



## **RESEARCH BRIEF #49**

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### **Most States Effectively Enroll Racial-Ethnic Minority Older Adults in Community-Based Aging Services, but Gaps Remain**

**Erin Bisesti and Claire Pendergrast**

The United States population is aging, and a growing number of older adults lack adequate support for their long-term care needs.<sup>1</sup> These trends, alongside the preference of older Americans to “age in place” (i.e., remain in their homes and communities rather than transitioning to a nursing home), have increased demand for community-based aging services.<sup>2</sup> The Older Americans Act (OAA) funds and administers a diverse set of social services and programs for adults aged 60 and older, including home-delivered meals, health promotion programming, family caregiver support, and more. OAA services aim to improve health and reduce nursing home placements for older adults by connecting them with support to address their unique needs and support independence.<sup>3</sup>

While OAA services are available to all adults age 60 and over, the Act specifies that services should be targeted to those with the greatest social and economic needs, including racial and ethnic minorities.<sup>3</sup> However, each state is unique in its approach, which may contribute to disparities in access to community-based services for older adults. Using data from the Aging, Independence, and Disability (AGID) Program Data Portal and the American Community Survey (ACS), this brief estimates state-level differences in the effectiveness of OAA-funded programs at enrolling racial-ethnic minority adults age 60 and over.

#### **KEY FINDINGS**

- Most U.S. states (36) effectively enroll older (age 60+) racial/ethnic minorities in OAA services.
- 36 states effectively enroll Black older adults for OAA services, but only 16 states effectively enroll Hispanic older adults.
- Many states have opportunities to expand their outreach efforts to racial-ethnic minority older adults.
- More robust federal investment in community-based aging services may enable more equitable access to services across the country.

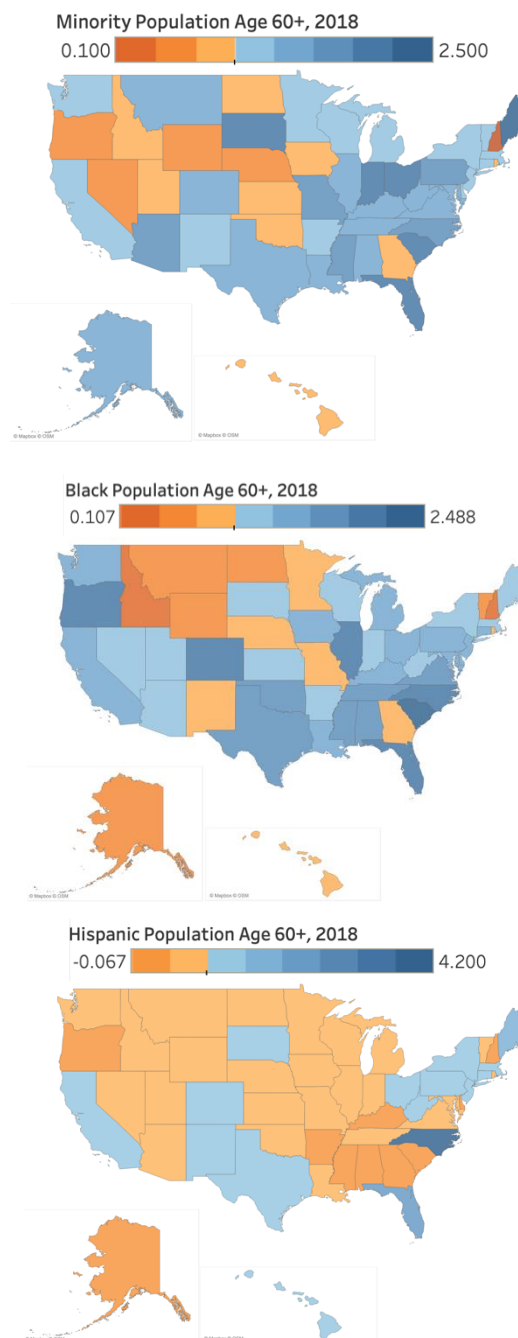
## The Proportion of Older Adults Receiving OAA Services Varies by State and Racial-Ethnic Minority Group

Figure 1 shows the ratio of the minority population among OAA recipients relative to their representation in the overall population aged 60 and older. The minority population is underserved in a light or dark orange state, while that group is receiving services at a higher rate than expected in a light or dark blue state.

36 states had a greater proportion of minority older adults that were OAA clients than the proportion of minority adults in the 60+ population. This means the OAA services in these states are effective at reaching minority older adults. Maine, South Dakota, South Carolina, Indiana, and Florida emerged as the five states that are particularly effective at reaching minority older adults. For example, there are about twice as many minority older adult OAA clients in Maine than would be expected based on the state's older adult minority population. Meanwhile, in Nevada, Oregon, Nebraska, Wyoming, and New Hampshire, the minority population is underserved in OAA services. For example, in New Hampshire, the proportion of older minority adults who were OAA clients was half the expected amount.

36 states had a greater proportion of Black older adults who were OAA clients than the proportion of Black adults in the state's overall 60+ population. South Carolina, Illinois, Colorado, Florida, and North Carolina were the top five states that effectively enroll Black older adults. For example, there are about 2.5 times more Black older adults in South Carolina who are OAA clients than would be expected based on the proportion of Black adults in the state's older population. Among the worst performing states were North Dakota, Vermont, Wyoming, Idaho, and New Hampshire. In all of these states, the proportion of older Black adults who were OAA clients was approximately half the proportion of Black older adults in the state's general population 60+.

Although most states adequately enroll Black older



**Figure 1: “Relative Risk” of Receiving OAA Client Services by Racial-Ethnic Minority Group Age 60+, 2018**

Data Source: 2018 Aging, Independence, and Disability (AGID) Program Data Portal and American Community Survey (ACS) available at <https://agid.acl.gov/CustomTables/>

adult populations, they do not adequately enroll Hispanic older adults. Only 16 states were serving the older Hispanic population at or above their representation in the older adult population. The top five states were North Carolina, Florida, Maine, Pennsylvania, and Texas. The bottom five states were Oregon, Kentucky, Mississippi, Georgia, and New Hampshire. Nearly all of the states that adequately enrolled Hispanic older adults also adequately enrolled Black older adults. Overall, states are more effective at enrolling Black than Hispanic older adults in OAA services.

## **Expanding Community-Based Services**

The design of the Older Americans Act (OAA) intentionally allows for flexibility in state and local administration of OAA services<sup>3</sup> given the diverse social, political, and geographic contexts of service areas and the varying service needs of older adults across the country. Although this flexibility offers benefits, it also produces challenges for equitable service delivery and places responsibility for funding and administration to often underresourced state and local governments. Strained budgets and limited capacity for robust outreach may explain why some states have less success in enrolling racial-ethnic minority older adults.

Our findings suggest that there are opportunities for several states to strengthen their outreach and prioritize efforts to engage racial-ethnic minority older adults. Hispanic older adults, in particular, remain an underserved population, a concerning finding given the expected dramatic growth in this population in the coming decades. More broadly, given the wide variation in state and local resources and the organizational capacity of aging services, more robust federal investment and involvement is needed to support equitable access to aging services for socially and economically vulnerable older adults in communities across the country.<sup>4</sup>

The need for a robust network of community-based aging services across the country is particularly salient given the COVID-19 pandemic, which has highlighted the health risks of nursing homes for older adults and the importance of social policy in shaping population health outcomes. COVID-19 has taken a devastating toll on the health and social wellbeing of our most vulnerable older adults, and it is well past time for policy changes and public investments in high-quality and accessible home- and community-based services that enable older adults across the country to age with health and dignity in their homes and communities as long as possible.

## **Data and Methods**

We used data from the Aging, Independence, and Disability (AGID) Program Data Portal and the American Community Survey (ACS) for 2006-2018 (available at <https://agid.acl.gov/CustomTables/>). To calculate the ratios, we divided the client population percentage for each group by the group's percentage in the overall age 60+ population for each state. A value of 1 (shaded light blue in the figures) indicates that the population is enrolled in OAA at a level that is equivalent to their representation in the age 60+ population. A value greater than one (shaded dark blue in the figures) indicates that the group is enrolled at a higher rate than expected given the proportion of that group in the state's 60+ population. If the value is less than one (shaded light or dark orange in the figures), that group is underserved by OAA services.

## References

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