national council on aging

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FY 2022 Aging Services Funding
Investing in the Health and Economic Security of Older Adults

Community-based programs that help older adults improve their health and strengthen their economic security enable seniors to maintain their independence and remain in their own homes and communities. Investments in these initiatives save taxpayers' dollars by reducing expenditures for mandatory programs such as Medicare and Medicaid. **NCOA priority programs for FY 2022 investments include: (1) Older Americans Act programs; (2) Falls Prevention; (3) Chronic Disease Self-Management Education; and (4); the Medicare State Health Insurance Assistance Program.**

The Older Americans Act (OAA)

The Older Americans Act (OAA) helps seniors preserve and improve their health and economic security through a wide range of services and programs, including supportive services, home-delivered and congregate nutrition, senior center support, health promotion and disease prevention, family caregiver support, job training and placement, and elder rights protections. OAA investments save Medicare and Medicaid dollars by reducing hospital and emergency room visits and premature nursing home placement, averting malnutrition, and controlling chronic health conditions.

The OAA Senior Community Service Employment Program (SCSEP) is the only federal job training program focused exclusively on helping older Americans return to the workforce, prioritizing services to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment. Each year, almost 50,000 older workers from every state and nearly all U.S. counties develop new skills and add relevant work experiences through SCSEP community training assignments with aging service organizations and other local programs. Yet this only represents less than one percent of the low-income seniors with incomes less than $16,100 who are eligible for the program. SCSEP represents a strong return on investment as those who secure unsubsidized employment earn more in their first year than the annual SCSEP training costs and 70% remain on the job more than one year after leaving the program. While cuts and increases in appropriations have occurred, particularly in the past decade, current funding remains lower than it was three decades ago.

OAA appropriations have failed to keep up with inflation and the rapidly increasing numbers and diversity of older adults, meaning the Aging Services Network still struggles to do more with less. The 2020 OAA reauthorization passed by Congress with unanimous, bipartisan support, included authorization levels which steadily increase each year through FY24. **FY22 appropriations for OAA programs, must, at a minimum, reach the authorized level and also account for any resources needed to bridge the growth in services and demand due to the COVID-19 pandemic and its disproportionate effects on older Americans.**

Falls Prevention

Falls among Americans over age 65 are widespread, very expensive, and often preventable. Each year, over one in four Americans aged 65 and over falls. Falls are the leading cause of both fatal and nonfatal injuries for those 65 and over. Over 3 million nonfatal fall injuries were treated in emergency departments resulting in over 800,000 hospitalizations. One out of every five falls results in serious injuries such as broken bones and traumatic brain injuries. The nation is spending $50 billion on fall injuries annually, 75% of which is paid for by Medicare and Medicaid.

Evidence-based falls prevention programs offer cost-effective interventions by reducing or eliminating risk factors, offering treatments that promote behavior change and self-efficacy, and leveraging community networks to link clinical treatment and community services. These programs have been shown to reduce the incidence of falls by as much as 55% and produce a return on investment of as much as 509%. Prevention and Public Health (PPHF) allocations to the Administration for Community Living (ACL) have remained at $5 million since FY14. A total of 69 grants have been awarded to public agencies, private nonprofits, and tribal organizations in 31 states, with over 127,000 older adults participating in an evidence-based falls prevention program as a result. **FY22 funding should be increased to $10 million to reach additional states and to embed these cost-effective programs into community organizations' efforts to reduce the incidence of this preventable health concern among older adults.**

NCOA Public Policy & Advocacy | advocacy@ncoa.org
251 18th Street South, Suite 500, Arlington, VA 22202

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The Centers for Disease Control (CDC) National Center for Injury Prevention and Control (NCIPC) falls prevention efforts are focused on evaluating and promoting evidence-based clinical approaches. Recently, CDC has sought to improve patient care by expanding efforts to educate all members of the health care team, including pharmacists, and evaluate the impact of clinical tools and interventions on the medical cost burden of falls. Annual funding has remained at $2 million since these activities were first authorized by the bipartisan Safety of Seniors Act of 2008. **FY22 appropriations should be increased to $4.1 million, allowing NCIPC to expand efforts to partner with health systems, Medicare Advantage programs, and other health entities to incorporate Stopping Elderly Accidents, Deaths, and Injuries (STEADI) into outpatient care and discharge planning, resulting in reducing the incidence of falls and fostering replication of these practices.**

Chronic Disease Self-Management Education (CDSME)

Chronic diseases are the leading causes of death and disability in the U.S., whose costs constitute 90% of the nation's $3.8 trillion in health expenditures. Older Americans are disproportionately affected by chronic conditions; about 85% of older adults have at least one chronic disease and 60% have two or more. Data show that as an individual's number of chronic conditions increases, there is a corresponding escalation in unfavorable outcomes including poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice -- all of which lead to higher health costs and ultimately increased Medicare and Medicaid spending. CDSME is a low-cost, evidence-based disease management intervention which studies show to be effective at helping people with all types of chronic conditions adopt healthy behaviors, improve health status and reduce use of hospital stays and emergency room visits. PPHF allocations to ACL for CDSME have remained at $8 million since FY16, supporting over 14,000 community-based delivery sites which have provided services to more than 550,000 individuals. However, given that nearly 200 million people report having a chronic disease, the reach of these programs has been only 0.25% of the full population reach potential. **FY22 funding should be increased to $16 million to expand access to evidence-based, cost-effective chronic disease management programs to a greater number of states and older adults in need across the country.**

Senior Community Service Employment Program

The Senior Community Service Employment Program (SCSEP) is the only federal job training program focused exclusively on helping older Americans return to the workforce, prioritizing services to veterans, individuals with disabilities, and other most-in-need older adults who have low job prospects and significant barriers to employment. Older workers struggle with long-term unemployment longer than their younger counterparts, and this issue is becoming more acute as the COVID-19 pandemic economic downturn continues. Each year, about 55,000 older workers from every state and nearly all U.S. counties develop new skills and add relevant work experiences through SCSEP community training assignments with Aging Services Network and other local programs. Yet this represents less than one percent of the low-income adults age 55+ with incomes less than $16,100 who are eligible for the program. SCSEP represents a strong return on investment as those who secure unsubsidized employment earn more in their first year than the annual SCSEP training costs and 7 in 10 remain on the job more than one year after leaving the program. The FY21 appropriation of $405 million is $60 million less than the funding nearly three decades ago. At a minimum, the FY22 appropriation should equal the $480.0 million level approved in the reauthorization adopted in 2020 with bipartisan support.

Research, Demonstration, and Evaluation for the Aging Services Network

Over a decade ago, appropriations ceased for the Administration on Aging Program Innovations and the agency's long-standing research and demonstration authority. The 2020 OAA reauthorization updated the approach to this crucial work and authorized the new Center to evaluate programs serving older adults, discover innovations, coordinate related research, and support the dissemination of best practices and interventions. Investments in the Center are also intended to increase the repository of information on OAA Aging Services' impact on social determinants of health and their returns on investment by demonstrating their ability to improve quality of life, foster independence, and generate Medicare and/or Medicaid savings. With the continuing growth in numbers and diversity of the older adult population, and the significant impact of the pandemic, it is crucial to initiate the work of the Center with an FY22 appropriation of $75 million.

State Health Insurance Assistance Program (SHIP)

A total of 54 SHIP grantees oversees a network of more than 3,300 local SHIPs and over 15,000 counselors to provide local, in depth Medicare assistance and counseling to beneficiaries and their families. SHIPs advise, educate, and empower individuals to navigate the increasingly complex Medicare program and help beneficiaries make choices among a vast array of options to best meet their needs, saving money for both the program and people with Medicare. Each day, about 10,000 baby boomers become Medicare eligible, and one-on-one assistance provided by SHIPs has tripled since 2005. FY22 SHIP funding, at a minimum, should be $79.5 million, to reflect the increases in inflation and the number of Medicare beneficiaries over the past decade.

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251 18th Street South, Suite 500, Arlington, VA 22202