



## Greatest Social Need Toolkit

### What is the Older Americans Act (OAA)?

Signed by President Lyndon Johnson in 1965 as part of the Great Society along with Social Security and Medicare, the Older Americans Act (OAA) is the nation's primary vehicle for the organization and delivery of social and nutrition programs to older people and their caregivers. It funds programs including home and congregate meals (like *Meals on Wheels*), chore assistance, transportation assistance, legal assistance, and an entire suite of services and supports that enable people to age in place, in their communities.

The OAA is a win/win – a win for older people, most of whom wish to stay in their homes as they age and a win for the federal government, which must often pick up the tab when older people end up in long-term care.

This two billion dollar-a-year program is funded through the Department of Health and Human Services' Administration for Community Living (ACL), which in part funds the approximately 50 State Units on Aging and 600+ local Area Agencies on Aging (AAAs). The State Units on Aging are statutorily required to match a certain level of federal funding. Between their state match and other sources of funding, including private funds, they are able to leverage the relatively small amount of federal money they receive to provide services and supports in their respective communities through the local AAAs and the service providers they ultimately fund.

Unlike other communities, older people living with HIV and LGBTQ+ older have historically not been mentioned – even once – in this cornerstone of federal aging policy.

### How does it work?

Congress requires the ACL, the federal entity charged with carrying out federal aging policy, to target marginalized and underserved populations with services and supports under the OAA in order to ensure that *all* older people are able to live independently and remain in their communities. To achieve this, Congress mandates that ACL target a number of distinct populations, like those in rural areas and those with limited English proficiency, among others outlined below.

### Who is already targeted?

Services provided under the OAA must be made available to all individuals age 60 or older. Over the course of reauthorizing the OAA, Congress has recognized that individuals in certain subpopulations – often those belonging to marginalized communities – were not receiving services for which they were eligible. To ensure that those marginalized populations are accessing crucial services, Congress updated the OAA to require that programs and services be targeted to those: in rural areas; with severe disabilities; with limited English proficiency; with Alzheimer's and related disorders; at risk for institutional placement; with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas); and those with

greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas).

The aging network – the umbrella term for State Units on Aging, the AAAs, and the service providers they fund – is required to prioritize the delivery of services and supports to the aforementioned groups and to specifically address their needs as it develops resources, engages in advocacy, and participates in planning.

### **How does the law define greatest social need?**

“[N]eed caused by non-economic factors,” including, but not limited to, “cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently.”

### **What does it mean to be a population of greatest social need?**

The greatest social need designation requires the aging network to: identify and provide services specific to the population in question; collect data on their geographic distribution; target services and supports; and provide technical assistance to and training of service providers. In short, the designation aims to ensure that the provision of OAA services and supports matches the population’s need. Nothing more. Nothing less.

### **Do older people living with HIV and LGBTQ+ older people fit the definition?**

Older people living with HIV and LGBTQ+ older people face structural inequalities, including pronounced social isolation and higher rates of poverty than their non-positive and non-LGBTQ+ peers, along with systemic barriers to accessing culturally competent aging services and supports.

Older people living with HIV and LGBTQ+ older people often lack traditional sources of support and caregiving: they are more likely to be disconnected from their families of origin, *more* likely to live alone, *less* likely to have close relatives to call for help, and *more* likely to be childless than their non-LGBTQ+ counterparts.

Older people living with HIV and LGBTQ+ older people tend to have poorer physical and mental health, and higher rates of poverty, than their non-positive and heterosexual, cisgender peers.

Older people living with HIV and LGBTQ+ older people face pronounced cultural and social isolation, as a result of decades-long experience of real and perceived discrimination – all of which threatens their capacity to live independently.

### **The Challenge**

Because of these challenges, fear of discrimination, and the scarcity of culturally competent providers, many older people living with HIV and LGBTQ+ older people are reluctant to access available aging services and supports. And because older people living with HIV and LGBTQ+ older people are not designated a population of greatest social need in federal law, the aging network engages in little assessment of their needs and virtually no targeting of these populations.

In its current form, the presumptive win-win that the OAA promises becomes a lose-lose proposition for many older people living with HIV, LGBTQ+ older people, and the federal government. Older people living with HIV and LGBTQ+ older people lose because they do not receive the services and supports they need to remain independent. And the federal government loses, as it is more likely to incur the expense of placing them in long-term care.

## The Solution

In 2012, ACL recognized that “[w]hile the definition of ‘greatest social need’ in the Older Americans Act includes isolation caused by racial or ethnic status, the definition is not intended to exclude the targeting of other populations that experience cultural, social or geographic isolation due to other factors.”<sup>3</sup> To the contrary, ACL stated that pursuant to the statutory requirement “[e]ach planning and service area *must* assess their particular environment to determine those populations best targeted based on ‘greatest social need.’” *Id.* (emphasis added). ACL expressly recognized that older LGBTQ+ individuals *may* be among the populations with “greatest social need” because “in some communities . . . isolation due to sexual orientation or gender identity may restrict a person’s ability to perform normal daily tasks or live independently.”

With this language, ACL gave permission to states across the nation to make a small but mighty change to improve the lives of older people living with HIV and LGBTQ+ older people in their communities.

## Examples

Your state can follow the lead of [Vermont](#), [Illinois](#) and [Washington, DC](#) in designating LGBTQ+ older people and older people living with HIV as populations of greatest social need through legislation. [California](#) was the first state to legislatively designate LGBTQ+ older people as a greatest social needs population in 2018 followed by [Virginia](#) in 2021. California added [older people living with HIV](#) in 2021. Massachusetts was the very first state to designate LGBTQ+ older people as a greatest social needs population in 2012 and it did so administratively. [Pennsylvania](#) followed suit in 2021. While activists prefer legislation to administrative action because it is harder to undue, some states are only ripe for administrative action. The examples of the aforementioned states provide roadmaps for both approaches.

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