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Aging in America

Aging in America

By

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Project submitted in partial fulfillment of the requirements for

The Bachelor of Integrated Studies Degree

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Abstract

For my senior project, I have chosen to discuss in depth the community resources that are available to our aging population. I feel that I have chosen a topic that best fits the criteria for my field of study and is the most appropriate for my personal interest in the elderly, and allocates the significance of this unique literature concerning the well-being of our aging society. My main focal point for this project has two purposes which is to educate and inform the reader that aging in America has many dimensions, and to give them more than just a description of the resources that are available, but a thorough understanding of the resources, benefits, and programs that have been specifically tailored to meet the needs of our aging population. We are living in an aging society and America needs to be aware of this realization and its permanent transformation.

Introduction

Before I began conducting research for my BIS 437 project; I will be the first to admit that I was so unaware of the daily obstacles that the older populations endure. The typical later life for older adults is assumed to be worry free and financial stability because that is what we work hard for all our life right? Sadly, this is not how most of the older adult's later life turns out to be like. There are many older Americans out there that are uneducated and unaware of the programs that are available to them. That is why I can't highlight enough the importance of the community resources that are available and to pay attention as closely as we can to our aging society because they are the foundation of this country and it is our duty to help meet their needs as best we can just like how they did the best they could providing us with a free country. Finally, to ensure that the older population is engaging in their later life in the most positive manner by utilizing the specific programs that have been tailored to their needs. Once again, it is important that we as the younger generation to help keep the older adults productively engaged in their community which will help them age more successfully, and to help them identify the opportunities that being civically engaged offer and that older people have the potential to make substantial contributions to their community.

Lyford asks, "Did you know that the senior population in America is growing at one of the fastest rates in American history (2017)". Everyday 10,000 baby boomers will turn 65, and the U.S. census Bureau predicts that by 2050, the number of people aged 65 and older will nearly double". In 2014, there were 66.2 million seniors in the U.S. (Lyford, 2017)." Lyford stated that "the aging of America will impact almost every aspect of American life (2017). Achenbaum and Carr suggest that" The foundations of "aging networks" date back to the 16th century (2014)". The Elizabeth Poor Law, also known as Act for the Relief of the Poor, and was enacted in 1601 in efforts to deal with the poor. Family

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members closest of kin would offer support to their relatives who were no longer capable of maintaining independence. Neighbors pitched in when the family was unavailable. Such intellectual foundations for aging networks began with the American colonies and since then innovations have been set forth to bring us to the services that we have now in the 21st century. (Achenbaum and Carr, 2014).

Legislative foundation of aging services

The National Committee to Preserve Social Security and Medicaid states that the Older Americans Act (OAA), originally enacted in 1965, support a range of home and community-based services, such as meals-on -wheels and other nutrition programs, in-home services, transportation, legal services, elder abuse prevention, and caregivers support. These programs help seniors stay as independent as possible in their homes and communities. OAA services, also help older Americans avoid hospitalization and nursing home care, and as a result save federal and state funds that otherwise would have been spent on such care (2018).” The OAA was founded with the intent to promote the dignity of older adults by providing services and supports that enable them to remain independent and engaged within their communities. The original OAA established the Administration on Aging (AOA) and the aging services network that provides essential home and community-based supportive services (“Older Americans Act”, 2018).” The program is available to older individuals 60 and older, but it focuses on aiding people with greatest social or economic need, such as low-income or minority persons, older individuals, limited English proficiency, and older persons living in rural areas (“Older Americans Act”, (2018).”

The OAA was not the only federal act to alter the system of aging services; the Social Security Act of 1935 was the second federal act that had a substantial impact on aging services. Title I forged a partnership between the federal government and various states to assist old age dependency. Title II required employers and employees in certain economic sectors to make contributions for worker’s eventual retirement; due to such matters, citizens were assured a minimal level of survival to maintain

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independence in later life (Achenbaum and Carr, 2014).” Social Security did not grant old-age assistance to residents. This policy accelerated the end of that dreaded institution; it prompted the private development of shared residences and communal housing arrangements for senior citizens. Achenbaum and Carr also provide us with that later the amendments redirected U.S. Social welfare and social service developments; in 1952, Congress appropriated the first federal funds for social service programs for older Americans (2014).”

The OAA consists of seven titles:

Title I-Declaration of Objectives; Definitions

Title II- Administration on Aging

Title III- Grants for State and Community Programs on Aging

Title- Activities for Health, independence, and Longevity

Title V- Community Service Senior Opportunities Act

Title VI- Grants for Services for Native Americans

Title VII- Vulnerable Elder Rights Protection Activities

(“Older Americans Act: Overview and Funding”, 2018).

These seven titles of the OAA authorize these services to support older Americans and to help them remain as independent and productive as possible in their own homes and communities (“Older Americans Act”, 2018).”

OAA Funding

The Older Americans Act has a broad and critical mission; however, it is plagued with the modest resources to support the continuum of services. Over the past 20 years, the OAA has lost ground due to our rapidly-increasing frail, older population, and federal funding that has kept pace with either inflation or growth in the older population (“Older Americans Act”, 2018).

The OAA has been law for almost five decades. The governmental structures at the federal, state, and local levels have reached mature and stable plateaus, and a wide variety of programs that have been put into place nationwide (Wacker and Roberto, 2019, (34)).

Historical Evolution of Programs for Older Americans

1920

The Civil Service Retirement Act provided a retirement system for many governmental employees.

1935

The Social Security Act passed; provides for Old Age Assistance and Old Age Survivors Insurance.

1937

Railroad Retirement Act provided pensions for retired railroad employees and spouses.

1950

President Truman initiated the first National Conference on Aging, sponsored by the Federal Security Agency.

1952

First federal funds appropriated for social service programs for older persons under the Social Security Act.

1956

- Special Staff on Aging established within the Office of the Secretary of Health, Education and Welfare, to coordinate responsibilities for aging.
- Federal Council on Aging created by President Eisenhower.

1958

Legislation introduced in Congress, calling for a White House Conference on Aging.

1959

Housing act authorized a direct loan program for non-profit rental projects, for the elderly at low interests rates, and lowered eligibility ages for public-low-rent housing, for low-income women to age 62.

1960

Social Security Administration eliminated age 50 as minimum for qualifying for disability benefits, and liberalized the retirement test and the requirement for fully insured status.

1961

- First White House Conference on Aging held in Washington, D.C.
- Social Security Amendments lowered the retirement age for men from 65 to 62, liberalized the retirement test, and increased minimum benefits and benefits to aged widows.

1962

Legislation introduced in Congress, to establish an independent and permanent Commission on Aging.

1965

- Older Americans Act signed into law on July 14, 1965. It established the Administration on Aging within the Department of Health, Education and Welfare, and called for the creation of State Units on Aging.
- William Bechill named first Commissioner on Aging
- Medicare, Title XVIII, a health insurance program for the elderly was established as part of the Social Security Act.
- Medicaid, Title XIX, a health insurance program for low-income persons, was added to the Social Security Act.

1967

- Older Americans Act extended for two years, and provisions made for the Administration on Aging to study the personnel needs in the aging field.
- Age Discrimination Act signed into law.
- Administration on Aging moved from the Office of the Secretary of HEW and placed in the newly created Social and Rehabilitative Service Agency within the Department.

1968

John Martin named Commissioner on Aging

1969

Older Americans Act Amendments provided grants for model demonstration projects, Foster Grandparents, and Retired Senior Volunteer Programs.

1971

Second White House Conference on Aging held in Washington, D.C.

1972

A new Title VII is created under the Older Americans Act authorizing funds for a national nutrition program for the elderly.

1973

- Older Americans Act Comprehensive Services Amendments established Area Agencies on Aging. The amendments added a new Title V, which authorized grants to local community agencies for multi-purpose senior centers and created the Community Service

Employment grant program for low-income persons age 55 and older, administered by the Department of Labor.

- Arthur S. Flemming named Commissioner on Aging
- Comprehensive Employment and Training Act was enacted; included older persons.

1974

- Title XX of the Social Security Amendments authorized grants to states for social services. These programs included protective services, homemaker services, transportation services, adult day care services, training for employment, information and referral, nutrition assistance, and health support.
- Older Americans Act amendments added transportation under Title III model projects.
- Housing and Community Development Act enacted; provided for low-income housing for the elderly and handicapped, pursuant to the Housing Act of 1937.
- National Institute on Aging created to conduct research and training related to the aging process, and the diseases and problems of an aging population.
- Title V of the Farm and Rural Housing Program of 1949 expanded to include the rural elderly as a target group.

1975

Older Americans Act Amendments authorized grants under Title III to Indian tribal organizations. Transportation, home care, legal services, and home renovation/repair were mandated as priority services.

1977

Older Americans Act Amendments required changes in Title VII nutrition program, primarily related to the availability of surplus commodities through the Department of Agriculture.

1978

- Older Americans Act Amendments consolidated the Title III Area Agency on Aging administration and social services, the Title VII nutrition services, and the Title V multi-purpose senior centers, into a new Title III and added a new Title VI for grants to Indian Tribal Organizations. The old Title V became the Community Service Employment grant program for low-income persons, age 55 and older (created under the 1978 amendments as Title IX).

- Robert G. Benedict named Commissioner on Aging
- Congregate Housing Services Act authorized contracts with local public housing agencies and non-profit corporations, to provide congregate independent living service programs.
- OAA amendments required each state to establish a long-term care ombudsman program to cover nursing homes

1981

- Third White House Conference on Aging held in Washington, D.C.
- Lennie-Marie Tolliver named Commissioner on Aging
- Older Americans Act reauthorized; emphasized supportive services to help older persons remain independent in the community.
- Act expanded ombudsman coverage to board and care homes

1984

- Reauthorization of the Older Americans Act clarified and reaffirmed the roles of State and Area Agencies on Aging in coordinating community-based services, and in maintaining accountability for the funding of national priority services (legal, access, & in-home).
- Carol Fraser Fisk named Commissioner on Aging

1987

- Omnibus Budget Reconciliation Act provides for nursing home reform in the areas of nurse aide training, survey and certification procedures, pre-admission screening annual reviews for persons with mental illness.
- Reauthorization of the Older Americans Act added six additional distinct authorizations of appropriations for services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income (SSI), Medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities.
- The Nursing Home Reform Act (Omnibus Budget Reconciliation Act) mandated that nursing facility residents have “direct and immediate access to ombudspersons when protection and advocacy services become necessary.” Simultaneously, the OAA reauthorization charged states to guarantee ombudsman access to facilities and patient

records, provided important legal protections, authorized state ombudsmen to designate local ombudsman programs and required that ombudsman programs have adequate legal counsel.

1989

Joyce Berry named Commissioner on Aging

1990

- Americans with Disabilities Act extended protection from discrimination in employment and public accommodations to persons with disabilities.
- Cranston-Gonzalez National Affordable Housing Act reauthorized the HUD Section, 202 Elderly Housing program, and provided for supportive service demonstration programs.
- Age Discrimination in Employment Act made it illegal, in most circumstances, for companies to discriminate against older workers in employee benefits.

1992

- Reauthorization of the Older Americans Act places increased focus on caregivers, intergenerational programs, and protection of elder rights and calls for a 1995 White House Conference on Aging.
- The Elevation of Commissioner on Aging to Assistant Secretary for Aging.
- OAA amendments added a new Title VII “Vulnerable Elder Rights Activities” which included the long-term care ombudsman; prevention of elder abuse, neglect and exploitation; elder rights and legal assistance development; and benefits outreach, counseling and assistance programs. The legislation emphasized the value of the four programs coordinating their efforts. The amendments highlighted the role of local ombudsman programs and the state ombudsman’s role as leader of the statewide program and advocate and agent for system wide change.

1993

Fernando M. Torres-Gil was sworn in as the first Assistant Secretary for Aging in the Department of Health and Human Services on May 6, 1993.

1995

- White House Conference on Aging convened May 2–5, 1995 in Washington, D.C.

- 30th Anniversaries of Older Americans Act, Medicare, Medicaid & the Foster Grandparent Program.
- 60th Anniversary of Social Security
- Operation Restore Trust Initiated

1997

Jeanette C. Takamura, Ph.D., was sworn in as Assistant Secretary for Aging in the U.S. Department of Health and Human Services on December 8, 1997.

1999

International Year of Older Persons: A Society for All Ages

2000

Older Americans Act Amendments of 2000 signed into law (P.L. 106-501), establishing the new National Family Caregiver Support Program, and reauthorizing the OAA for 5 years on November 13, 2000.

2001

- HHS Secretary Tommy G. Thompson released \$113 million for first National Family Caregiver Support Programs grants to states on February 15, 2001.
- Josefina G. Carbonell sworn in as Assistant Secretary for Aging on August 8, 2001.

2002

Kick off 30th Anniversary of the Older Americans Act Nutrition Program in March.

2003

Enactment of the Medicare Prescription Drug, Improvement and Modernization Act (MMA)

2005

5th White House Conference on Aging was held in Washington, D.C.

2006

- Medicare Part D Prescription Drug program (part of MMA) went into effect

- Enactment of the Lifespan Respite Care Act (administered by AoA)
- Older Americans Act Amendments of 2006 signed into law (P.L. 109-365), embedding the principles of consumer information for long-term care planning, evidence-based prevention programs, and self-directed community-based services to older individuals at risk of institutionalization. OAA was reauthorized for 5 years on October 17, 2006.

2009

Kathy Greenlee appointed by President Obama as 4th Assistant Secretary for Aging

2010

Enactment of the Affordable Care Act

2011

First of the nation's baby boomers turn 65

2012

Administration for Community Living established on April 18, 2012, bringing together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities

(“Administration for Community Living”, 2017).

Information and Assistance

Taking care of elderly parents and family members can become quite overwhelming;

However, the younger generation maybe aware of services and programs for older

Americans but aren't sure where to begin. Not knowing who or where to call can leave a family in despair and can cause more unwanted distress to the elder, and this leads to an unresolved issue. Therefore, information and referral services have been set forth to

divert this kind of conflict. The I&A services originate back to the Social support agency created back in the 1870's called the Social Service Exchange (Wacker and

Roberto,2019 p 52).” All referral services have the same common goal in mind, which is to help older individuals identify, understand, and effectively use programs that they can benefit from (p 59). A well-designed information and assistance program depend upon the foundation and resourceful database that is up to date and provides detailed information about community-based services, and will provide the following elements:

Information and provision-information given in response to a voiced concern

Referral provision-the referral is made during the process of determining the individual’s needs through an assessment.

Advocacy and intervention- involve helping an individual explain his/her situation in order to help the access the proper care that is available not only on an individual level but community level as well.

Follow up- whatever provider or agency that the individual was referred to, touch’s base to see if the appropriate care and actions were taken and needs were successfully met (Wacker and Roberto, 2019 p 59).

The I&A staff asses the needs of the older population and are highly knowledgeable about community-based resource that is up-to-date. The staff can also be seen in person at any local community-based service office or contacted on the helpline. The staff is also trained to confidentiality answering questions and providing information in reference to services located at local, state, and federal levels. These services are available to older adults that are 60 and older. The I&A staff are held accountable for touching back base to see if the proper actions/services were obtained that were needed. The Area of Agency on

Aging is devoted to ensuring that the Seniors can remain in their own home and maintain independence and highest quality of life for as long as possible (Senior Information and Assistance Program I&A, 2016). The information and assistance in Kentucky are known as the DAIL, Department for Aging and Independent living. Kentucky's mission statement: "To preserve individual dignity, self-respect and independence of Kentucky's elders and individuals with disabilities through leadership, education and delivery of programs and services (Department for Aging and Independent Living, n.d)."

I&A services

- Adult Daycare
- Advocacy for Seniors
- Assistance Devices
- Care Options
- Counseling
- Fall Prevention
- Financial Assistance
- Health Insurance-counseling
- In-Home Care
- Legal Issues
- Medicare Counseling (HICAP)
- Out-of-Home Care
- Recreation
- Senior Resource Guides
- Subsidized Housing
- Support Groups
- Transportation
- Utility Discounts
- Veterans Services
- Volunteer Opportunities

(Seniors First, 2016)

Programs

Employment & Income

When it comes to the older Americans, it is crucial in protecting older workers and their rights. The Age of Discrimination in Employment Act (ADEA), was first passed in 1967, this is the single most important law that protects the rights of older workers. It provides workers over the age of 40, cannot be discriminated against because of age in any employment decision. This includes the hiring process, terminations, layoffs, promotions, wages, and healthcare coverage (Wacker and Roberto, 2019, p143).” The 1986 amendments to the ADEA prohibit most employers from setting a mandatory retirement age (Wacker and Roberto, 2019, p144).” However, there are a few exceptions; ADEA does not protect workers that are employed through a company that have fewer than 20 employees and permits the mandatory retirement of executives or people that are higher on up the latter who are 65 and if their manual retirement, and pension benefits exceed 44,000 (Wacker and Roberto, 2019, p144). Due to the cohort of aging, the ADEA’s role is to maintain or encourage the employment of older workers.

More than 40 states have their own laws against age discrimination in employment that often provides greater protection than the federal law (Wacker and Roberto, 2019, p144).” The federal government has been instrumental in creating employment programs for older workers, these include:

- Experience Works
- the Senior Community Service Employment Program

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- Community Service Employment for Older Americans under the Title V of the Older Americans Act (OAA)
- Senior Environmental Employment Program (SEE)
- Agriculture Conservation Experienced Services (ACES)

(Wacker and Roberto, 2019 p144&145).”

As I mentioned previously, there are several employment programs but there is one in particular that I would like to further discuss in more detail, and that program is called the Senior Community Service Employment Program (SCSEP) and it is community based and a work-based training program for older Americans. The SCEP is authorized by the Older Americans Act, and is a program that provides training for low-income, unemployed seniors (Senior Community Service Employment Program, 2018). This program also aides in helping the participants to gain work experience through a variety of community services, and are available to older Americans that want to re-enter the workforce. SCSEP provides over 40 million community service hours to public and non-profit agencies, allowing them to enhance and provide needed services (“Senior Community Service Employment Program”, 2018).”

This program is very beneficial to older Americans at the age of 55 and older, and it allows participants to work an average of 20 hours a week and is paid the highest of federal, state, and local minimum wage. However, participants have to be at least 55 and older, unemployed and their family gross income cannot be more than 125% of the federal poverty level. Veterans and their qualified spouses are usually first priority, then to individuals who are 65 and older who has a disability, homeless, limited English or low literacy skills, which reside in a rural area, and

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have not, been successful finding employment (“Senior Community Service Employment Program”, 2018).” It is very important to encourage our older adults to become or stay active in their community and still feel like that are still worthy of contributing to their society mentally, physically, and economically.

Senior Community Services in Kentucky:

Barren River Area Agency on Aging - Provides services in the counties of Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren.

177 Graham Avenue
Bowling Green, KY 42101
Phone (270) 781-2381

Purchase Area Agency on Aging - Covers Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, McCracken, Marshall

Address is 1002 Medical Drive
Mayfield, Kentucky 42066
Telephone (270) 247-7171

Big Sandy Area Agency on Aging

100 Resource Drive
Prestonsburg, Kentucky 41653
Telephone (606) 886-2374

Bluegrass Area Agency on Aging - Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford county.

699 Perimeter Drive
Lexington, Kentucky 40517
Telephone number is (859) 269-8021

Cumberland Valley Area Agency on Aging - This location helps the elderly in Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle and Whitley.

The office is at Whitley Road
London, Kentucky 40743-1740
Telephone (606)864-7391

Green River Area Agency on Aging - Daviess, Hancock, Henderson, McLean, Ohio, Union, and Webster.

Primary address is 3860 U.S. Highway 60 West

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Owensboro, Kentucky 42302
Telephone number is (270) 926-4433

KIPDA Area Agency on Aging - Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, and Trimble County.

11520 Commonwealth Drive
Louisville, Kentucky 40299
Telephone (502) 266-6084

Buffalo Trace Area Agency on Aging

Bracken, Fleming, Lewis, Mason, and Robertson.
201 Government Street Suite 300
Maysville, KY 41056

Kentucky River Area Agency on Aging - Offers assistance programs, meals, information on health care and more in Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe county.

917 Perry Park Road
Hazard, KY 41701-9545
Phone: (606) 436-3158

Northern Kentucky Area Agency On Aging - Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton

The center is located at 22 Spiral Drive
Florence, KY 41042-1399
Telephone number is (859) 283-1885

Pennyrile Area Agency on Aging

Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd, and Trigg.
300 Hammond Drive
Hopkinsville, Kentucky 42040
Telephone (270) 886-9484

FIVCO Area Agency on Aging and Independent Living - Boyd, Carter, Elliott, Greenup, and Lawrence County Kentucky.

3000 Louisa Street
Catlettsburg, KY 41129-0636
Phone (606) 929-1366

Gateway Area Agency on Aging - This location provides coverage to the Kentucky counties of Bath, Menifee, Montgomery, Morgan and Rowan.

110 Lake Park Drive
Morehead, Kentucky 40351
Call (606) 780-0090

Lake Cumberland Area Agency on Aging - Supports the town and counties of Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne.

Address - Lakeway Drive
Russell Springs, Kentucky 42642
Telephone (270) 866-4200

Lincoln Trail Area Agency on Aging

Breckinridge, Grayson, Hardin, Larue, Marion, Nelson and Washington
613 College Street Road
Elizabethtown, KY 42702-0604
Main telephone number is (270) 769-2393
(Jon McNamara, n.d.)

Characteristics of Older Workers

Statistics report that the participation in the labor force by older men and women has overall increased over the years, even decades. In, 2011 there were about 40% of people aged 55 and older in the labor force and only 17.7% people aged 65 and older (Wacker and Roberto, 2019 p146).” There were many factors that contributed to this change such as, Social Security changes, a shift in pension type, contribution plans, education levels increased, longevity, improved health, less physically demanding jobs, decline of employer retiree health insurance, and more women working (Wacker and Roberto 2019, p146). All these interactions amongst these factors have led to the age of retirement to shift resulting in men and women retiring at the ages of 64 for men and 62 for women (Wacker and Roberto, 2019, 146). Although, the labor force participation for older Americans working in the work force has increased, the overall ratio of people working decreases with age. The accessibility of unearned income and pension income is the key factor in determining whether older adults continue to work depending on the delivery of their Social Security benefits.

Meal

We live in a land blessed with an abundance of nutritious food. But, we also live in a land where there is poverty and hunger and limited access to that bounty of food. We live in a land where we throw away almost 40% of the food we have and yet millions of seniors wonder whether they will be able to count on eating tomorrow (“nfesh”, 2018)”.

According to Larsen, (2015) what most people do not realize is and is shocked by the number of seniors that are malnourished in the U.S. There are an estimated 3.7 million seniors that are malnourished living across the United States.

From Food Stamps to the Supplemental Nutrition Assistance Program

Legislative Timeline:

1920's:

Production surpluses aggravated unemployment and lack of consumer buying power.

1935:

- Food Surplus Commodities Corporation (FSCC), previously known as the Federal Surplus Relief Corporation, was formed to dispense commodities by focusing on encouraging domestic consumption of surpluses rather than on unemployment.
- Funding through Agricultural Adjustment Act established for agricultural exports, domestic consumption of agricultural commodities, and reestablishment of farmers' purchasing power.

1939:

- Secretary of Agriculture cites problems with the commodity distribution program.
- Experimental FSP began in Rochester, N.Y. Program expanded to 1,741 counties and 88 cities by August 1942.
- Four million people participating by May 1943.
- Participants spent an amount of money representing estimated normal food expenditures, for orange stamps and were given blue stamps, without cost, to buy designated surplus foods at retail establishments.

1941:

Nutrition Council for Defense recommended extending FSP, justifying it as a "vital cog" in the National Defense Plan.

1943:

- Although half of the counties in the U.S. had a FSP, scandal, and rumors of fraud and abuse, together with lower participation than in the direct distribution program, pressure from organized producers who insisted that their products be on the surplus

list even if they were not to participants' advantage, decentralized administration with four administrators interpreting policy differently.

- The fact that the program was never authorized by Congress led to the demise of the program. Scarcity of surplus commodities also played a part in termination of the program in the spring of 1943.

1943 - 1960:

The eighteen years between the end of the first FSP and the inception of the next were filled with legislative proposals, studies, and reports.

1959:

Authorization of a discretionary two-year FSP to promote purchase of surplus commodities. Eisenhower administration chose not to implement this program.

1961:

- A series of events occurred that led to the reinstatement of the FSP.
- January 21: Kennedy issued an Executive Order initiating FSP pilot projects funded through Section 32 funds. Participants purchased coupons of a higher value than their cash contribution and used the coupons to purchase food at retail stores. Program purchases not limited to surplus commodities.

- Kennedy announced the initiation of pilot program in 8 project areas.
- Mr. and Mrs. Muncy of West Virginia bought the first food stamps since 1943.

1963:

Kennedy asks for legislation authorizing a permanent FSP.

1964:

Johnson renewed request for permanent FSP.

1964:

- Pilot programs operating in 40 counties and 3 cities with 380,000 participants.
- Johnson's "War on Poverty".

The Food Stamp Act of 1964:

- Authorized a food stamp program to permit low income households to receive "a greater share of the Nation's food abundance".
- Authorized the Secretary to formulate and administer a FSP under which, at the request of an appropriate State agency, eligible households within the State shall be provided with an opportunity to more nearly obtain a nutritionally adequate diet through the issuance to them of a coupon allotment which shall have a greater monetary value than their normal expenditures for food.
- The coupons to be used only to purchase food from retail food stores which have been approved for participation in the FSP. Prohibited distribution of federally owned

- foods to households under the authority of any other law except during emergencies caused by a national or other disaster as determined by the Secretary.
- Secretary to issue regulations, inconsistent with the FSA, as he deems necessary or appropriate for the effective and efficient administration of the FSP.
 - FSP participation limited to those households whose income is determined to be a substantial limiting factor in the attainment of a nutritionally adequate diet.
 - Each State agency to establish standards to determine the eligibility of applicant households.
 - Standards to include maximum income limitations consistent with the income standards used by the State agency in administration of its federally aided public assistance programs.
 - Standards to also place a limitation on the resources to be allowed eligible households. Eligibility standards to be approved by the Secretary.
 - Secretary prohibited from specifying prices at which food may be sold by wholesale food concerns or retail food stores. Face value of coupon allotment to be in such amount as will provide households with an opportunity to more nearly obtain a low-cost nutritionally adequate diet.
 - Regulations to allow retail food stores and wholesale food concerns to submit applications for approval to be authorized to accept and redeem coupons under the FSP.
 - Regulations to provide for the redemption of coupons accepted by retail food stores through approved wholesale food concerns or through banks, with the cooperation of the Treasury Department.

- State agency of each participating State to assume responsibility for the certification of applicant households and for the issuance of coupons Records to be kept as necessary to ascertain whether the program is being conducted in compliance with the provisions of the FSA and regulations.
- Records to be available for inspection and audit and to be preserved for such a period, not in excess of three years, as may be specified in regulations.
- Discrimination against any household because of race, religious creed, national origin, or political beliefs prohibited in the certification of applicant households. Participating States or political subdivisions prohibited from decreasing welfare grants or other similar aid extended to any person or persons as a consequence of such person's or persons' participation in benefits made available under the FSA or regulations.
- State agencies desiring to participate in the FSP required submitting a plan of operation specifying the manner in which the program will be conducted within the State Plan to include standards to be used in determining the eligibility of applicant households.
- Certification of applicant households are to be undertaken in accordance with the general procedures and personnel standards used in the certification of applicants under the federally aided public assistance programs.
- Safeguards, which restrict the use or disclosure of information obtained from applicant households to persons directly connected with the administration or enforcement of the FSA or regulations.
- Submission of such reports and other information as may be required.

- Secretary to provide for an equitable and orderly expansion among the several States in accordance with their relative need and readiness to meet their requested effective dates of participation.
- Secretary to direct that there be no further issuance of coupons in the political subdivisions where there is a failure by the State agency to comply substantially with the provisions of the FSA, or with the State plan of operation, following a reasonable period of time for the correction of such failure, until such time as satisfactory corrective action has been taken.
- States are liable to the Federal Government for the cost of gross negligence or fraud in the certification of applicant households.
- A proved retail food store or wholesale food concern may be disqualified from further participation on a finding that it has violated any of the provisions of the FSA or regulations.
- Disqualification period to be determined in accordance with regulations and subject to review.
- Secretary has the power to determine the amount of and settle and adjust any claim and to compromise or deny all or part of any such claim or claims arising under the provisions of the FSA or regulations.
- Notice of administrative action to establish the right of retail store or wholesale food concern to appeal adverse action through administrative judicial channels.
- Secretary may provide for the issuance or presentment for redemption of coupons to such person or persons, and at such times and in such manner, as he deems necessary.

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- \$10,000 fine or five year imprisonment for anyone who knowingly uses, transfers, acquires, or possesses coupons in any manner not authorized by the FSP or regulations, or
- Whoever presents, or causes to be presented, coupons for payment or redemption of the value of \$100 or more, knowing the same to have been received, transferred, or used in any manner in violation of the provisions of the FSA or regulations if such coupons are of the value of \$100 or more.
- A \$5,000 fine or one year imprisonment if such coupons are of the value of less than \$100.
- Coupons issued pursuant to the FSA to be deemed obligations of the U.S. o Each State is responsible for financing the costs of carrying out the administrative responsibilities assigned to it under the FSA including, but not limited to, the certification of households.
- The acceptance, storage, and protection of coupons after their delivery to receiving points within the States; and the issuance of such coupons to eligible households and the control and accounting.
- Secretary authorized to cooperate with State agencies in the certification of households which are not receiving any type of public assistance.
- Cooperation to include payments to State agencies for part of the cost they incur in the certification of households.
- The amount of such payment to be 50% of the sum of: (1) the direct salary costs (including the cost of such fringe benefits as are normally paid to its personnel by the

State agency) of the personnel necessary to certify the eligibility of such households, and of the immediate supervisor of such personnel, for such periods of time as they are employed in certifying the eligibility of households.

Domestic Food Assistance Program 1974:

- Authorized the Secretary to pay to each State agency an amount equal to 50% of all administrative costs, including, but not limited to, the cost of (1) the certification of households.
- The acceptance, storage, and protection of coupons after their delivery to receiving points within the States; (3) the issuance of coupons; (4) outreach and fair hearing requirements; and (5) the control and accounting of coupons. Each State is required to report to the Secretary on the effectiveness of its administration of the FSP.

The Food, Conservation, and Energy Act of 2008:

- Renames the Food Stamp Program the “Supplemental Nutrition Assistance Program,” or SNAP and renames the Food Stamp Act of 1977 the Food and Nutrition Act of 2008.
- Excludes combat-related military pay from consideration as income when determining SNAP eligibility and benefit levels if benefit levels of the additional pay is a result of deployment to or service in a combat zone.

- Raises the minimum standard deduction for households with one to three members from \$134 to \$144 for Fiscal Year 2009 and indexes it to inflation starting in FY 2010.
- Eliminates the cap on the deduction for dependent care expenses and allows families eligible for the deduction to subtract the entire amount of dependent care expenses when calculating eligibility and benefit levels.
- Adjusts the current food stamp asset limits by indexing the limits to inflation, rounded down to the nearest \$250 beginning October 1, 2008.
- Adjustments are based on the unrounded amount for the prior 12- month period. Excludes all tax-preferred education accounts and retirement accounts from countable resources in determining SNAP eligibility.
- Increases the minimum benefit for 1- and 2- person households from \$10 to 8 percent of the cost of the maximum SNAP allotment for a household containing 1 member.
- This maximum may vary for outlying States based on the applicable maximum allotment.
- Since the maximum SNAP allotment is indexed to inflation, the minimum benefit will increase with annual increases in the maximum allotment.

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- Prohibits State agencies from issuing paper coupons as of the date of enactment, June 18, 2008.
- As of the date of enactment, Electronic Benefit Transfer (EBT) cards are the sole method of benefit delivery.
- Makes Employment and Training (E&T) funding allocations to States available for 15 months rather than until expended.
- Allows States to place all households on simplified reporting by eliminating the prohibition on periodic reporting for elderly, disabled, homeless, migrant and seasonal farm worker households.
- Allows State agencies to provide transitional benefits to households that cease to receive cash assistance under a State-funded public assistance program.
- Allows States to use E&T funding for job retention benefit services for up to 90 days after individuals who receive E&T services gain employment.
- Allows States to establish a system by which an applicant may sign an application through a recorded verbal assent over the telephone.

(From Food Stamps to the Supplemental Nutrition Assistance Program, n.d.)

Nutrition Programs for seniors:

Senior Farmers' Market Nutrition Program (SFMNP)

- USDA. Food and Nutrition Service.
- SFMNP, which provides fresh fruits and vegetables to eligible seniors through farmers markets and roadside stands.
- Commodity Supplemental Food Program (CSFP)
- USDA. Food and Nutrition Service.
- The Commodity Supplemental Food Program (CSFP) works to improve the health of low-income elderly persons at least 60 years of age by supplementing their diets with nutritious USDA Foods.

Food Distribution Program on Indian Reservations

- USDA. Food and Nutrition Service.
- The Food Distribution Program on Indian Reservations (FDPIR) is a Federal program that provides USDA foods to low-income households, including the elderly, living on Indian reservations, and to Native American families residing in designated areas near reservations and in the State of Oklahoma.

Administration for Community Living: Nutrition Services

- DHHS. Administration on Aging.
- Learn about nutrition services for seniors, including congregate meals, home-delivered meals, and other supportive programs.

Older Americans Act Nutrition Program

- The Older Americans Act (OAA) Nutrition Programs, part of the Administration on Aging within the Administration for Community Living, provide grants to states to help support nutrition services for older people throughout the country. (Nutrition Programs for seniors, n.d.)

Legal services

Legal assistance provided under Title III-B is part of the essential core of AoA's legal assistance and elder rights programs. The legal services network can provide important assistance for older persons in accessing long-term care options and other community-based services. Legal services also protect older persons against direct challenges to their independence, choice, and financial security. These legal services are specifically targeted to "older individuals with economic or social needs (Daily Caring, 2018)".

There are approximately 1,000 OAA-funded legal services providers nationwide, which provide nearly one million hours of legal assistance each year. Legal assistance provided may involve:

- Access to public benefits, including SS/SSI/SSDI, Medicaid and Medicare, veterans benefits, and unemployment compensation;
- Drafting advance directives and designating surrogate decision makers who will effectuate older adults' wishes if they become incapacitated;
- Issues related to guardianship with a focus on representation for older persons who are the subject of guardianship actions;
- Access to available housing options, including low income housing programs that allow independence in homes and communities;
- Foreclosure or eviction proceedings that jeopardize the ability to stay independent in homes and communities
- Gaining access to the full benefit of appropriate long-term care private financing options;
- Maintaining long-term financial solvency and economic security;
- Ensuring elder rights protections for older persons transferring from long-term care facilities to home and community-based care; and
- Elder abuse, including consumer fraud and the financial exploitation of older persons.

The legal assistance provided to thousands of older persons each year has a clear and direct positive impact on their ability to stay independent in their homes and communities, with optimized choice and individual autonomy for as long as possible (“Daily Caring, 2018”).

Here are seven free resources that are available to senior citizens:

1. Legal Aid
2. Community legal services

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3. Pro Bono programs
4. Legal Hotlines.org
5. National Disability Rights Network (NDRN)
6. Employer-sponsored legal services
7. Additional low-cost legal services

Legal Services Corporation (LSC) is an independent nonprofit established by Congress in 1974 to provide financial support for civil legal aid to low-income Americans. LSC promotes equal access to justice by providing funding to 133 independent non-profit legal aid programs in every state, the District of Columbia, and U.S. Territories. LSC grantees serve thousands of low-income individuals, children, families, seniors, and veterans (“America’s Partner for Equal Justice”, 2019).” The Legal Services Corporation plays a vital role in legal aid by:

- Fulfilling critical need at low cost
- Assures fairness in the Justice System
- Provides critical Constituent Services

Fulfilling critical needs at low cost

Investing in civil legal aid provides access to justice who is considered to be a fundamental American value, and is reflected in the first line of our Constitution and in the closing words of our Pledge of Allegiance. The need for civil legal assistance has never been greater. Today, low-income Americans continue to struggle to keep their jobs, stay in their homes, and provide basic necessities for their families. Without adequate funding for legal aid, low-income Americans will be unable to access courts effectively to protect their legitimate legal interests (“America’s Partner for Equal Justice”, 2019)”.

Assures fairness in the Justice System

Civil legal aid provides access to legal help for people to protect their livelihoods, their health, and their families. Civil legal aid makes it easier to access information through easy-to-understand forms, legal assistance, representation, and self-help centers to enable people to know their rights regardless of their income (“America’s Partner for Equal Justice”, 2019”).

Provides Critical Constituent Services

LSC assignee helps constituents who live in households with annual incomes at or below 125% of the federal poverty guidelines. LSC-funded legal aid ensures that eligible constituents will not have to navigate the legal system alone. Eligible clients include the working poor, veterans and military families, homeowners and renters, families with children, farmers, the disabled, and the elderly (“America’s Partner for Equal Justice”, 2019”).

Transportation

As people age, it inevitably becomes harder to get around independently. This is especially the case if medical issues requiring special attention are involved. The good news is there are actually plenty of ways for seniors to travel locally, nationally, and internationally (“Senior Living”, n.d.).

First and foremost, elders who no longer feel comfortable driving or cannot drive at all can rely on family members like their children to transport them wherever they need to go. If family isn't around though, there are still plenty of other options for transportation. Some

examples include public transportation, paratransit programs, volunteer services, and senior shuttles (“Senior Living” n.d).

It goes without saying that driving helps everyone stay mobile and independent. However, visual impairment is a common and inevitable issue among seniors and this issue often causes motor vehicle accidents. Without good vision, it is a challenge to make safe decisions while driving. Night-time driving is an even bigger challenge with limited light. Generally speaking, the elderly take longer to register and distinguish things like flashing brake lights. This could pose a major safety hazard for everyone on the road. Next to health, transportation is the most prevalent issue for older people (“A Comprehensive Guide on Transportation for seniors,” n.d.).

The U.S. Census Bureau predicts that the population aged 70+ will increase from 31.7 million in 2015 to 53.7 million in 2030. This increase has led to concerns about the potential effects on traffic safety (“Senior Living”, n.d.).

Common Forms of Transportation for the Elderly

Giving up driving can be a tough lifestyle change, but is often for the best when you are sensory-challenged. Not being able to get around as easily anymore can play a big role in a person's emotional well-being, so it is important to learn of the transportation alternatives available in towns and cities of all sizes. It is important to know all your options before committing to a particular service or form of transportation. You may want to consult a loved one to get a second opinion (“Senior Living”, n.d.)”.

Family Members

If possible, having family members take you around is often the best alternative to driving yourself. Chances are, your relatives are already familiar with your routine know where you need to go regularly. Most prefer having people they already know to drive them around because they can trust their driving. Not only is this usually the most convenient alternative, it is also cost and time-efficient (“Senior Living,” n.d.).”

Caregivers & Home Care Aides

If you do not have family living nearby, you may consider having a caregiver or home care aide provide you with transportation when needed. Some at-home caregivers are willing to chauffeur as part of their duties (“Senior Living”, n.d.)”. In addition to home caregivers, there are also caregivers that specialize in providing transportation to elderly in need. These caregivers are available for hire through local home care agencies. If you plan on doing this, you will want to make sure the agency runs background checks and screens the employees before committing to them. This is essential for your safety and to avoid potential conflict in the long run. Home care aides and caregivers is one of the more popular resources that are chosen (“Senior Living”, n.d.)”

Paratransit Services

This is pretty similar to public transportation, but on a reduced scale. If you have mobility issues or any disability, you'll be in good hands with paratransit because this system is designed to accommodate seniors. Private agencies provide transportation to the elderly and those with disabilities by minibuses or small vans, which are equipped to handle wheelchairs and the like. Paratransit services must be scheduled in advance for transport to and from most locations in the system service area. Unlike regular public transportation where you need to wait at a stop, paratransit will pick up passengers at their homes and are more flexible in their stops.

Not everyone qualifies for paratransit services though. If you are considering this option, then you'll need to find out if you are eligible under the Americans with Disabilities Act. This means you will have to show that your mobility issues prevent you from taking regular public transportation.

Housing

According to Joint Center for Housing Studies of Harvard University (2014) the Centers for Disease Control and Prevention (CDC) defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.” If needed, those aging in place may receive care or assistance by paid or unpaid, often family caregivers.

The CDC's focus on aging in place as an ability hints at the dynamic nature of this process. As the gerontology literature recognizes, older residents renegotiate how and indeed if they can continue to stay in their homes as their preferences and circumstances such as: health, finances, relationships, and family, and social support (Joint Center for Housing Studies of Harvard University, 2014)". Aging in place is best commenced with preparation, including adaptations of physical space, means of transportation, or other facets of life in Advance of physical or cognitive need. For some, it may involve moving to other homes that are more comfortable, safe, affordable, and/or convenient whether within the current community or to locations with more resources or closer proximity to family. For others, aging in place may reflect a desire to maintain their current living arrangements or occur simply by default. While there is no generally accepted definition of aging in place, many researchers, advocates, and commentators point to the same list of elements needed to make remaining in one's home both possible and desirable:

- affordable, secure, and physically accessible housing
- affordable, safe, and reliable transportation alternatives for those unable or unwilling to drive
- opportunities to engage in recreational, learning, cultural, volunteering, and/or social experiences and options for in-home health care and/or assistance with activities of daily living (ADLs) if needed to prevent a move to arrange care (Joint Center for Housing Studies of Harvard University, 2014)".

Independent living

This type of environment provides older individuals with comfortable and suitable living conditions to where they can maintain semi-self-dependence, and they are also still able to manage daily activities such as, housekeeping, cooking, and self-care with little assistance. The

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main goal of this type of living environment is for the individual to maintain as much independence as possible.

Federal

Federal legislation has provided several housing programs that offer a variety of assistance for elderly with limited income. Section 202, is the Supportive Housing for the Elderly program and is the only federally funded housing program that is specifically for older individuals (Wacker and Roberto, 2014).”

Public

Public housing is the oldest and largest federal housing program that assists individuals and families. Many public housing communities employ on-site service coordinators to ensure that the older individuals can continue to age in place. Public housing that is occupied by older residents are poorer and sometimes frailer than most of the other households, and these units are typically traditional apartments. The most important focus of public housing is that the service coordinators are on standby to monitor and evaluate the residents and provide tailored services to meet their needs (Wacker and Roberto, 2014).

Retirement Communities

Almost one third of all older individuals live in naturally occurring retirement communities (NORC) (Wacker and Roberto, 2014). There are three types of residents that live in this type of community:

1. Long-term
2. Older residents
3. Residents new to the community

NORC communities provide their residents with a range of coordinated health and social services that are located on-site. Once again, the main goal of retirement communities is to ensure older individuals are delivered services that contribute to aging in place and the framework for the delivery of these services are to assist these older individuals with independence, dignity, security, and most importantly best quality of life (Wacker and Roberto, 2014).

Long-Term

Long-term care is the type of care and assistance that societies are more familiar with. This type of care is utilized as a last resort, simply because older individuals have lost all control of their self and their independence. Another reason why long-term care facility because they are very costly and limits their best quality of life. The residents are monitored, evaluated, and require 24-hour care because of their severe physical and cognitive limitations.

What are the benefits of aging in place?

Preserving Independence; for many people, maintaining a sense of independence is essential, as it enables older adults to improve quality of life. Aging in place allows older adults to retain a high level of control over their lives, as they can continue to live in familiar spaces (Aging I Place, 2018)". Aging in place also offers older adults the option to have the overall have the best quality of life.

Conclusion

When preparing for the future it is essential to reiterate the importance of being adequately informed, aware, and educated about resources that are available in America's communities for the aging population. The foundation has been set forth for thus programs/resources and have been tailored specifically to meet their needs and it is our responsibility to help our loved ones utilize these resources. The initial intent of this paper was to illustrate the direct support that these programs offer not only physically, but also socially and psychologically. The goal is to ensure that America's aging society are upheld by the best places to grow old but also to grow up. How we age has already been defined but these new eras of changes have redefined what it means to be old. As the younger generation it is our duty to give our older Americans the option to have the best quality of life in their later years and to continue to advocate for positive changes to where Americas communities can be transformed into "Livable Communities" (Wacker and Roberto, 2019).

We should not approach the challenge of aging with fear and apprehension, but rather with creative foresight, optimism, and a sense of determination (WHCOA, 2006)."

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