



Older Americans Act: Greatest economic and social needs of rural older adults

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Introduction

Rural older adults are an important yet underserved demographic in the United States. They represent a substantial proportion of the aging population but face unique challenges supporting their quality of life. Community-based organizations that serve older adults in rural communities encounter particular obstacles, including limited funding, resources, and infrastructure. The reauthorization of the Older Americans Act (OAA) provides a significant opportunity to address systemic inequities and enhance the quality of life for older adults in rural communities.

The population of older adults in rural areas is increasing rapidly. In 2020, about 1 in 5 people in the United States were 65 and over, compared to 16 percent in urban areas. In 1920, this proportion was less than 1 in 20.¹ Rural areas are characterized by dispersed populations, limited transportation options, and higher poverty rates. Older adults living in rural areas are more likely to experience limited access to health care, transportation, nutrition and food insecurity issues, and social isolation.³ The scarcity of health care providers, inadequate infrastructure, and insufficient funding for community services compound these issues. Rural households earn approximately 25 percent less than their urban counterparts, and this drastically affects the quality of life for older adults reliant on fixed incomes.⁴ The availability of affordable housing and assisted living facilities in rural areas is limited, forcing many older adults to live in unsafe or inadequate conditions. This also limits their ability to move to smaller or more accessible homes. Moreover, rural areas often lack the infrastructure to support programs such as congregate meal sites, adult day care services, and other essential health and social services. Distance and terrain can exacerbate scarcity of services such as meal delivery to older adults' homes. Addressing these challenges requires a coordinated effort to expand resources, improve service delivery, and create policies tailored to rural needs.

Rural older adults contribute significantly to their communities and serve as caregivers, volunteers, and local leaders.² Their well-being directly impacts the social and economic fabric of rural America. However, without targeted interventions, these contributions are at risk. This policy paper stresses rural older adults' pressing economic and social needs and presents actionable recommendations to enhance their well-being through improved policy measures under the OAA.

The Older Americans Act

The OAA was established in 1965 to address the lack of community social services for older adults and provide comprehensive services including nutrition programs, family caregiver support, elder abuse prevention, community service employment, and long-term care programs through the establishment of the Administration on Aging, later the Administration for Community Living (ACL). While the OAA includes targeted provisions to address the distinct challenges faced by older adults living in rural communities, it cannot be overlooked that these rural provisions still have a few gaps.



Since its establishment, the act has undergone multiple reauthorizations to adapt to the evolving needs of an aging population. On June 18, 2025, during the first session of the 119th Congress, the new [OAA Reauthorization Act of 2025](#) was introduced in the Senate to reauthorize OAA programs through 2030.⁸ This new OAA Act of 2025 builds upon previous iterations and expands its provisions across eight titles making improvements to promote innovation and flexibility, strengthen program integrity, and better support family caregivers and direct care workers. It also takes steps to better serve tribal seniors and those with disabilities.

The last substantial update to regulations for most OAA programs was done in 1988.⁵ On February 6, 2024, HHS released the [2024 OAA final rule](#) updating regulations for implementing OAA programs to reflect contemporary needs and address systemic barriers that have emerged.⁶ The regulations reflect the aim to prioritize individuals including rural seniors while providing clear guidance for states, tribal organizations, and other entities within the aging network.⁷

Key provisions of the 2024 OAA regulatory update include:

- **Enhanced support for those with greatest social and economic needs:** The regulations clarify the definitions of need and require state agencies and area agencies on aging (AAAs) to prioritize these populations in their planning and service delivery. Although the focus on the greatest social and economic needs is not new, the regulations reflect an ongoing commitment to those individuals, as required in the statute.
- **Family caregiver support:** The final rule codifies definitions for family caregivers and provides comprehensive guidance for the National Family Caregiver Support Program and Native American Caregiver Support Program.
- **Emergency preparedness:** Incorporates lessons from the COVID-19 pandemic, mandating state and tribal agencies to establish emergency plans and utilize flexible funding during declared disasters.
- **Nutrition modernization:** Updates requirements for senior nutrition programs, including the continuation of carry-out and home-delivered meals, which proved effective during the pandemic.

OAA Reauthorization Act of 2025

- **Title I:** Strengthening the Aging Network to Meet the Needs of Older Individuals
- **Title II:** Improving Health Outcomes and Encouraging Independence for Older Individuals
- **Title III:** Enhancing Innovation and Flexibility in Nutrition Services
- **Title IV:** Supporting Family Caregivers
- **Title V:** Community Service Senior Opportunities Act
- **Title VI:** Improving Services for Native Elders
- **Title VII:** Strengthening the Long-Term Care Ombudsman Programs and Elder Abuse Prevention
- **Title VIII:** Authorizations of Appropriations

These titles introduce key expansions including formally addressing mental health, substance use disorders, and cognitive impairments among older individuals under (Sec. 102); enhancing access to assistive technology for older adults (Sec. 112); expanding digital inclusion efforts by improving broadband coordination and reducing social isolation (Sec. 209); broadening nutrition services through the authorization of medically tailored meals (Sec. 301) and grab-and-go meals (Sec. 302); creating a national resource center for engaging older adults (Sec. 206) and a direct care workforce resource center (Sec. 404); strengthening tribal aging services through an older Americans tribal advisory committee and dedicated tribal set-aside supportive service (Secs. 601–602) among others.



Analysis

Despite the OAA advancements, significant economic and social gaps persist as rural older adults continue to face challenges due to lack of infrastructure and underfunding, limiting the impact of OAA programs. Addressing these systemic disparities calls for a policy approach that centers on the needs of rural older adults. Strengthening the OAA with an emphasis on rural-specific programs can bridge existing gaps and ensure equitable service delivery for older adults in rural communities.

Older adults in rural communities face a distinct set of economic, social, and systemic barriers that collectively impact their ability to age with dignity, health, and stability.

Economic challenges

- **Higher poverty rates:** The poverty rate among rural older adults is 13 percent, significantly higher than the national average for older adults at 9.6 percent.⁹ Contributing factors include limited employment opportunities, lower Social Security benefits due to reduced lifetime earnings, and rising health care costs. Even minor financial changes can lead to significant hardships for older adults relying on fixed incomes.
- **Inadequate access to affordable housing:** Rural areas often lack affordable and accessible housing options tailored to the needs of older adults. The US Department of Agriculture (USDA) Rural Housing Service reports that housing insecurity is a leading cause of stress among rural seniors, with many living in substandard conditions due to the unavailability of senior housing programs.¹⁰ Although the USDA [Single Family Housing Repair Loan and Grants](#) program exists to give grants to very low-income homeowners age 62 or older to remove health and safety hazards in homes, the program remains underfunded and difficult to access.
- **Health care costs:** Health care costs are disproportionately higher for rural older adults, who often travel significant distances to receive care. A study by the Commonwealth Fund found that rural older adults spend an average of 20 percent more on health care than their urban counterparts due to higher rural-urban disparities including transportation costs, limited provider networks, and reliance on emergency services.¹¹
- **Food insecurity and rising food costs:** Rural communities can struggle to access healthy and affordable foods, whether the area is a food desert or dealing with last-mile delivery for goods and services. Rising food costs affect the overall ability of individuals to purchase enough food. More than 10 percent of rural older adults experience food insecurity, compared to 8.5 percent of their urban counterparts. In 2022, food insecurity rates varied significantly by state for older adults¹, from 4.4 percent in North Dakota to 18.6 percent in Arkansas, with seven of the 10 highest also located in southern states.^{11, 12}

Social challenges

- **Social isolation:** Geographic dispersion and transportation barriers contribute to social isolation among rural older adults and limit their ability to participate in community activities and attend social gatherings. With the closure of many community centers and congregate meal sites, rural seniors may have fewer opportunities to engage with peers and access support networks. Research

¹ According to Feeding America's 2024 report, examining state-level data helps identify the widespread issue of food insecurity among older adults.



indicates that social isolation increases the risk of depression, cognitive decline, and mortality by up to 30 percent.¹³ Social isolation is widely recognized by state offices of rural health as a key barrier to aging in place, with respondents in multiple regions ranking social isolation as one of the most significant challenges facing rural older adults.¹⁴ Social isolation is also a risk factor for elder abuse, as rural seniors may lack a support system, be more dependent on caregivers, and be less visible, making abuse more likely and harder to detect. The National Academies of Sciences, Engineering and Medicine also recognizes the immense impact of social isolation on rural older adults, as it presents a major risk for premature mortality compared to other risk factors such as high blood pressure, smoking, or obesity.¹⁵

- **Transportation barriers:** Rural seniors often travel long distances to receive basic medical care, which creates additional financial and logistical burdens.¹⁶ Rural areas' lack of public transportation significantly restricts older adults' access to essential services, including health care, grocery stores, and social activities. For non-driving seniors, transportation challenges exacerbate dependence on family members or neighbors (caregivers), who may face resource constraints and burnout. Further, innovative solutions such as ride-sharing programs or volunteer driver networks remain underdeveloped in many rural communities.

Systemic issues

- **Health care workforce shortages:** Rural communities face severe shortages of long-term care jobs and health care providers, including primary care physicians, nurses, and geriatric specialists.¹⁷ This limits access to preventive care and chronic disease management for older adults. According to the US Bureau of Labor Statistics, rural areas have 64 percent fewer health care workers per capita than urban areas, leaving many older adults without consistent access to care.¹⁸ ¹⁶ Incentives such as loan repayment, scholarships, and career advancement programs are proven to increase recruitment, retention, and upskilling of health care providers in rural areas. Further, the integration of community health workers (CHW) into rural health care settings has proven effective in addressing workforce shortages, though challenges remain for widespread integration.¹⁹
- **Strengthen state plan language on serving rural populations:** Every state is required to submit a state plan on aging describing how it will use resources from the OAA, including a section specific to serving rural older adults. Section 307(a)(10) outlines how states prioritize service to those with greatest economic and social need, including older persons residing in rural areas.²⁷ However, there is significant variation in the definition of rural and the details of how their funding formulas account for rurality.²⁸ This results in variations in who is included in targeted funding, programming, and outreach.²⁸
- **Underfunded OAA services and infrastructure:** The allocation of OAA funding does not adequately consider the higher per-capita costs of delivering services in rural areas. Consequently, home-delivered meals, caregiver support, and case management programs are often unavailable or insufficient, and many rural communities may have deficiencies in public infrastructure and the network of community-based organizations to adequately meet the needs of their older adult populations. This systemic underfunding leaves many rural seniors without critical services.



Policy recommendations

NRHA proposes the following evidence-based policy recommendations, which emphasize the importance of integrated approaches combining educational, regulatory, financial, and professional support strategies.

Increase support for rural aging programs

- **Expand grant opportunities:** Create targeted grant programs to support innovative rural initiatives for older adults such as telehealth services and mobile health units. Encourage programs agencies to report funding allocated to rural populations using the Health Resources and Services Administration's Federal Office of Rural Health Policy definition of rural.
- **State plan development:** Require state agencies to establish a process and accountability controls for determining how rural areas within the state shall be defined and applied.
- **Strengthen infrastructure:** Bolster nonprofit infrastructure in rural areas to build capacity to care for older adults, prioritizing local, mission-driven organizations for public contracts.

Enhance affordable housing options

- **Promote public-private partnerships:** Encourage collaboration between federal, state, and local governments with private partners to build affordable and accessible housing for older adults. Community organizations, health care facilities, local governments, and other rural entities can help older adults and people with disabilities by collaborating and creatively using limited resources to provide needed services.²¹
- **Incentivize home modifications:** Provide tax credits and grants for older adults to modify their homes for aging in place.

Improve access to nutrition

- **Expand nutrition programs:** Increase funding for carry-out and home-delivered meal programs as well as congregate meal sites for older adults living in rural areas.

Address social isolation

- **Invest in transportation infrastructure:** Develop rural transit programs tailored to the needs of older adults, including door-to-door services and volunteer driver programs.
- **Support digital inclusion:** Provide funding for broadband expansion and digital literacy programs to connect older adults with virtual social networks and telehealth services.
- **Congregate meals:** Bolster and strengthen existing community dining models to support social connection in rural areas.

Strengthen the health care workforce

- **Loan forgiveness programs:** Expand loan forgiveness initiatives for health care providers working in rural areas, including geriatric specialists and nurse practitioners.²⁰ Create opportunities for existing staff to obtain advance certification and education to improve access to and quality of care for rural older adults.
- **CHW integration:** Integrate CHWs into rural health care teams and payment models to address social determinants of health and improve care coordination.

Provide support for rural caregivers

- **Support caregivers:** Enhance funding for caregiver support programs, including attractive payment models, training resources, and respite care offered in daycare, residential facilities, and in-home care services tailored for the rural context.



Recommended actions

Improve access to nutrition through unification of OAA Title III Part C 1 and 2 Programs: Congress should improve the effectiveness of and provide greater flexibility for the Older Americans Act Nutrition Services by allowing combined funding for Congregate Nutrition Services (Title C-1) and the Home-Delivered Meal Program (Title C-2) to provide more flexibility and adaptability for local service providers to meet the specific demands and requirements of older adults in their service areas.

Shift to evidence-informed programs in OAA Title III Part D: Congress should modify OAA health and wellness programs in Title III to be evidence informed and not just evidence based. This would remove existing barriers to implementing innovative and emerging best practices in rural areas while retaining some guardrails to ensure evidence is the foundation upon which the services are developed.

Enhance opportunities for innovation in OAA Title III Programs: Congress should allow states to hold back 1 percent of Title III funds to support piloting of new innovations in home and community-based services that specifically target older adult populations living in rural areas.

Prioritize community-based providers: Support for inclusion of Section 108 in the 2025 OAA reauthorization bill that would establish a right of first refusal for a community-based organization that provides services to a designated planning and service area and can viably offer senior nutrition and social connection services if certain conditions are met.

Address social isolation by passing the DELIVER Act: Congress should incentivize volunteerism by passing the Delivering Elderly Lunches and Increasing Volunteer Engagement and Reimbursements (DELIVER) Act to raise the tax deduction for the charitable use of a passenger automobile to deliver meals to homebound individuals to the standard business rate, which is currently 67 cents per mile (vs. the current 14 cents), bringing equity to the millions of Americans who volunteer their time and resources to deliver meals to our nation's most vulnerable citizens.

Pass the Senior Community Service Employment Program (SCSEP): While not included in the 2026 OAA final rule and administered by the U.S. Department of Labor rather than ACL, reauthorizing and strengthening the SCSEP is vital as the goals align closely with the broader mission of the OAA. The program aims to provide low-income older adults with training and employment opportunities that promote financial stability, social engagement, and community contribution.²⁶

Enhance support for rural residents through OAA regulatory rules: Similar to how the 2024 OAA regulatory update tasks state agencies and AAAs with enhanced support for those with social and economic needs, additional regulatory updates should prioritize enhanced support for older adults living in rural areas who often have less social support and access to resources.

Conclusion

Reauthorization of the OAA provides an opportunity to address rural older adults' economic and social challenges. By increasing funding, addressing social isolation, strengthening the health care workforce, and enhancing housing and caregiver support, policymakers can create a more equitable system that meets the unique needs of rural communities. These policy changes will ensure that rural older adults have the resources to thrive and age in place.

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