with increasing costs and demographic realities.

To support the increasing complex needs of older adults and caregivers, AAAs have continuously evolved to provide a range of person-centered services in their local communities. AAAs build upon their decades of expertise to innovate, both within and beyond the core OAA services. The result is a robust program of nutrition, health promotion and supplemental services, with many AAAs broadening their scope to support behavioral health, housing stability and other local needs.

"I am proud of our AAA's ability to stretch every dollar to maximize services for older adults, especially in our vast and significantly rural communities. Despite funding challenges, we have remained resourceful and innovative, ensuring that those in even the most remote areas receive the support they need. Through strategic partnerships, fundraising and efficient program management, we extend our reach beyond what our budget alone would allow." — **AAA Director**

"As the aging population increases, so do their needs—especially around housing, caregiver support, mental health and access to in-home services. We're also seeing a workforce shortage that impacts our ability to expand services. Despite these obstacles, we're doing more with less, but additional resources and long-term investment in the Aging Network are critical to sustaining and growing our impact." — **AAA Director**

About the National AAA Survey and This Chartbook

The National Survey of Area Agencies on Aging has been conducted regularly since 2007, collecting data on emerging trends, needs and challenges in the Aging Network. With a grant from the U.S. Administration on Community Living (ACL), USAging partnered with Scripps Gerontology Center to conduct the 2025 National Survey of Area Agencies on Aging. The web-based survey was launched in March 2025 and disseminated to all 613 AAAs. Data collection concluded at the end of April 2025, with 72 percent (n=444) of AAAs responding. This response rate reflects all AAAs that completed 10 percent or more of the survey, including questions about services provision. There were 402 AAAs that completed 100 percent. The respondents that completed less than 10 percent of the survey contributed useful information for many questions, and their answers are included where possible.

The survey collects data on the following topics:

- AAA organizational characteristics
- Budget and funding trends
- Service provision
- Populations served

#AAAsAtWork: Innovative Programs and Services

Throughout this chartbook, we've highlighted innovative programs that have a positive impact on older adults, caregivers and communities across the country. Learn more about these and other Aging Innovations & Achievement Awardees at *www.usaging.org/aia*.

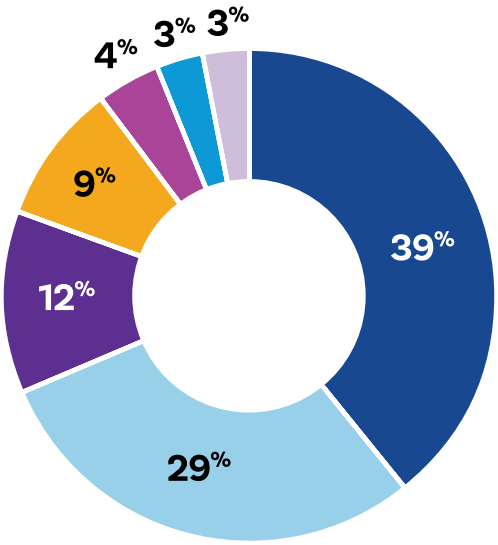
Photo courtesy of Rockland County Office for the Aging

Section 1
Overview: AAAs in America

While AAAs vary in structure, all have a designated PSA for which they plan, coordinate, fund and deliver a wide range of HCBS and other aging programs tailored to meet the needs of older adults and caregivers in the community. Figure 1.1 shows the geographic areas that AAAs serve, and Figure 1.2 shows how AAAs across the country are structured. Although AAAs serve older adults in urban, suburban and rural areas, **84 percent of AAAs have a rural jurisdiction as part of their PSA.**

FIGURE 1.1: AREA SERVED BY AAAS (N=449)

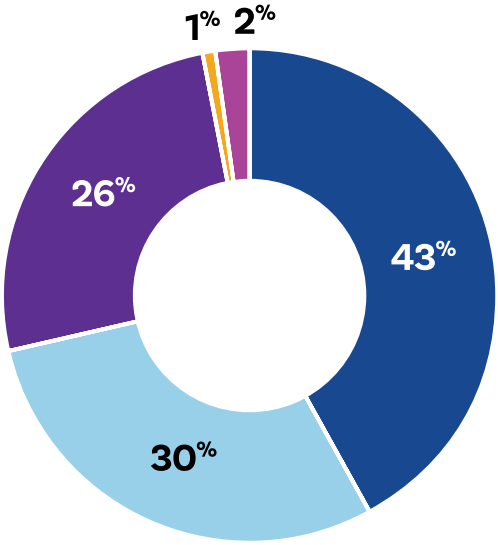
Q: The area served by your organization is (select one):



- **39%** Predominantly rural
- **29%** A mix of urban, suburban and rural
- **12%** A mix of suburban and rural
- **9%** A mix of urban and suburban
- **4%** Predominantly urban
- **3%** Predominantly suburban
- **3%** Predominantly remote or frontier

FIGURE 1.2: AAA STRUCTURE (N=444)

Q: Which of the following structures best describes your organization?



- **43%** An independent, nonprofit agency
- **30%** A part of city or county government
- **26%** Part of a council of governments or regional planning and development agency
- **1%** Part of a tribe or tribal organization
- **2%** Other

"Our AAA, based in a council of governments, is the smallest AAA in the state. Yet, the empathy and compassion of our staff is huge and they truly care for the clients we serve, helping to keep them independent and safe, at home where they want to be." — **AAA Director**

"Our county government-based AAA serves urban, suburban and rural communities in cities, mountains, deserts and valleys across the County, which requires innovative service delivery to meet a variety of needs." — **AAA Director**

In addition to being designated as AAAs, these organizations often have additional roles or certifications, shown in Table 1.1, that allow them to tap other funding streams to better support older adults and people with disabilities. Many of these programs help individuals navigate their care and service options or provide advocacy.

TABLE 1.1: OTHER OFFICIAL DESIGNATIONS

Q: In addition to being designated as a AAA, does your organization have any other official (federal or state) designation or certification? Select all that apply.

	Percent (n=447)
State Health Insurance Assistance Program (SHIP) (name may vary by state)	63%
Aging and Disability Resource Center (ADRC) (also called Access Points)	63%
Long-Term Care Ombudsman Program	49%
Community Action Agency	6%
Kinship Navigator	4%

Budget and Funding Trends

Table 1.2 shows AAA median budgets for the years 2012–2024 adjusted into 2024 dollars. In 2024, the median AAA budget was $6,596,039, with an average of $14,691,492 and a range from $218,691 to $201,000,000. **The 2024 median budget is a 25-percent increase from 2012's median budget. Over approximately the same period, there was a 39-percent increase in the 65-years-and-older population, indicating that funding is not keeping pace with need.**

TABLE 1.2: MEDIAN BUDGET OF AAAS ADJUSTED FOR INFLATION, 2012–2024

Q: Please report on either a fiscal or calendar year basis. What was your AAA's total operating budget from all sources in [year]?

Year	Median	n
2024	$6,596,039	363
2021	$6,202,397	375
2018	$4,959,356	441
2015	$5,468,504	335
2012	$5,306,626	338

Note: The CPI Calculator at www.bls.gov/data/inflation_calculator.htm was used to identify the inflation rate. All numbers have been adjusted to January 2024, assuming dollar values in January 2012, 2015, 2018 and 2021.

"Funding is reaching crisis level and we are looking at cuts to our services that will have real impacts on the individuals we serve." — **AAA Director**

"Nearly 70 percent of our funding is pass-through and is paid to vendors—not only will changes impact growing numbers of older adults, they will impact the entire economic ecosystem." — **AAA Director**

AAA Budgets by Funding Source

While all AAAs receive OAA funding to provide core services in their communities, most AAAs also receive funding from a variety of other sources. The first column of Table 1.3 lists potential funding sources, and the second column shows the percentage of AAAs that receive funding from that source. Additional columns show the mean and median proportion that source contributes to the total AAA budget among AAAs that receive that source. The range shows the minimum and maximum budget proportions received by a AAA with that funding source. For example, 38 percent of AAAs report having Medicaid funding. Among the AAAs that receive this funding, it comprises 33 percent of their budgets on average (median of 28 percent), ranging between one and 92 percent.

TABLE 1.3: AAA FUNDING SOURCES AND BUDGET PROPORTIONS, FISCAL OR CALENDAR YEAR 2024

Q: Approximately what percent of your total 2024 budget came from the following funding sources?

Funding Source	Percent Receiving (n=365)	Mean Budget Proportion	Median Budget Proportion	Range
OAA	100%	40	34	2–100
State funding	91%	29	25	1–95
Local government funding	56%	15	10	1–71
Medicaid/Medicaid waiver	38%	33	28	1–92
Other federal funding, not including Medicare or Medicaid*	35%	10	7.5	1–49
Department of Veterans Affairs (VA)	23%	6	5	1–60
Fundraising/fund development	23%	5	3	1–18
Foundation or other nongovernmental grants	22%	4	2	1–49
Cost-share revenue	19%	3	1	1–20
Other (please describe)**	16%	12	7	1–78
Health care payer or provider (Medicaid Managed Care Organization [MCO], non-Medicaid MCO, hospital/ hospital system, physician/physicians practice, etc.)	15%	11	5	1–50
Private pay revenue	12%	5	3	1–44
Agency reserves	12%	6	4.5	1–20
Medicare Fee-for-Service	3%	9	4	1–36
Tribal funding	1%	18	17.5	5–30

** Other federal funding reported included American Rescue Plan Act, ACL (but not OAA), other federal funds, Social Services Block Grant, Federal Section 5310 funds (Enhanced Mobility of Seniors & Individuals with Disabilities), Centers for Medicare & Medicaid Services, Community Services Block Grant and Federal Section 5311 funds (Formula Grants for Rural Areas).*

*** Types of funding reported in the "other" category included state general revenue, in-kind donations, other cash revenue, other federal funding, program income and local taxes.*

AAA Staffing

AAAs vary widely in staff size, with the smallest employing one full-time staff member and the largest employing 543. The median number of full-time staff has increased slightly from 24 in 2022 to 26 in 2025. Median part-time staff and volunteer numbers have remained steady since that time.

TABLE 1.4: AAA STAFFING

Q: What is the total number of paid full-time staff currently employed by your AAA?

Q: What is the total number of paid part-time staff currently employed by your AAA?

Q: How many volunteers does your AAA have (include board members and advisory committee but not contracted provider volunteers)?

	Median	Average	Range
Full Time (n=398)	26	51	1–543
Part Time (n=397)	3	12	0–400
Volunteers (n=396)	40	143	0–2,024

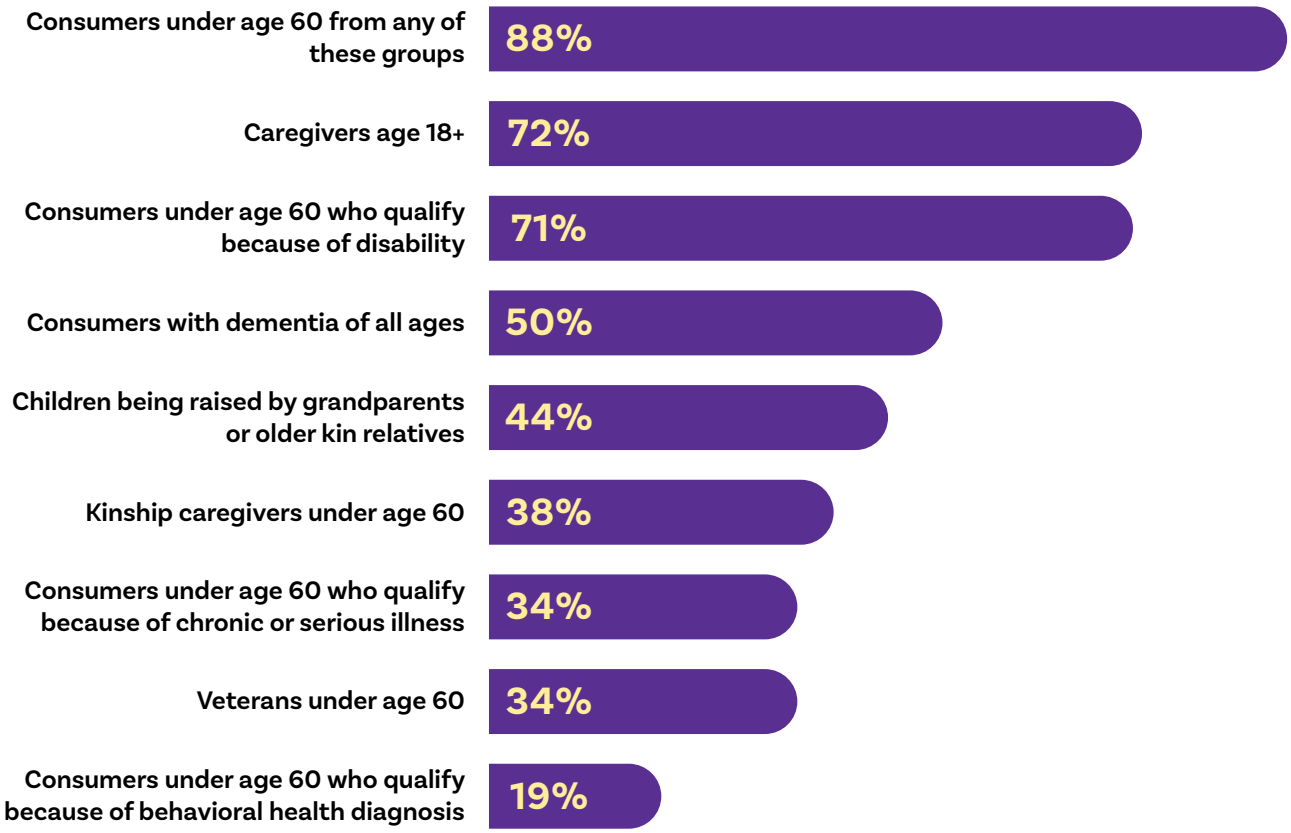
Photo courtesy of Piedmont Senior Resources Area Agency on Aging

AAA Consumers

At AAAs throughout the country, individuals under 60 years of age may qualify for specific services to support their health and independence. Figure 1.3 shows the proportion of AAAs serving specific populations in addition to older adults. Most AAAs—88 percent—serve consumers under the age of 60.

FIGURE 1.3: POPULATIONS ELIGIBLE FOR AAA SERVICES (N=444)

Q: Please indicate which of the following groups, in addition to consumers age 60+, are eligible to receive some type of service from your agency. Select all that apply.



"We are proud of the AAA partnerships with the many community based organizations that support our services to aging, disabled and veterans populations in the county. Last year, we expanded our ADRC Helpline call center to operate 24/7 to support the community and network of services in our PSA. We are committed and resilient, adapting and adjusting to address the greatest needs, such as addressing homelessness and behavioral health issues in our community." — **AAA Director**

"The dedicated AAA staff works daily to ensure our consumers are provided with the most up to date information regarding services and resources available to support them to remain independent and in the community as long as possible." — **AAA Director**

Section 2 Service Provision and Funding

For more than 50 years, AAAs have served as the local leaders on aging by planning, developing, funding and implementing local systems of coordinated aging and other HCBS for consumers in their PSAs. This section explores how key AAA services are funded and which populations under age 60 are eligible to receive them. It describes their reliance on OAA funding and eligibility for core OAA services such as nutrition, case management, evidence-based programs (EBP), in-home services and transportation, as well as additional services of assessment for long-term services and supports (LTSS) and care transitions that help older adults live independently at home.[a] The section also describes how AAAs are diversifying their revenue streams beyond the OAA and highlights two growing service areas: housing supports and social connection.

AAAs provide some services directly and others through contracts with local service provider partners, depending on state context and specific service. For simplicity, throughout the chartbook, *AAA provides X service* means either delivered by the AAA directly or by a contracted local provider. For more information on AAA services by delivery method, see the appendix in USAging's ***2023 Chartbook***.[5]

Core OAA Services

All AAAs provide a core set of services supported by funding from the OAA. These core services, including nutrition, supportive services, services for caregivers, health and wellness programs and elder rights, are tailored to the local needs of the community. The OAA is a critical source of funding to serve older adults with the greatest economic and social need, but funding has not kept pace with inflation or the growth in the number of older adults.

Photo courtesy of San Diego Health and Human Services Agency

Nutrition

All AAAs provide nutrition services through the OAA Title III-C Nutrition Services Program. The goals of these nutrition programs are to reduce food insecurity, increase social engagement and promote the health and well-being of older adults. AAAs work with contracted community-based partners to provide both congregate and home-delivered meals to older adults in their service areas. Congregate meal sites can include senior/community centers, cafés, restaurants, schools, churches, farmers markets and other places where older adults gather. Home-delivered meals are available to older adults who are homebound or otherwise have difficulty getting to congregate sites.

a See the appendix for comprehensive tables showing service funding sources (Table A1) and eligible populations (Table A2).

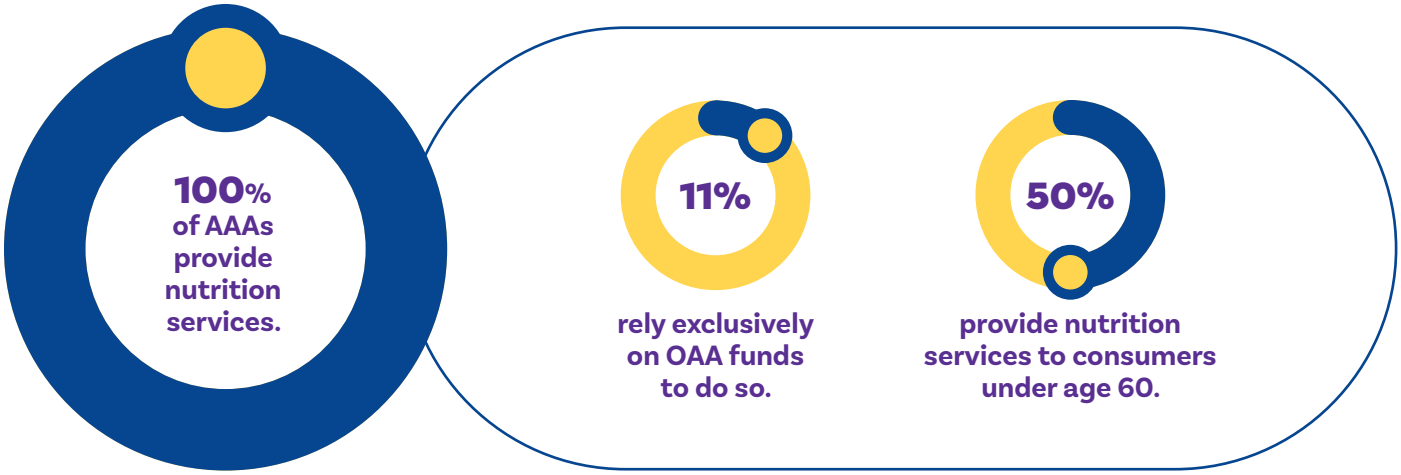


TABLE 2.1: FUNDING SOURCES FOR NUTRITION PROGRAMS

Q: How are nutrition services funded? Select all that apply.

	Percent (n=434)
OAA funds	100%
State funding	76%
Local government funding	40%
Fundraising/fund development	23%
State Medicaid waiver	22%
Other federal funding	19%
Foundation or nongovernmental grants	15%
Cost-share revenue	13%
Private pay revenue	11%
Agency reserves	11%
Health care payer or provider	9%
VA	5%
Tribal funding	1%
Medicare Fee-for-Service	1%

TABLE 2.2: CONSUMER ELIGIBILITY FOR NUTRITION SERVICES

Q: In addition to older adults, who is eligible to receive nutrition services? Select all that apply.

	Percent (n=434)
Only consumers age 60 and older	50%
Consumers under age 60 who qualify because of disability	39%
Caregivers age 18+	20%
Consumers under age 60 who qualify because of chronic or serious illness	18%
Consumers with dementia of all ages	15%
Consumers under age 60 who qualify because of behavioral health diagnosis	9%
Kinship caregivers under age 60	8%
Veterans under age 60	7%
Children being raised by grandparents or older kin relatives	4%

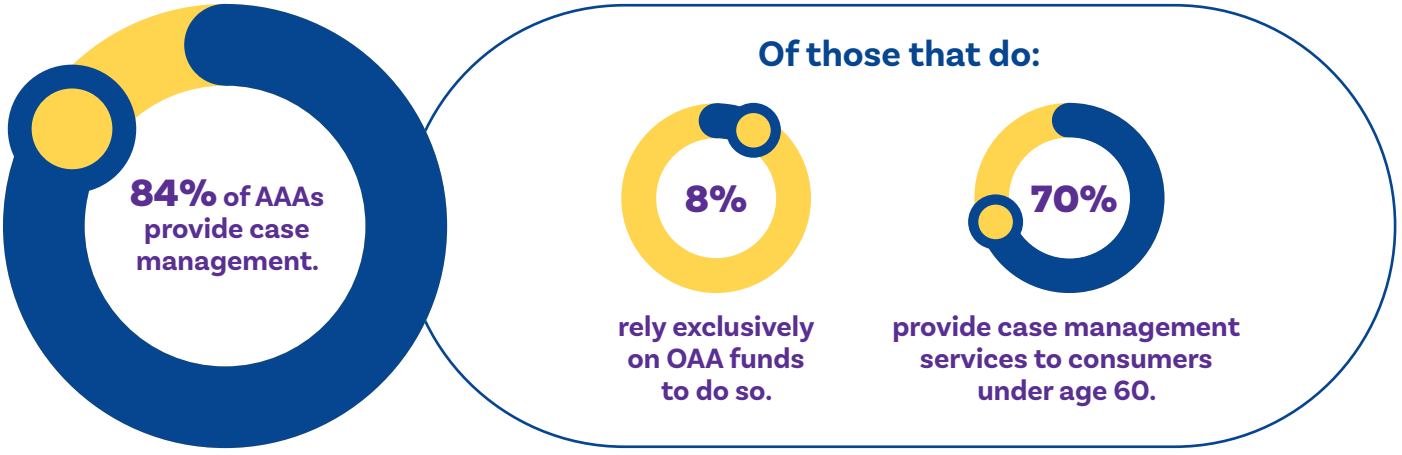
#AAAsAtWork: Reducing the Stigma of Food Insecurity

Age Well, a AAA in northwestern Vermont, worked closely with faith-based partners, community organizations and libraries in their area to establish eight new meal sites in underserved areas without local senior centers. Each meal site also provides Supplemental Nutrition Assistance Program (SNAP) education and easy access to a food pantry, allowing older adults to pick up goods that they may need while they are already out. This helps reduce the stigma that can prevent older adults from asking for help.

Photo courtesy of Area Agency on Aging 3

Case Management/Care Coordination

Through case management, sometimes called care coordination, AAAs assess the needs of older adults and coordinate a range of appropriate HCBS that support independent living.



Most AAAs that provide case management receive funding beyond the OAA to deliver this service, including state funds (75 percent), state Medicaid waiver (34 percent), local government funds (29 percent), the VA (25 percent) and contracts with health care entities (13 percent).

TABLE 2.3: FUNDING SOURCES FOR CASE MANAGEMENT/CARE COORDINATION

Q: How are case management/care coordination services funded? Select all that apply.

	Percent (n=369)
OAA funds	84%
State funding	75%
State Medicaid waiver	34%
Local government funding	29%
VA	25%
Other federal funding	17%
Health care payer or provider	14%
Agency reserves	11%
Cost-share revenue	10%
Foundation or nongovernmental grants	7%
Fundraising/fund development	7%
Private pay revenue	5%
Medicare Fee-for-Service	2%
Tribal funding	1%

Note: n includes only those AAAs that indicated they provide case management/care coordination services.

TABLE 2.4: CONSUMER ELIGIBILITY FOR CASE MANAGEMENT/CARE COORDINATION

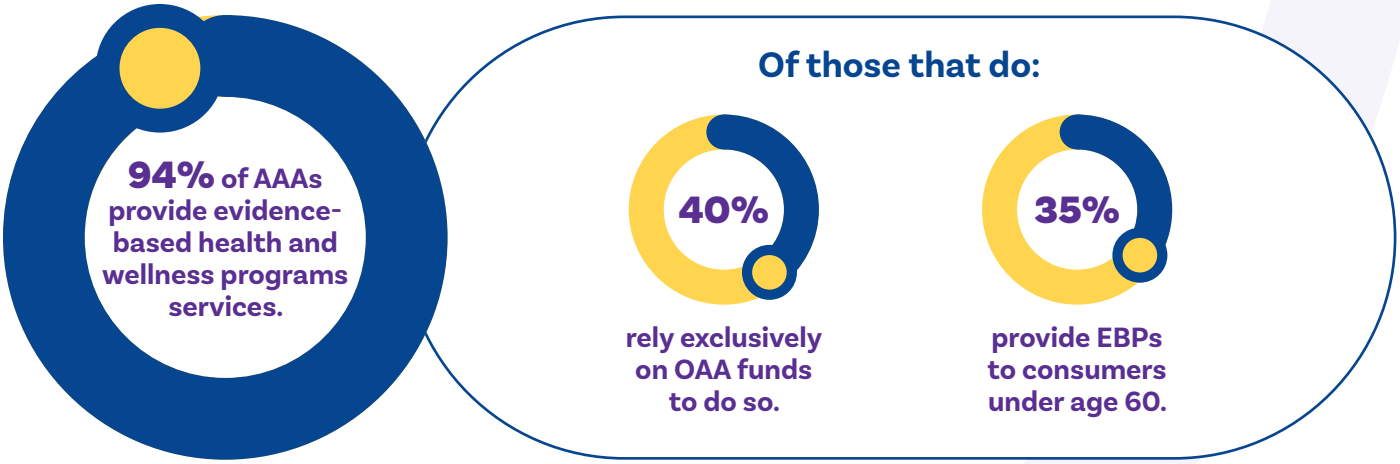
Q: In addition to older adults, who is eligible to receive case management/care coordination services? Select all that apply.

	Percent (n=369)
Only consumers age 60 and older	30%
Consumers under age 60 who qualify because of disability	51%
Caregivers age 18+	43%
Consumers with dementia of all ages	37%
Consumers under age 60 who qualify because of chronic or serious illness	31%
Veterans under age 60	26%
Consumers under age 60 who qualify because of behavioral health diagnosis	20%
Kinship caregivers under age 60	20%
Children being raised by grandparents or older kin relatives	18%

Note: n includes only those AAAs that indicated they provide case management/care coordination services.

Evidence-Based Health and Wellness Programs

OAA Title III-D funds support EBPs that focus on disease prevention and health promotion for older adults and caregivers. EBPs empower older adults to take control of their health through increased self-efficacy and self-management.



On average, AAAs offer three different types of EBPs (range 0–6). The most common types include falls prevention (81 percent) and exercise/fitness (74 percent). The proportion of AAAs offering different types of EBPs is shown in Figure 2.1.

FIGURE 2.1: TYPE OF EBP OFFERED (N=418)

Q: Which of the following types of evidence-based health and wellness programs are provided by your AAA, either directly or through contracted providers? Select all that apply.

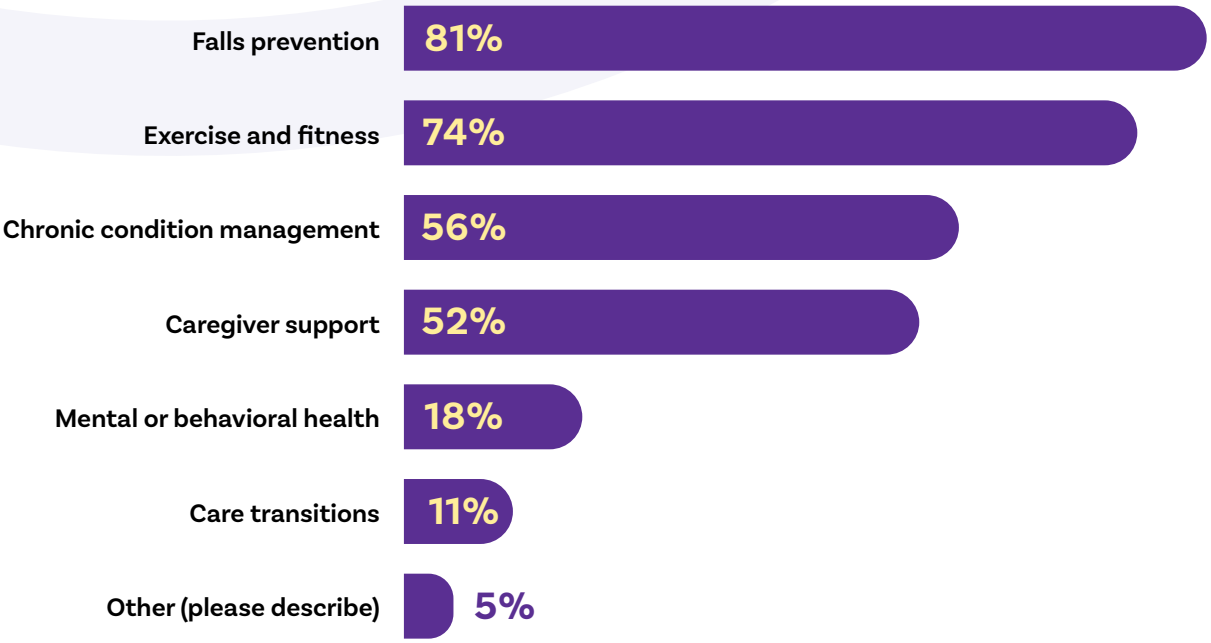


TABLE 2.5: FUNDING SOURCES FOR EBPs

Q: How are EBP services funded? Select all that apply.

	Percent (n=413)
OAA funds	96%
State funding	38%
Local government funding	19%
Other federal funding	13%
Foundation or nongovernmental grants	12%
Fundraising/fund development	7%
Agency reserves	6%
Health care payer or provider (hospital plan or system, MCO, Medicaid MCO, etc.)	4%
Cost-share revenue	3%
Private pay revenue	3%
VA	2%
State Medicaid waiver	2%
Medicare Fee-for-Service	1%

Note: n includes only those AAAs that indicated they provide EBP services.

TABLE 2.6: CONSUMER ELIGIBILITY FOR EBPs

Q: In addition to older adults, who is eligible to receive EBP services? Select all that apply.

	Percent (n=424)
Only consumers age 60 and older	65%
Consumers under age 60 who qualify because of disability	22%
Caregivers age 18+	19%
Consumers under age 60 who qualify because of chronic or serious illness	16%
Consumers with dementia of all ages	13%
Kinship caregivers under age 60	9%
Consumers under age 60 who qualify because of behavioral health diagnosis	8%
Veterans under age 60	7%
Children being raised by grandparents or older kin relatives	6%

Note: n includes only those AAAs that indicated they provide EBP services.

Photo courtesy of Senior Resources of West Michigan

In-Home Services

In-home services, such as personal care, homemaker and chore services, help older adults live at home with optimal health and dignity. Personal care includes assistance with bathing, dressing, eating, getting in and out of bed or chair, moving around and using the bathroom. Homemaker and chore services include tasks such as meal preparation, light housekeeping, laundry and grocery shopping that help older adults maintain their household and daily living activities.

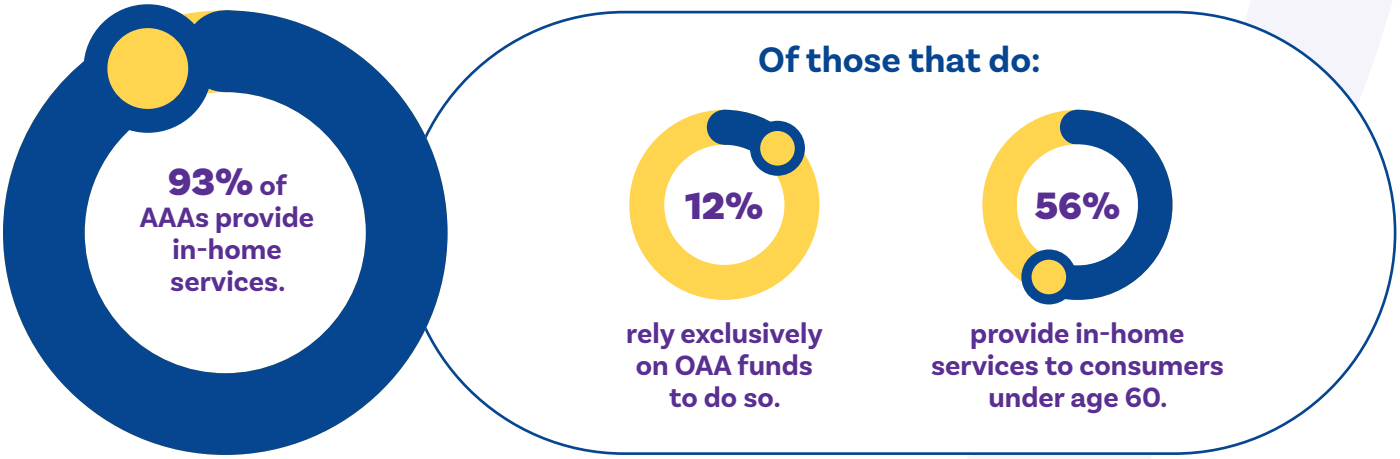


TABLE 2.7: FUNDING SOURCES FOR IN-HOME SERVICES

Q: How are in-home services funded? Select all that apply.

	Percent (n=407)
OAA funds	84%
State funding	74%
Local government funding	28%
State Medicaid waiver	25%
VA	17%
Cost-share revenue	17%
Other federal funding	15%
Health care payer or provider	10%
Private pay revenue	7%
Agency reserves	7%
Fundraising/fund development	6%
Foundation or nongovernmental grants	5%
Medicare Fee-for-Service	2%
Tribal funding	0%

Note: n includes only those AAAs that indicated they provide in-home services.

TABLE 2.8: CONSUMER ELIGIBILITY FOR IN-HOME SERVICES

Q: In addition to older adults, who is eligible to receive in-home services? Select all that apply.

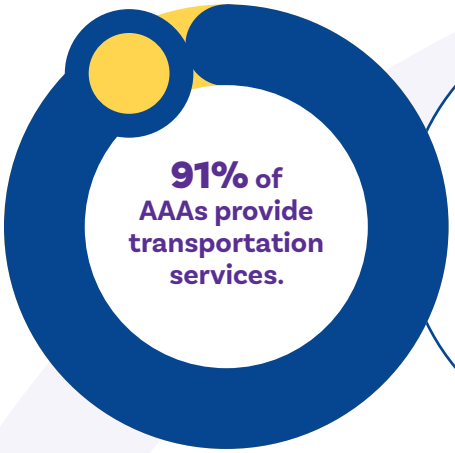
	Percent (n=407)
Only consumers age 60 and older	54%
Consumers under age 60 who qualify because of disability	36%
Consumers under age 60 who qualify because of chronic or serious illness	23%
Consumers with dementia of all ages	22%
Caregivers age 18+	18%
Veterans under age 60	18%
Consumers under age 60 who qualify because of behavioral health diagnosis	13%
Kinship caregivers under age 60	7%
Children being raised by grandparents or older kin relatives	6%

Note: n includes only those AAAs that indicated they provide in-home services.

Photo courtesy of Senior Resources of West Michigan

Transportation

Access to reliable transportation is key to support the health and well-being of older adults and ensure their ability to age in place in the community. AAAs develop and manage senior transportation programs; participate in, and often lead, local and regional efforts to coordinate transportation services; and advocate for transportation funding.



Of those that do:

rely exclusively on OAA funds to do so.

provide transportation services to consumers under age 60.

TABLE 2.9: FUNDING SOURCES FOR TRANSPORTATION SERVICES

Q: How are transportation services funded? Select all that apply.

	Percent (n=396)
OAA funds	85%
State funding	62%
Local government funding	35%
Federal Section 5310 funds	18%
Fares or consumer contribution	14%
State Medicaid waiver	13%
Federal Section 5311 funds	13%
Other federal funding	11%
Foundation or nongovernmental grants	10%
Cost-share revenue	9%
Fundraising/fund development	8%
Health care payer or provider (hospital plan or system, MCO, Medicaid MCO, etc.)	8%
Private pay revenue	7%
Agency reserves	7%
VA	5%
Federal transportation infrastructure funds	3%
Tribal funding	1%
Medicare Fee-for-Service	1%

Note: n includes only those AAAs that indicated they provide transportation services.

TABLE 2.10: CONSUMER ELIGIBILITY FOR TRANSPORTATION SERVICES

Q: In addition to older adults, who is eligible to receive transportation services? Select all that apply.

	Percent (n=398)
Only consumers age 60+	59%
Consumers under 60 who qualify because of disability	34%
Consumers under 60 who qualify because of chronic condition or serious illness	18%
Consumers with dementia of all ages	17%
Caregivers age 18+	14%
Veterans under age 60	13%
Consumers under 60 who qualify because of behavioral health diagnosis	12%
Kinship caregivers under age 60	10%
Children being raised by grandparents or older kin relatives	7%

Note: n includes only those AAAs that indicated they provide transportation services.

While the proportion of AAAs providing transportation services has remained steady at 91 percent, the data show that AAAs are able to provide fewer types of transportation services in 2025 compared with 2022. Table 2.11 shows the percentage of AAAs providing each transportation service in 2022 compared with 2025.

TABLE 2.11: TRANSPORTATION SERVICES

Q: Please select the transportation modes and/or services that your AAA provides directly or through a contracted provider. Select all that apply

	2022 Percent (n=445)	2025 Percent (n=437)	
Any transportation service	91%	91%	
Nonmedical transportation	76%	68%	↓
Assisted transportation (e.g., might be provided curb-to-curb, door-to-door, door-through-door)	75%	67%	↓
Wheelchair-accessible transportation service	60%	43%	↓
Medical transportation/non-emergency medical transportation (NEMT)	54%	46%	↓
Transportation information and referral/assistance (e.g., one-call-one-click, mobility management, transportation counseling)	36%	21%	↓
Volunteer transportation program	30%	24%	↓
Transportation vouchers	27%	18%	↓
Partnerships with rideshare companies (e.g., Uber, Lyft, taxi)	12%	14%	
Transportation planning/training	Not asked	12%	

↓ *Indicates a statistically significantly lower percentage compared to the prior wave at the 95-percent confidence level.*

What's Going on With Transportation?

Insights From USAging's Transportation and Mobility Team

More research is needed to determine why specific services decreased. Overall decreased funding may have impacted services, along with changes in regulations and consumer preferences. Some potential explanations include:

- Shrinking transportation programs due to the pandemic, difficulty finding volunteer drivers and the ending of COVID-19 relief funds.
- Difficulty in acquiring wheelchair accessible buses.
- Replacement of transportation vouchers with technology solutions, such as pre-loaded apps.
- Increased popularity of "on-demand" and "microtransit" transportation services. Microtransit is a technology-enabled service that uses multi-passenger vehicles to provide on-demand services with dynamically generated routing.[6] This may have resulted in more use of Uber and Lyft.
- Movement to a NEMT brokerage model that requires the broker to schedule with the lowest cost service providers, which may price traditional services out of the market.

Of the AAAs that provide transportation, more than two-thirds (69 percent) have partnerships to provide transportation with or for specific programs and sectors. The most common partnerships are with nutrition programs (48 percent), social engagement programs (24 percent) and health care (21 percent). Additional partner types are shown in Table 2.12.

TABLE 2.12: AAA TRANSPORTATION PROGRAM PARTNERSHIPS

Q: Does your transportation program have partnerships with any of the following partners, sectors or programs? Select all that apply.

	Percent (n=395)
One or more partners listed below	69%
Nutrition programs	48%
Social engagement programs	24%
Health care	21%
Caregiver programs	11%
Other (please describe)	11%
EBPs	10%
Housing	10%

Note: n includes only those AAAs that indicated they provide transportation services.

Photo courtesy of Mountain Empire Older Citizens, Inc.

#AAAsAtWork: Improving Transportation Options for Rural Residents

Mountain Empire Older Citizens, Inc., has deployed METGo!—one of two microtransit services piloted in Virginia to explore how ridehailing technology improves service efficiency and rider experiences in rural areas. METGo! uses microtransit software made available through a software-as-a-service contract with Via Mobility. Using a smartphone app, riders can schedule a ride from anywhere in a 15-square-mile zone and track their bus in real time.

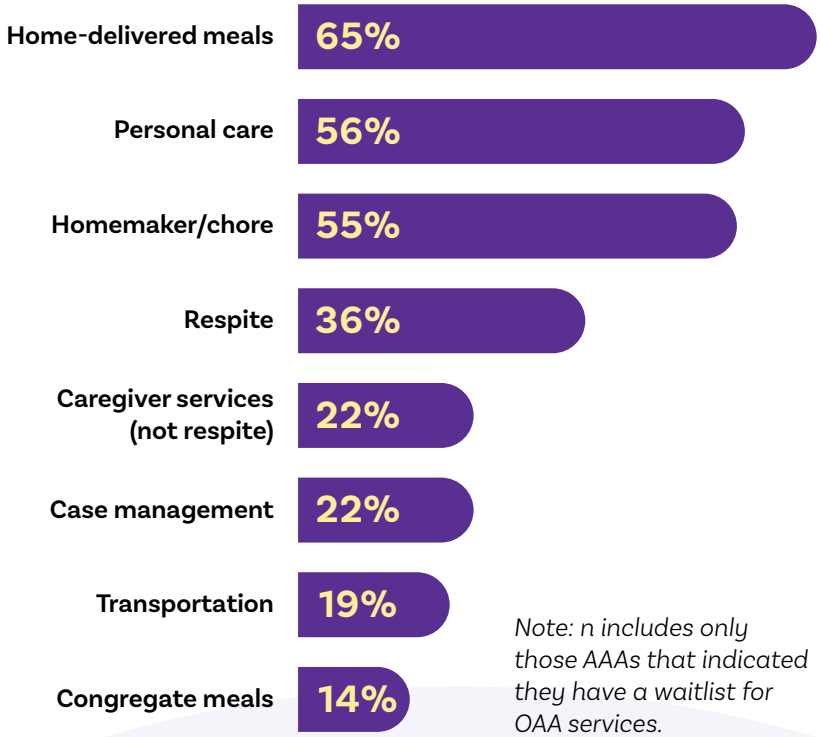
Increased Demand Without Additional Funding Results in Waitlists for OAA Services

More than 14 million older adults receive OAA-funded services that enable them to live independently at home and in their communities, avoiding or delaying costly institutional care.[7] With a constantly growing number of older adults, and static OAA funding, many AAAs cannot meet the demand in their communities. One indication of this unmet demand is the presence of a waitlist for services.

If a AAA does not maintain a waitlist for OAA services, it doesn't mean they are able to meet demand; three percent shared that they are not allowed to maintain a waitlist, while others do not maintain one due to administrative burden or a need to prioritize consumers with the greatest need.

FIGURE 2.2: OAA SERVICES WITH A WAITLIST (N=289)

Q: For which OAA services do you currently have a waitlist? Select all that apply.



Note: n includes only those AAAs that indicated they have a waitlist for OAA services.

Additional Services

AAAs, through OAA Title III-B Supplemental Services or other funding sources, offer a variety of HCBS to support older adults, people with disabilities and caregivers. This section looks at two such supplemental services: assessment for LTSS and care transitions. These are both services where AAAs have diversified their funding streams and the populations they serve.

Assessment for LTSS

Assessment for LTSS is conducted for referred individuals to evaluate their functional, medical and social supports needs. The assessment includes helping individuals determine which specific services they need, evaluating whether a service or a combination of existing community services are available to meet the needs, and then linking eligible individuals with appropriate services.

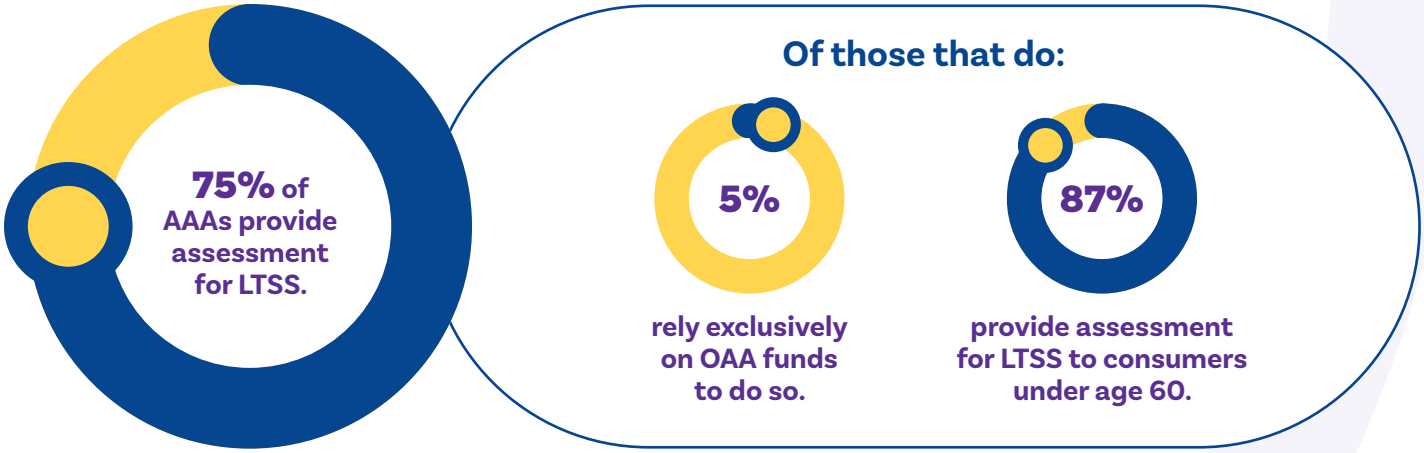


TABLE 2.13: FUNDING SOURCES FOR ASSESSMENT FOR LTSS

Q: How are assessments for LTSS funded? Select all that apply.

	Percent (n=331)
State funding	81%
OAA funds	76%
State Medicaid waiver	48%
Local government funding	35%
VA	23%
Other federal funding	20%
Health care payer or provider (hospital plan or system, MCO, Medicaid MCO, etc.)	14%
Agency reserves	13%
Cost-share revenue	12%
Foundation or nongovernmental grants	11%
Fundraising/fund development	10%
Private pay revenue	9%
Medicare Fee-for-Service	5%
Tribal funding	0%

Note: n includes only those AAAs that indicated they provide assessments for LTSS.

TABLE 2.14: CONSUMER ELIGIBILITY FOR ASSESSMENT FOR LTSS

Q: In addition to older adults, who is eligible to receive assessments for LTSS? Select all that apply.

	Percent (n=331)
Only consumers age 60+	13%
Consumers under 60 who qualify because of disability	78%
Consumers with dementia of all ages	54%
Caregivers age 18+	50%
Consumers under 60 who qualify because of chronic condition or serious illness	50%
Veterans under age 60	36%
Consumers under 60 who qualify because of behavioral health diagnosis	33%
Kinship caregivers under age 60	29%
Children being raised by grandparents or older kin relatives	27%

Note: n includes only those AAAs that indicated they provide assessments for LTSS.

Care Transitions

Care transitions are needed when an individual moves from one care setting to another, such as from a hospital back to their home. Proper transitions of care can help reduce the risk of complications, such as hospital readmissions, infections and medication errors and support older adults to live independently at home. AAAs, with their strong community linkages, are well-situated to coordinate care transitions.

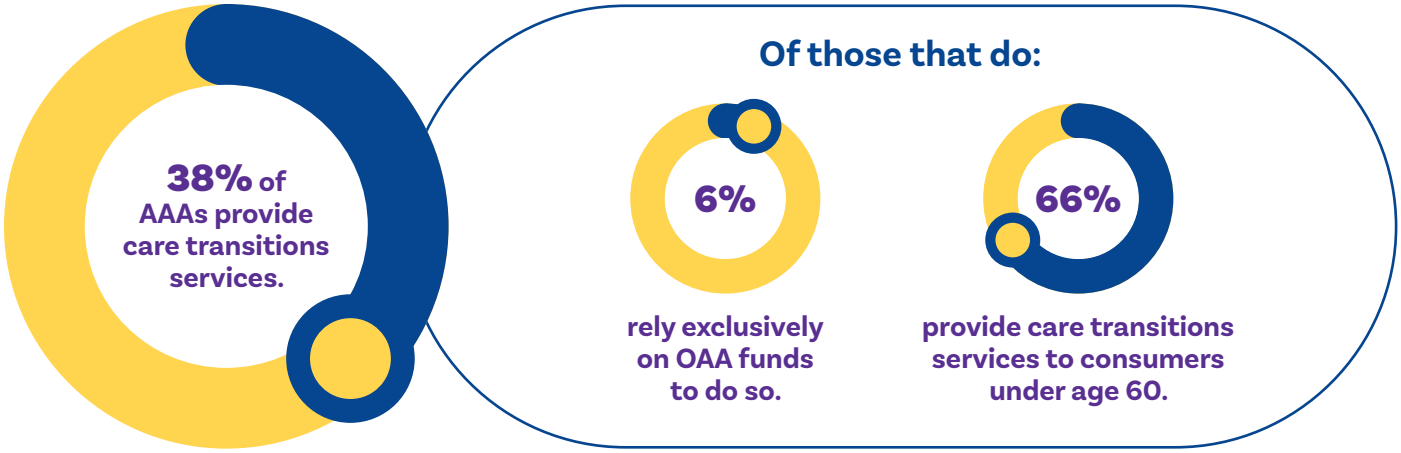


TABLE 2.15: FUNDING SOURCES FOR CARE TRANSITIONS

Q: How are care transitions services funded? Select all that apply.

	Percent (n=161)
State funding	59%
OAA funds	49%
Health care payer or provider (hospital plan or system, MCO, Medicaid MCO, etc.)	31%
State Medicaid waiver	29%
Local government funding	16%
VA	12%
Other federal funding	10%
Agency reserves	10%
Foundation or nongovernmental grants	8%
Fundraising/fund development	4%
Cost-share revenue	4%
Medicare Fee-for-Service	4%
Private pay revenue	4%
Tribal funding	0%

Note: n includes only those AAAs that indicated they provide care transitions services.

TABLE 2.16: CONSUMER ELIGIBILITY FOR CARE TRANSITIONS

Q: In addition to older adults, who is eligible to receive care transitions services? Select all that apply.

	Percent (n=161)
Only consumers age 60+	34%
Consumers under 60 who qualify because of disability	53%
Consumers under 60 who qualify because of chronic condition or serious illness	45%
Consumers with dementia of all ages	38%
Veterans under age 60	27%
Consumers under 60 who qualify because of behavioral health diagnosis	26%
Caregivers age 18+	16%
Kinship caregivers under age 60	11%
Children being raised by grandparents or older kin relatives	9%

Note: n includes only those AAAs that indicated they provide care transitions services.

Diversifying Funding Streams

AAAs use OAA and other funding to provide the core and additional services described above. Additional revenue streams beyond the OAA allow AAAs to serve more older adults. AAAs can refer to the previous tables to see the proportion of AAAs using various funding sources to provide core and additional services. See the appendix for all services and funding sources in one table.

For example, AAAs receive multiple revenue sources for nutrition services. In addition to OAA funds, a large proportion of AAAs also receive state funding (76 percent), local government funding (40 percent), fundraising revenue (23 percent), foundation or other nongovernmental grants (15 percent), cost-share revenue (13 percent) and private pay (11 percent).

VA funding is most used to support case management (25 percent) and LTSS assessments (23 percent). A large proportion of AAAs also access State Medicaid funds to provide these services (32 percent and 48 percent, respectively).

Nearly one in five AAAs (17 percent) that provide in-home services receive cost-share revenue, which are co-payments based on a sliding scale, to support this service. The service most often supported by health care contracts is care transitions. Thirty percent of AAAs that provide care transitions do so through contracts with health care entities.

Photo courtesy of Central Savannah River Area AAA

More Than One in 10 AAAs Use Agency Reserves to Address Funding Gaps

More than one in 10 AAAs use agency reserves to address gaps in funding for one or more services (see Table 1.3). As shown in Table A1, AAAs most commonly need to use agency reserves for LTSS assessments (13 percent of AAAs that provide this service use agency reserves to support it), case management and nutrition (11 percent each) and care transitions (10 percent). This indicates a need for increased funding to support rising demand for services.

Health Care Contracting

AAAs play an important role in the health care and LTSS systems in their communities. They have a long history of providing high-quality HCBS that address health-related social needs, making them well-positioned to serve older adults whose services can be paid for through additional non-OAA funding streams. To access additional revenue in order to extend needed and critical services to a broader population, many AAAs contract with health care entities, such as MCOs, hospitals, Medicaid and VA Medical Centers. In 2023, 45 percent of AAAs were contracting with health care entities, providing services, such as screening for social care needs, assessment for LTSS, nutrition program, care transitions and home care.[8]

#AAAsAtWork: Improving Outcomes Through Health Care Integration and Contracting

Southern Alabama Regional Council on Aging formed Community Care Solutions (CCS), a community care hub, to improve care management and coordination through health care integration and contracting with the health care community. The award-winning population management contract with Southern Clinic P.C. provides chronic care and transition care management. Health coaches make hospital post-discharge contact with patients, ensure compliance with transition care management, and identify high-risk patients needing chronic care management. Health coaches screen for barriers hindering provider access and promote patient engagement in recovery. The CCS has impressive outcomes, including 1) a 447-percent increase in annual wellness visits, 2) a 32.7-percent decrease in emergency room visits, 3) a 25.3-percent lower hospital readmission rate and 4) a 200-percent increase in revenue for CCS. The CCS is fully sustainable with significant expansion opportunities.

Medicaid

AAAs have had long-standing roles with the Medicaid program, providing services such as eligibility assessment for LTSS, case management, nutrition or home care.[9] AAAs provide these services under contract with the state or with MCOs in states with managed LTSS. Medicaid is an important source of funding for many AAAs to provide critically needed services to low-income older adults. As shown in Table 1.3 on page 5, 38 percent of AAAs reported using this funding source, and it comprises an average of 33 percent of the budgets of AAAs that do.

TABLE 2.17: AAA INVOLVEMENT IN MEDICAID

Q: In what ways is your agency formally involved in Medicaid? Select all that apply.

	2022 Percent (n=397)	2025 Percent (n=393)
Any Medicaid contract	51%	46%
We currently have a contract with the state (Medicaid HCBS waiver)	41%	41%
We have a contract with one or more Medicaid MCOs (Medicaid-managed LTSS)	19%	22%

Medicare

Ten percent of AAAs offer Medicare Part B services. About two-thirds of the AAAs that provide Medicare Part B services are certified Medicare providers, and the remaining one-third partner with a health care provider to bill Medicare. The most commonly provided services are:

- Diabetes Self-Management Training
- Medical Nutrition Therapy
- Caregiver Training Services
- Chronic Care Management (CCM)/Complex CCM
- Medicare Diabetes Prevention Program

Private Pay

Under a private pay arrangement, AAAs can offer services to consumers that are able to pay out of pocket, enabling them to serve a larger number of clients, as well as providing an additional revenue stream for the AAA to expand service provision. **Thirty-two percent of AAAs offer private pay services** to consumers. Of the services USAging asked about, AAAs were most likely to offer the following services on a private pay basis:

- Nutrition
- LTSS assessment
- In-home services
- Transportation

Demonstrating the Impact and Value of AAA Services

Tracking outcomes for consumers can help AAAs measure their program effectiveness, improve their service quality and demonstrate the value of their services to policymakers and potential health care partners. However, an obstacle facing many AAAs is a lack of technological and staff resources to capture these important data and outcome measures. Since the last survey in 2022, an increasing proportion of AAAs reported tracking the nutrition status of consumers (63 percent, compared with 50 percent in 2022) and consumer mental health (25 percent, compared with 15 percent in 2022). See Table 2.18 for other outcomes that AAAs track.

TABLE 2.18: CONSUMER OUTCOMES TRACKED BY AAAS

Q: Which of the following consumer outcomes are you tracking? Select all that apply.

	2022 Percent (n=408)	2025 Percent (n=394)	
Track any consumer outcome	86%	85%	
Program/service satisfaction	78%	74%	
Nutrition status	50%	63%	↑
Loneliness or social isolation	42%	44%	
Health changes over time	25%	25%	
Depression, anxiety or other mental health indicator(s)	15%	25%	↑
Life satisfaction or other quality-of-life measures	28%	23%	
Utilization of medical services (including emergency department visits and hospitalization)	17%	21%	
Utilization of nonmedical services	16%	14%	

↑ *Indicates a statistically significantly higher percentage compared to the prior wave at the 95-percent confidence level.*

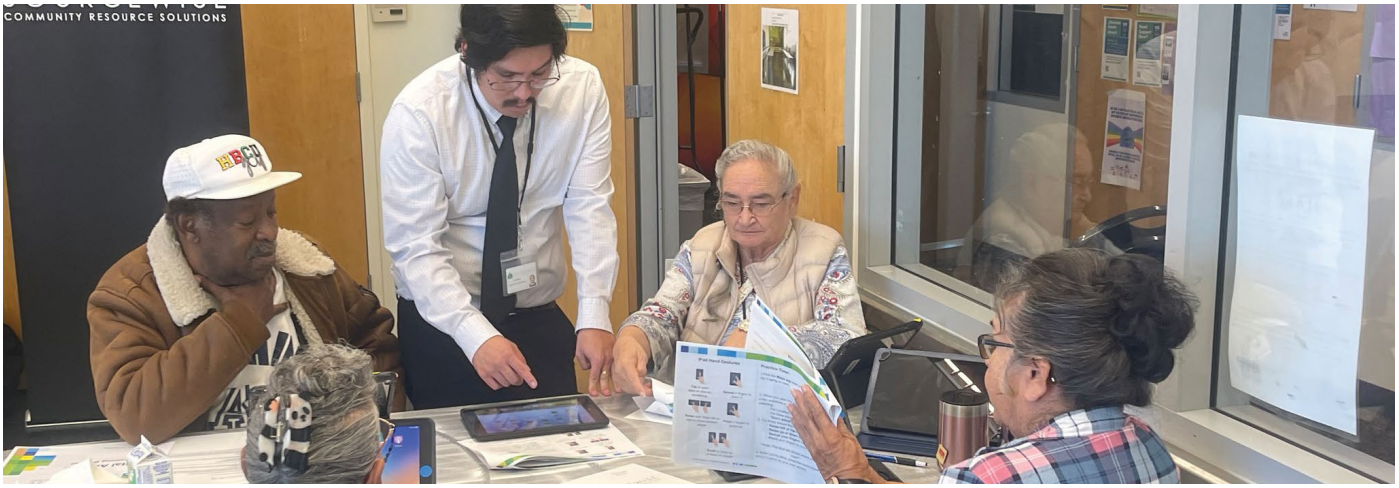


Photo courtesy of SourceWise

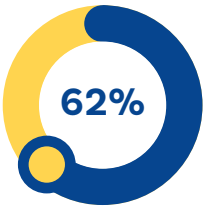
Spotlight on Social Engagement

Loneliness and social isolation pose serious risks to older adults, impacting health and quality of life. While most AAA programs, such as congregate meals or transportation, indirectly address social isolation and loneliness, 95 percent of AAAs have a program that directly addresses these issues. The most commonly offered types of programs are volunteer engagement opportunities, arts and creative activities, friendly visiting and technology engagement activities. Additional social engagement programs are shown in Figure 2.3.

FIGURE 2.3: TOP SOCIAL ENGAGEMENT PROGRAMS (N=418)

Q: Does your agency have any of the following types of social engagement programs/activities in place (either offered directly by your agency or through a contracted provider)? Select all that apply.

Volunteer engagement opportunities for older adults



Arts and creative activities

(e.g., book clubs, art/music classes or storytelling)

Visiting and calling programs

(e.g., friendly visiting, friendly calling or telephone reassurance programs)

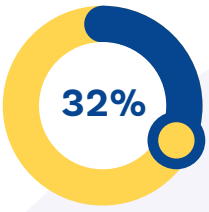
Technology engagement activities

(e.g., technology training, tablet programs or virtual or hybrid senior center programming)

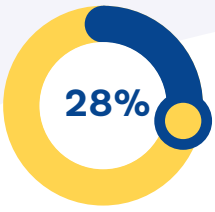
Lifelong learning activities

(e.g., educational classes, lectures or seminars)

Caregiver focused social engagement programming

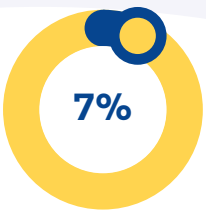


Memory cafés or gatherings for people with dementia



Intergenerational activities

(e.g., mentoring or tutoring)



Other (please describe)

Other responses included games and activities, speakers and travel programs.

AAAs were asked to select their top three partners in providing social engagement programs. The most commonly listed partner types are in Table 2.19. The top three partner types were senior/community centers, nutrition providers and caregiver groups. Forty percent of AAAs offer social engagement programming that is tailored to the needs of specific populations, such as rural communities, racial and ethnic minorities, veterans and caregivers.

TABLE 2.19: KEY PARTNERS FOR SOCIAL ENGAGEMENT PROGRAMMING

Q: What agencies/settings are your key partners for social engagement programming? Select up to three of your most important partnerships.

	Percent (n=396)
Senior/community centers	87%
Nutrition providers	49%
Caregiver groups	26%
Libraries	19%
Faith-based organizations or faith communities	14%
SHIP	13%
Parks and recreation agencies	13%
Health care providers (e.g., hospitals, federally qualified health centers, health systems)	12%
Transportation providers	10%

Note: n includes only those AAAs that indicated they provide social engagement programs or activities..

#AAAsAtWork: Showing Those Who Serve the Gratitude They Deserve

After the Area Office on Aging of Northwestern Ohio, Inc., (AOoA) worked with the VA and other partners to build an apartment community for veterans who were homeless and disabled, they discovered many of the veterans living in the apartment community were frequenting a gas station to purchase food for meals. To address the food insecurity and lack of nutritious options for the veterans, AOoA created a weekly brunch program. The Lucas County Veterans Service Commission covers the cost for those veterans under age 60. After convincing the current meal provider to operate on the weekend, AOoA launched its Saturday brunch program in 2018. Veterans now gather once a week for a nutritious brunch and have the opportunity to socialize with one another, reducing social isolation.

Spotlight on Sustaining Housing

Most older adults prefer to "age in place"—to live independently in their own homes and communities for as long as possible. To do so, they need safe, stable and accessible housing. There is a growing shortage of affordable and accessible housing for low- and moderate-income older adults. Rising rents, fixed incomes, scant savings and increasing property taxes are some of the reasons why more older adults are experiencing housing instability or even homelessness. Other housing-related challenges that AAAs report are shown in Table 2.20.

TABLE 2.20: TOP HOUSING-RELATED CHALLENGES FACING OLDER ADULTS

Q: What are the top housing-related challenges facing older adults in your PSA? Please select up to five from the list.

	Percent (n=417)
Lack of affordable housing	94%
Inability to maintain or repair home	65%
Unavailability of or long waitlist for subsidized housing or housing vouchers	58%
Increasing rents that result in being "priced out" of long-term rental housing	47%
Lack of accessible housing	44%
Lack of home modification services or providers	38%
Increasing costs of property taxes, insurance, HOA fees or other home ownership-related fees	37%
High cost of long-term care (assisted living and nursing homes)	36%
Increasing homelessness	35%
Lack of affordable housing that can accommodate grandparents/older relatives and the children they raise	6%
Inability to transition out of long-term-care institutions	4%
Unlawful evictions/predatory landlords	3%

AAAs are increasingly providing services and supports to promote housing stability, connecting older adults with services, such as home modification, housing navigation, on-site service coordination, rental assistance and more. Table 2.21 shows the proportion of AAAs providing each housing-related service, either directly or through contracted providers.

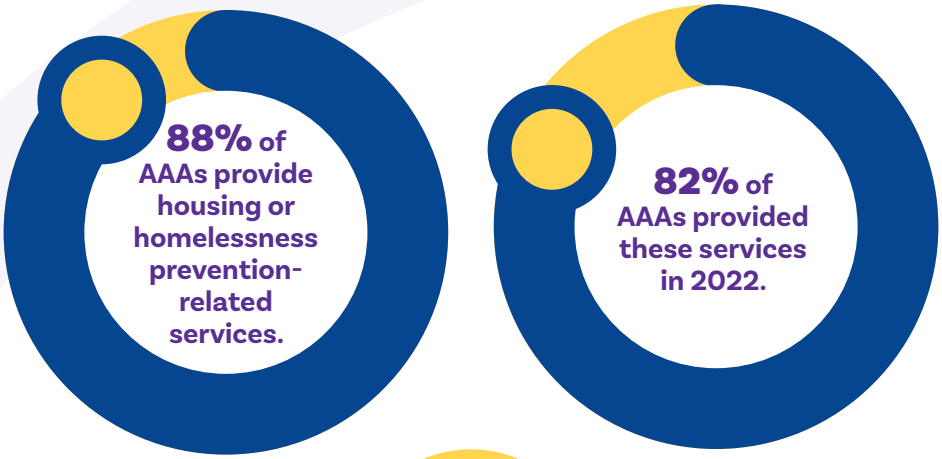


TABLE 2.21: HOUSING AND HOMELESSNESS-RELATED PROGRAMS AND SERVICES PROVIDED BY AAAS

Q: Please select all of the housing or homelessness-related programs available through the AAA, whether delivered directly by the AAA or through a contracted provider. If none are available, please select "None."

	Percent (n=407)
Any housing or homelessness-related program	88%
Home modification program	55%
Housing navigator, coordinator or other assistance with obtaining housing (e.g., locating affordable housing, applying for vouchers)	32%
Respite stays in long-term-care settings	31%
At-home safety program (e.g., home safety assessment)	27%
Eviction prevention/diversion or mortgage foreclosure	25%
Service coordination on site at housing property	23%
Homelessness intervention program (such as targeted case management)	20%
Rental assistance or tenancy supports	18%
Homelessness prevention program	14%
Provide AAA services in a shelter	12%
Own/operate subsidized senior housing	11%
Co-housing or home-sharing program (multigenerational or senior only)	8%
Other (please describe)	7%
Own/operate assisted living or independent living	5%
Own/operate domestic violence shelter	4%
Accessory dwelling units (ADUs) or tiny homes	3%
Own/operate homeless or emergency shelter	3%
Specialized housing for grandparents/older relatives and the children they raise	2%
None	12%

Through their needs assessment process and deep community connections, AAAs are in tune to the needs of older adults in their local communities. From the list of potential housing and homelessness-related services, AAAs indicated areas of unmet need in their PSAs. As shown in Table 2.22, more than one-half reported unmet needs for affordable housing solutions, specialized housing for grandfamilies, homelessness prevention programs, homeless or emergency shelter, subsidized senior housing, homelessness intervention program, assisted or independent living and rental assistance/tenancy supports.

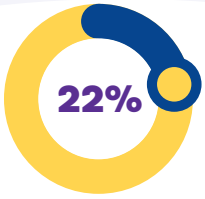
TABLE 2.22: UNMET NEED IN PSA FOR HOUSING AND HOMELESSNESS-RELATED PROGRAMS AND SERVICES

Q: Please select all of the housing or homelessness-related programs or services for which there is unmet need in your PSA.

	Percent (n=407)
Innovative housing solutions, such as ADUs, tiny homes, co-housing or home-sharing programs	71%
Specialized housing for grandparents/older relatives and the children they raise	60%
Homelessness prevention program	57%
Homeless or emergency shelter	55%
Subsidized senior housing	55%
Homelessness intervention program (such as targeted case management)	51%
Assisted living or independent living	51%
Rental assistance or tenancy supports	51%
Housing navigator, coordinator or other assistance with obtaining housing (e.g., locating affordable housing, applying for vouchers)	48%
Domestic violence shelter	47%
Provision of AAA services in a shelter	47%
At-home safety program (e.g., home safety assessment)	46%
Eviction prevention/diversion or mortgage foreclosure	46%
Service coordination on site at housing property	46%
Respite stays in long-term-care settings	45%
Home modification program	36%
None	9%

#AAAsAtWork: Meeting the Needs of Unhoused Older Adults

Multnomah County's Mobile Intake Team (MIT) was created to meet the needs of unhoused people where they live and assess them for Title XIX long-term-care services and supports and other qualifying critical supports, such as rent assistance and special needs funding. MIT works with consumers to understand their living and care needs and build a person-centered plan of their choice. The program provides access to services for the most vulnerable, including the disproportionately affected Black, Indigenous and people of color populations. Eighty-seven percent of people served through the program were over the age of 50.



of AAAs have a homelessness prevention and/ or intervention program.

of AAAs said there is unmet need for these programs in their PSAs.

As shown in Table 2.23, AAAs are increasingly formalizing their partnerships for housing and homelessness-related programs and services. Since the last survey in 2022, there has been a statistically significant increase in the proportion of AAAs that have formal partnerships (those with a contract or memorandum of understanding [MOU]) with home repair or modification programs, homelessness partners such as shelters, and Continuum of Care (CoC)/coordinated entry systems.

TABLE 2.23: FORMAL PARTNERSHIPS FOR HOUSING AND HOMELESSNESS PROGRAMS OR SERVICES

Q: For each of the following, please indicate if you have a formal partnership (formalized with a contract or MOU) specifically related to housing or homelessness programs and services. Select all that apply.

	2022 Percent (n=420)	2025 Percent (n=404)	
Legal support, such as for fair housing or tenant rights	52%	48%	
Home repair or modification programs such as Rebuilding Together or Habitat for Humanity	16%	24%	↑
City, county or other local housing office	10%	11%	
Homelessness partners, including homeless or emergency shelters	5%	8%	↑
Public housing authority (including Housing Choice Voucher/Section 8)	9%	8%	
Supportive housing	6%	8%	
Hospitals or health systems	17%	8%	↓
Housing developers (for profit, nonprofit or government)	6%	7%	
CoC or coordinated entry systems for housing instability or homelessness	4%	7%	↑
Public or other subsidized housing	6%	7%	
Affordable housing coalition	5%	6%	
VA programs for homeless and/or at-risk veterans	Not asked	5%	
Housing trust funds and/or state housing finance agencies	2%	4%	
Retirement/independent living communities	2%	3%	
Reentry programs for individuals exiting incarceration	Not asked	1.5%	

↑↓ *Indicates a statistically significantly higher/lower percentage compared to the prior wave at the 90-percent confidence level.*

TARCOG's Gateway to Community Living supports individuals who wish to transition from an institutional setting to independent living. This individual transitioned from a nursing home to an apartment where he now lives independently with HCBS available through the AAA.

Photo courtesy of Top of Alabama Regional Council of Governments AAA (TARCOG)

Section 3 Supporting the Nation's Caregivers

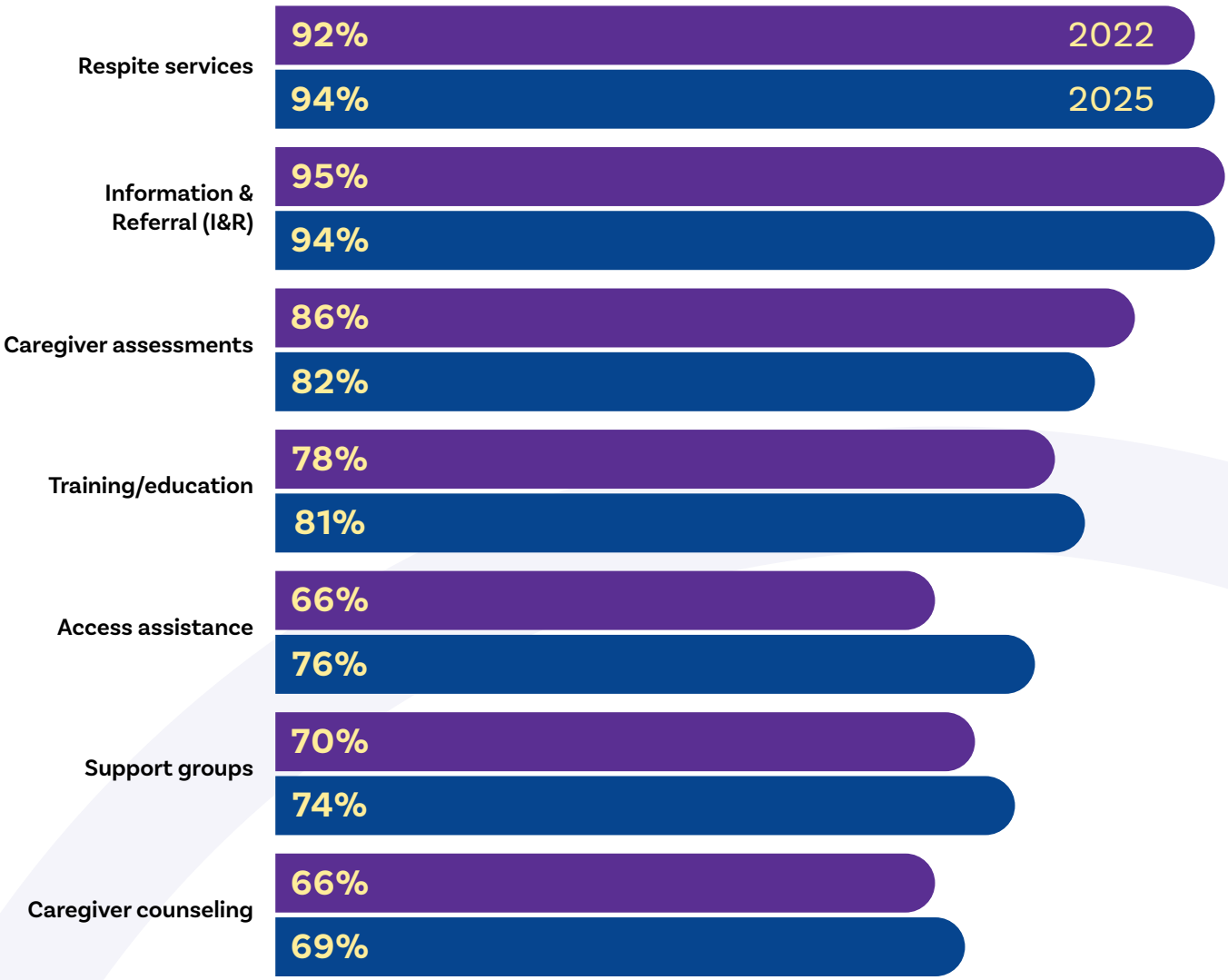
AAAs provide direct support to caregivers of older adults and people with disabilities, primarily funded through Title III-E of the OAA, NFCSP. This section describes the services and programs AAAs provide to specific types of caregivers, how these services are funded and how caregivers navigate these services, ensuring that families are connected with local providers that can help them create a caregiving plan, address specific challenges and ensure they receive the right services at the right time.

Caregiver Services and Supports

Through the NFCSP, AAAs assist family and informal caregivers to care for their loved ones at home for as long as possible. The NFCSP funds various supportive services, including information and referral, assistance in accessing services, caregiver counseling, support groups, training, respite care and supplemental services. Figure 3.1 shows that the proportion of AAAs providing caregiver services has remained largely the same since 2022, with an upward trend across six of the seven services. The percentage of AAAs offering access assistance for caregivers saw a statistically significant increase from 66 percent in 2022 to 76 percent in 2025.

FIGURE 3.1: CAREGIVER SERVICES BY AAA SURVEY YEAR (2025 N=430; 2022 N=416)

Q: Please select the specific caregiver services that your AAA provides directly or through a contracted provider.



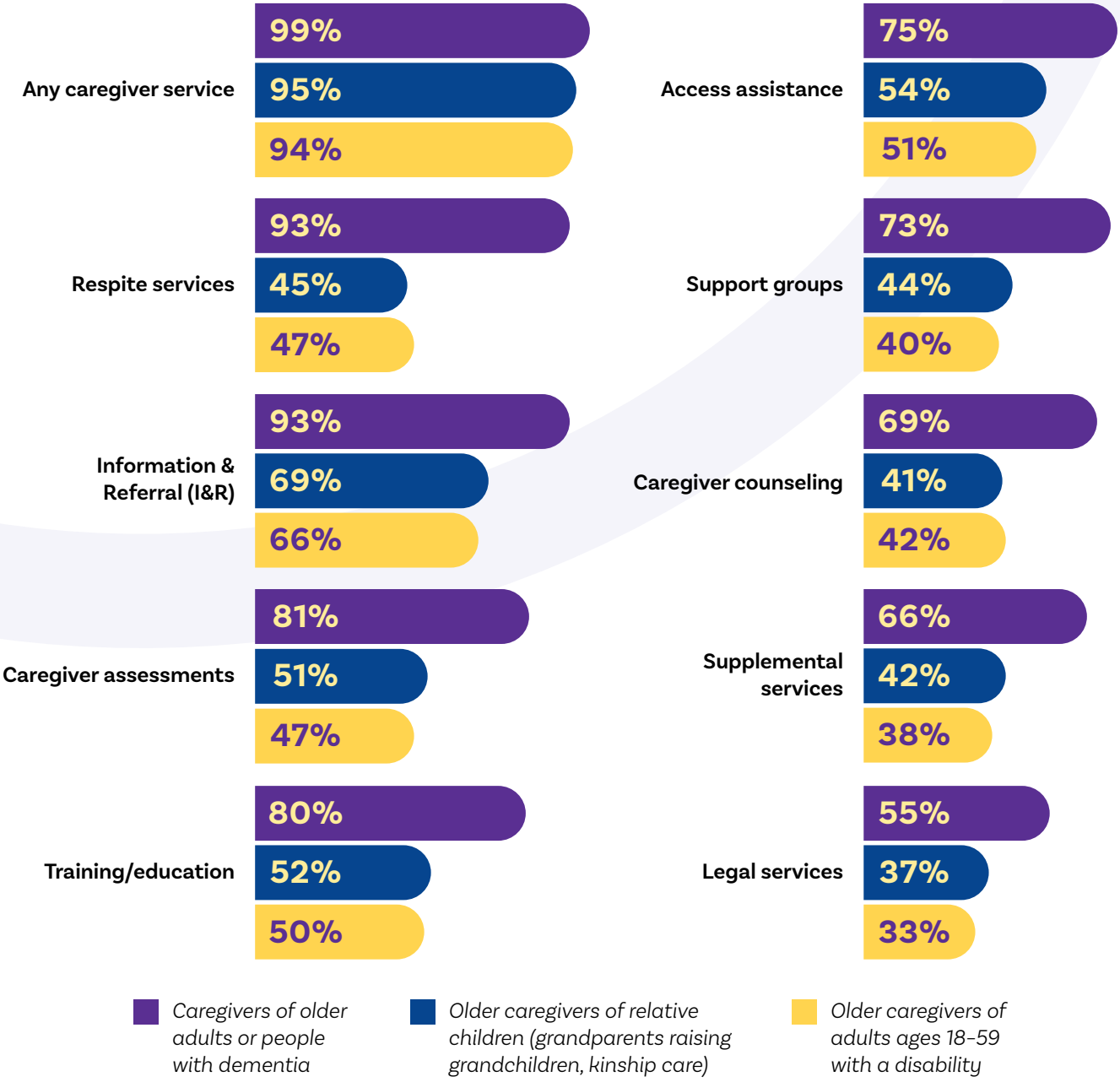
The OAA defines three types of caregivers who qualify for services under the NFCSP:

- Caregivers of older adults or people with dementia
- Older caregivers of relative children (grandparents raising grandchildren, kinship care)
- Older caregivers of adults ages 18–59 with a disability

Figure 3.2 shows the specific services that AAAs provide to each category of caregiver.

FIGURE 3.2: AAA SERVICES TO DIFFERENT CAREGIVER POPULATIONS (N=430)

Q: Please select the specific caregiver services that your AAA provides directly or through a contracted provider for each type of caregiver.



Serving the Relative Children of Older Kinship Caregivers

Thirty-eight percent of AAAs reported that kinship caregivers were eligible for services from their AAA. Of these, 59 percent also provide supplemental services to the children being raised by older kin. These include (n=63):

- **84%** In-kind assistance (e.g., provision of school supplies or clothing)
- **65%** Childcare services (e.g., summer camp, before and after school support)
- **22%** Other (social activities, financial gap filling)
- **11%** Support groups
- **10%** Assessments
- **8%** Individual counseling
- **5%** Other mental health services
- **3%** Case management for children

The most common challenges these AAAs face in serving kinship caregivers are shown in Table 3.1.

TABLE 3.1: CHALLENGES AAAS FACE IN SERVING KINSHIP CAREGIVERS

	Percent (n=156)
Limited funding	71%
Kinship families don't know about us	42%
Outreach—difficulty identifying kinship families	38%
Not enough staff to support kinship caregivers	22%
Helping kinship caregivers navigate the educational and supports system (e.g., school enrollment, nutrition benefits, immunizations)	21%
Agency is focused on other priority populations	20%
Lack of childcare when caregivers are receiving AAA services	14%
Lack of transportation to services	12%
Caregiver distrust or fear of the system	8%

#AAAsAtWork: The Grandparents Raising Grandkids Resource Center

Central Massachusetts Area Agency on Aging's Grandparents Raising Grandkids Resource Center serves as a one-stop shop to connect grandfamilies with resources, such as housing, childcare, utility assistance, legal services, job training, transportation, food, support groups and more. The Center is staffed by Mobile Grandfamily Community Health Workers who travel though 61 communities in central Massachusetts to meet with grandfamilies to assess their needs and connect them to programs and services.

Caregiver Navigation

Caregiver navigation refers to assistance to help caregivers know about or access services and supports that will assist them in their caregiver journey. These include navigating various agencies, organizations and resources.

When asked if the AAA provides caregiver navigation services, the results were:

- **12%** Yes, and we call it caregiver navigation.
- **62%** Yes, but we call it something else.
- **26%** No.

For those that provide caregiver navigation but call it something else, the most commonly used terms include:

- **51%** Information and assistance
- **30%** Caregiver support services
- **13%** Care or case management
- **12%** Options counseling

The level of engagement that AAAs report with the caregiver can vary, with most AAAs that offer caregiver navigation reporting that the service is mid- or high-touch (n=308; select all that apply).

- **20%** "Low touch"—information is available through a web page or printed material regarding services that are available to the general public.
- **54%** "Mid touch"—information is available through a call center or in-person contact; the caregiver may receive a screening and relevant service referrals.
- **59%** "High touch"—the caregiver receives an assessment that may lead to case management or other authorized services for a short or long duration.

Caregiver Assessments

AAAs administer caregiver assessments to understand the caregiving situation and identify the specific needs, challenges, strengths and resources available. In doing so, the AAA can link the caregiver with appropriate services that support both the caregiver and the care recipient.

More than three-quarters of AAAs (78 percent) report that the State Unit on Aging specifies which caregiver assessment tool should be used. The most common assessment tools used include:

- Caregiver Assessment Tool (CAT): 34%
- State-provided tool: 34%
- TCARE: 14%
- ARCHANGELS: 7%

Funding for Family Caregiver Services

Families are the major provider of long-term care for their loved ones. These **unpaid caregivers represent the largest source of LTSS in the nation, providing an estimated value of $600 billion in unpaid care annually.**[10] Yet funding sources and amounts for AAAs to provide caregiver services is limited, with 25 percent of AAAs relying exclusively on OAA funding. Table 3.2 shows the funding sources that AAAs use to support their caregiver programs.

TABLE 3.2: FUNDING SOURCES FOR FAMILY CAREGIVER SERVICES

Q: How are your caregiver services funded? Select all that apply.

	Percent (n=423)
Any OAA Title	97%
OAA Title III-E NFCSP	92%
OAA Title III-B Supportive Services Program	37%
OAA Title III-D Health Promotion and Disease Prevention	13%
OAA Title VI-C: Native American Caregiver Support Program	1%
State funding	57%
Local government funding	22%
Fundraising/fund development	10%
Foundation or nongovernmental grants	8%
State Medicaid HCBS waiver	8%
Other federal funding	7%
Agency reserves	7%
Cost-share revenue	6%
Private pay revenue	2%
Health care plan or provider (hospital plan or system, MCO, Medicaid MCO, etc.)	1%

Section 4 Meeting Broader Community Needs

While all AAAs serve older adults and caregivers, serving people with disabilities and chronic illnesses has long been part of the mission of many AAAs. AAAs also provide supports that enable a broader population to live independently in the community. These populations include individuals aging with intellectual and developmental disabilities (IDD) or traumatic brain injury (TBI), older adults living with HIV and AIDS, and individuals with behavioral health needs. Many of these services go above and beyond what is expected by the OAA.

Behavioral Health

Thirty-one percent of AAAs provide behavioral health services, either directly or through a contracted provider. Specific behavioral health services that AAAs provide, or for which they refer to other organizations, are shown in Table 4.1. Additionally, as shown in Figure 1.3, 19 percent of AAAs serve individuals under the age of 60 with behavioral health needs.

TABLE 4.1: SERVICES AND SUPPORTS FOR OLDER ADULTS WITH BEHAVIORAL HEALTH NEEDS

Q: What kinds of behavioral health services, if any, are provided by your AAA either directly or through contracted providers? Please indicate if your AAA provides these services and/or if you refer to external resources. Select all that apply.

Service	AAA Provides Service (directly or through contracted provider) Percent (n=410)	AAA Refers to Others Percent (n=410)	AAA Provides or Refers to Others Percent (n=410)
One or more behavioral health services	31%	80%	83%
Peer support groups	22%	60%	73%
Individual counseling for depression, anxiety, grief, trauma or stress	20%	70%	75%
Group counseling for depression, anxiety, grief, trauma or stress	12%	68%	79%
Suicide or crisis counseling	5%	72%	74%
Individual counseling for substance use	5%	70%	72%
Group counseling for substance use disorder	2%	69%	69%
Recovery housing	2%	62%	63%
Addiction medication	1%	61%	61%

Additionally,

- Eighteen percent of AAAs provide mental or behavioral health EBPs, such as Program to Encourage Active, Rewarding Lives (PEARLS), which addresses depression symptoms.
- Nine percent of AAAs have a behavioral/mental health professional on staff.
- Nineteen percent of AAAs provide services to individuals under the age of 60 who qualify due to a behavioral health diagnosis. These services include LTSS assessments, care transitions and case management.

#AAAsAtWork: In-Home Counseling Service for Older Adults

Region IV Area Agency on Aging (RIVAAA) launched behavioral health counseling to address the critical shortage of accessible mental health services for older adults and caregivers. Recognizing the limitations of grant-dependent programs, RIVAAA took a bold step—enrolling as a Medicare provider and securing provider credentialing with health plans to establish a sustainable, in-home counseling service. Licensed clinical social workers provide in-home counseling for depression, anxiety, grief and substance use disorder, ensuring accessible and culturally competent support coordinated with primary care providers.

Aging With IDD or TBI

Thanks to advances in medicine, individuals with IDD are living longer than ever before. AAAs are beginning to address the unique needs of these individuals and their caregivers as they age. Table 4.2 shows the percentage of AAAs that serve older adults with IDD or TBI, and Table 4.3 shows the percentage of AAAs that serve caregivers of these populations. Nearly three-quarters—71 percent—serve older adults with IDD, TBI or both. Two-thirds (67 percent) of AAAs serve caregivers of older adults with IDD or TBI. The most common partners that AAAs work with to deliver services to older adults with IDD or TBI and their caregivers are Centers for Independent Living and family caregiver or respite grantees. Additional partnerships are shown in Table 4.4.

TABLE 4.2: AAAS SERVING OLDER ADULTS WITH IDD AND/OR TBI

Q: Does your AAA serve older adults age 60+ with an IDD or TBI? Select all that apply.

	Percent (n=396)
Older adults with IDD or TBI	71%
Older adults with IDD	61%
Older adults with TBI	60%

TABLE 4.3: AAAS SERVING CAREGIVERS OF OLDER ADULTS WITH IDD AND/OR TBI

Q: Does your AAA serve caregivers of older adults with IDD/TBI? Select all that apply.

	Percent (n=394)
Caregivers of older adults with IDD or TBI	67%
Caregivers of older adults with IDD	60%
Caregivers of older adults with TBI	59%

TABLE 4.4: AAA PARTNERSHIPS TO SERVE OLDER ADULTS WITH IDD AND/OR TBI AND THEIR CAREGIVERS

Q: With whom does your AAA partner to deliver services to older adults with IDD/TBI and/or their caregivers? Select all that apply.

	Percent (n=291)
Center for Independent Living	49%
Family caregiver/respite grantee	46%
Other (please describe)*	19%
Developmental Disability Council	15%
We do not partner with any external organizations to serve older adults with IDD/TBI and/or their caregivers.	14%

** Other partners described included local health departments, IDD/TBI service providers, mental/behavioral health agencies and home care providers.*

Older Adults Living With HIV/AIDS

The fact that older adults living with HIV or AIDS are living longer lives is another success story. More than 50 percent of people living with HIV in the United States are 50 and older.[11] Currently 44 percent of AAAs have specific services or referrals for this population, primarily by referring consumers to partner HIV service organizations for support or information (39 percent). A small percentage of AAAs ask about HIV/AIDS as part of their intake process. Three percent have specialized services for this population, such as medically tailored meals and support groups. Additional services and supports for older adults living with HIV/AIDS are shown in Table 4.4.

TABLE 4.5: SERVICES AND SUPPORTS FOR OLDER ADULTS LIVING WITH HIV/AIDS

Q: We would like to know if your AAA provides services or supports (directly or through contracted providers) and/or if you refer to external resources specifically tailored for older adults living with HIV/AIDS. Please select all that apply.

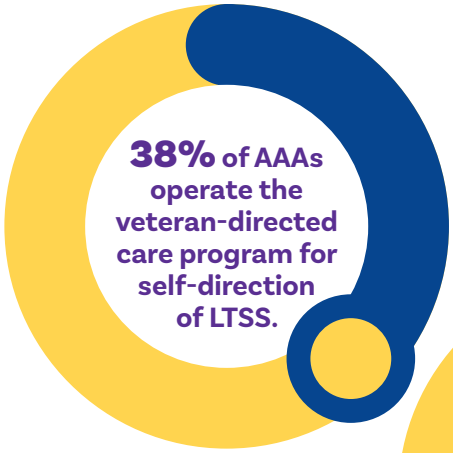
	Percent (n=412)
Offer any services or referrals specifically tailored for people living with HIV/AIDS	44%
We refer consumers to partner HIV service organizations for external sources of support or information.	39%
We ask about HIV/AIDS status as part of the intake process.	7%
The AAA has staff specifically trained to support people living with HIV/AIDS.	3%
We have dedicated programs such as medically tailored meals or support groups for people living with HIV/AIDS.	3%
Other (please describe)	2%
We receive Ryan White funding.	1%

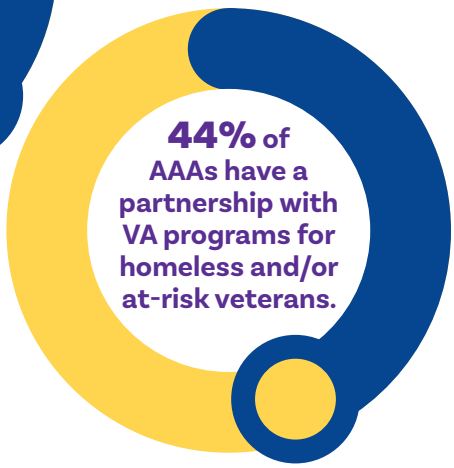
Veterans

About one-half of veterans today are age 65 or older, and 75 percent are over age 50.[12] Veterans are more likely than other older adults to have a disability. While all AAAs serve adults age 60 and older, 34 percent serve veterans under age 60 as well. Overall, nearly all AAAs serve veterans and report that they represent an average of 13 percent of their clients.

Additionally,

- Thirty percent have a subject matter expert for veteran care and services.
- Thirty-six percent have a point of contact at a local VA medical center.
- As shown in Table 1.3, 23 percent receive some amount of funding from the VA.



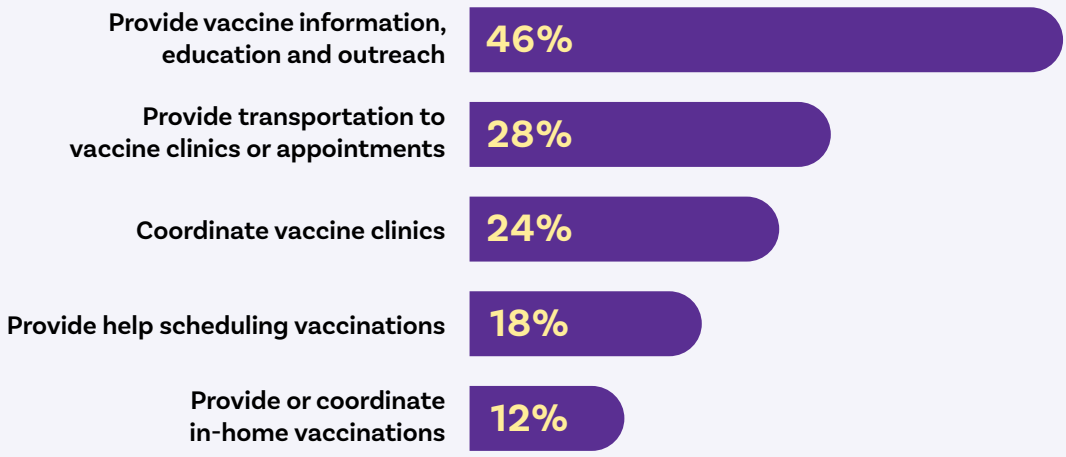


AAAs Support Vaccine Information and Choice

Sixty percent of AAAs provide one or more services to support an individual's informed decision-making regarding vaccinations.

FIGURE 4.1: VACCINE INFORMATION AND ACCESS SERVICES (N=434)

Q: Does your AAA provide information, services or programs related to vaccine access? If yes, please select all that apply.



Several AAAs noted that they provided vaccine information and support in the past but are no longer able to due to lack of funding.

Dementia Capability

Serving older adults with dementia and their caregivers is a core part of the mission of AAAs. To meet this goal, it is essential to ensure that AAAs are dementia capable. Dementia capability includes the ability to identify people with possible dementia; understand the unique care needs of people living with dementia; and provide effective referrals, services and communication for people living with dementia and their family or friend caregivers. Figure 4.2 shows how AAAs rate their dementia capability on a variety of dimensions. The highest proportion, 81 percent, agreed or strongly agreed that their staff are dementia capable, while the lowest proportion, 66 percent, agreed that their contracted provider staff are. Three-quarters agreed that their organizational practices and services are dementia capable.

FIGURE 4.2: DEMENTIA CAPABILITY OF AAAS

Q: Thinking about your AAA, how much do you agree or disagree with the following statements?

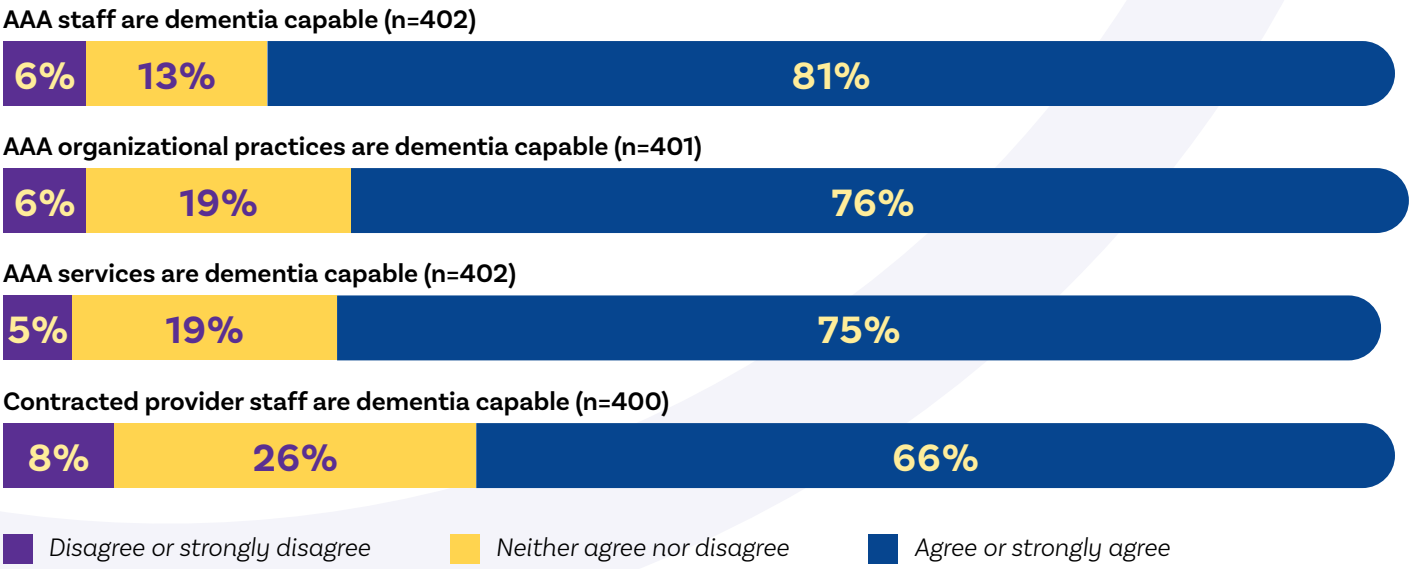


Photo courtesy of LifeSpan Resources, Inc.

Conclusion

AAAs help millions of Americans live connected lives in their communities by supporting older adults with critical services, such as nutritious meals, transportation, in-home services, case management and EBPs. They also offer needed supports to our nation's caregivers. AAAs are the local experts in providing HCBS and their holistic, person-centered services encompass opportunities for social engagement and help older adults maintain housing stability. More older adults than ever depend on AAAs to help them live well at home, and their needs are increasingly complex. AAAs are constantly innovating programs and services, strengthening their cross-sectoral partnerships, demonstrating their impact and leveraging every resource available to serve older adults and caregivers in their communities.

"We provide high-quality, person-centered services with kindness and respect—we really listen, and we really care. We also persevere. We are constantly evolving and reinventing ourselves in service to the mission." — **AAA Director**

"We have a tremendous history and deep roots in the community, having served older adults in the city for over 50 years. We are so proud of our legacy of service to millions of people for generations and look forward to serving for generations to come." — **AAA Director**

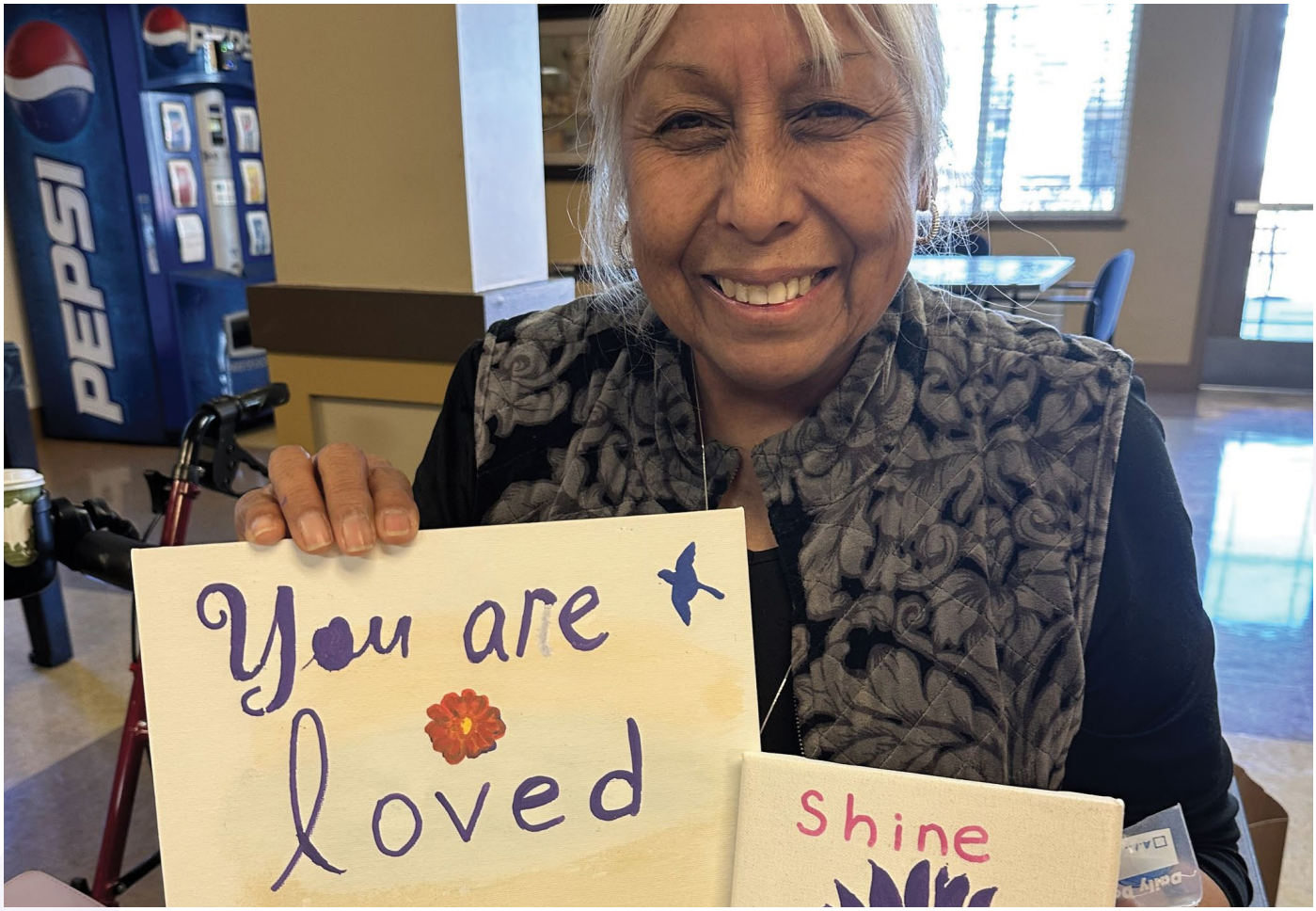


Photo courtesy of SourceWise

Appendix

TABLE A1: FUNDING SOURCES FOR SPECIFIC AAA SERVICES

Q: How are [service] services funded? Select all that apply.

	Nutrition (n=434)	Caregiver services (n=423)	Case Mgmt/ Care Coord. (n=369)	EBP (n=414)
Percent of AAAs providing this service	99%	99%	84%	94%
Funding for Services				
OAA funds	**97%**	**97%**	**84%**	**96%**
VA	5%	*	25%	2%
Other federal funding	19%	7%	17%	13%
State funding	**76%**	**57%**	**75%**	**38%**
Local government funding	**40%**	**22%**	29%	**19%**
Tribal funding	1%	0%	1%	0%
State Medicaid Waiver	22%	8%	**34%**	2%
Medicare Fee-for-Service	1%	0%	2%	1%
Health care payer or provider	9%	1%	14%	4%
Foundation or nongovernmental grants	15%	8%	7%	12%
Fundraising/Fund development	23%	10%	7%	7%
Private pay revenue	11%	2%	5%	3%
Cost-share revenue	13%	6%	10%	3%
Agency reserves	11%	7%	11%	6%

** Survey error resulted in this data not being collected.*

Numbers in ***bold*** *represent the top three most common sources of funding for a particular service, and highlight is the most frequently received source of funding for a given service.*

TABLE A1: FUNDING SOURCES FOR SPECIFIC AAA SERVICES, CONTINUED

Q: How are [service] services funded? Select all that apply.

	In-Home Services (n=407)	Transportation (n=396)	LTSS Assessments (n= 331)	Care Transition (n=161)
Percent of AAAs providing this service	93%	91%	75%	38%
Funding for Services				
OAA funds	**84%**	**85%**	**76%**	**49%**
VA	17%	5%	23%	12%
Other federal funding	15%	11%	20%	10%
State funding	**74%**	**62%**	**81%**	**59%**
Local government funding	**28%**	**35%**	35%	16%
Tribal funding	0%	1%	0%	0%
State Medicaid Waiver	25%	22%	**48%**	29%
Medicare Fee-for-Service	2%	1%	5%	4%
Health care payer or provider	10%	8%	14%	**31%**
Foundation or nongovernmental grants	5%	10%	11%	8%
Fundraising/Fund development	6%	8%	10%	4%
Private pay revenue	7%	7%	9%	4%
Cost-share revenue	17%	9%	12%	4%
Agency reserves	7%	7%	13%	10%

Numbers in ***bold*** *represent the top three most common sources of funding for a particular service, and highlight is the most frequently received source of funding for a given service.*

TABLE A2: POPULATIONS ELIGIBLE FOR SPECIFIC AAA SERVICES

Q: In addition to older adults, who is eligible to receive [service]? Select all that apply.

	One or More Services (n=444)	Nutrition (n=434)	Case Mgmt/ Care Coord. (n=369)	EBP (n=424)
Only consumers age 60 and older	12%	50%	30%	65%
Consumers under age 60 who qualify because of disability	71%	39%	51%	22%
Consumers under age 60 who qualify because of chronic or serious illness	34%	18%	31%	16%
Consumers under age 60 who qualify because of behavioral health diagnosis	19%	9%	20%	8%
Consumers with dementia of all ages	50%	15%	37%	13%
Veterans under age 60	34%	7%	26%	7%
Caregivers age 18+	72%	20%	43%	19%
Kinship caregivers under age 60	38%	8%	20%	9%
Children being raised by grandparents or older kin relatives	44%	4%	18%	6%

	In-Home Services (n=407)	Transportation (n=398)	LTSS Assessments (n= 331)	Care Transition (n=262)
Only consumers age 60 and older	54%	59%	13%	34%
Consumers under age 60 who qualify because of disability	36%	34%	78%	53%
Consumers under age 60 who qualify because of chronic or serious illness	23%	18%	50%	45%
Consumers under age 60 who qualify because of behavioral health diagnosis	13%	12%	33%	26%
Consumers with dementia of all ages	22%	17%	54%	38%
Veterans under age 60	18%	13%	36%	27%
Caregivers age 18+	18%	14%	50%	16%
Kinship caregivers under age 60	7%	10%	29%	11%
Children being raised by grandparents or older kin relatives	6%	7%	27%	9%

Acknowledgements

The *2025 National Survey of Area Agencies on Aging Report* was conducted by USAging and Scripps Gerontology Center at Miami University under a grant from the Administration on Aging with ACL.

Lead USAging project staff for this effort were Traci Wilson, Director, Research; Beth Blair, Senior Research Associate; Deborah Stone-Walls, Chief, Programs and Services; and Sandy Markwood, Chief Executive Officer. Additional support was provided by Bethany Coulter, Chief, Communications; Caitlin Musselman, Communications Director; Dave Somers, Senior Research Associate, Transportation and Mobility; Melissa Gray, Director, Transportation and Mobility; Molly French, Director, Housing and Services; Meredith Hanley, Program Director, Caregiving Services and Supports; Cara Goldstein, Assistant Director, Caregiving Services and Supports; Ali Fehlhaber, Program Manager, engAGED; Noelle D'Amato, Program Associate, engAGED; Leland Kiang, Program Manager, Grandfamilies and Kinship Support Network; Sara Maloney, Director, Caregiver Navigation; Marisa Scala-Foley, Director, Aging and Disability Business Institute; Kathie Garbe, Senior Program Manager, Aging and Disability Business Institute; Amy Gotwals, Chief, Public Policy and External Affairs; and Rebecca Levine, Director, Membership Engagement.

The lead staff from Scripps Gerontology Center responsible for survey implementation and data collection, coding and analysis include Heather Menne, Associate Professor; Robert Graham, Senior Research Scholar; Kate Singer, Senior Research Associate; and Isha Karmacharya, Graduate Assistant.

The project staff from USAging and Scripps would like to acknowledge the AAA directors who served as Survey Advisory Group members:

- Pam Curtis, Senior Resources of West Michigan, MI
- Heang Tan, Baltimore County Department of Aging, MD
- Lynn Kimball, Aging & Long Term Care of Eastern Washington, WA
- Paul Leggett, Salt Lake County Aging & Adults Services, UT
- Kelly Butts-Elston, Connections Area Agency on Aging, IA
- Sharon Nevins, San Bernardino County Department of Aging and Adult Services, CA
- Linda Miller, Centralina Area Agency on Aging, NC
- Linda Levin, ElderSource, Northeast Florida Area Agency on Aging, FL
- Duana Patton, Ohio District 5 Area Agency on Aging, OH
- Christine Vanlandingham, Region IV Area Agency on Aging, MI
- Mary Lynn Kasunic, Area Agency on Aging Region One, AZ
- AnnMarie Maglione, formerly with Orange County Office for the Aging, NY
- Joan Hatem-Roy, AgeSpan, MA

Finally, we thank ACL staff Nikaela Frederick, Aging Services Program Specialist, and the project officer for this grant; Greg Link, Director, Office of Supportive and Caregiver Services; and Kari Benson, Deputy Assistant Secretary for Aging, for providing important guidance and support for this effort.

This chartbook was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS), as part of a financial assistance award with $248,304 (or 75 percent) funded by ACL/HHS and $83,323 (or 25 percent) funded by non-government source(s). The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. Government.

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Notes

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