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Knowing Our History: How the Structural Context of California's Aging Network Evolved

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Introduction

In June 2019, Governor Gavin Newsom signed an executive order calling for the creation of a Master Plan for Aging (MPA.) The opening paragraph affirms "California's commitment to build an age-friendly state so that all Californians can age with dignity and independence." (California Health and Human Services Agency 2020). The MPA was released in January 2021.

I was hired as the consultant MPA Historian to document the chronological sequence of services and to highlight the major strategies California has adopted to serve older adults and people with disabilities. I researched archival documents and interviewed influencers, policy makers, and community based providers. The goal to successfully age in one's community is, in part, the result of preceding decades of federal and state leadership, implementation strategies and advocacy. The evolution of aging services in California began with robust initiation and expansion in the 1970s but faced near total devastation twenty years later due to severe budget deficits. The approach to addressing aging has been complex since the 1960's.

The Trajectory

1900-1960: Social Security and Baby Boomers

There was little government focus on establishing aging policy prior to 1960 with one major exception, the Social Security Act, which was signed into law in 1935. A significant increase in the birth rate began in 1946, creating the cohort known as the baby boomers. The 76.4 million baby boomers, representing 40% of the nation's population (History.com Editors 2019), influenced all aspects of society.

1960: Federal Infrastructure Development

Through President Lyndon Johnson's Great Society, Medicare and Medicaid were established and the Older Americans Act (OAA) became law. The first decennial White House Conference on Aging was held in 1961. The OAA delineated the aging infrastructure that included the Administration on Aging (AoA) at the federal level and a State Unit on Aging (SUA) in every state. This structure remains in effect today, though the AoA was renamed the Administration for Community Living (ACL) in 2012 with a resulting paradigm shift.

In 1966, the California Commission on Aging (CCoA) was established as the SUA to receive OAA funds (AB166). California became the second state to qualify for funding and received an initial allocation of $7 million. By comparison, California's Federal Fiscal Year 2021-22 OAA appropriation is $159 million.The 1969 OAA amendments supported older adult volunteerism through the creation of Senior Corp, now known as AmeriCorps Seniors. The rollout of these programs in California occurred in subsequent years.

1970: Service Implementation and Innovation

In 1974, AB 2263 authorized the California Department of Aging (CDA) to replace the CCoA as the SUA.

CDA designated the thirty-three Area Agencies on Aging (AAA) to serve as local planning and administrative entities. The original designations have remained constant. Collectively the AoA, SUA and AAAs are known as the "aging network."

To ensure the inclusion of consumer voices in the planning of services for their communities, the OAA required AAAs to form advisory councils. During this decade the OAA created a proliferation of new programs including Senior Nutrition, Long Term Care Ombudsman, Services for Native Americans, and the Senior Community Service Employment Program. OAA grants were also awarded to senior centers and the designation of multi-purpose senior centers as "focal points" began.

Outside the AAA's purview, county operated in-home supportive services and adult protective services were being developed along with California's initial comprehensive care models, i.e. On Lok Demonstration Project, Adult Day Health Care pilots, and Multipurpose Senior Services Project, a four-year research and demonstration project.

1980: Service Expansion and Nursing Home Reform

The Older Californians Act of 1980 (OCA) was enacted to comply with evolving federal mandates and allow for service expansion. The OCA is still the principle document for the provision of aging services in the state. The mid-1980s brought vitality to the aging network as a plethora of new programs were initiated in California. Funded entirely by state general funds, these programs were collectively known as Community Based Services Programs (CBSP). In addition Caregiver Resource Centers, Alzheimer's Disease Centers and the California Senior Legislature were created.

The Senior Center Bond Act (Proposition 30) on the 1984 statewide ballot was approved by nearly 76% of voters. Proposition 30 funds were used for the acquisition, construction or renovation of senior centers including the Humboldt Senior Resource Center and the Healy Senior Center in Redway.

Concerns about nursing home care drew attention after a Little Hoover Commission's audit found "far too many" quality of care concerns in California's nursing homes. The Little Hoover Commission is California's Independent Oversight Agency. As a result of the audit, the Nursing Home Patients Protection Act was signed into law in 1985.

1990: Boomer Planning, Service Consolidation, and Disability Rights

Bill Clinton became the first baby boomer to be elected President. As discussions ensued around the boomers and their impact on services and resources, Senator John Vasconcellos called for a Statewide Long Range Strategic Plan for Aging (SB910). This Plan was the basis for two similar efforts in subsequent years, including a three-part Master Plan authored by Assembly Member Patty Berg which would "help guide policymakers and stakeholders as they develop comprehensive and meaningful legislative, grassroots and policy agendas to address the issues surrounding the aging of California baby boomers." (California Strategic Plan on Aging Advisory Committee 2004)

About twenty years after the aging network began, the Little Hoover Commission conducted a study of California's long term care system and determined the structure was fragmented and favored institutionalization at the expense of home and community-based services. Their recommendations for improvement included program consolidation – a recommendation that has been echoed many times since. In a subsequent 2011 report the Little Hoover Commission would describe California's long term care system as "broken" (Little Hoover Commission 2011). In time the phrase 'long term services and supports' would replace 'long term care.'

The 90's brought a change in the treatment of and assumptions about disability – an important recognition since 42% of older adults have a disability. The decade began with President H.W. Bush signing the Americans with Disabilities Act (ADA) which prohibited discrimination on the basis of disability and ended with the Olmstead Decision where the Supreme Court held that people with disabilities have a right to receive state funded supports and services in the community rather than institutions. The decision represented a federal Medicaid policy shift towards community-based long term services and supports (LTSS) options to avoid unnecessary institutionalization.

2000: Decade of Deficits and Care Transformation

The new millennium started promisingly for the aging network when Governor Gray Davis committed $271 million to help older Californians remain at home (Fitzpatrick Consulting 2020). Unfortunately California faced repeated budget deficits during this decade. The most significant was a $26 billion deficit in 2009 that included a 32% reduction in state general funds (Fitzpatrick Consulting 2020). These reductions resulted in the elimination of the OCA's community based services programs. Funding has yet to be restored to these services. The calls for restructuring aging programs, administration, and long-term services and supports grew more frequent.

Following the Olmstead Decision, federal initiatives began to streamline processes and implement consumer-friendly systems. This made it easier for individuals to learn about and access services they need in order to live in home and community-based settings. California received funding to implement these initiatives which included California Community Choices, Money Follows the Person, California Community Transitions Program and the Aging and Disability Resource Connections (ADRC). California's first two ADRCs were started in 2004. Also during this decade the federal government allocated funding to the new Family Caregiver Support Program. Through the Medicare Modernization Act a new prescription drug benefit was created to help beneficiaries pay for prescription medications.

2010: New Paradigms, Outside Government Efforts and Promise of Hope

The Patient Protection and Affordable Care Act, also known as the ACA, was signed by President Barack Obama in 2010. The ACA included many Medicare benefits for older Americans including an enhanced prescription drug benefit and coverage for preventive care procedures and screening. In 2012 the Administration for Community Living (ACL) was created at the federal level to bring together the Administration on Aging, the Office on Disability and the Administration on Developmental Disabilities into a single agency. The ACL was created around the fundamental principle that older adults and people of all ages with disabilities should be able to live where they choose, with the people they choose, and with the ability to participate fully in their communities. The passage of the California's Coordinated Care Initiative (CCI) in 2012 was an effort to transform California's Medi-Cal delivery system (health and long term services and supports) to better serve the state's low-income seniors and persons with disabilities.

Three efforts, independent of state or federal government, were launched this decade to support community living and access to services. These included the California Collaborative for Long Term Services and Supports, a statewide coalition of aging and disability organizations that advance policy around long-term services and supports, AARP California's Livable Communities Initiative that "supports the efforts of neighborhoods, towns, cities and rural areas to be great places for people of all ages and abilities to live," and the California Aging and Disability Alliance, comprised of twenty diverse organizations, who share a common commitment to create affordable financing solutions to address the needs of the population now and into the future. There was the promise of a new Master Plan for Aging (MPA) under construction as the decade came to a close. The 2021 MPA is historical in that this effort is the first time the State's Governor initiated the planning process.

Observations and Influences

The trajectory of services for older adults has not been smooth. Since the 1960's a confluence of variables and resources has resulted in a complex patchwork of services with different funding, eligibility, and duration. What follows is a list of observations and influences - perhaps to serve as lessons to be learned as the evolution of services continues.

- The impetus for the aging network began in the 1960s. The federal government's role in the ongoing development of aging, disability, and long term services and supports cannot be overstated. Decennial White House Conferences on Aging remain a potent advocacy voice.

- Since 1965 the Older Americans Act has been the backbone of aging services nationwide, however funding has failed to keep up with inflation and the increasing demand created by an aging population. The core purpose and functions of the Area Agencies on Aging (AAA) have remained constant. Different organizational structures and fluctuating access to additional resources have led to variable program implementation. Some programs have not been brought to scale.
- The Older Californians Act has not been significantly reviewed since its inception in 1980. Legislative efforts to modernize the Act have not been successful. Programs that depend exclusively on state funding grow and shrink with state budget revenue resulting in an unpredictable and unstable service array.
- Development of the AAAs and the Independent Living Centers (ILC) occurred simultaneously in California. The AAAs were the result of governmental regulations. Creation of the ILCs was personally motivated – to ensure that all persons have control over choices in their lives. There are 33 AAAs in California and 28 operating ILCs. Collaborative ventures between these two disciplines started in 1995 and have increased in recent years enhanced by advocacy efforts that are coordinated, sophisticated, and intentional.
- Among other things the Olmstead Decision created a systemic change in philosophy and approach when federal Initiatives began to implement consumer-friendly systems.
- The creation of the federal Administration for Community Living changed the administrative paradigm by consolidating in one agency services for disability and aging. This action renewed the conversation for a similar realignment in California. The 1970s built the aging infrastructure on the AAAs and multipurpose senior centers. There has been a recent shift to community-based providers and establishing a network of aging and disability resource connections.
- Changing demographics, resource allocations and preparing for the baby boomers has been the consistent rally call for aging advocates for years. Government cannot address these issues alone.
- California's older population will increase, becoming more economically, racially and ethnically diverse. Forty two percent of older adults have at least one reported disability (U.S. Administration on Aging 2003). The intersection of demographics, disability and longevity has never been never more apparent!

Sources

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