

United States Senate Special Committee on Aging

Renewing Our Commitment: How the Older Americans Act Uplifts Families Living with Aging-Related Diseases

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Chairman Scott, Ranking Member Gillibrand and members of the Committee, thank you for the opportunity to speak before you today. My name is Duana Patton, and I am honored to serve as the Chief Executive Officer of the Ohio District 5 Area Agency on Aging, Inc., where I have worked for nearly 31 years. Our Agency, located in Ontario, Richland County, Ohio, is one of 613 Area Agencies on Aging (AAAs) across the nation that helps older adults remain independent and supported in their communities. I am also the current Board President of USAgings, the national association of AAAs. On behalf of these agencies—and the millions of older adults and family caregivers we serve—I want to express my gratitude for your continued commitment to meeting the needs of individuals, families, and caregivers through the Older Americans Act (OAA). As the older adult population in the United States continues to rise rapidly, AAAs have seen increased demand for OAA programs and services across the country. In 2022, older adults numbered 57.8 million, representing 17.3 percent of the population and the number of older adults has increased by 34 percent since 2012 compared to an increase of 2 percent in the population under age 65. The older adult population is expected to continue to grow significantly in the future and is projected to reach 88.8 million in 2060.ⁱ

Strengthening the OAA, which is administered by the Administration for Community Living (ACL), over the next decade will be critical as it is the cornerstone of the nation's non-Medicaid home and community-based services (HCBS) system serving nearly 11 million older Americans per year across the country. The Aging Network carries out these services and includes State Units on Aging (SUAs), AAAs, Title VI Native American Aging Programs (Title VI programs) and tens of thousands of local service providers.

Older Americans Act Overview and Background on Area Agencies on Aging

Signed into law in 1965, the OAA has connected older adults and their caregivers to services that help older adults age with health, dignity and independence in their homes and communities—where they want to be. The OAA enables the local delivery of home and community-based services, which are almost always less expensive than institutional care provided in nursing homes or assisted living facilities. The longer older adults can successfully age at home, the better it is financially for families and the federal government. OAA programs and services also support healthy aging and address upstream drivers of health.ⁱⁱ

AAAs were formally established in the 1973 OAA as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. For 50 years, AAAs have served as the local leaders on aging and the OAA was intentionally designed to give AAAs the flexibility to ensure that the local needs and preferences of older adults are considered and reflected in the design and implementation of local service delivery systems.ⁱⁱⁱ Across the country, AAAs play a vital role in supporting both individuals living with aging-related diseases and their caregivers, thanks to the foundation provided by the OAA. As an AAA, our mission is to plan, fund and deliver a broad range of programs and services rooted in the demonstrated needs of the communities we serve. We are often the “front door” to aging services, receiving referrals from individuals, caregivers, physicians and community partners—often at a time when a person is facing a new or increasing risk related to aging. Once AAAs receive input from consumers, service providers and other stakeholders, we develop Area Plans, which outline local needs and propose recommendations for programs and services for older adults and caregivers. Through comprehensive assessments,

we determine what supports and interventions will best promote their health, safety and independence. When an individual comes to the AAA, they are not coming for health care, they are coming to seek support in navigating challenges and risks associated with their health condition.

AAAs are social care experts and we know that social needs often drive health outcomes. The core services we provide include nutrition, supportive services, caregiver support, health and wellness and elder rights. Our person-centered approach and assessment expertise recognizes the health of the person and focuses on interventions that will foster better outcomes. A good example is that of Ms. Gray. Ms. Gray was referred to our AAA following a hospital stay for a chronic health condition. She was not complying with her medication regimen and had poor eating habits. By providing two hours a week of personal care in her home as well as home-delivered meals, Ms. Gray has improved health, both physically and mentally, and has not been admitted to the hospital since receiving these services. This is the powerful impact of the OAA.

Key OAA Programs Supporting Older Adults with Aging-Related Diseases

OAA Title III B Supportive Services

OAA Title III B Supportive Services is the bedrock of the Act and provides states and local agencies with flexible funding to provide a wide range of supportive services to older Americans like Ms. Mary. These services include in-home services for frail older adults, senior transportation programs, Information and Referral/Assistance Services (e.g., hotlines to help people find local services, resources), case management, home modification and repair, chore services, legal services, social engagement activities, emergency/disaster response efforts and

other person-centered approaches to helping older adults age well at home. Services provided through Title III B are a lifeline for older adults and are heavily based on assessed local needs and the desires of older adults in that community.^{iv} These services are especially critical for older adults with aging-related diseases such as Alzheimer's and Parkinson's disease. As their diseases progress and their needs change, the AAA can adjust the type or intensity of services provided to meet the client where they are.

OAA Title III C Nutrition Services Program

To meet the nutrition needs of older adults, all AAAs provide nutrition services through the OAA Title III C Nutrition Services Program. OAA Title III C is the largest program in the United States that provides nutrition services to older adults in need and provides older adults with opportunities for optimal health and well-being, reduced food insecurity and chances for social interaction with peers. AAAs, working with contracted community-based partners, provide both congregate and home-delivered meals to older adults in their service areas. Congregate meals sites can include senior/community centers, senior cafes, 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. The OAA also allows AAAs to provide nutrition education, risk screening and counseling to older adults. Like under Title III B, AAAs have some flexibility under Title III C and can adjust services as a client's needs change. For example, an older adult newly living with Parkinson's or dementia may at first benefit from attending a congregate meal program in their community. However, should their disease progress, and they experience increased difficulty leaving their

home, the AAA may offer transportation to the congregate site or, if needed, switch to providing home-delivered meals.

OAA Title III D Evidence-Based Health Promotion and Disease Prevention Programs

In addition to nutritional needs, the OAA also supports healthy aging for older adults through Title III D Evidence-Based Health Promotion and Disease Prevention. OAA Title III D was established in 1987 to provide formula grants to State Units on Aging to support healthy lifestyles and behaviors among adults age 60 and older with priority given to those in greatest economic need and living in medically underserved areas of the state.^v Decades later, Congress required the programs to be evidence-based. Of the formally recognized by ACL evidence-based programs, AAAs are most likely to deliver the following: A Matter of Balance, Chronic Disease Self-Management Program, Diabetes Self-Management Program, Tai Chi for Arthritis and Powerful Tools for Caregivers. The impact of the OAA—and the Aging Network that brings it to life—is deeply personal and person-centered. For example, one older gentleman in our region who was living with Parkinson’s disease enrolled in a Title III D falls prevention class at the recommendation of his physician after experiencing a fall. The program provided him with exercises and education to reduce his fall risk, improving both his confidence and his quality of life.

OAA Title III E National Family Caregiver Support Program

Lastly, the OAA provides critical support to the family caregivers of older adults living with aging-related diseases through the Title III E National Family Caregiver Support Program (NFCSP). The NFCSP funds local AAAs to assist older caregivers and family members caring

for older loved ones by offering a range of in-demand supports to family caregivers in every community. An estimated 63 million Americans provide care for an older adult, or someone living with illness or disability, nearly a 50 percent increase since 2015. Nearly half of care recipients are age 75 or older and face multiple chronic health conditions with the most common primary conditions including age-related decline, Alzheimer's or other dementias, mobility limitations, cancer and postsurgical recovery.^{vi} Family caregivers provide a wide range of services, such as transportation, food preparation, housekeeping and personal care, enabling care recipients to live at home or in the setting of their choice with dignity and independence. OAA Title III E services include respite care; individual counseling and support groups; caregiver education classes/training; and emergency assistance. AAAs also play a crucial role in information and referral and caregiver navigation, ensuring families are connected with local providers who can help them create a caregiving plan, address specific challenges and ensure they receive the right services at the right time.

Caregivers supporting older adults are not only family members but can also be paid professional caregivers. However, the nation is experiencing grave direct care workforce shortages which have contributed to greater strain on already stressed family caregivers and puts the health and safety of millions of older adults without other caregivers at risk. The direct care workforce includes professionals such as personal care attendants, home health aides, residential workers and more. The United States does not currently have the caregiving workforce it needs to support the rising number of older adults who need personal, in-home care or institutional support. The pay is low (median earnings of \$23,688 annually) and the work is physically and mentally demanding with very limited opportunities for career advancement.^{vi} While not directly supported by OAA Title III E, the direct care workforce provides critical support to family

caregivers and should not be ignored. Without professional caregivers, older adults have an increased chance of receiving low quality care, which threatens their lives and health.

OAA Reauthorization

Authorization of the OAA expired last year and since the last reauthorization of the OAA in 2020, AAAs have identified new opportunities to be even more responsive to the evolving needs of older adults. During the pandemic, we were challenged to adapt—and that adaptation sparked innovation. When congregate meal sites had to close, AAAs were permitted to provide “grab-and-go” meals, allowing older adults to maintain access to nutritious food and social connection in a safe way. One participant, a man with diabetes, began using the program because he wanted to avoid grocery stores during the pandemic. He later shared that the meals helped him lose weight and reduce his medications. Today, he continues to attend congregate meal sites and actively manages his condition. To reflect the needs of today’s older adults and preserve OAA’s inherent flexibility and locally driven structure, it is critical for the OAA to be reauthorized, and I urge Congress to swiftly pass the bipartisan, bicameral reauthorization bill that fell out of last December’s final spending package.

Conclusion

The lessons we learned during the pandemic underscore the importance of allowing AAAs to continue using innovative practices that have proven effective. The timing of this reauthorization is ideal—it gives us the opportunity to strengthen what works, modernize where needed and ensure the Act continues to meet the needs of older adults, caregivers and communities across the nation. Chairman Scott, Ranking Member Gillibrand and members of the

committee, thank you for the privilege to share my passion and stories from the field. This day is particularly meaningful; not only because it marks my Mother's 82nd birthday, but also because this opportunity stands as a cornerstone moment in my career dedicated to serving older adults like my Mom.

ⁱAdministration for Community Living, [2023 Profile of Older Americans](#) (2024)

ⁱⁱUSAgings, [Older Americans Act: Get the Facts](#) (2025)

ⁱⁱⁱUSAgings, [Area Agencies on Aging: Local Leaders in Aging Well at Home](#) (2023)

^{iv}USAgings, [Policy Priorities 2025: Promote the Health, Security and Well-Being of Older Adults](#) (2025)

^vAdministration for Community Living, [Health Promotion](#) (2025)

^{vi}AARP and the National Alliance for Caregiving, [Caregiving in the US Research Report](#) (2025)