ACL
Administration for Community Living

OLDER AMERICANS ACT

Title III Programs

2020 PROGRAM RESULTS

Acknowledgment

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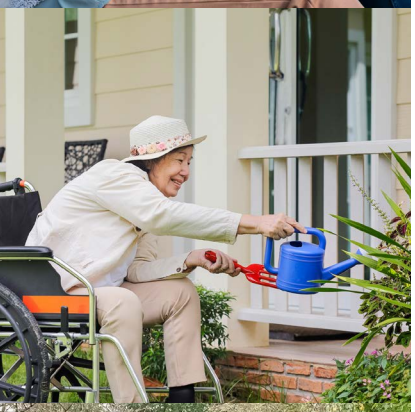

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Title III
Program Highlights and Accomplishments

Older Americans Act (OAA) Title III programs are comprehensive and provide essential supports for older adults. In fact, one way or another, OAA programs and services touch almost every older American's life, directly or indirectly. For instance, senior centers are important gathering places where adults participate in essential programs focused on health, wellness, education, and social participation. The nutrition programs support food security for thousands of low-income and food-insecure people each day. Caregiver support programs help ensure that older adults can stay in their homes.[1] At the local level, older adults, caregivers, and other community stakeholders directly determine how current and future programs are implemented, based on the needs of each community.

Overall, the programs offer an impressive return on investment by leveraging state, local, and private dollars and mobilizing volunteers to help millions of older adults and caregivers age in their homes and communities every year. Also, because people aging in place are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid, the programs save taxpayer dollars as they enable older adults to remain independent and healthy in their own homes, where they prefer to be.[2]

In 2020, OAA Title III program data shows Title III funded 56 state agencies, 625 local agencies that coordinated and offered services to older adults, 6,072 senior centers, and almost 30,000 service providers. More than 10.1 million older persons received Title III services, including more than 198.6 million home-delivered meals; 39.6 million congregate meals; 26.9 million hours of personal care; 21.3 million hours of homemaker services; and 13.6 million rides to medical appointments, grocery stores, and other activities. In addition, Title III programs provided support to over 186,000 caregivers serving elderly individuals, delivering more than 5 million hours of respite care to these caregivers and more than 530,000 counseling/support groups/caregiver training sessions.

One of the key goals of the OAA Title III programs is ensuring the nation's most

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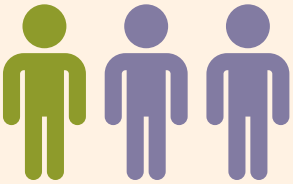
OLDER ADULT SERVICE RECIPIENTS LIVE IN POVERTY



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OLDER ADULT SERVICE RECIPIENTS LIVE IN RURAL AREAS

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OLDER ADULT SERVICE RECIPIENTS LIVE ALONE

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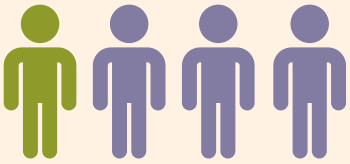
OLDER ADULT SERVICE RECIPIENTS ARE AGE 85+



vulnerable older adults have the services they need to remain independent in their communities. Thus, even though all Americans over the age of 60 are eligible to receive OAA services, states must target individuals with the greatest economic and social need, with a particular emphasis on those who are most vulnerable. The 2020 OAA Title III program data show services are indeed reaching the most vulnerable older adults in the nation—those most in need of services to remain independent. Specifically, the data reported by service recipients show that Title III services reached the following populations in 2020:

- Older adults living in poverty—over one third of service recipients
- Older adults living alone—almost half of service recipients
- Older adults living in rural areas—about one third of service recipients
- Older adults who require assistance with activities of daily living (ADLs) or instrumental activities of daily living (IADLs)—more than half of service recipients requiring assistance with ADLs, about three out of four requiring assistance with IADLs
- The oldest of the older adults—almost a quarter of service recipients age 85+

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Abbreviations and Acronyms

AAA	Area Agency on Aging
ADLs	Activities of Daily Living
COVID-19	Coronavirus Disease of 2019
IADLs	Instrumental Activities of Daily Living
OAA	Older Americans Act
OMB	Office of Management and Budget
SHIP	State Health Insurance Assistance Program
SPR	State Program Report
SUA	State Unit on Aging

Impact of Coronavirus Disease of 2019 Pandemic on Title III Services

Funding Use

The president declared the coronavirus disease of 2019 (COVID-19) pandemic as a national emergency on March 13, 2020, authorizing states to use OAA Title III funds for disaster relief as they saw fit without having to submit a transfer request to ACL.[3] As a result, states were allowed to use Title III-B, C, D, and/or E funds for any disaster relief activities for older individuals or family caregivers served under the OAA, such as providing

- drive-through, take-out, or home-delivered meals;
- well-being checks via phone, in person, or via virtual means; and
- homemaker, chore, grocery/pharmacy/supply delivery, or other services.

Title III Services

Over the last year, OAA Title III grantees have described how the COVID-19 pandemic has impacted their programs.[4,5] The bullets below provide a summary of the information shared by grantees for how the pandemic impacted Title III service needs and service provision.

- **Shifted to remote work.** Many providers, such as legal assistance providers, shifted to remote work to continue operations and keep clients and staff safe. For remote legal work, this shift entailed ensuring access to communication tools, files, documents, case management systems, and mechanisms to have meetings.
- **Experienced increase/decrease in demand for services.** In Fiscal Year (FY) 2020, states overall provided about 24 million more meals overall and about 32% more home-delivered meals—using COVID-19 and other funds—compared to FY 2019. Grantees also reported a large increase in calls for information, assistance, and referrals to services during the pandemic. The demand for in-home services decreased early in the pandemic, and public health orders led to the suspension of many in-person services, such adult day care centers.
- **Changed spending patterns.** Grantees reported spending more funds for meal programs as food costs increased and providers needed to purchase additional supplies, such as personal protective equipment and food delivery containers. Expenditures for some in-person services, such as homemaker services, remained steady, but expenditures for adult day care and transportation decreased.
- **Transformed meal programs.** Most states replaced congregate meals with home-delivered meals during the pandemic. While the number of congregate meals dropped, some states continued to provide congregate meals during the pandemic, and some providers replaced meals in traditional congregate settings with grab-and-go meals paired

with in-person or virtual socialization. Grantees also adjusted meal delivery approaches. For instance, some localities made single deliveries with multiple days' worth of meals, and some provided frozen meals instead of hot meals to limit the number of times they needed to make contact with the client.

- **Delivered food boxes and groceries and care packages.** Grantees provided groceries, food boxes, and care packages to their clients as either a supplement or an alternative to home-delivered meals. Care packages included shelf-stable foods and household items such as toilet paper, along with puzzles and games to provide their clients with activities during the stay-at-home order.
- **Experienced staff shortages.** Grantees reported experiencing shortages of staff and volunteers and implementing alternative solutions to continue providing essential services. For instance, some grantees reported that many of their traditional volunteers, often older adults themselves, no longer felt comfortable serving during the pandemic or were directed by state or local orders to stay at home. In response, grantees shifted staff roles to address most critical needs, used COVID-19 funding to hire additional delivery drivers for their home-delivered meals, or used their transportation services' vans to deliver meals to their clients.
- **Modified transportation services.** Many grantees reported suspending or significantly reducing their transportation services early in the pandemic due to safety concerns. However, as the pandemic continued, some localities modified transportation services to comply with social distancing measures and ensure older adults were able to get to their medical appointments. Once COVID-19 vaccines were available for older adults, grantees provided transportation services for older adults going to and from their vaccination appointments.
- **Cancelled in-person activities.** Evidence-based disease prevention and health promotion services program grantees reported having to cancel workshops that had already been initiated and were scheduled to be provided.
- **Shifted to virtual programs:** Programs provided virtual activities, including trainings, workshops,

and wellness classes (e.g., tai chi, chronic disease self-management, diabetes self-management). As part of this effort, grantees tested different platforms to determine whether programs were accessible to older adults. Grantees also developed statewide marketing tools to promote the use of technology and to reach target audiences, engaged a range of existing and new partners to deliver virtual programs, and developed materials to support activities and enhance communication with clients.
- **Temporarily suspended or reduced in-home care services.** Grantees reported temporarily stopping or reducing in-home supportive services for clients at the beginning of the pandemic.
- **Conducted phone/virtual check-ins.** Most programs reported conducting well-being checks via telephone instead of going into clients' homes. These calls allowed them to assess the needs of their clients and make sure clients had the support they needed during stay-at-home orders.
- **Temporarily suspended or reduced caregiver support services.** Early during the pandemic, several grantees reported shutting down caregiver support groups and respite care services. As the pandemic continued, most programs shifted to provide virtual support groups for caregivers and resumed offering limited respite care services to caregivers.

Part 1 | 2020 State Performance Report Data Highlights*

State Performance Report Data Categories

Data in State Performance Reports (SPRs) are categorized into registered and unregistered services. Registered services are services that require demographic and client characteristics to be reported. Cluster 1 registered services require detailed client profiles to be reported, whereas cluster 2 registered services require summary client profiles only.

- **Cluster 1 Registered Services:** Personal care, homemaker, chore, home-delivered meals, adult day care/health services, and case management.
- **Cluster 2 Registered Services:** Assisted transportation, congregate meals, and nutrition counseling.

Unregistered services, also known as a cluster 3 non-registered service, do not require demographic and consumer characteristics to be reported.

- **Cluster 3 Non-registered Services:** Transportation, legal assistance, nutrition education, information and assistance, outreach, other services, health promotion, and cash and counseling.

The SPRs also include Title III, Part E services (caregiver services) data. **Data on caregiver services** are grouped into two categories:

- caregivers serving elderly individuals (hereinafter "caregivers serving older adults") and
- grandparents and other elderly caregivers serving children (hereinafter "caregivers serving children").

* Reporting year 2020 for SPRs was October 1, 2019–September 30, 2020.

Number of Agencies and Providers

The majority of funding for OAA programs flows from the federal to the state level and from there to the local level. Most states and territories have a state-level office on aging (State Unit on Aging, or SUA), responsible for developing and administering multiyear state plans that advocate for and aid older residents, their families, and, in many states, adults with physical disabilities. Most states and territories also have Area Agencies on Aging (AAAs).[6] These are public or private nonprofit agencies designated by a state to address the needs and concerns of all older persons at the regional and local levels. The AAAs work with service providers, such as senior centers, to deliver the services to eligible clients.

Number of Agencies and Providers

- Total number of SUAs = 56
- Total number of AAAs = 625
- Total number of senior centers = 6,072
- Total number of service providers[†] = 29,258
  - Minority = 2,775
  - Rural = 7,102

Number of SUA Agency Staff

- Total number of paid staff = 5,212

Number of AAA Staff

- Total number of staff = 47,722
  - Paid staff = 25,976
  - Volunteers = 21,746

† Excluding AAAs providing direct services.

56 | **State Units on Aging**

625 | **Area Agencies on Aging**

Number of Providers by Service Type

In 2020, caregivers serving older adults programs reported by far the largest number of providers (10,877), followed by personal care programs (4,150), and congregate meal programs (4,076). Nutrition counseling program and adult day care/health care programs had the fewest providers (340 and 774, respectively).

Caregiver Programs
10,877

Congregate Meal Programs
4,076

Nutrition Counseling Programs
340

Personal Care Programs
4,150

Adult Day Care/ Health Care Programs
774

6,072 | **Senior Centers**

29,258 | **Service Providers: Minority = 2,775 | Rural = 7,102**

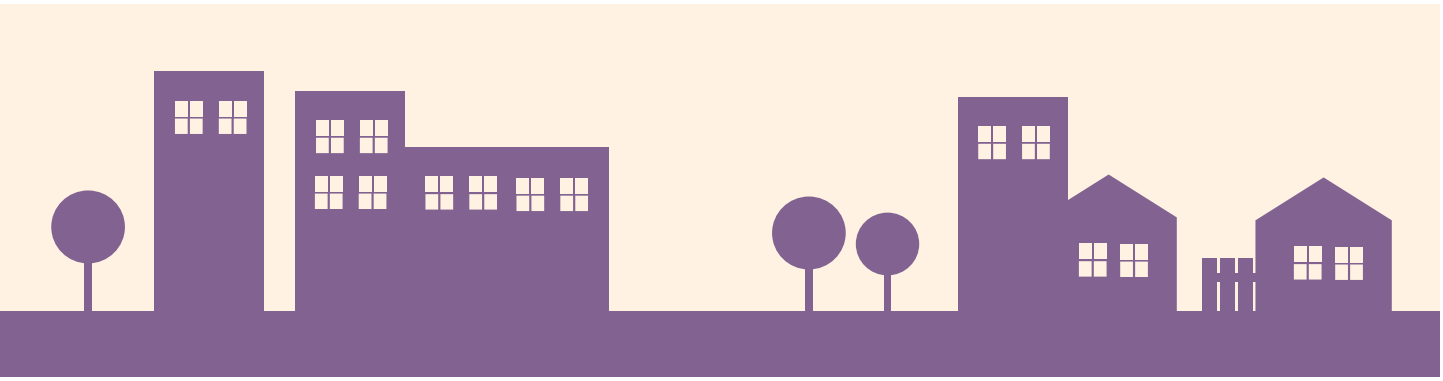
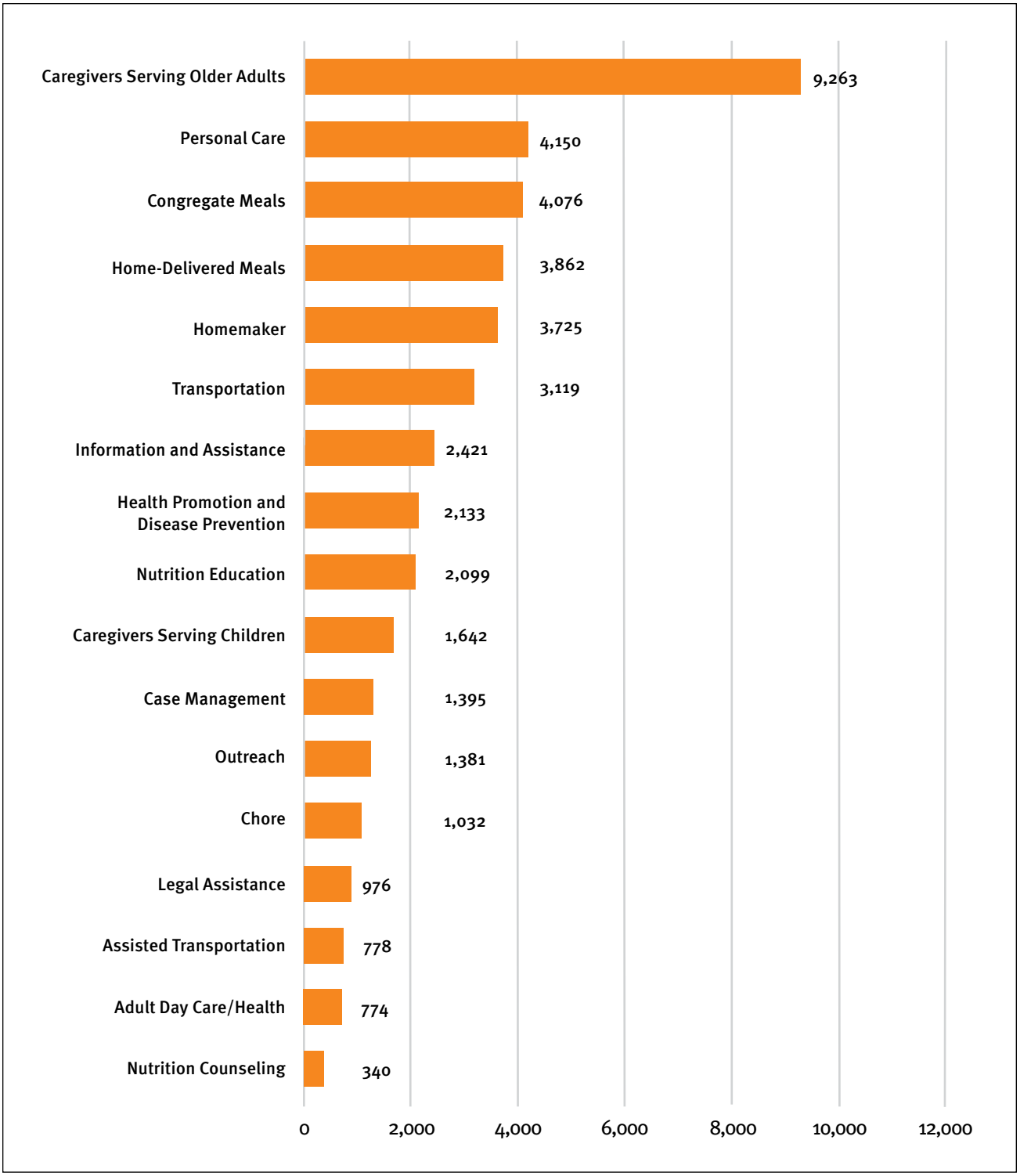


Exhibit 1. Number of Providers by Service Type



Notes: Counts include registered and unregistered services as well as caregiver services.

Number and Characteristics of Service Recipients

Number of Title III Service Recipients‡

In 2020, states and territories reported an estimated total of **more than 10 million (10,186,166)** unduplicated Title III service recipients (including registered and unregistered service recipients). Of those, **2,740,755** were recipients of registered services, and **8,419,937** were recipients of unregistered services§. Among clients receiving registered services, approximately 33% (908,174) represented ethnic/racial minority populations.

‡ Number does not include caregivers served.
§ Count of registered and unregistered services recipients does not sum to 19,186,166 since individuals may be receiving both types of services.

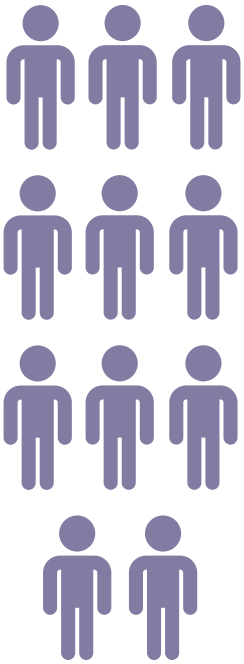
The following sections provide data for registered services. When available, data on service recipients for Title III, Part E (caregiver services) are provided separately.

Number of Title III Service Recipients by Service Type

In 2020, home-delivered meal programs reported the highest number of service recipients (1,447,910), followed by congregate meal programs (1,329,203), and case management programs (487,548).

Total Service Recipients

10,186,166



Number of Service Recipients by Service Type

Home-delivered meals

1,447,910

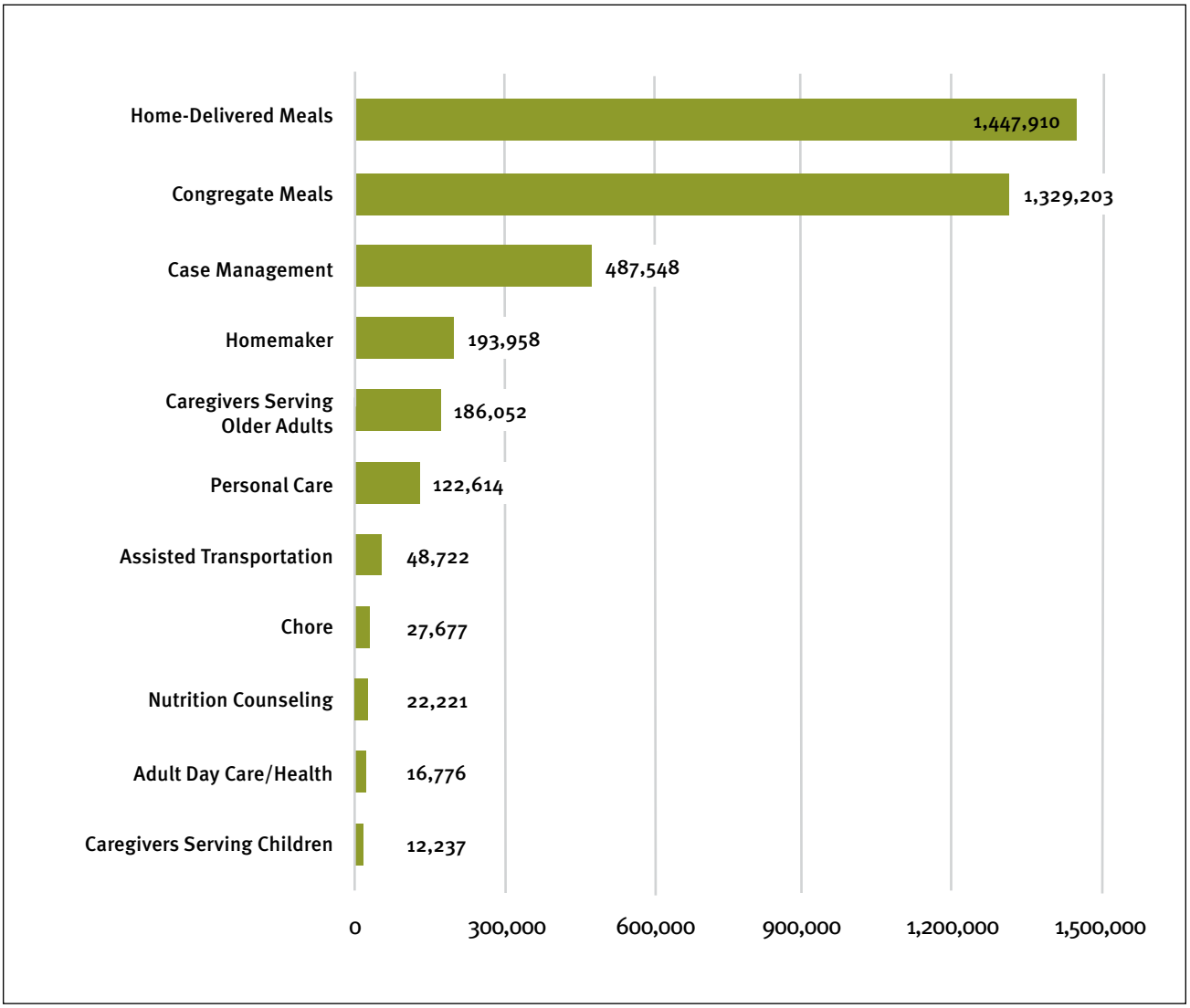
Congregate meals

1,329,203

Case Management

487,548

Exhibit 2. Number of Unduplicated Persons Served by Service Type

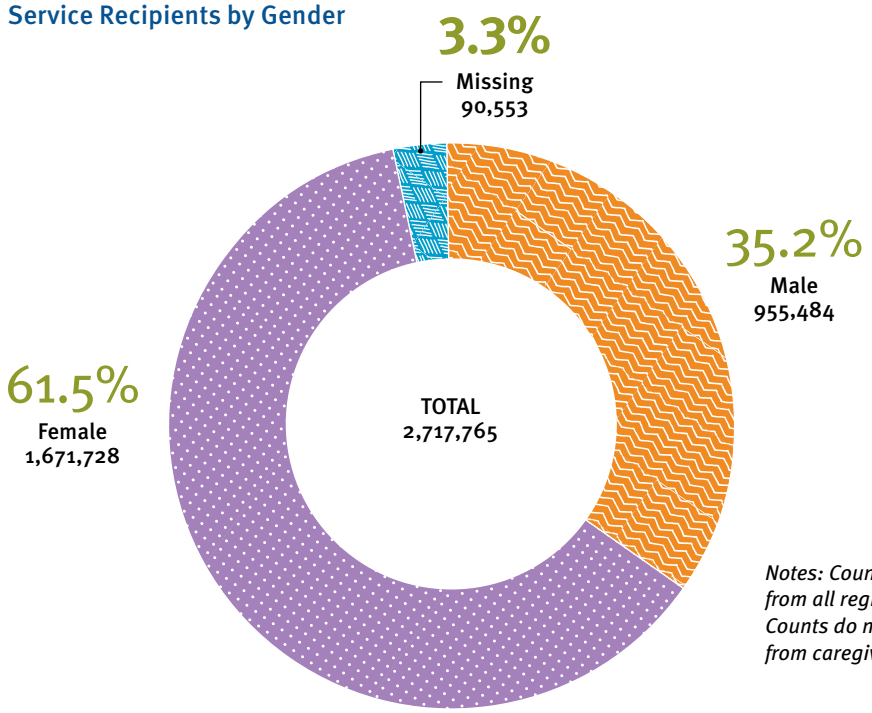


Notes: Clients may be receiving more than one service. Counts include those from all registered services and caregiver services (unduplicated number of caregivers). Counts for unregistered services (cluster 3 services) are not collected and thus not included. Caregiver services do not include data from the service categories of access assistance and information services.

Number of Title III Service Recipients by Gender

In 2020, more than three out of five (61.5%) service recipients were female. The majority of caregivers serving older adults or children in 2020 (66.8% and 83.8%, respectively) were female also.

Exhibit 3. Title III Service Recipients by Gender



Notes: Counts include those from all registered services. Counts do not include data from caregiver services.

Caregivers Serving Older Adults by Gender

Gender	Number of Caregivers	Percent
Caregivers Serving Older Adults – Male	37,280	25.4
Caregivers Serving Older Adults – Female	97,825	66.8
Missing	11,405	7.8
TOTAL	**146,510**	**100**
Caregivers Serving Children – Male	1,328	14.0
Caregivers Serving Children – Female	7,962	83.8
Missing	208	2.2
TOTAL	**9,498**	**100**

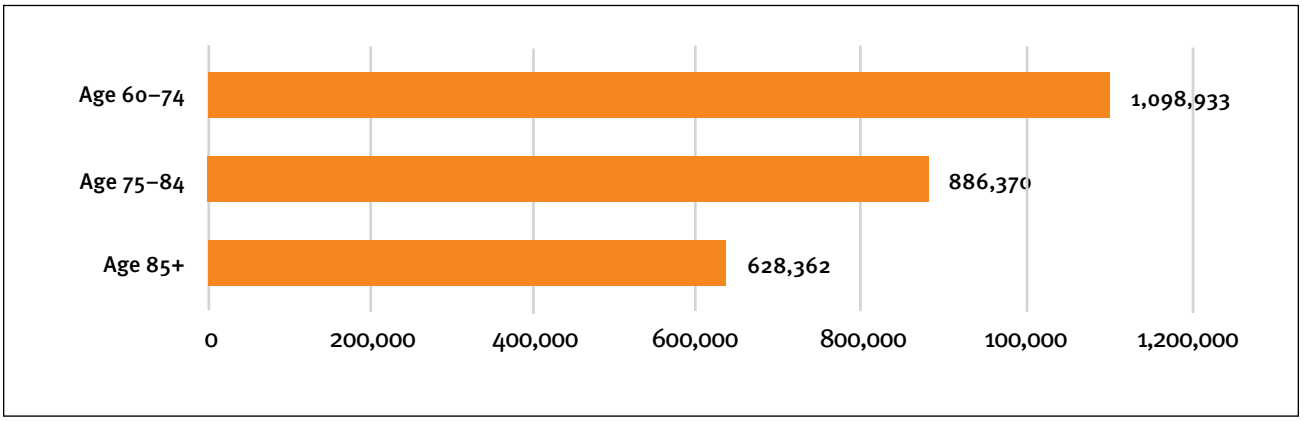
Notes: Data are for Title III Part E Group 1 services only. Group 1 services include counseling/support groups/caregiver training, respite care, supplemental services, and self-directed care.

Number of Title III Service Recipients by Age

41%

In 2020, 41.3% of service recipients were between ages 60 and 74. One third (33.3%) of service recipients were between ages 75 and 80, and almost a quarter (23.6%) of service recipients were 85 years and older.

Exhibit 4. Title III Service Recipients by Age



Notes: Clients may be receiving more than one service. Counts include those from all registered services. Age was missing for 48,603 service recipients.

Caregivers Serving Older Adults by Age

35%

Most caregivers serving older adults (161,384 caregivers) were in the age range of 60–74 years (35%). Most caregivers serving children (9,713 caregivers) were in the age range of 55–74 years (75.6%).

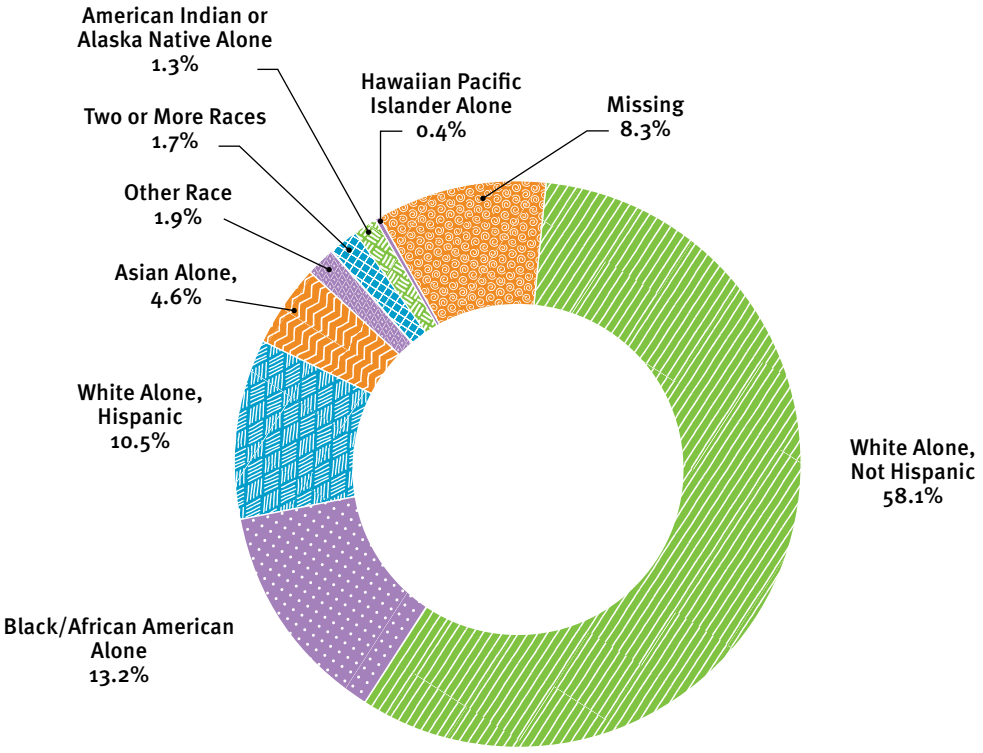
Age Range	Number of Caregivers	Percent
Caregivers Serving Individuals – Age < 60	39,926	24.7
Caregivers Serving Older Adults – Age 60–74	56,536	35.0
Caregivers Serving Older Adults – Age 75–84	27,465	17.0
Caregivers Serving Older Adults – Age 85+	10,650	6.6
Missing	26,807	16.6
TOTAL	**161,384**	**100**
Caregivers Serving Children – Age 55–74	7,346	75.6
Caregivers Serving Children – Age 75–84	1,154	11.9
Caregivers Serving Children – Age 85+	335	3.4
Missing	599	9.0
TOTAL	**9,434**	**100**

Notes: Data are for Title III Part E Group 1 services only. Group 1 services include counseling/support groups/caregiver training, respite care, supplemental services, and self-directed care.

Number of Title III Service Recipients by Race/Ethnicity

70% The majority of service recipients, approximately 70%, were white alone (Hispanic and not Hispanic), making up approximately 70% of service recipients.

Exhibit 5. Title III Service Recipients by Race/Ethnicity



Notes: Counts include those from all registered services. "Alone," when appended to a racial category, means that the individual designated only one race category.

Race/Ethnicity	Number of Service Recipients	Percent
White Alone, Not Hispanic	1,570,420	58.1
Black/African American Alone	357,110	13.2
White Alone, Hispanic	283,378	10.5
Asian Alone	123,365	4.6
Other Race	50,222	1.9
Two or More Races	46,578	1.7
American Indian or Alaska Native Alone	35,678	1.3
Native Hawaiian/Pacific Islander Alone	11,843	0.4
Missing	224,278	8.3
TOTAL	**2,702,872**	**100**

Caregivers Serving Older Adults

60% A majority of the caregivers serving older adults (60%) were white alone (Hispanic and not Hispanic).

Race/Ethnicity	Number of Caregivers	Percent
White Alone, Not Hispanic	80,513	49.9
Black/African American Alone	20,238	12.5
White Alone, Hispanic	16,130	10.0
Asian Alone	4,992	3.1
Other Race	2,758	1.7
Two or More Races	1,566	1.0
American Indian or Alaska Native Alone	610	0.4
Native Hawaiian/Pacific Islander Alone	483	0.3
Missing	34,113	21.1
TOTAL	**161,403**	**100**

Notes: Data are for Title III Part E Group 1 services only. Group 1 services include counseling/support groups/caregiver training, respite care, supplemental services, and self-directed care.

Caregivers Serving Children

30% The largest racial/ethnic minority group of grandparents and other older caregivers serving children were Black/African American, making up over 30% of these caregivers.

Race/Ethnicity	Number of Caregivers	Percent
White Alone, Not Hispanic	4,361	45.8
Black/African American Alone	3,074	32.3
White Alone, Hispanic	1,058	11.1
American Indian or Alaska Native Alone	149	1.6
Other Race	119	1.3
Two or More Races	101	1.1
Asian Alone	58	0.6
Native Hawaiian/Pacific Islander Alone	47	0.5
Missing	545	5.7
TOTAL	**9,512**	**100**

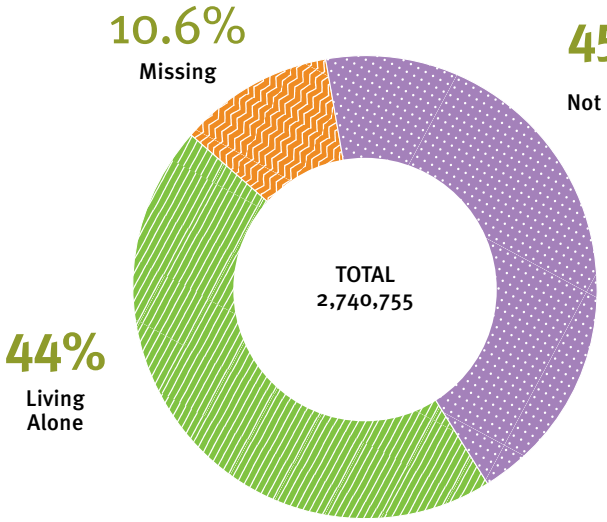
Notes: Data are for Title III Part E Group 1 services only. Group 1 services include counseling/support groups/caregiver training, respite care, supplemental services, and self-directed care.

Number of Title III Service Recipients by Living Alone Status

44%

People who live by themselves are at higher risk of nursing home entry because they may be isolated or lack supports to assist with ADLs. In part because of this risk, OAA targets services to those who live alone, and participants in many Title III programs are more likely to live by themselves than older Americans nationally.[7]

In 2020, approximately equal percentages of service recipients reported living alone (44%) and not living alone (45.4%).



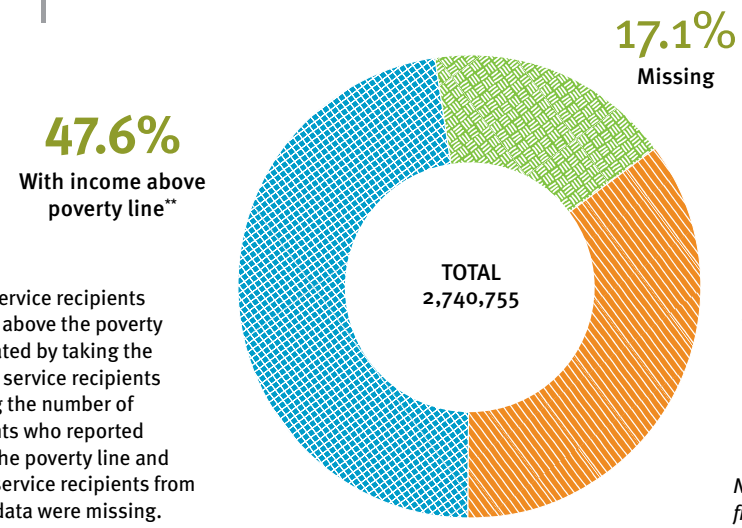
¶ Number of service recipients not living alone was calculated by taking the total number of service recipients and subtracting the number of service recipients who reported they lived alone and the number of service recipients for whom "living alone" data were missing.

Notes: Counts include those from all registered services.

Number of Title III Service Recipients by Poverty Status

36%

About one third (35.8%) of Title III service recipients in 2020 lived in poverty.



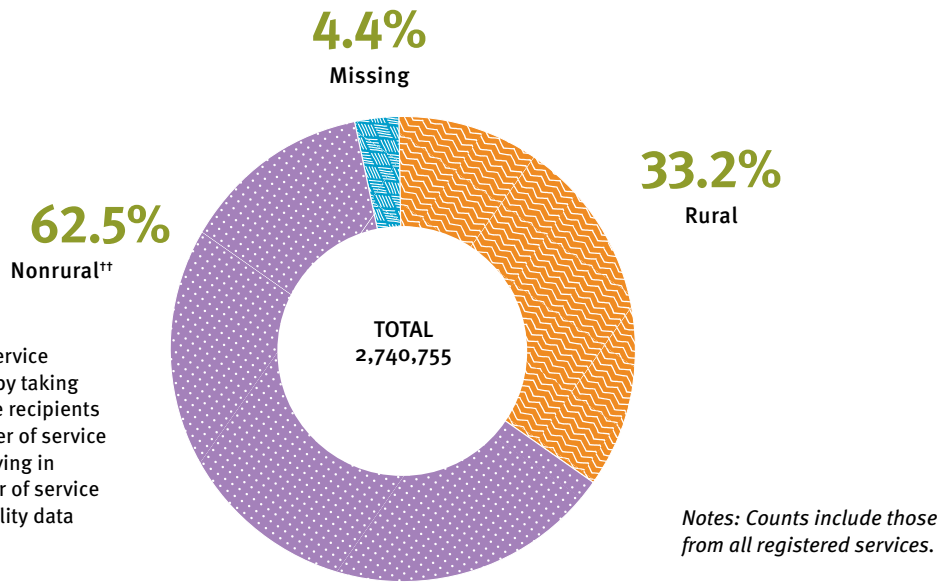
** Number of service recipients with an income above the poverty line was calculated by taking the total number of service recipients and subtracting the number of service recipients who reported income below the poverty line and the number of service recipients from whom poverty data were missing.

Notes: Counts include those from all registered services.

Number of Title III Service Recipients by Rurality

33%

In 2020, about one third (33.2%) of service recipients reported living in rural areas.

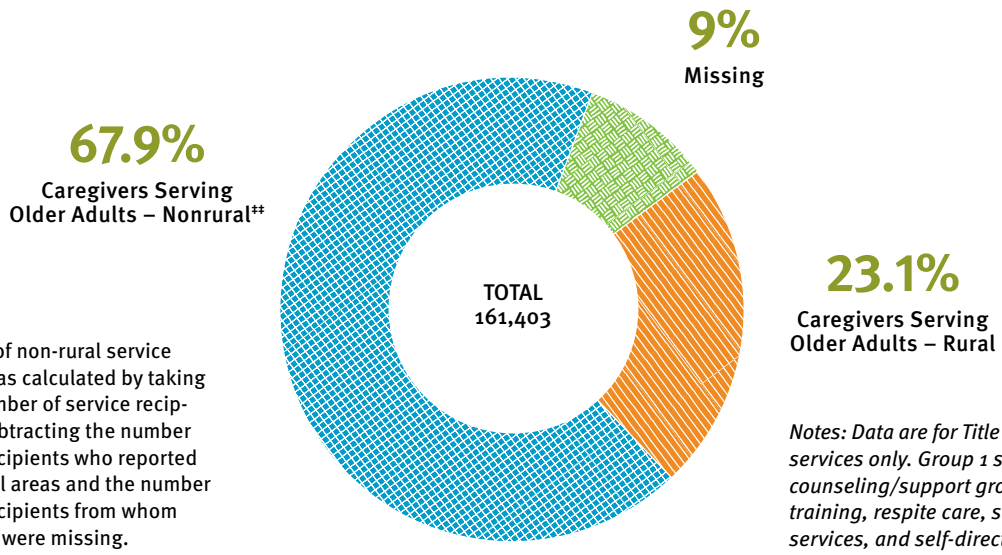


†† Number of non-rural service recipients was calculated by taking the total number of service recipients and subtracting the number of service recipients who reported living in rural areas and the number of service recipients from whom rurality data were missing.

Notes: Counts include those from all registered services.

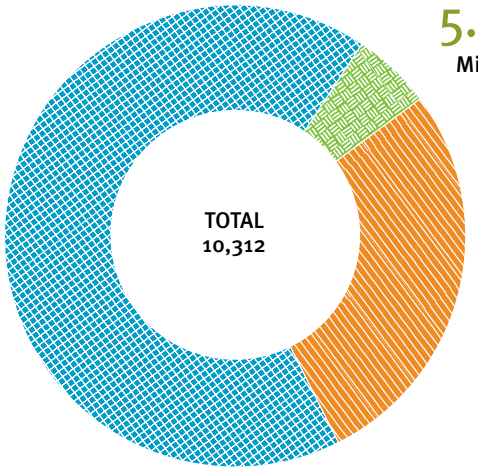
23%

In 2020, almost one in four caregivers serving older adults (23.1%) reported living in rural settings. Among grandparents and other older caregivers serving children, 27.9% reported living in rural settings.



‡‡ Number of non-rural service recipients was calculated by taking the total number of service recipients and subtracting the number of service recipients who reported living in rural areas and the number of service recipients from whom rurality data were missing.

Notes: Data are for Title III Part E Group 1 services only. Group 1 services include counseling/support groups/caregiver training, respite care, supplemental services, and self-directed care.



* Number of non-rural service recipients was calculated by taking the total number of service recipients and subtracting the number of service recipients who reported living in rural areas and the number of service recipients from whom rurality data were missing.

Notes: Counts include those from all registered services.

Need for Assistance With ADLs for Title III Service Recipients

31%

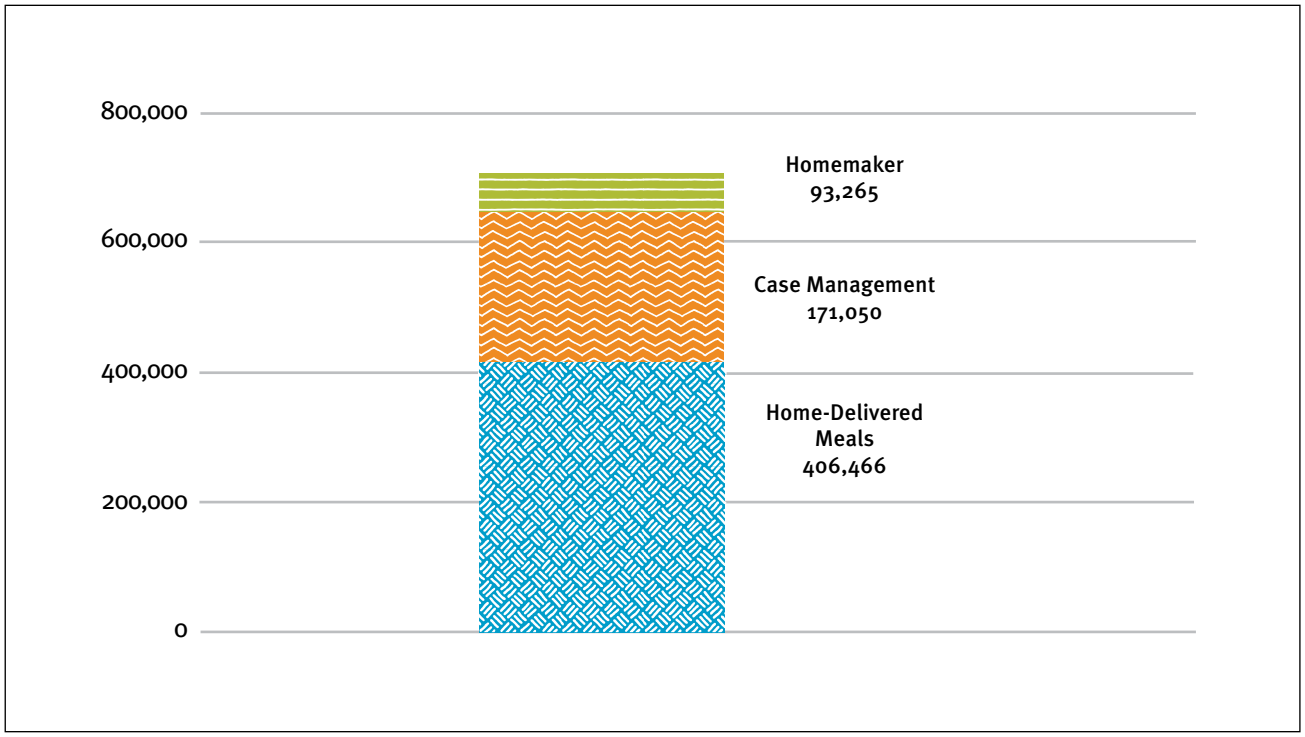
People who have difficulty performing three or more ADL or IADLs are at increased risk of nursing home placement. Among ADLs are eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Among IADLs are preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (i.e., the individual's ability to make use of available transportation without assistance).[8] Thus, it is critical that people who need assistance with ADLs or IADLS receive services that allow them to remain in their homes.

Almost one third of service recipients (31.1%) reported requiring assistance with three or more ADLs. Most clients who had difficulty performing three or more ADLs were home-delivered meal service recipients (406,466).

ADL Group	Number of Service Recipients	Percent
0 ADLs	536,945	30.8
1 ADL	166,471	9.6
2 ADLs	155,447	8.9
3+ ADLs	541,676	31.1
Missing	341,772	19.6

Notes: Results include clients receiving Cluster 1 registered services. Cluster 1 registered services include personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Counts of impairment in ADLs are based on the inability to perform one or more of the following six ADLs without personal assistance or stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/ chair, and walking.[9]

Exhibit 6. Number of Clients With Difficulty Performing Three or More ADLs by Cluster 1 Registered Service



Notes: Results include clients receiving Cluster 1 registered services. Cluster 1 registered services include personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Counts of impairment in ADLs are based on the inability to perform one or more of the following six ADLs without personal assistance or stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.[10]

Need for Assistance With IADLs for Title III Service Recipients

56%

More than half of service recipients (56.2%) reported requiring assistance with three or more IADLs. Most clients who required assistance with three or more IADLS were recipients of home-delivered meal services (764,948).

IADL Group	Number of Service Recipients	Percent
0 IADLs	254,448	14.6
1 IADL	85,467	4.9
2 IADLs	77,291	4.4
3+ IADLs	981,131	56.2
Missing	348,019	19.9

Notes: Results include clients receiving Cluster 1 registered services. Cluster 1 registered services include personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Counts of impairment in IADLs are based on the inability to perform one or more of the following eight IADLs without personal assistance, stand-by assistance, supervision, or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (the individual's ability to make use of available transportation without assistance).[11]

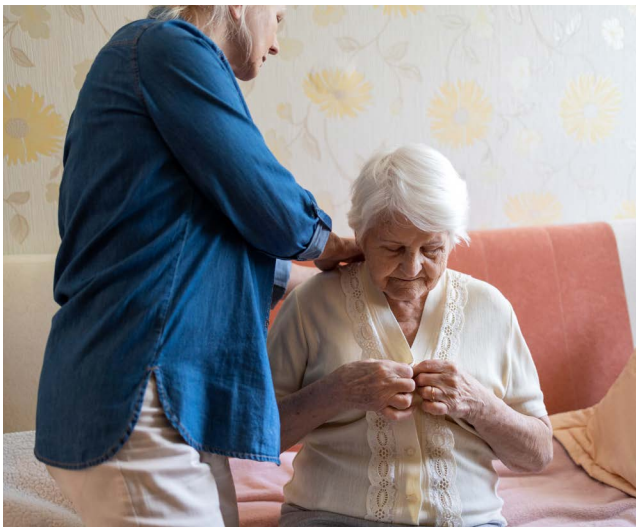
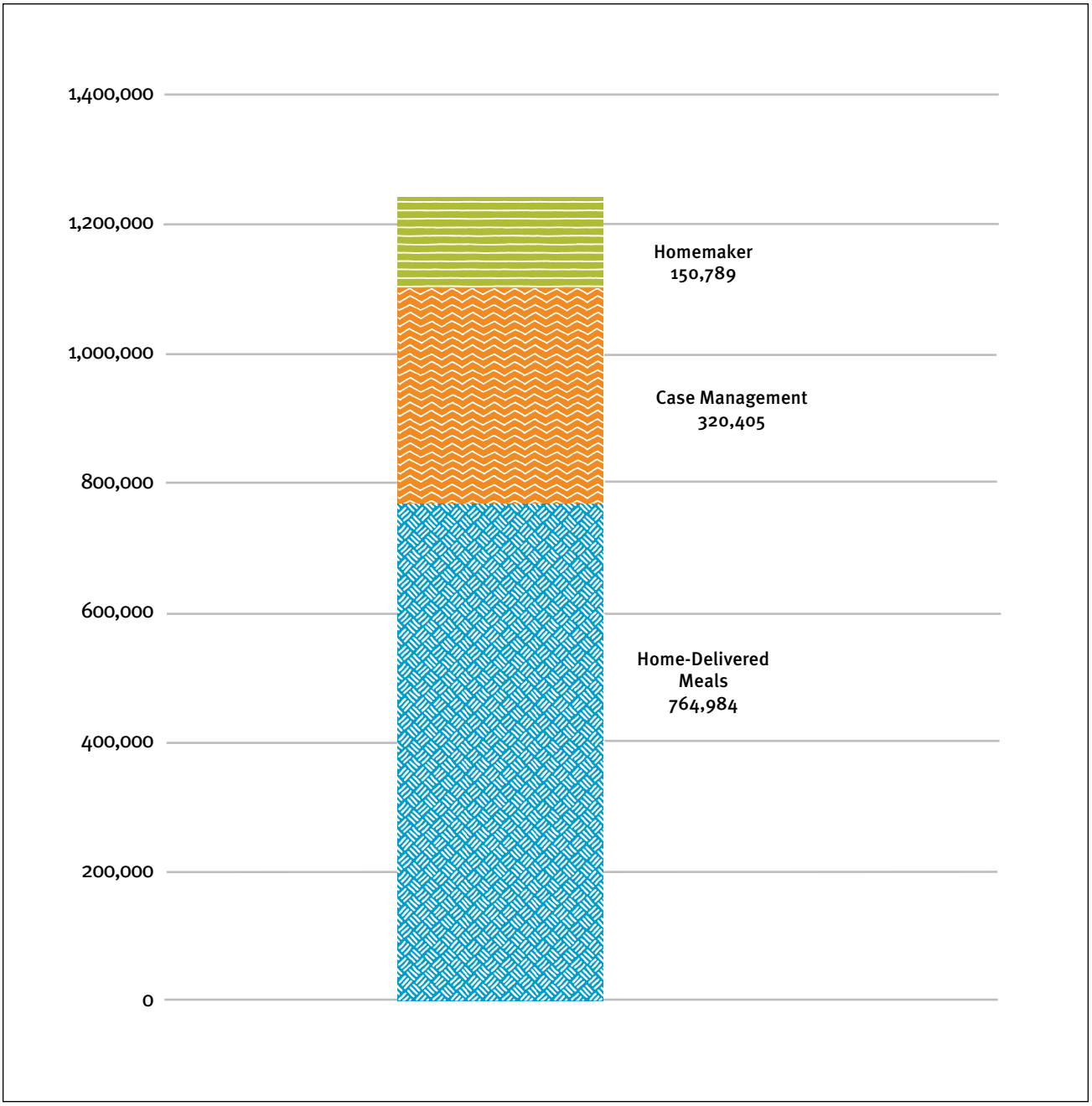


Exhibit 7. Number of Clients With Difficulty Performing Three or More IADLs by Cluster 1 Registered Service



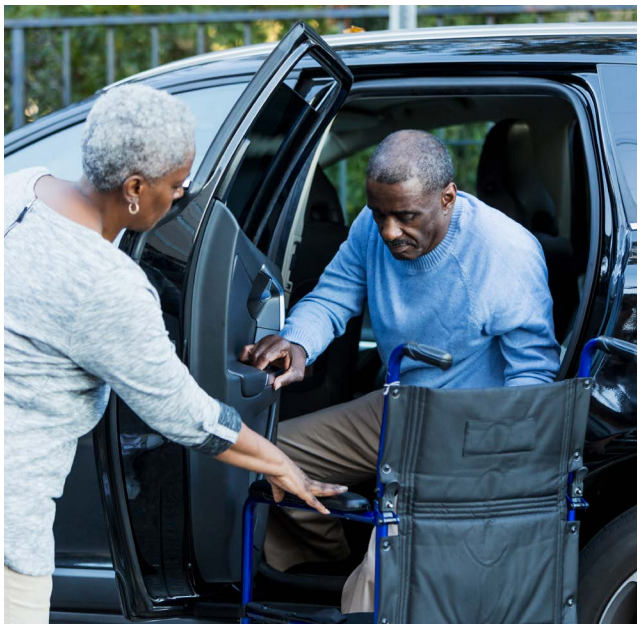
Notes: Results include Cluster 1 registered services. Cluster 1 registered services include personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Counts of impairment in IADLs are based on the inability to perform one or more of the following eight IADLs without personal assistance, stand-by assistance, supervision, or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (the individual's ability to make use of available transportation without assistance).[12]

Service Units

The following section provides data highlights for delivered Title III service units. Service units refer to a specified quantity of a service.

Definition of Service Units for Different Services

- **Access Assistance (1 contact)** – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
- **Adult Day Care/Adult Day Health (1 hour)** – Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities; training; counseling; and services such as rehabilitation, medications assistance, and home health aide services for adult day health.
- **Assisted Transportation (1 one-way trip)** – Assistance and transportation, including escort, provided to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
- **Case Management (1 hour)** – Assistance in the form of either access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.
- **Chore (1 hour)** – Assistance such as heavy housework, yard work, or sidewalk maintenance for a person.
- **Congregate Meal (1 meal)** – A meal provided to an eligible individual in a congregate or group setting. The meal as served meets all requirements of the OAA and state/local laws.
- **Counseling (1 session per caregiver)** – Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This service includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).
- **Homemaker (1 hour)** – Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.
- **Home-Delivered Meal (1 meal)** – A meal provided to an eligible individual in their place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all requirements of the OAA and state/local laws.
- **Information Services (1 activity)** – A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. Note: Service units for information services are for activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.
- **Legal Assistance (1 hour)** – Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.
- **Nutrition Education (1 session per participant)** – A program to promote better health by providing accurate and culturally sensitive information about nutrition, physical fitness, or health (as it relates to nutrition) and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.
- **Nutrition Counseling (1 session per participant)** – Individualized guidance to individuals who are at



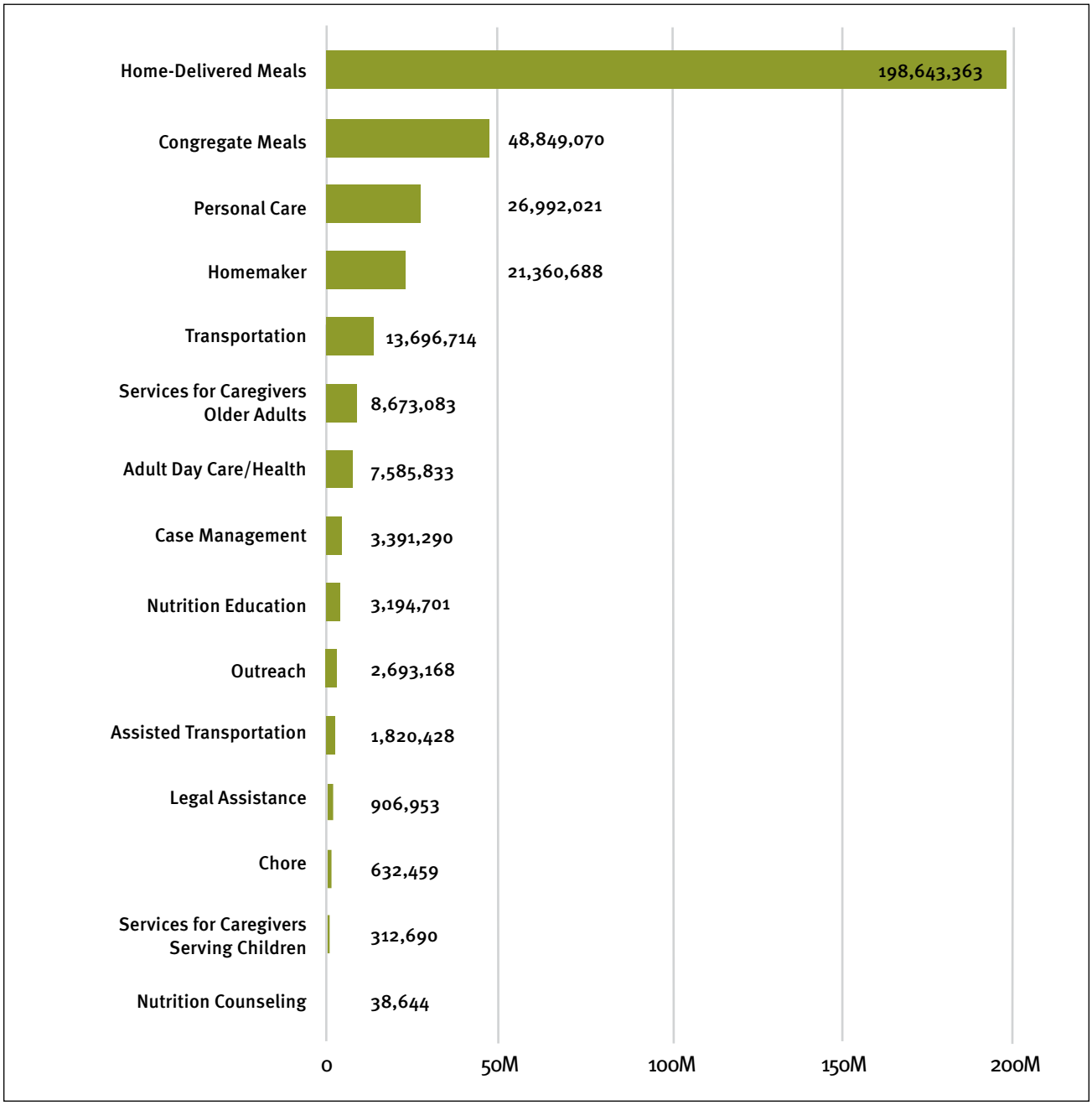
nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status.

- **Outreach (1 contact)** – Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.
- **Personal Care (1 hour)** – Personal assistance, stand-by assistance, supervision, or cues.
- **Respite Care (1 hour)** – Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite care includes In-home respite (personal care, homemaker, and other in-home respite); respite provided by attendance of the care recipient at a senior center or other nonresidential program; institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps.
- **Services for caregivers** – Counseling (1 session per participant); respite care (1 hour); supplemental services; information services (1 activity); and access assistance (1 contact).
- **Supplemental services** – Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.
- **Transportation (1 one-way trip)** – Transportation from one location to another. Does not include any other activity.

Number of Service Units by Service Type

In 2020, the largest number of service units by far was provided for home-delivered meal programs (198,643,363), followed by congregate meal programs (48,849,070). The fewest service units were provided for nutrition counseling (38,644).

Exhibit 8. Total Service Units, by Service Type



Notes: Counts include those from all registered and unregistered services and caregiver services (except self-directed care).

Number of Service Units by Caregiver Services

For caregivers serving older adults, programs provided more than 5 million hours of respite care, approximately 1.5 million contacts to assist caregivers with access to assistance, 719,000 activities to provide information services, and over 530,000 counseling/support group/caregiver training sessions. Programs also provided more than 825,000 supplemental services.

Exhibit 9. Units of Services, Caregivers Serving Older Adults

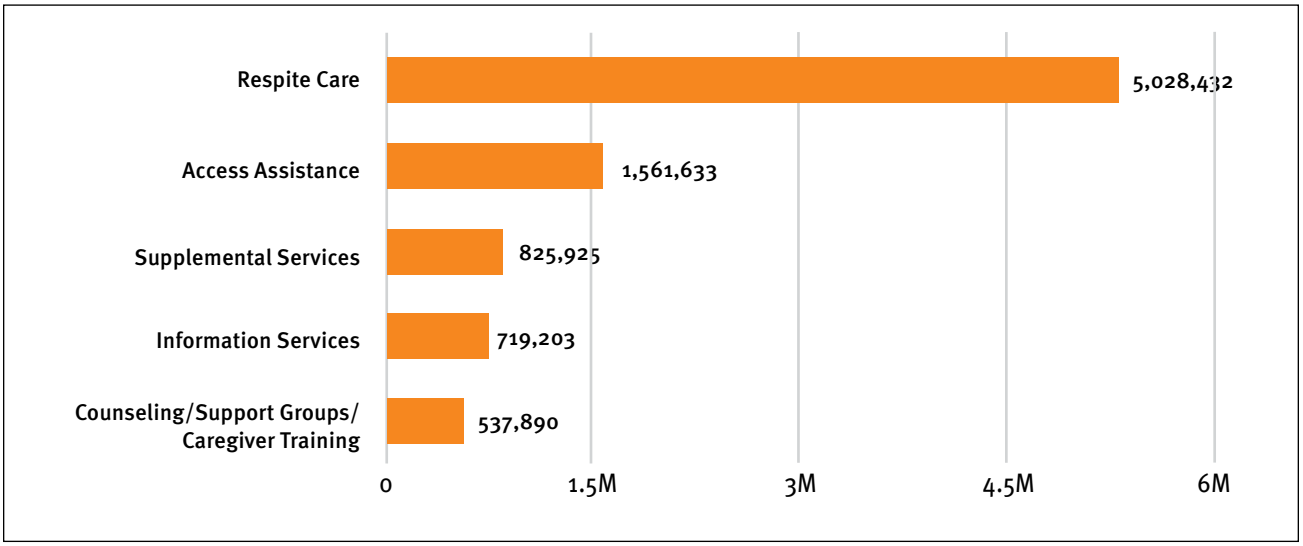
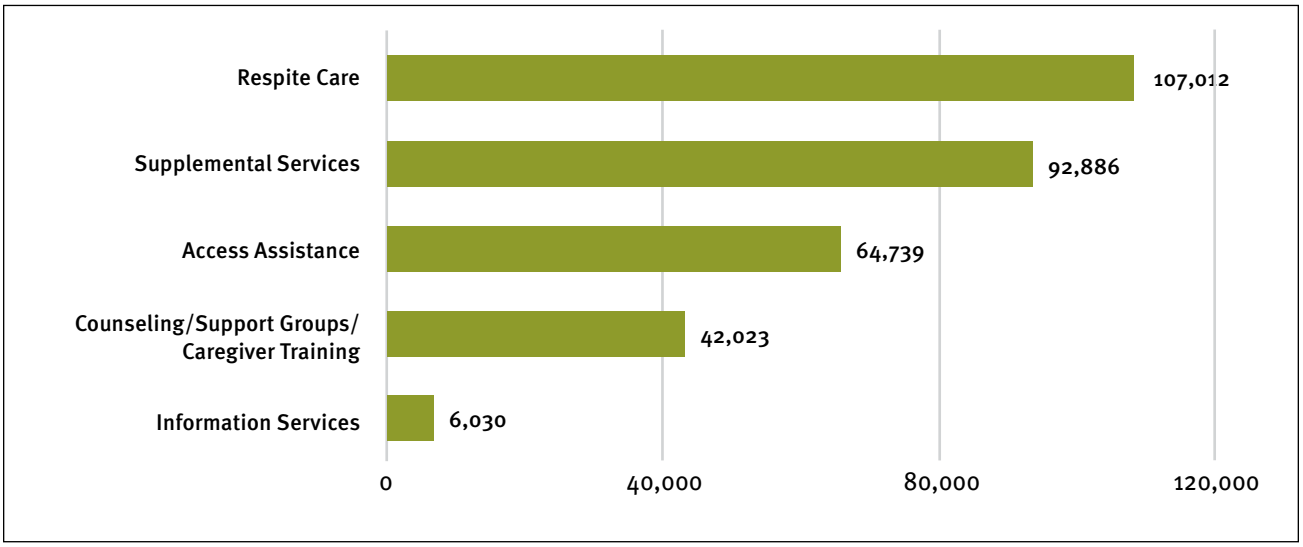


Exhibit 10. Units of Services, Caregivers Serving Children

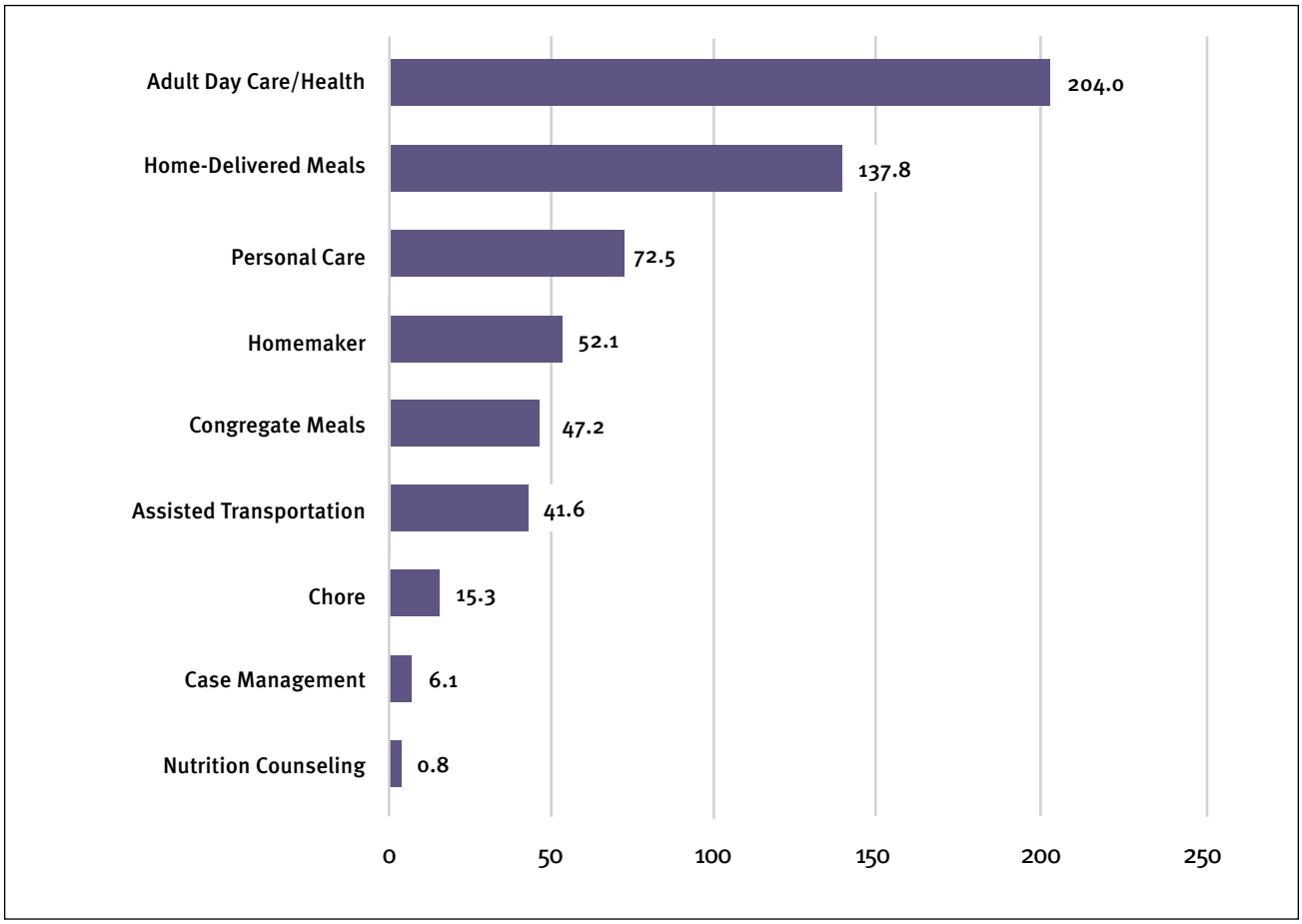


For caregivers serving children, programs provided more than 100,000 hours of respite care, approximately 64,000 contacts to assist caregivers with access to assistance, over 42,000 counseling/support group/caregiver training sessions, and 6,000 activities to provide information services. Programs also provided more than 92,000 supplemental services.

Total Units per Client by Service Type

The most service units per client were provided for adult day care/health programs (204 units per client on average), followed by home-delivered meal programs (137.8 units per client on average). The fewest service units per client were provided for nutrition counseling (0.8 units per client on average) and case management (6.1 units per client on average).

Exhibit 11. Average Number of Services Units Provided per Client by Service



Part 2 | 2019[§§] National Survey of Area Agencies on Aging

With a grant from ACL, the National Association of Area Agencies on Aging partnered with Scripps Gerontology Center of Excellence to conduct the 2019 national survey of AAAs. The results presented in Part 2 of this report are directly taking from the *AAA National Survey Report: Meeting the Needs of Today's Older Adults*. The complete report can be accessed here[¶¶].

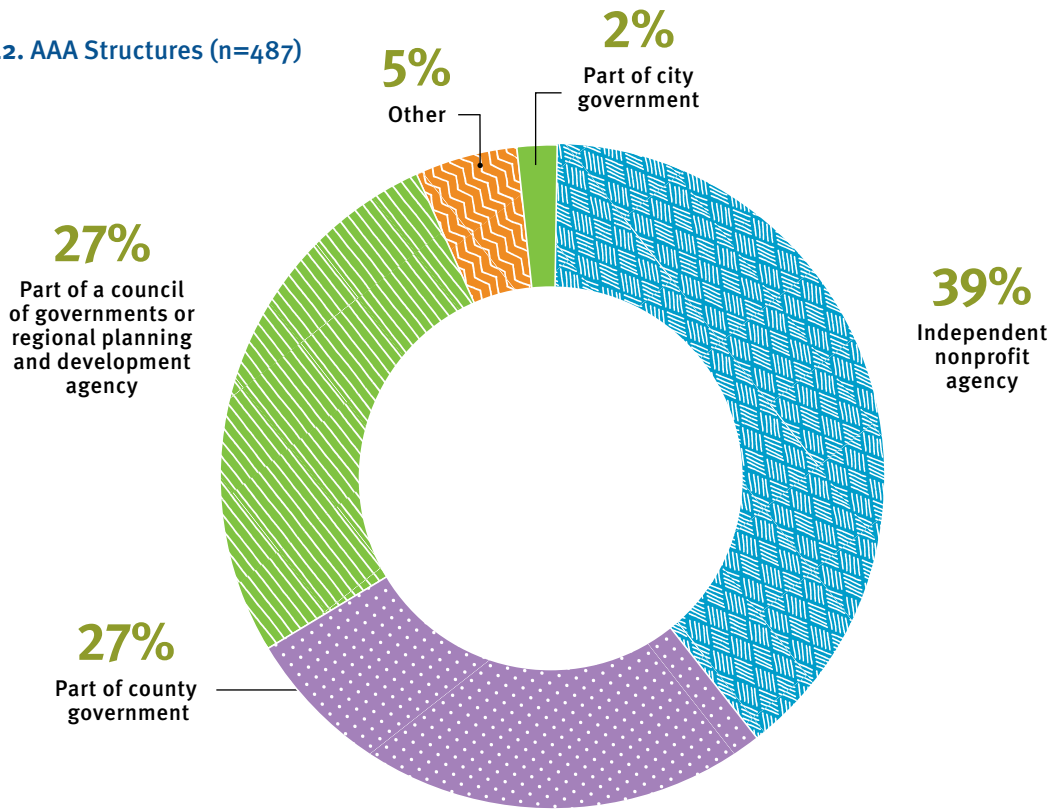
The web-based survey was distributed to 618 AAAs with 78.5% of AAAs (n=485) responding. Some questions were asked of every respondent, and other questions were shown to a subset based on their responses to earlier questions. The number of respondents to a particular question (n) is always reported in all tables. In the cases of text without accompanying tables, the n can be assumed to be the number of respondents overall, 485, unless noted otherwise.

Program Structure

Program Location

39% More than one third (39%) of AAAs are independent nonprofit agencies. A little over one quarter (27%) are housed in councils of government or regional planning and development agencies, and the same percentage is located within parts of county government. Few AAAs are part of city government (2%) or other structures (5%).

Exhibit 12. AAA Structures (n=487)



§§ The survey is conducted every 2 years in odd-numbered years (i.e., 2013, 2015, 2017, 2019). The 2019 survey was administered from June 2019 to September 2019.

¶¶ https://www.usaging.org/Files/AAA-Survey-Report-2020%20Update-508.pdf

*Areas Served by Area Agencies on Aging****

82%

Area Agencies on Aging vary in terms of the type of areas they serve. Reflecting the OAA requirement that AAAs target those with the highest economic and social need, a large proportion of AAAs (82%) serve rural, remote, or frontier areas. The largest proportion of AAAs (43%) serve a predominantly rural area, with 25% serving a mixture of urban, suburban, and rural areas.

Exhibit 13. Area Served by AAAs

Type of Area Served	Percent of AAAs Serving That Type of Area (n=478)
Predominantly rural	43%
A mix of urban, suburban, and rural	25%
A mix of suburban and rural	11%
A mix of urban and suburban	11%
Predominantly urban	4%
Predominantly suburban	4%
Predominantly remote or frontier	3%

*** Survey respondents were asked to choose the type of area they believed best represented their region.

Programs

Sixty-five percent of AAAs lead or take part in Aging and Disability Resource Centers (ADRCs), which take a No Wrong Door approach to coordinating long-term resources and supports. This approach helps ensure that all individuals can find the information and help they need, regardless of where they start their search.[13]

Sixty-two percent of AAAs administer local State Health Insurance Assistance Programs (SHIPs), which help Medicare-eligible consumers and their caregivers make decisions about their health insurance coverage through no-cost and unbiased counseling, assistance, and outreach.

Fifty-three percent of AAAs operate local long-term care ombudsman programs (LTCOP), which advocate for the rights of residents of nursing homes, assisted living facilities, and other adult care facilities. They also investigate and mediate any problems with or concerns about residents' care.

65%

Lead or take part in Aging and Disability Resource Centers

AAAs

62%

Administer local State Health Insurance Assistance Programs

53%

Operate local long-term care ombudsman programs

Partnerships

Type of Partners

Creating and strengthening partnerships is a hallmark of the way that AAAs operate in the community. The survey results showed that, on average, AAAs leverage 17 formal and informal partnerships with other agencies and organizations to expand the reach and impact of their programs in their communities.

Consistent with their core focus on elder justice, nearly all AAAs (92%) partner with adult protective services programs. Other common partners include transportation agencies (88%), SHIPs (86%), emergency preparedness agencies (83%), and federal programs/departments (81%). Additional partnership types are shown in Exhibit 14.

Exhibit 14. Type of Entities AAAs Partner With

Type of Entity	Percent of AAAs That Partner With Entity (n=482)
Adult protective services	92%
Transportation agencies	88%
SHIPs	86%
Emergency preparedness agencies	83%
Federal programs/departments (e.g., Social Security, Veterans Health Administration Medical Center, Bureau of Indian Affairs)	81%
Medicaid	80%
Mental health/behavioral health organization	80%
Public housing authority of other housing programs	79%
Disability service organizations (e.g., Centers for Independent Living)	78%
Long-term care facilities (e.g., nursing homes, skilled nursing facilities, assisted living residences)	78%
Advocacy organizations	77%
Hospitals and health care systems	74%

Exhibit 14 continued on page 34

Exhibit 14 continued from page 33

Type of Entity	Percent of AAAs That Partner With Entity (n=482)
Charitable organizations (e.g., United Way, Easter Seals, Red Cross)	72%
Department of health	72%
Law enforcement/first responders	72%
Other social service organizations	70%
Faith-based organizations	68%
Educational institutions	66%
Health plans (e.g., commercial health plan, Medicaid managed care)	62%
Community health clinics (e.g., Federally Qualified Health Centers)	60%

Services

Area Agencies on Aging offer a set of core services as required by the OAA. These services fall in the service categories of Title III and VII. For Title III, AAAs offer supportive services (Title III, Part B), nutrition services (Title III, Part C), and evidence-based prevention and health promotion services (Title III, Part D). Title VII services include, among others, training to help providers identify elder abuse, outreach and education campaigns, and support for coalitions or multidisciplinary teams.

Survey results showed that, on average, AAAs provide 27 services. Many of the most common AAA services are provided through Title III, Part B funding, which allows AAAs to provide supportive services that can be tailored to meet individual needs. Exhibit 15 shows the services most commonly offered by AAAs, not including the core services previously mentioned.

Exhibit 15. Most Commonly Services Provided by AAA

Service	Percent of AAAs That Provide the Service (n=489)
Transportation	89%
Case management	86%
Other meals/nutrition programs (e.g., nutrition counseling, senior farmers' market program)	84%
Benefits/health insurance counseling	83%
Homemaker	81%
Benefits/health insurance enrollment assistance	80%
Options counseling	79%
Other health promotion services/programs (e.g., health screening, health fairs)	79%
Personal assistance/personal care	79%
Assessment for care planning	73%
Elder abuse prevention/intervention	69%
Senior center programming and activities	67%
Chore services	66%
Long-term care ombudsman	66%
Assessment of long-term care service eligibility	64%

Exhibit 15 continued on page 36

Exhibit 15 continued from page 35

Service	Percent of AAAs That Provide the Service (n=489)
Home modification and repair	61%
Adult day care	57%
Personal emergency response systems	57%
Telephone reassurance/friendly visiting	55%
Translator/interpreter assistance	53%

Appendix A: Title III Definitions[14]

Adult Day Care/Adult Day Health: Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.

American Indian or Alaskan Native: A person who has origins in any of the original peoples of North America (including Central America) and who maintains tribal affiliation or community attachment.

Area Agency on Aging (AAA): Public or private nonprofit agency designated by a state to address the needs and concerns of all older persons at the regional and local levels. The term AAA is a general one; names of local AAAs may vary. The AAAs coordinate and offer services that help older adults remain in their homes, if that is their preference, aided by services such as home-delivered meals, homemaker assistance, and whatever else it may take to make independent living a viable option.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Assisted Transportation: Assistance and transportation, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.

Black or African American: A person having origins in any of the black racial groups of Africa.

Caregiver: An adult family member or another individual who is an "informal" provider of in-home and community care to an older individual. "Informal" means that the care is not provided as part of a public or private formal service program.

Case Management: Assistance in the form of either access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Child: An individual who is not more than 18 years of age or an individual 19–59 years of age who has a disability. The term relates to a grandparent or other older relative who is a caregiver of a child.

Chore Service: Assistance such as heavy housework, yard work, or sidewalk maintenance for a person.

Congregate Meals: Meals provided to an eligible individual in a congregate or group setting. The meal as served meets all of the requirements of the OAA and state/local laws.

Elderly Client: An eligible elderly individual (60 years of age or older, or who is less than 60 and has a diagnosis of early onset dementia) who receives OAA services.

Grandparent or Other Older Relative Caregiver of a Child: A grandparent, step-grandparent or other relative of a child, by blood or marriage, who is 55 years of age or older and

- lives with the child;
- is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Health Promotion and Disease Prevention: Services that include health screenings and assessments;

organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of the person 60 or older.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Home-Delivered Meals: Meals provided to an eligible individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the OAA and state/local laws.

Homemaker: Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Information and Assistance: A service that provides individuals with information on services available within the communities and links individuals to those services and opportunities, establishing adequate follow-up procedures to the maximum extent practicable. Web site "hits" are to be counted only if information is requested and supplied.

Impairment in Activities of Daily Living (ADLs): The inability to perform one or more of the following six ADLs without personal assistance, stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.

Impairment in Instrumental Activities of Daily Living (IADLs): The inability to perform one or more of the following eight IADLs without personal assistance, stand-by assistance, supervision, or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (the ability to make use of available transportation without assistance).

Legal Assistance: Legal advice, counseling, and representation by an attorney or other person acting under the supervision of an attorney.

Living Alone: A one-person household (using the census definition of household) where the householder lives by themself in an owned or rented place of residence not in an institutional setting, such as a board and care facility, assisted living unit, or group home.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Nutrition Counseling: Individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, or medications use, or to caregivers. Counseling is provided one-on-one by a registered dietician and addresses the options and methods for improving nutrition status.

Nutrition Education: A program to promote better health by providing accurate and culturally sensitive information on nutrition, physical fitness, or health (as it relates to nutrition) and instruction to participants, caregivers, or participants and caregivers in a group or individual setting overseen by a dietician or individual of comparable expertise.

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging their use of existing services and benefits.

Personal Care: Personal assistance, stand-by assistance, supervision, or cues.

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget (OMB)and adjusted by the Secretary of Health and Human Services [HHS]) in accordance with subsection 673 (2) of the Community Services Block Grant Act

(42 U.S.C. 9902 (2)). The annual HHS poverty guidelines provide dollar thresholds representing poverty levels for households of various sizes.

Provider: An organization or person which provides services to clients under a formal contractual arrangement with an AAA or SUA. Under Title III-E, in cases where direct cash payment is made to a caregiver and the ultimate provider is unknown, the number of providers may be omitted.

Race/Ethnicity Status: The following reflects the requirements of OMB for obtaining information from individuals regarding race and ethnicity. It constitutes what OMB classifies as the "two-question format." When questions on race and ethnicity are administered, respondents are to be asked about their ethnicity and race as two separate questions. Respondents should ideally be given the opportunity for self-identification and are to be allowed to designate all categories that apply to them. Consistent with OMB requirements, the following are the race and ethnicity categories to be used for information collection purposes:

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Registered Client: A registered client is an individual who received at least one unit of the following specified services within the reported fiscal year: congregate meals, nutrition counseling, assisted transportation, personal care, homemaker, chore, home-delivered meals, adult day care/health, or case management. The count of registered clients does not include caregivers.

Registered Services: Services that require demographic and client characteristics to be reported: personal care, homemaker, chore, home-delivered meals, adult day care/health, case management, congregate meals, nutrition counseling, or assisted transportation. Does not include caregiver services.

> **Cluster 1 Registered Services**: Personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management.
>
> **Cluster 2 Registered Services**: Assisted transportation, congregate meals, and nutrition counseling.

Rural: A rural area is any area that is not defined as urban. Urban areas comprise urbanized areas—with a central place and adjacent densely settled territories having a combined minimum population of 50,000—and incorporated places or census-designated places with 20,000 or more inhabitants.

Senior Centers: Serve as a gateway to the nation's aging network, connecting older adults to vital community services that can help them stay healthy and independent. More than 60% of senior centers are designated focal points for delivery of OAA services, allowing older adults to access multiple services in one place. Senior centers offer a wide variety of programs and services, including meal and nutrition programs; Information and assistance; health, fitness, and wellness programs, transportation services public benefits counseling; employment assistance; volunteer and civic engagement opportunities; social and recreational activities; educational and arts programs; and intergenerational programs. To maintain operations, senior centers must leverage resources from a variety of sources. They include federal, state, and local governments; special events; public and private grants; businesses; bequests; participant contributions; in-kind donations; and volunteer hours. Most centers rely on three to eight different funding sources.

Services to Caregivers:

- **Access Assistance:** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
- **Counseling:** Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This service includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).
- **Information Services**: A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities. (Note: Service units for information services are for activities directed to large audiences of current or potential caregivers, such as disseminating publications, conducting media campaigns, and other similar activities.)
- **Respite Care**: Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite care includes In-home respite (personal care, homemaker, and other in-home respite); respite provided by attendance of the care recipient at a senior center or other nonresidential program; institutional respite provided by placing the care recipient in an institutional setting, such as a nursing home, for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.
- **Supplemental Services**: Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Transportation: Transportation from one location to another. Does not include any other activity.

Unduplicated refers to individual people counted only once a year for a service.

Unregistered Services (also known as a non-registered services): Services that do not require demographic and consumer characteristics to be reported. They include transportation, legal assistance, nutrition education, information and assistance, outreach, other services, health promotion, and cash and counseling.

Volunteer: An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. “Alone,” when appended to a racial category—e.g., “white alone”—means that the individual designated only one race category.

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