Historical Development of the Older Americans Act of 1965

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Introduction

The main aim of the Older Americans Act was to improve the lives of older individuals who faced problems concerning community services, employment, housing, and mental health (Altshuler & Schimmel, 2010). It was the first legislation authorized to bring together the private aging network and the fragmented public service-delivery system to meet the needs of older individuals. The Act stipulates that agencies on aging should be established along with mechanisms for supervising these organizations. It should be noted that the Older Americans Act (OAA) was established to complement Medicaid and Medicare. This paper will discuss the Older Americans Act of 1965 in the context of its area of application, the nature and extent of the problem, its historical background, and its development over time.

Historical Background

The Older Americans Act (OAA) was passed as part of Lyndon Johnson's Great Society reforms. Before the formation of the Act in 1965, older persons were eligible for social services through several federal programs, but those services were insufficient. Thus, existing programs did not adequately address the needs of the older population as it grew in number. Some groups began advocating on behalf of older people, and in response President Truman initiated the first National Conference on Aging in 1950 (Colello & Napili, 2016). Further attention to aging issues led President Eisenhower to create the Federal Council on Aging in 1956 to coordinate the activities of the numerous units of the federal government concerned with aging. This conference helped build authority and provided a consensus of recommendations for public policy concerning older people at the national level. Legislation introduced in 1963 adapted the 1962 proposal by creating the AOA within DHEW. The OAA as introduced in 1965 closely paralleled the 1963 proposal.

Need for OAA

The main reasons for which this Act was formulated involved four fundamental problems that older citizens faced at that time. These issues mainly included insecurity in obtaining social and health

services, income insecurity, and limited opportunities to maintain a productive and fulfilling lifestyle. In many regions, the amount of assistance available to senior citizens was far too low to fulfill their needs, while restrictive residence and residency requirements limited access to public assistance. Because of this, barriers were established that hindered older persons from obtaining adequate aid through Disability Insurance, Survivor, and Old Age Social Security. Before Medicare and the OAA, approximately one in three older individuals lived below the poverty line.

The ten objectives of the OAA, the services provided under it, and its targeting policies are congruent with social-work values. These include the following. Dignity and Worth of a Person: the OAA supports the inherent dignity of all older adults. Service: the OAA helps people address social, environmental, psychological, and biological problems. Social Justice: the OAA pursues change and assistance for vulnerable older adults and promotes decision-making and input from the older adult population.

Earlier Problem Handling

Previously, there was little economic security for older citizens because relatively few people reached old age. Traditional sources of financial security included charities, family, labor, and assets. To address these issues, the Social Security Act created a social-insurance program for workers aged 65 years or older, funded through contributory payments made to a common fund during individuals' economically productive years (Social Security Administration, 2015). The Act also provided states with means-tested Old-Age-Assistance grants and was intended to serve as a temporary "relief" program. Dependent and survivor benefits were added in the 1939 Amendments.

This Act was among the first federal initiatives aimed at providing comprehensive services to support older adults in remaining independent in their homes and communities (Thomas & Mor, 2013). The main programs under the OAA include Title III Grants for State and Community Programs on Aging, which provide funding to State Units on Aging (SUA) and local Area Agencies on Aging (AAA) for services that include in-home support, home-delivered and congregate meals, respite for family caregivers, preventive health services, and legal services for older adults and their caregivers (Colello & Napili, 2016).

Changing Policy over Time

Congress has frequently reauthorized and revised the OAA since it was first passed in 1965. The most recent OAA reauthorization discussed here occurred in 2006, when Congress passed the Older Americans Act Amendments of 2006. Thus, the policy changed continuously over time through its amendments. Its development can be described in several stages, including the "initial implementation stage." During the early years, the Administration on Aging was preoccupied with defining its role as the central authority in aging policy. A primary question was whether programs should focus on low-income older adults or all older citizens. The Title III grant program was

strengthened in the 1969 amendments and allowed model projects to meet the needs of older citizens (Kleinman & Foster, 2011). Similarly, the National Older Volunteer Program was one of the significant changes in the 1969 amendments. Major amendments to the Act occurred in 1972 with the creation of the National Nutrition Program for the Aging, marking a major shift in federal law. The 1975 amendments extended the OAA and added specified services that were to receive funding priority under state and area-agency-on-aging programs.

Correspondingly, the 1978 amendments were known as the “consolidation stage” because they introduced a major structural change. Comprehensive grant programs for social services, nutrition services, and multipurpose senior-center facilities were combined into one package under the authority of SUAs and AAAs. The purpose of these changes was to improve coordination among the numerous service programs under the Act. The 1981 amendments made changes that gave SUAs and AAAs more flexibility in managing their service programs. The 1992 amendments reorganized some of the Act’s programs and added a new Title VII. In 1993, Congress amended the OAA to create an Assistant Secretary for Aging within HHS. The 2000 amendments were enacted after six years of congressional discussion concerning reauthorization.

Policy Effectiveness

The original Act did little to prescribe outcome measures for evaluating the effectiveness of the OAA. The Secretary of Health, Education, and Welfare was authorized to provide technical assistance and consultative services to public or nonprofit institutions, agencies, and organizations, conduct studies, and circulate reports concerning developments funded under the OAA. Currently, Section 206 (Title II) provides that the Secretary is authorized to evaluate and measure the impact of all programs authorized by the Act, their overall effectiveness in attaining stated goals, and their effectiveness in directing services under the Act toward previously unserved older persons with the greatest social and economic need (Colello & Napili, 2016). Evaluations are to be conducted by individuals not directly involved in managing the project or program being evaluated. Moreover, the Secretary is to obtain input from organizations representing older-adult programs and relevant stakeholders concerning the strengths and weaknesses of the programs.

Policy Analysis

Discrimination and inequality in education and economic compensation, along with continuing and historical racism, sexism, and ageism in public-assistance policies, housing practices, and employment, were among the underlying inequalities that contributed to major problems facing older adults in 1965. These inequalities were increasingly recognized during the 1960s. It was a period of civil unrest and social reform. The OAA was an important piece of legislation that addressed some of these inequalities. Since passage of the OAA, knowledge and understanding of the older adult population have expanded tremendously.

The poverty rate among older adults has decreased, and there has been a strong movement toward cultural change and holistic living among seniors and professionals. Of the ten objectives of the OAA, five can be said to address equality issues directly. They include adequate income in retirement, the best possible mental and physical health, affordable and suitable housing, opportunities for employment free from age discrimination, and efficient and accessible community services that provide social assistance.

Conclusion

The OAA's statutory language covers seven titles. Funding for most OAA programs is provided through annual HHS appropriations. The Older Americans Act supports a variety of services aimed at improving older adults' health and well-being. One perspective is that these services are essential to older citizens' dignity and independence. The Older Americans Act also aims to provide services to those with the greatest social or economic need, with particular attention to people who are frail, have limited English proficiency, belong to ethnic and racial minorities, have Alzheimer's disease, are at risk of institutionalization, have low incomes, or live in rural areas (Kowlessar, Robinson, & Schur, 2015). The primary mission of social work supported by the OAA is to enhance human well-being and help meet basic human needs, with particular attention to assisting the most vulnerable, oppressed, and economically disadvantaged people. The Older Americans Act encompasses and supports this broad mission.

References

Altshuler, N., & Schimmel, J. (2010). *Aging in place: do Older Americans Act Title III services reach those most likely to enter nursing homes?*. Mathematica Policy Research, Incorporated.

Colello, K. J., & Napili, A. (2016). Older Americans Act: Background and Overview. *Congression Research Service*.

Kleinman, R., & Foster, L. (2011). Multiple Chronic Conditions Among OAA Title III Program Participants. *Administration on Aging Issue Brief*.

Kowlessar, N., Robinson, K., & Schur, C. (2015). Older Americans benefit from older Americans act nutrition programs. *Administration on Aging*.

Thomas, K. S., & Mor, V. (2013). The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents. *Health services research*, *48*(3), 1215-1226.