Historical Development of the Older Americans Act of 1965

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Introduction

The main aim of the Old American Act was to develop the individuals lives which are older and have problems concerning community service, employment, housing and mental health (Altshuler & Schimmel, 2010) It was the first legislature authorized to bring together the private ageing network and fragmented public delivery system to meet the requirements of older individuals. This act stipulates that agencies on ageing need to be established along with the supervision of these ageing establishments. It should be noted that the Old American Act (OAA) was erected to accompany Medicaid and Medicare. This paper will discuss the Older Americans Act 1965 in the context of its area of application, nature, and extent of the problem, as well as its historical background, and development over time.

Historical Background

The (OAA) Old American Act was passed as part of Lyndon Johnson's Great Society reforms. Previous to the formation of the Act in 1965, older persons were qualified for social services that were not sufficient, and these were through some federal programs. Thus, existing programs were not addressing the older population's needs as they were growing in number. Some groups started advocating on the older population's behalf, and in response, President Truman initiated the first National Conference on Aging in 1950(Colello & Napili, 2016). Further attention in the ageing arena led President Eisenhower to make the Federal Council on Aging in 1956 synchronize the actions of the numerous units of the federal government associated with ageing. This conference helped build authority and provided a consensus of recommendations for public policy of the aged at a national level. Legislation presented in 1963 adapted the 1962 proposal by making inside DHEW the AOA. The OAA as presented in 1965 paralleled the 1963 proposal.

Need for OAA

The main reason for which this act was formulated accounts for four fundamental problems that older citizens of the society faced at that particular time. These issues mainly comprise insecurity in getting social and health services, income uncertainty, and other opportunities to sustain a productive and complete living style. In many regions, the amount that was needed to assist these senior citizens was far lower to fulfil their filial responsibility, and restrictive residences, and residency necessities

limited public help. Because of this, barriers were established which hindered older persons from getting adequate aid through Disability Insurance, Survivor, and Old Age social security. Before Medicare and OAA, every third individual was overage living under the line of poverty.

The ten objectives, services provided under the OAA, and targeting policies of the OAA are congruent with social work values. Namely, Dignity and Worth of a Person: The OAA supports the inherent dignity of all older adults; Service. The OAA helps people to 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 very few people reached older age. Old-style causes of financial security comprised of charities, family, labour, and assets. To address all 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 joint fund during persons' economically productive years (Social Security Administration, 2015). The act also provided states with means-tested Old-Age-Assistance grants and was intended to be a temporary "relief" program. Dependent and Survivor benefits were added in the 1939 Amendments.

This act was among the first federal ingenuities that aimed to provide inclusive services to support older adults in remaining independent in their homes and societies (Thomas & Mor, 2013). The main program under the OAA includes Title III Grants for State and Community Programs on Aging, which delivers backing to State Units on Aging (SUA) and local Area Agencies on Aging (AAA) for services that contain in-home support, home-delivered and assembled meals, interval for family caregivers, protective health services, and legal services for older grown-ups 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 last OAA reauthorization happened in 2006 when Congress passed the Older Americans Act Amendments of 2006. Thus, the policy was continuously changed over time in perceptive to its Amendments. Its course was defined in many stages, such as the 'Initial implementation stage.' During the initial years, management on ageing was inattentive with guessing its part as the dominant figure in ageing policy. The primary concern was that they included low-income elders or all older citizens. The 'Title-III' grant program was strengthened in the 1969 amendment and allowed model projects to meet the necessities of old age citizens (Kleinman & Foster, 2011). Similarly, the National Older Volunteer Program was one of the significant changes in the 1969 amendment. Main amendments to the act happened in 1972 with the formation of the National Nutrition Program for the Aging, and there was a

main swing in federal law. The 1975 amendments protracted the OAA and added specified services to obtain funding precedence beneath the state and area agency on ageing programs.

Correspondingly, the amendments placed in 1978 were known as the ‘Consolidation stage’ as they carried a main structural change. There were inclusive grant programs for social services, nourishment services, and versatile senior centre accommodations combined into one package under the rights of SUAs and AAAs. The purpose of these alterations was to recover harmonization among the numerous service programs beneath the act. The 1981 amendments made alterations to stretch SUAs and AAAs more lightly in managing their facility programs. The 1992 amendments reorganized some of the act’s packages and added a new Title VII. In 1993, Congress edited the OAA to create an Assistant Secretary for Aging within HHS. The 2000 amendments were carried out after a continuous effort for six years of congressional discussion on reauthorization.

Policy Effectiveness

The original act did little in the way of instructing outcome measures of the effectiveness of the OAA. The Welfare, Education, and Secretary were allowed to provide technical assistance and consultative services to public or nonprofit institutions, agencies, and organizations to conduct a study and to circulate reports of the developments subsidized under the OAA. Currently, section 206 (Title-II) suggests that the Secretary is authorized to evaluate and measure the impact of all programs sanctioned by this Act, their efficiency in attaining stated goals in general, and their efficiency in directing for facilities under this Act unserved older persons with most significant social and economic need(Colello & Napili, 2016). Assessments shall be steered by individuals not directly involved in managing the project or program that was evaluated. Moreover, the Secretary is to get input from administrations representing older grownup programs and needs accomplices about the weaknesses and strengths of the programs.

Policy Analysis

Discrimination and inequality in education and economic compensation, along with continuing and past racism, sexism, and ageism in public assistance policies, housing practices, and employment were the first underlying inequalities that contributed to the leading problems for older adults in 1965. Inequalities were being realized at an accelerated pace in the 1960s. It was a time of civil unrest and betterment. The OAA was an essential piece of legislation that addressed some of these inequalities. Since the passage of the OAA, the knowledge and understanding of the older adult population have expanded tremendously.

The older adult poverty rate has decreased, and there is a strong movement in culture change and holistic living among seniors and professionals. Of the ten objectives of the OAA, five could be said to address equality issues directly. They are paid satisfactory wages in retirement, have the best

possible mental and physical health, have affordable and suitable housing, have a chance for employment free of age discrimination, and have efficient and available community services that provide social assistance.

Conclusion

The OAA constitutional language covers seven titles. Capital for most OAA programs is delivered in annual HHS adoptions. The Older Americans Act cares about the variability of facilities aiming to improve older adults' well-being and health. One account is that these services are essential for older citizens regarding their dignity and independence. However, by Old American Act law have its aim to provide services to those in significant social or economic need, with specific attention to those who are fragile, with limited English proficiency, ethnic and racial minorities, those with Alzheimer's, at risk for institutionalization and the ones having low income and living in the rural districts (Kowlessar, Robinson, & Schur, 2015). One account is that the primary mission of social work that OAA provides is to enhance human well-being and help meet basic human needs, with particular attention to helping the most vulnerable, oppressed, and economically disadvantaged. The Older Americans Act encompasses and supports this grand mission.

References

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