1965 was a very good year for older people in this country. That year Congress created Medicare to provide health care to the elderly, created Medicaid to provide health care to low income people (that became the major funder for long-term care for older adults and people with disabilities), and passed the federal Older Americans Act (OAA). By 2017 Medicare had grown to $702 billion serving 60 million people and Medicaid has grown to $557 billion serving 73 million people. By comparison, Older Americans Act funding in federal fiscal year 2019 is $1.7 billion. The single state of Wisconsin Medicaid program will spend around $10 billion in fiscal 2018/19 serving 1.1 million people.

You might ask where is the “genius” in providing such a relatively small amount of money for the OAA? I suggest that it does more than you might think possible. I started working with OAA programs in 1971 so I have, if nothing else, a rather long perspective that has led me to conclude that it was ingenious. I have always thought that OAA did two major things: first, it created a nation-wide structure for aging programs at the federal, state and local levels, second, it required organizations and people getting OAA funding to be advocates for older people in community decisions that affected them across a wide spectrum of agencies and issues.

In terms of structure, OAA established the Administration on Aging (now called the Administration for Community Living) within the federal Department of Health and Human Services to administer OAA policies, programs and money. It then required each state to designate an agency at the state level to do the same. In Wisconsin that agency is the Bureau on Aging within the Wisconsin Department of Health Services. It then required the state to designate Planning and Service Areas across the state and to designate an Area Agency on Aging (AAA) to serve that area. In Wisconsin this has evolved over the years to three AAAs, Dane County, Milwaukee County, and the Greater Wisconsin Agency on Aging Resources (GWAAR) to cover the remaining 70 counties and tribes. Also, in Wisconsin every county and tribe has created a Department, Commission, Committee or Tribal Aging Office. Over the years, the AAAs have provided funding for Senior Centers, Nutrition programs, Legal services, Volunteer programs and much more.

In terms of the advocacy requirement, you can see how powerful this would be if all of these agencies, federal, state and local, were being effective advocates for older adults. There are two problems that keep this from being as powerful as it could be: one, there is no enforcement of the law so that if an agency decides that it isn’t feasible there is no penalty for not doing advocacy, two, there is no money designated for advocacy. This means that leadership in the agency must choose to do it. Despite these problems, there is a lot a good advocacy taking place in Wisconsin. For example, all three AAAs have Advocacy/Legislative Committees that meet monthly to discuss issues and take action to advocate for and with older people. GWAAR has created the
Wisconsin Aging Advocacy Network (WAAN) that is very effective advocating for seniors at the federal and state levels.

In addition, several County Aging Offices have created Advocacy/Legislative Committees to represent seniors at the federal, state, and/or local levels. In my opinion, Wisconsin has always been a leader in effective advocacy despite the lack of enforcement and lack of money. But more could and should be done to carry out the federal advocacy mandate. For example, every County and Tribal Agency could create an Advocacy Committee of older volunteers. Information about key issues and timing is readily available from GWAAR/WAAN. Also, most counties have restrictions on what County employees can do to lobby, but Advocacy Committees made up of older volunteers have the freedom to be independent advocates.

While the OAA is one of the few laws that actually mandates advocacy and, thereby, part of its genius, it can only be effective if more and more people in the “aging network” choose to be advocates. Now is the perfect and necessary time to make that choice!