TITLE VI EVALUATION LOGIC MODEL

	Activities	**Outputs**	**Proximal Outcomes**

Inputs

- Funding
- Program staff
- Volunteers
- Donations
- Tribal resources & community goodwill
- Tribal buy-in
- Voluntary contributions
- Tribal & local business supports
- Federal & state partners
- National foundations
- NRCNAA Elder Needs Assessment & technical assistance
- Title VI grant program & training and technical assistance

Nutrition Services

Activities:
- Screening assessment (optional)
- Nutrition education & counseling
- Menu planning
- Food safety
- Meal production
- Meal delivery
- Socialization
- Providing related supportive assistance

Outputs:
- Screening assessment (if done) scores are generated
- #s reached
- #s served
- # of meals provided

Proximal Outcomes:
- ↑ social contacts
- ↑ social connectedness
- ↑ food security
- ↔ meal/service satisfaction
- ↔ nutritional intake
- ↓ social isolation
- ↓ mental overload
- ↑ linkage to needed services

Caregiver Support Services

Activities:
- Respite care
- Palliative care
- Supports for grandparents raising grandchildren
- Dementia awareness
- Counseling/support groups

Outputs:
- # of caregiver services
- # of caregivers served by type

Proximal Outcomes:
- ↑ linkage to needed services
- ↑ ability to provide care
- ↔ caregiver well-being
- ↔ care recipient well-being
- ↓ caregiver physical, emotional, and financial stress

Supportive Services

Activities:
- Health promotion & wellness
- Education & outreach
- Social services
- Home care
- Transportation
- Information & assistance
- Cultural/intergenerational activities
- Socialization & recreation

Outputs:
- # of referrals
- # of home visits
- # of outreach activities and #s reached

Proximal Outcomes:
- ↑ social contacts
- ↑ social connectedness
- ↑ physical safety
- ↔ physical activity
- ↓ social isolation
- ↑ linkage to needed services
- ↑ participation in cultural/community events
- ↑ referrals and access to care/services

Program Management

Activities:
- Program evaluation
- Training & management
- Performance monitoring
- Program recruitment & outreach
- Quality assurance
- Coordination between program and others
- Policies and procedures
- Advocacy

Outputs:
- # of trainings
- # trained
- Media produced (e.g., publications, PSAs)

Proximal Outcomes:
- ↑ staff knowledge and skills
- ↑ implementation of best practices
- ↑ meeting meal standards (i.e., DRI)
- ↑ partnerships with range of service providers
- ↑ financial management
- ↑ financial monitoring of program activities

Distal Outcomes

- ↑ empowerment
- ↑ cultural/community integration
- ↔ overall health
- ↔ independence
- ↓ risk of nursing home placement
- ↑ quality of life
- ↑ quality of care/services
- ↑ coordination of local/state/federal partners and stakeholders
- ↓ ER and acute care visits
- ↓ healthcare system costs for clients (chronic condition management)

Note: Underlined outcomes align with the Medicine Wheel

Methods

The Evaluation of the Administration for Community Living (ACL) Title VI Programs used a mixed methods approach to assess the impact of the Title VI programs on stakeholders, including elder program participants, caregivers of elders, grandparents raising grandchildren, elders caring for adult children with disabilities, and program staff. ICF used various data sources to describe and demonstrate the implementation of the Title VI programs and the outcomes across nutrition services, supportive services, and caregiver support services. As described in the final report, the evaluation design included two interconnected studies to assess the Title VI programs.

> The **implementation study** was designed to understand the extent of the Title VI programs' implementation at the national and tribal levels, contextual factors that affect implementation, and barriers and facilitators to implementation.
>
> The **outcomes study** was designed to assess the program's impact, including the proximal and distal outcomes outlined in the program logic model.

Primary and secondary data collection and analysis approaches were designed to ensure the evaluation objectives were achieved. The evaluation addressed the following questions:

- What is the context of the Title VI programs at the national and tribal levels? How do tribes operate their Title VI programs?
- What are the outcomes and impacts of Title VI programs, nationally and by tribe or tribal groups? What is the effect of the Title VI programs on elders in the community, and are there differences nationally or by tribe/tribal group?
- Do Title VI programs that rely only on Title VI funds have a different community impact than programs that receive money from other programs or agencies?

Participatory Action Research (PAR)

ICF used a PAR framework to ensure that the evaluation would be grounded in cultural context and to produce an evaluation design yielding more useful, meaningful, and accurate data. ICF prioritized a partnership with Title VI stakeholders to support the evaluation design and implementation, including the development of data collection approaches, instrument development and piloting, participant recruitment techniques, interpretation of data and analysis, and dissemination of evaluation findings.

Ethical Considerations and Regulatory Review

Office of Management and Budget (OMB) Clearance

In 2017, ICF prepared, in consultation with ACL, an Evaluation of the ACL Title VI Programs OMB Information Collection Request package. The OMB package included standard forms; a comprehensive supporting statement; 60- and 30-day Federal Register notices (FRNs); and a list of attachments, such as data collection instruments. The summary statement described the objectives of the Evaluation of the ACL Title VI Programs, the evaluation questions being pursued, and the domains and/or data elements to be collected. The statement included clear descriptions of each data collection activity and instrument as well as burden estimates. The 60-day FRN was posted for public comment in the Federal

Register. Comments were solicited over a 60-day period on the need for and proposed use of the study, respondent types, and annualized burden. No comments were received at the conclusion of the 60-day comment period. ICF then resubmitted the package, along with the 30-day FRN, to ACL for review and approval. ICF worked with the contracting officer's representative to obtain necessary approvals and otherwise move through the approval chain for submission to OMB. OMB approval was received on February 5, 2018.[1]

Institutional Review Board (IRB) Review and Approval

To ensure the protection of human participants, including the confidentiality of data compiled and collected during the Evaluation of the ACL Title VI Programs, the ICF IRB reviewed and approved the evaluation data collection protocols and instruments prior to the collection of protected data. This review ensured compliance with the spirit and letter of U.S. Department of Health and Human Services regulations governing such projects.

The ICF IRB is committed to protecting the rights, welfare, and privacy of individuals who participate in ICF-supported research and evaluation studies, as well as the confidentiality of the data collected. The IRB's approach to protecting human subjects is guided by the ethical principles and guidelines outlined in the Belmont Report: respect for persons, beneficence, and justice. The ICF IRB (IRB00000954; expires July 12, 2023) complies with all requirements specified in the Code of Federal Regulations (45 CFR 46) on the protection of human subjects and has a Federalwide Assurance (FWA00000845). In addition to the federal regulations, the IRB takes into consideration any state or local laws regarding human subjects that may be more protective than the federal statutes. It is the responsibility of the IRB, as well as of the evaluation team, to ensure that these regulations and other applicable laws are followed in the conduct of ICF-supported research and evaluation.

To ensure the protection of human participants in this evaluation, ICF undertook the following steps:

1. Gave respondents the opportunity to refuse to answer questions, stop the focus group or interview, and leave the focus group at their discretion.
2. Trained focus group moderators on their responsibility to maintain the privacy of respondents' answers. ICF also instructed moderators not to disclose any information obtained during the focus group to any other individual outside of the evaluation team.
3. Trained interviewers on their responsibility to maintain the privacy of respondents' answers. ICF also instructed interviewers not to disclose any information obtained during the interview to any other individual outside of the evaluation team.
4. Gave all focus group moderators and interviewers in-depth training on how to ask questions and respond appropriately, particularly regarding sensitive topics, to minimize the risk of emotional or mental distress or general discomfort related to the topics discussed.
5. Trained focus group moderators to conduct focus groups in private locations with only the respondents, the moderator and the notetaker(s) present.
6. Trained interviewers to conduct interviews in private locations with only the respondent and interviewer present.
7. Trained the Evaluation Working Group (EWG) on human participants protection at the EWG in-person meeting prior to beginning data collection.
8. Did not attribute comments made during the focus groups and interviews to any one respondent.

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[1] OMB No.: 0985-0059, Expiration Date: 02/28/2021.

9. Kept focus group and interview digital recordings and notes in password-protected electronic files at ICF.
10. Included only group-level analyses that fully protected the confidentiality of individual participants in all evaluation reports and publications that result from these data.

ICF obtained ICF IRB approval for the Evaluation of the ACL Title VI Programs, including both the original protocol (approved on March 1, 2017) and the modified protocol (approved on February 9, 2018). ICF received continuing review approval on January 15, 2019, again on November 25, 2019, and, finally, on October 8, 2020. The submission to the IRB included a summary statement addressing the required key criteria for the IRB, previously outlined, and the evaluation protocol, including data collection instruments. Data collection did not begin until an ICF evaluation liaison had reviewed the informed consent form with all eligible respondents, including program staff, elders, and caregivers. All participants received a copy of the informed consent form, which emphasized that participation was voluntary and they had the right to stop participating at any time. The informed consent form also noted that all collected data would be kept private. Focus groups and interviews were audio recorded with participants' permission.

Local-Level IRB Review and Approval

In addition to the ICF IRB, ICF worked with each evaluation grantee to identify and obtain the local level approval(s) necessary to participate in the Evaluation of the ACL Title VI Programs through an IRB; institution at large; or other governing or advisory body, such as the tribal council. All evaluation grantees obtained a tribal resolution confirming their tribe's commitment to participate in the evaluation as well as to share their Title VI data with ICF. All grantees received a copy of ICF's (1) approved IRB package/application, (2) IRB approval letter, (3) summary page of IRB steps, (4) instruments and informed consents, and (5) summary of instruments by research question.

Data Security and Privacy

ICF developed a data security and privacy plan that described the controls, policies, and procedures used to secure and ensure the privacy of the Evaluation of the ACL Title VI Program information assets. The plan detailed the controls designed to protect the collection, transfer, and storage of data from unauthorized access and ensure data confidentiality, integrity, and availability were not compromised. The plan was submitted to and approved by ACL on April 25, 2017.

Data Sources

QUALITATIVE DATA

Primary Data—Program Staff Interviews
The program staff focus groups and interviews assessed the nature, context, implementation, and management of Title VI programs; documented the challenges and barriers to program implementation; and gathered detailed information about the funding of activities (e.g., sole, blended, and how funds are leveraged). Data collected included Title VI program structure, resources, and activities; Title VI management structure; perceptions of met and unmet needs across Title VI service areas; barriers to Title VI services provision; and strengths and resources of the Title VI program.

Primary Data—Elder Focus Groups and Interviews

The elder focus groups and interviews assessed elders' experiences and satisfaction with service delivery and program outcomes. Data collected included met and unmet needs; social connectedness and isolation; physical, mental, emotional, and spiritual health and wellness; independence and quality of life; and experiences with and perceptions of services.

Primary Data—Caregiver Focus Groups and Interviews

The caregiver focus groups and interviews assessed caregivers' experiences and satisfaction with service delivery and program outcomes. Data collected included linkages to needed services, provision of care, caregiver well-being (physical, mental, emotional, spiritual, quality of life, independence), community integration and social connectedness, and experiences with and perceptions of services.

Primary Data—Caregiver Program Assessment

The ICF team developed and conducted a caregiver program assessment, using an Excel workbook to catalog information related to grantees' caregiver programs, including program participants, services provided, and program monitoring and evaluation. The caregiver program assessment was designed to support a thorough understanding of the Part C Caregiver Support Services program as it is implemented at the local level.

> **A Participatory Approach to Instrument Development**
>
> ICF used a participatory approach to develop and identify data sources to address the Title VI evaluation questions that were culturally relevant and would reduce burden on participants. In partnership with the Title VI Evaluation Steering Committee, ICF developed original data collection instruments to collect primary qualitative data (i.e., focus groups and interviews of program staff, elders, and caregivers). The Steering Committee provided insight into focal areas for each instrument as well as reviewed each instrument for accessibility and cultural appropriateness. In addition, the Steering Committee helped identify relevant sources of secondary data (i.e., n4a Title VI Survey, National Resource Center on Native American Aging [NRCNAA] Elder Needs Assessment) to inform the evaluation while reducing the need for collecting additional primary data.

Primary Data—Evaluation and Data Needs Assessment

The ICF team developed and conducted an evaluation and data needs assessment, using an Excel workbook to catalog information related to grantees' program stakeholders, goals and related outcomes and measures, service delivery, and evaluation and data support needs. Primarily designed to inform training and technical assistance provision, the evaluation and data needs assessment process supported understanding of the Title VI programs' evaluation and data processes at the site level.

QUANTITATIVE DATA

Secondary Data—n4a Title VI Program Survey

The n4a Title VI program survey is collected and administered by the Scripps Gerontology Center (Scripps) approximately every 3 years. The survey gathers information from program staff about available services, service delivery, partnerships established to support service delivery, strategies for record keeping and budgeting, and challenges experienced with Title VI implementation.

Secondary Data—Title VI Program Performance Report (PPR)

The Title VI PPR is maintained by the Administration on Aging/ACL. The PPR collects information on the number of clients and service units for Title VI nutrition, supportive, and caregiver support services delivered by each Title VI grant.

Secondary Data—NRCNAA Elder Needs Assessment

The *Identifying Our Needs: A Survey of Elders* assessment (NRCNAA Elder Needs Assessment) is administered by NRCNAA located at the Center for Rural Health at the University of North Dakota (UND). Cycle VI data were collected from April 2014 to March 2017; Cycle VII data were collected from April 2017 to March 2020. The NRCNAA Elder Needs Assessment includes information related to the health status of all elders receiving services through the Title VI programs and includes domains such as demographics, overall health and wellness, healthcare access, weight and physical activity, and social functioning. It also includes domains related to caregiving, including whether elders have a family caregiver, whether they are raising grandchildren, and what are their current and anticipated future need for caregiver services.

Secondary Data—Title VI Grant Applications

Title VI grant applications were used to collect information about plans for services for each Title VI grantee. The application gathers general information about the population served and plans for nutrition services, information/referral and assistance services, supportive services, and caregiver services. Grantees also describe their plans for coordinating between Title VI and Title III programs.

Data Collection

The Title VI evaluation spanned 5 years, beginning in 2016. Figure 1 presents the data collection timeline.

Figure 1. Data Collection Timeline
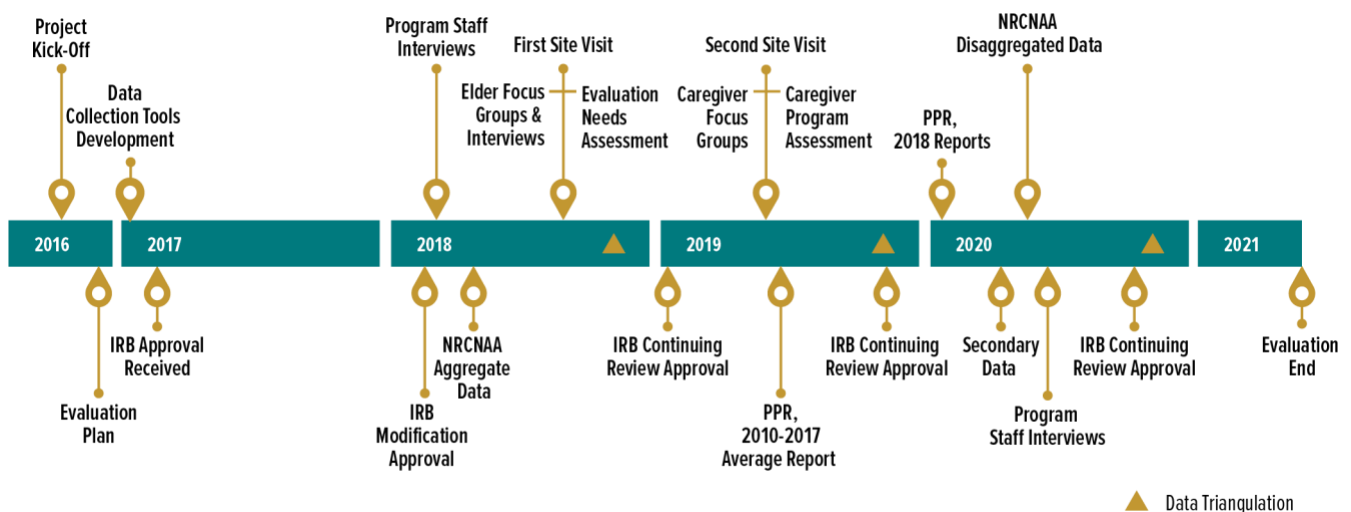
QUALITATIVE DATA

Primary Data—Program Staff Interviews

In the first and third years of the evaluation grantees' engagement (2018 and 2020), ICF conducted semistructured telephone interviews with Title VI evaluation grantee program staff to improve understanding of the nature, context, implementation, and management of Title VI programs and how that may have changed over the Title VI program cycle. The first round of program staff interviews was conducted by telephone in February and March 2018. Program staff shared their perspectives on elders' met and unmet needs, challenges and barriers to program implementation, funding of activities (e.g., supported solely by Title VI funds or by multiple funding sources), and strengths and resources of the program. To recruit participants, including the program director and additional program staff recommended by the program director, ICF evaluation liaisons sent an advance notification email to Title VI evaluation grantee program directors to inform them of the purpose of the interviews and the related procedures. Following this email, ICF evaluation liaisons contacted program staff to schedule the interviews. ICF evaluation liaisons were able to schedule and conduct 12 telephone interviews, one for each evaluation grantee program. In the case of seven evaluation grantees, the interviews were conducted with the program director only. In four cases, two respondents participated (e.g., a program director and other staff member), and in one case, the program director was the primary participant but the full Title VI program team also participated. The interviews lasted an average of 50 minutes. Data collection did not begin until the ICF evaluation liaison had reviewed the informed consent form with all participating program staff and all had agreed to participate. Interviews were audio recorded with the permission of the participants (all participants agreed to be recorded). Interviews were transcribed and stored as Word documents, along with the audio files, on a secure internal server. A thank-you email was sent to participants immediately following the interview.

ICF planned to conduct the second round of program staff interviews in person during the third and final site visits in the spring of 2020. However, due to the COVID-19 pandemic and the need to ensure the safety of grantees and the evaluation team, the final site visits were canceled, and the interviews were rescheduled as telephone interviews, conducted in June 2020. ICF evaluation liaisons collaborated with program directors (1) to identify Title VI evaluation grantee program staff who were available and interested in participating and (2) to schedule the interviews. In June, the evaluation team conducted 11 interviews via phone with Title VI program staff (in the case of the 12th grantee, the interview was not conducted because of recent program staff turnover). In most cases, ICF evaluation liaisons interviewed the Title VI program director and additional program staff, such as administrative assistants, outreach coordinators, and site managers; however, in the case of four grantees, only the program director was interviewed. The interviews lasted an average of 59 minutes. Data collection did not begin until the ICF evaluation liaison had reviewed the informed consent form with all participating program staff and all had agreed to participate. Interviews were audio recorded with the permission of the participants (all participants agreed to be recorded). Interviews were transcribed and stored as Word documents, along with the audio files, on a secure internal server. A thank-you email was sent to participants immediately following the interview.

Primary Data—Elder Focus Groups and Interviews

During site visits held in April, May, and June 2018, ICF evaluation liaisons conducted focus groups and interviews with elders participating in the Title VI program to understand their experiences and satisfaction with service delivery. Before the site visits, ICF held a webinar presentation with grantee program staff to share the purpose of the visits and to coordinate the planning of the data collection activity. Elders were identified and recruited for the focus groups and interviews, with assistance from

local Title VI program staff. During site visits, ICF evaluation liaisons conducted one or two focus groups and three to six interviews with elders receiving nutrition services (congregate or home-delivered meals) at each grantee program. The number of focus groups and interviews was determined by the size of the program. Local Title VI program staff provided elder participants with incentives, which varied across grantee programs (e.g., incentives often included a meal or a gift card). Data collection did not begin until the ICF evaluation liaison had reviewed the informed consent form with all participants and all agreed to participate. All interviews and focus groups were audio recorded and transcribed for analysis. As a backup data source, ICF evaluation liaisons took notes during the interviews and focus groups, and met to debrief after data collection activities to document the content and initial impressions of the findings. In all, ICF evaluation liaisons conducted 18 focus groups and 34 interviews. The focus groups lasted an average of 76 minutes, and the interviews lasted an average of 23 minutes.

Primary Data—Caregiver Focus Groups and Interviews

During site visits held in March, April, and May 2019, ICF evaluation liaisons conducted focus groups and interviews with caregivers participating in the Title VI program. The purpose of the data collection was to understand caregivers' experiences with the Title VI program, including met and unmet needs related to spirituality; social connectedness and isolation; physical, mental, and emotional health and wellness; and independence and quality of life. Before the site visits, ICF held a webinar presentation with grantee program staff to share the purpose of the visits and to coordinate planning of the data collection activity. Caregivers were identified and recruited for the focus groups and interviews, with assistance from local Title VI program staff. During site visits, ICF evaluation liaisons conducted focus groups or interviews with caregivers receiving caregiver services at each grantee program. Local Title VI program staff provided caregiver participants with incentives, which varied across grantee programs (e.g., incentives often included a meal or a gift card). Data collection did not begin until the ICF evaluation liaison had reviewed the informed consent form with all participants and all agreed to participate. All interviews and focus groups were audio recorded and transcribed for analysis. As a backup data source, ICF staff took notes during the interviews and focus groups, and met to debrief after data collection activities to document the content and initial impressions of the findings. In all, the team conducted 8 focus groups and 11 interviews. The focus groups lasted an average of 56 minutes, and the interviews lasted an average of 20 minutes. Participants were primarily unpaid family caregivers; however, at one grantee site, the participants were formal, paid caregivers who also had experience as informal caregivers for their own families. Participants ranged in age from young adult to elder and included adults caring for their aging parents, husbands or wives caring for their spouse, siblings caring for another sibling, adults caring for a disabled family member, and grandparents caring for grandchildren.

Primary Data—Evaluation and Data Needs Assessment

Evaluation and data needs assessments were conducted in April, May, and June 2018, during year 1 site visits, through conversations with program directors and staff as well as direct program observation. In addition, programs provided examples of tracking and monitoring forms, including meal preparation tracking sheets, participation sign-in sheets, home-delivered meal and transportation mileage logs, and elder satisfaction surveys.

Primary Data—Caregiver Program Assessment

Caregiver program assessments were conducted through conversations with program directors and other program staff as well as through direct program observation during site visits held in March, April, and May 2019.

Evaluation and Data Needs Assessment Topics

- Title VI program stakeholders, partners, and program staff
- Local program planning, monitoring, and evaluation
  - Program goals, measures, or indicators
  - Data collection and management activities
  - Data use and dissemination
  - Program participant tracking
- Grantee data support needs

Caregiver Program Assessment Topics

- Overall caregiver program description, including participants, staff, and services provided
- History of the program
- Community partnerships and collaborations
- Program challenges and facilitators
- Program monitoring and evaluation
- Grantee questions/concerns

QUANTITATIVE DATA

Secondary Data—n4a Title VI Program Survey

ICF, in consultation with Scripps and their IRB, prepared documents and established a process for evaluation grantees to receive their Title VI program survey data and to share that with ICF for the purpose of answering the Title VI evaluation questions.

To access the Title VI program survey data for the 12 evaluation grantees, ICF undertook the following steps:

1. **Informed consent.** In November 2017, ICF staff worked with Scripps to develop an informed consent letter to send to Title VI evaluation grantee program directors that explained the purpose of the evaluation, the risks and benefits of sharing data, who would have access to the data, and how the data would be stored and transferred. The letter was emailed to program directors in January 2018.
2. **Program data.** In January 2018, Scripps sent a PDF version of each tribe's completed 2016 Title VI survey to each of the 12 evaluation grantees. ICF staff then reached out to each of the grantees to answer any questions.
3. **Data access.** ICF helped grantees share their 2016 data with the evaluation team.
4. **Data extraction.** ICF extracted data for each grantee manually and consolidated the data in an Excel file, based on data cleaning and management plans. Following ethical procedures, only aggregated data for the overall evaluation sample was ever reported.

In April 2018, ICF received the dataset for the 12 evaluation grantees' Title VI program survey responses.

Secondary Data—Title VI PPR

ACL shared PPR Part A/B and Part C data by tribe for all Title VI grantees for 2010–2017 (average) and 2018 with ICF for the evaluation. Data on the number of elders enrolled in nutrition and/or supportive services and caregivers receiving training were aggregated by grantee region or by type of funding (sole source vs. blended).

In June 2019, ACL shared the Title VI Part A/B and C Performance Data Report for fiscal years 2010–2017. ACL shared the Title VI Part A/B and C Performance Data Report for fiscal year 2018 with ICF in early 2020.

Secondary Data—NRCNAA Elder Needs Assessment

The NRCNAA Elder Needs Assessment data was used to conduct (1) an initial exploration of aggregated data in 2018 for the evaluation grantees as well as all Title VI grantees and (2) an in-depth analysis of disaggregated data for eight of the Title VI evaluation grantees in the final year of the evaluation. For the initial exploration, ICF traveled to UND in March 2018 to access the Cycle VI NRCNAA Elder Needs Assessment data. ICF also received a report of the Cycle VI and VII data from NRCNAA/UND, containing a table of survey questions with percentages and numbers of responses for the complete Title VI sample (all participating Title VI grantees).

Prior to traveling to UND, ICF undertook the following steps to ensure data agreements and protections were in place:

1. **Tribal resolutions.** ICF worked with each of the 12 evaluation grantees to secure a tribal resolution[2] to access their tribal-level NRCNAA Elder Needs Assessment data. ICF evaluation liaisons sent an advance notification email to Title VI evaluation grantee program directors to explain the purpose of the request for a tribal resolution. ICF evaluation liaisons followed this with one-on-one calls to each program director to address any questions or concerns related to data sharing and to identify the tribal resolution process for their tribe. To assist with the tribal resolution, ICF developed a resolution template that grantees had the option of using. The template clearly stated what data was requested, how the data would be used, and who would have access to the data. Tribal resolutions were received from each of the 12 evaluation grantees.
2. **Data use agreement (DUA).** ICF established a DUA with NRCNAA/UND. The DUA described the purpose of the evaluation; the proposed use of the NRCNAA Elder Needs Assessment data; the access, transfer and storage of data; and how local-level approvals (e.g., tribal resolutions) were obtained. The DUA also affirmed that only aggregated data would be reported.
3. **Analysis plan.** To guide the on-site analysis at NRCNAA/UND, ICF developed an analysis plan, including data management, codebook, and codes prior to travel to UND.

In winter 2019, ICF, in consultation with NRCNAA/UND and ACL, prepared documents and established a process for evaluation grantees to receive their disaggregated NRCNAA Elder Needs Assessment datasets and to share those with ICF for the purpose of answering the Title VI evaluation questions.

To support grantees in obtaining their Cycle VI and Cycle VII data from NRCNAA/UND, ICF undertook the following steps to ensure data agreements and protections were in place:

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[2] In the case of the evaluation grantee serving Native Hawaiians, a signed certification from their corporate executive officer was submitted.

1. **Data custodian.** Grantees identified the data custodian, a person in the tribe or program who would receive the data files.
2. **Tribal resolutions.** Grantees worked with their tribal or governing council to complete a tribal resolution and data transfer agreement. The resolution and data transfer agreement clearly stated what data were requested, how the data would be used, and who would have access to the data. Grantees sent their signed tribal resolution and data transfer agreement via email to the NRCNAA/UND director.
3. **Program data.** NRCNAA emailed the grantees' Cycle VI and Cycle VII data to the identified data custodian. Grantees notified their ICF evaluation liaison when the data files were received.
4. **Data access.** To securely share the data with ICF, ICF evaluation liaisons sent a secure file transfer link with instructions on use.
5. **Secure storage.** ICF stored the data in a password-protected folder that only the evaluation team could access.

By May of 2020, eight grantees had acquired signed tribal resolutions, received their NRCNAA Elder Needs Assessment data, and securely transferred their data to ICF for in-depth analysis. One grantee received their data from NRCNAA/UND but was unable to transfer the data to ICF because their tribal offices were closed due to the COVID-19 pandemic. The other three grantees were not able to obtain resolutions from their tribal councils due to disruptions from the pandemic.

Secondary Data—Other

In addition to Title VI program data, the evaluation relied on publicly available data sources (e.g., U.S. Census) to inform the analysis and interpretation of evaluation findings.

Data Analysis

QUALITATIVE DATA

Primary Data—Program Staff, Elder, and Caregiver Interviews and Focus Groups

ICF's approach to the qualitative analysis of interview data and focus group data included the following steps:

1. **Data capture and management.** ICF managed a comprehensive data inventory in Excel to monitor and track the following for each grantee: dates of data collection activity, number of participants per data collection effort, number and type of data files (i.e., digital recordings, notes, transcripts), and steps and progress related to monitoring data quality. ICF reviewed transcripts and notes for completion and to minimize errors before the analysis process began. All data files and documents produced and/or collected before, during, and after data collection activities (e.g., interview and focus group notes, proprietary documents associated with a grantee, digital recordings, and transcripts) were stored in password-protected electronic files that only ICF project team members could access.[3] Audio recordings from each interview and focus group were transcribed and imported into the qualitative software package ATLAS.ti 7.5.18, useful for facilitating the organization and management of textual data. The ICF team used this software to analyze the data for themes, patterns, and interrelationships relevant to the evaluation questions.

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[3] See additional detail about security procedures in the section titled "Ethical Considerations and Regulatory Review."

2. **Codebook development.** Codebook development was a multistep and iterative process involving the development and definition of codes and pretests to refine the codes and definitions. A draft codebook, with an initial set of deductive codes, was first developed based on the evaluation questions. Next, ICF reviewed the transcripts and developed summary memos to document initial impressions of the findings. This process helped to inform the development of new codes to capture unexpected issues and themes not included in the preliminary coding scheme. Upon completion of a revised codebook, team members separately coded a single transcript and then came together to discuss how they applied the codes to the document. Through these discussions, codes were added, removed, or refined to best capture emerging themes. This process was repeated several times through a similar review of a single transcript. Team members discussed code definitions or applications that they found confusing or disagreed on until all members had the same analytical understanding of the codes, as measured by sufficient intercoder reliability.

3. **Code application.** Following codebook development, team members created their own Hermeneutic Unit (HU) in ATLAS.ti, to which they uploaded the transcripts and codebook. Team members applied the codes to the transcripts, using ATLAS.ti software, to facilitate data analysis. ICF team members coded at the level of a whole sentence or paragraph.

4. **Analysis and documentation of themes.** Upon completing the coding process, ICF used ATLAS.ti to search for, retrieve, and classify the coded data. ICF produced output documents associated with each code and subcode. ICF used a thematic analysis approach in which each team member conducted an in-depth review of a set of output documents reflecting groupings of interrelated codes and subcodes. Next, each team member produced a comprehensive summary memo providing an assessment of key themes and relationships among themes for the assigned set of output documents. Following this process, team members met to discuss the analysis, findings, and themes, some of which were identified by a single analyst and some by multiple analysts. Team members then compiled and reduced the results of the output review in preparation for developing a triangulated approach to reporting featuring multiple data sources.

Primary Data—Title VI Grant Applications and Evaluation and Data Needs Assessment

ICF reviewed the Title VI grant applications as well as the evaluation and data needs assessment across the 12 grantees to identify both commonalities and areas of divergence among grantees. Findings were organized by topical area.

Primary Data—Caregiver Program Assessment

ICF reviewed the caregiver program assessment results to identify commonalities and areas of divergence among grantees. Findings were organized by topical area.

QUANTITATIVE DATA

Secondary Data—n4a Title VI Program Survey

ICF developed a codebook with key questions from the survey that aligned with the evaluation plan and consolidated responses in one aggregated dataset containing recoded responses for all grantees. The recoded responses included both objective and descriptive answers. Table 1 includes a list of the selected survey questions used, along with a description of the data management approach for each.

ICF conducted an initial descriptive analysis, including frequencies and means. Data cleaning (e.g., excluding invalid entries) and examination of missing data and out-of-range values were performed prior to data analysis. ICF conducted additional recoding and transformation of variables, and collapsed values into meaningful categories. Due to the survey having many items with multiple possible responses, ICF analyzed the data based on multiple response sets for the relevant questions. Therefore, percentage sums may add up to more than 100 percent.

ICF used key n4a Title VI Program Survey indicators (see Table 1) to generate averages for the Title VI grantees as well as merged n4a Title VI Program Survey data to other program datasets (e.g., PPR, NRCNAA Elder Needs Assessment, other secondary data) to support impact analysis (see NRCNAA Elder Needs Assessment).

Secondary Data—PPR

ICF used descriptive statistics to characterize the overall Title VI sample as well as the evaluation grantee sample. Review of the data for Part C identified extreme variances within and across grantees' data, suggesting an overall lack of reliability. In consultation with ACL, the evaluation team determined to exclude Part C PPR data from data synthesis. Although some variances also were identified, averages for key data points (see Table 2) were reported and compared between evaluation grantees and overall Title VI grantees.

ICF used key PPR indicators (see Table 2) to generate averages for the Title VI grantees as well as merged PPR data to other program datasets (e.g., n4a Title VI Program Survey, NRCNAA Elder Needs Assessment, other secondary) to support impact analysis (see NRCNAA Elder Needs Assessment).

Secondary Data—Other

Key secondary data indicators were used to generate averages for the eight Title VI evaluation grantees with disaggregated NRCNAA Elder Needs Assessment data and the overall Title VI sample using ZIP codes. These secondary indicators were merged to other program datasets (e.g., PPR, n4a Title VI Program Survey, NRCNAA Elder Needs Assessment) to support impact analysis. The NRCNAA Elder Needs Assessment disaggregated data analysis section describes the process for using the secondary data. Table 3 details the publicly available data sources used.

Table 1. Selected Variables Used in the Quantitative Data Analysis From n4a Title VI Program Survey Data

VARIABLE
Number of Title VI Program Staff
Individual Tribe Running the Program
Title VI Program With Single Site
Programs With Title VI as Single Funding Source
Average Total Title VI Program Budget

Table 2. Selected Variables Used in the Quantitative Data Analysis From PPR Data

VARIABLE
Number of Congregate Meals Served
Number of Congregate Meal Clients
Number of Home-Delivered Meals Served
Number of Home-Delivered Meal Clients
Number of Part C Services Served
Number of Part C Clients
Number of Part A/B Staff
Number of Part C Staff

Table 3. Secondary Data Sources and Use in the Title VI Evaluation

DATA SOURCE	EVALUATION PURPOSE
Small Area Income and Poverty Estimates (SAIPE), 2017	Contextual data: Used to estimate evaluation grantees' community poverty rates
Local Area Unemployment Statistics (LAUS), 2017	Contextual data: Used to estimate evaluation grantees' unemployment rates
CDC's Bridged-Race Population Estimates, 2017	Contextual data: Used to estimate evaluation grantees' proportion of American Indian/Alaska Native (AI/AN) population
Florence et al. (2018). Medical costs of fatal and nonfatal falls in older adults. *Journal of the American Geriatrics Society, 66*(4), 693–698	Cost savings estimation data: Used to estimate the average cost, by elder, of a fall
HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD	Cost savings estimation data: Used to estimate the average cost, by elder, of a hospitalization

Secondary Data–NRCNAA Elder Needs Assessment

The NRCNAA Elder Needs Assessment data was analyzed using two formats: (1) aggregated data analysis and (2) disaggregated data analysis. Although the aggregated data analysis (data by grantee) allowed the study of the evaluation grantees' characteristics and how they compared to those of the overall Title VI grantees, the disaggregated data analysis allowed for more in-depth study of program outcomes and impact. Following are the steps ICF took to format the data for analysis. All data management, cleaning, preparation, and analysis were completed using SAS® 9.4.

Aggregated Data Analysis (Data Exploration)

Before the visit to UND, ICF reviewed the NRCNAA Elder Needs Assessment Cycle VI questionnaire and frequency tables to develop a codebook with key questions aligned to the evaluation plan, the cleaning and recoding steps needed for each question, and the analysis procedures to run while on site. During the visit in March 2018, ICF did an exploration of the aggregated data from the 12 evaluation grantees. ICF also undertook the following **data management and cleaning** steps according to the evaluation plan:

1. ICF reviewed variables with no true missing values (a missing answer means "No" instead of "."") and set them to "0". This prevented miscounting responses and, consequently, generating misestimated rates.
2. ICF reviewed all skip patterns relevant to the variables selected and applied a conditional code to guarantee the survey instructions were properly applied; for example, guaranteeing that only respondents who answered "Female" in the survey had valid responses relating to "Cervical Cancer."
3. ICF renamed and/or recoded all variables used for this analysis. This included changing some categorical variables to dichotomous (i.e., Yes/No) to allow further study of associations (as regression). In addition, multicategory variables were aggregated in smaller groups to match the literature and enable comparisons with other national datasets.

4. ICF recoded numeric variables to categorical or dichotomous to facilitate further analysis. ICF also generated means from these numeric variables to better describe some of the sample subgroups. ICF planned the renaming and recoding of variables prior to the site visit, based on the review of key literature and data frequencies shared by UND. A list of the selected variables used in this report and initial data management are detailed in Table 4.

Following the steps for data cleaning and management, ICF generated descriptive statistics (frequencies and means) of all the selected recoded variables (see Table 4). A comparison with the overall NRCNAA Elder Needs Assessment sample (which included 164 tribes) was done to explore how representative the evaluation grantee sample was to the overall Title VI grantee sample. For that purpose, only descriptive and aggregated-level data (summary format) was compared. All levels of data (raw, clean, and recoded) remained with NRCNAA/UND, per the DUA.

ICF also revised frequency tables, generated and shared by NRCNAA/UND, containing evaluation grantees' data and consolidated the variables of interest that did not need recoding. ICF used the aggregated tables to generate an average percentage for all evaluation grantees. Findings were presented in detail in the Evaluation of the ACL Title VI Programs Year 2 Interim Report.

Table 4. NRCNAA Elder Needs Assessment Data, Title VI Evaluation, Aggregated Indicators

NRCNAA ELDER NEEDS ASSESSMENT SURVEY QUESTION	DATA MANAGEMENT
Q1. Would you say your health in general is excellent, very good, good, fair, or poor?	Merge "Poor" and "Fair" responses as "Mostly Unhealthy"
Q5. Because of health or physical health problems that lasted more than 3 months, did you have any difficulty . . .?	Create new variable "Any Difficulty" that includes any report of activities of daily living (ADLs)
Q6. Because of health or physical problems that lasted longer than 3 months, did you have any difficulty . . .?	Create new variable "Any Difficulty" that includes any of the instrumental activities of daily living (IADLs)
Q34. Do you smoke tobacco now?	Merge "Yes, some days" and "Yes, every day" to create "Current Smoker"
Q43. Please mark all that apply to your nutrition health.	Merge "I eat fewer than 2 meals per day"; "I eat few fruits, vegetables, or milk products"; "I have 3 or more drinks of beer, liquor, or wine almost every day" to create "Nutritional Inadequacy"[4]
Q44. Do you participate in cultural practices that include traditional food, music, and customs?	Create dichotomous variable: "No" = none of the time; "Yes" = all other responses
Q45. How often do you get out and socialize (attend church/religious meetings, clubs, organizations you belong to or cultural activities/traditional ceremonies)?	Create dichotomous variable: "No" = none of the time; "Yes" = all other responses Generate average variable
Q53. During the past month, how much of the time were you a happy person?	Generate "Mostly Happy" by collapsing first three response options and "Mostly Not Happy" by collapsing latter three response options
Q59. Are you now using the following services?	Generate groups: Title VI Direct Services: Q59HCB1–Q59HCB25 except the ones below[5] Title VI Indirect Services: home health services Q59HCB8, assisted living Q59HCB16, retirement communities Q59HCB17, nursing facilities Q59HCB18, gov't-assisted housing Q59HCB19, shared housing Q59HCB20, adult daycare Q59HCB1, long-term care services Q59HCB25, legal services Q59HCB11 Title VI All Services: Any of Q59HCB1– Q59HCB25
Q60–70. Demographic Employed in the past 12 months	Recode employment to "Yes" (employed in the past 12 months); "No" (unemployed)
Q67. Ethnicity	Create dichotomous variable merging "Alaska Natives" and "Native Hawaiian" vs. merging "American Indian," "Other," and "Descendent"
Q68. Reside on reservation/trust land/Indian community	No recode needed
Q69. Enrolled member of federally recognized tribe	No recode needed

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[4] Given the association between excessive alcohol consumption and nutritional inadequacy, ICF included "I have 3 or more drinks of beer, liquor, or wine almost every day" as part of the measure of "Nutritional Inadequacy". Breslow, et al. (2010). Alcoholic beverage consumption, nutrient intakes, and diet quality in the US adult population, 1999-2006. *Journal of the American Dietetic Association, 110*(4), 551–562. https://doi.org/10.1016/j.jada.2009.12.026
Liangpunsakul S. (2010). Relationship between alcohol intake and dietary pattern: findings from NHANES III. *World journal of gastroenterology*, *16*(32), 4055–4060. https://doi.org/10.3748/wjg.v16.i32.4055
[5] ICF coded services most implemented by Title VI program staff as "direct services". Services more commonly provided by partners were coded as "indirect services".

Disaggregated Data Analysis (In-Depth Analysis)

ICF analyzed disaggregated data for Cycle VI and VII of the NRCNAA Elder Needs Assessment survey for eight evaluation grantees.[6] ICF used similar steps for **data cleaning and management** as used for the aggregated data including reviewing true missing values and skip patterns and renaming/recoding some variables. In addition, the following steps were taken to prepare the data for analysis.

1. **Calculate levels of service provision for each grantee.**
   To better understand how program characteristics impact elders' health outcomes, ICF assessed each evaluation grantee in their level of service provision. A set of four dichotomous variables (1/0) were created to compare elders from grantees with high service provision (1) to other grantees (0). To do that, ICF used evaluation liaisons' expertise about each grantee program and program data to create the following classifications:

   - **Congregate Meal Provision:** Aligned with Title VI regulations, grantees who offered congregate meals for 5 or more days per week were considered *high service providers for congregate meals.*

   - **Home-Delivered Meal Provision:** Grantees who served more than 120 meals per client annually, which represents the national Title VI average for meals per client, were considered *high service providers for home-delivered meals.*

   - **Supportive Service Provision:** Each supportive service tracked on the PPR was weighted, and grantees received a score based on the total number of supportive services they offered. The four grantees with the highest scores were considered *high service providers for supportive services.*

   - **Overall Service Provision:** ICF holistically assessed how grantees' programs are delivered, considering the availability and comprehensiveness of Part A/B and C services. Three grantees, out of eight, were categorized as *overall high service providers.*

2. **Assign geographic representations (ZIP codes) for each grantee to enable linking of community-level indicators from secondary data.**
   To better explore the community context in which elders live, ICF used secondary data relating to poverty, unemployment, AI/AN population, and rurality (see Table 3). To accomplish this, ICF first identified the most frequent ZIP codes reported by elders in the NRCNAA Elder Needs Assessment survey for each grantee. Then, ICF selected the ZIP codes that best represented the communities served by each grantee. For example, grantee X had 15 ZIP codes reported by the elders from which ICF selected the 5 most frequent ZIP codes that best represented the communities served by this grantee based on evaluation liaisons' knowledge about each grantee program. The liaisons also estimated what proportion of the grantee's clients were from each ZIP code, based on program data shared by the grantee. These steps generated the following formula to estimate community-level indicators for this grantee (e.g., poverty rate):

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[6] Due to closures caused by the COVID-19 pandemic, four grantees were unable to complete the tribal resolution and data transfer process in time for analysis.

Using this formula, ICF retrieved the selected ZIP codes from the secondary data and generated the community-level indicators for each grantee.

> **Poverty Rate for Grantee X = (0.30*Poverty Rate$_{(ZIPCode1)}$) + (0.30* Poverty Rate$_{(ZIPCode2)}$)**
> **+ (0.30* Poverty Rate$_{(ZIPCode3)}$) + (0.05* Poverty Rate$_{(ZIPCode4)}$) + (0.05* Poverty Rate$_{(ZIPCode5)}$)**

3. **Create a grantee-level dataset with service provision from other secondary, n4a Title VI Program Survey, PPR, and grant application variables.**
   ICF generated a random identification number (ID) for each grantee, which was used to create a grantee-level dataset (one row per grantee). This dataset contained the variables generated in steps 1 and 2 in addition to key data points from the n4a Title VI program survey (see Table 1), PPR (see Table 2), and grant application data (for eligible service population). These data were used to further explore grantees' program characteristics.

4. **Merge the disaggregated data with grantee-level data by grantee ID.**
   Finally, ICF added the associated grantee ID to each record in the disaggregated dataset to be able to merge with the grantee-level data by grantee ID.

After data preparation, ICF completed three phases of analysis of the NRCNAA Elder Needs Assessment disaggregated data.

Descriptive Phase

ICF ran descriptive analyses (averages and frequencies) for the eight evaluation grantees with disaggregated data for each NRCNAA Elder Needs Assessment cycle (VI and VII). The analyses explored contextual variables, elder social demographic variables, elder health variables, service variables, and program variables (Section VI). The descriptive analyses for elder social demographic, elder health, and service variables were also compared to all Title VI NRCNAA Elder Needs Assessment data from the UND report, when available.

Statistical Testing Phase

To explore differences in NRCNAA Elder Needs Assessment indicators between subgroups of elders, ICF ran statistical tests. These tests were to determine whether differences between subgroups (see Table 5) were significant ($p < 0.05$). Significance suggested a higher degree of confidence that the Title VI elder subgroups have better health and well-being compared to other subgroup of elders. For example, elders using Title VI services reported twice as much socialization per month compared to elders not using Title VI services. Because the difference was statistically significant, ICF has higher confidence that the difference was not due to chance. In this case, Title VI could be a key factor in the difference between these groups.

Table 5. Groups Tested for Statistically Significant Differences in Their NRCNAA Elder Needs Assessment Data

COMPARISON SUBGROUP 1	COMPARISON SUBGROUP 2
Elders Using Any Title VI Services	Elders Not Using Any Title VI Services
Elders Using Congregate Meal Services	Elders Not Using Congregate Meal Services
Elders Using Home-Delivered Meal Services	Elders Not Using Home-Delivered Meal Services
Elders Using Supportive Services	Elders Not Using Supportive Services
Elders from Overall High Service Provision Grantees	Elders Not from Overall High Service Provision Grantees
Elders from High Congregate Meal Provision Grantees	Elders Not from High Congregate Meal Provision Grantees
Elders from High Home-Delivered Meal Provision Grantees	Elders Not from High Home-Delivered Meal Provision Grantees
Elders from High Supportive Service Provision Grantees	Elders Not from High Supportive Service Provision Grantees
AN/NH Elders*	Non-AN/NH Elders*
Elders from Single Funding Grantee*	Elders NOT from Single Funding Grantee*

* ICF tested for the overall sample of elders and separately tested for elders using any Title VI services, elders using congregate meals, elders using home-delivered meals, and elders using supportive services.

ICF conducted chi-square tests (which compare differences between dichotomous variables) and *t* tests (which compare differences between means) for the following variables:

- % Older Elders (> 70 years old)
- % Low Income Elders (< $15,000 individual)
- % Elders with Live Alone
- % Elders with a Family Caregiver
- % Elders that are a Primary Caregiver of Child(ren)
- % Elders with any Hospitalizations in the Past Year
- % Elders with any Falls in the Past Year
- % Elders with any ADLs
- % Elders with any IADLs
- % Elders with Nutritional Inadequacy
- % Elders with Eating Alone
- % Elders with Health Condition Affecting Nutrition
- % Elders with Income Affecting Nutrition

- % Elders with Feel Unhealthy
- % Elders with Feel Mostly Happy in the Past Month
- % Elders with Feel Mostly Upset in the Past Month
- % Elders with Caregiver Feels Supported
- % Elders with Participate in Cultural Practices
- % Elders with Socialize at Least Once a Month
- Average Number of Individual Hospitalizations in the Past Year
- Average Number of Individual Falls in the Past Year
- Average Number of Individual ADLs
- Average Number of Individual IADLs
- Average Number of Socializations per Month

Inferential Analysis Phase

ICF conducted inferential analyses to test the association between the presence of Title VI services and elders' physical, mental, and social outcomes (see Table 6). The measure of association provided additional evidence on the impact of Title VI on elders' and their communities.

Table 6. Title VI Variables and Elders' Outcomes Included in the Linear Regression Model

TITLE VI VARIABLE	ELDER OUTCOME
Use of Any Title VI Service	Any Hospitalizations in the Past Year
Use of Congregate Meal Services	Any Falls in the Past Year
Use of Home-Delivered Meal Services	Average Number of Individual Hospitalizations in the Past Year
Use of Supportive Services	Average Number of Individual Falls in the Past Year
Grantees With Overall High Service Provision	Feel Unhealthy
Grantees With High Congregate Meal Provision	Feel Mostly Upset in the Past Month
Grantees With High Home-Delivered Meal Provision	Feel Mostly Happy in the Past Month
Grantees With High Supportive Service Provision	Participate in Cultural Practices
Grantees With Title VI as Single Funding	Socialize at Least Once a Month
	Average Number of Socializations per Month
	Meal Inadequacy
	Eat Alone
	Health Affecting Nutrition

ICF used linear and logistic regression to test whether Title VI-related indicators could predict the health outcomes of elders within the eight grantee sample. To better build the regression model, ICF accounted for key contextual data that could facilitate the association between Title VI variables and overall elder variables (e.g., grantee county poverty rate, grantee rurality, grantee proportion of older elders [i.e., elders older than X age]). ICF used the following model for the inferential analysis:

Elder Outcome = Title VI Variables + Controlling Variables (Grantee County Poverty Rate, Grantee Rurality, Grantee Proportion of Older Elders)

The regression results provided parameter estimates (or coefficients)—the change in the response (e.g., elder outcome) associated with a one-unit change of the predictor (e.g., Title VI variable); all other predictors held constant (controlling variables). For example, in testing whether grantees with overall high service provision was a predictor of the number of individual falls in the past year, ICF found a parameter estimate of -0.54. This indicates that an elder from an overall high service provision grantee may expect lower reports (0.54 less) in the number of falls per year compared to an elder not from high service provision grantees.

Cost Savings Analysis

ICF conducted an exploratory analysis of potential cost savings associated with Title VI programs using a combination of program findings and publicly available data (see Table 4).

ICF first identified statistically significant findings from the inferential analysis—elders using Title VI services reported fewer falls and hospitalizations compared to elders not using Title VI services (see Table 7). ICF then projected a scenario of 500 elders (proximal number of the national average of reported clients for congregate meals in the 2018 PPR) to calculate the expected differences in the number of reported hospitalizations and falls between a group of elders using any Title VI services and those not using any Title VI services.

Table 7. Falls and Hospitalizations for Elders Using Title VI Services vs. Elders Not Using Title VI Services

ELDER OUTCOME	ELDERS USING ANY TITLE VI SERVICE	ELDERS NOT USING ANY TITLE VI SERVICE	DIFFERENCE
Average Number of Individual Hospitalizations in the Past Year	0.85	1.22	0.37 fewer individual hospital visits
Average Number of Individual Falls in the Past Year	0.99	1.09	0.10 fewer individual falls
Number of Hospitalizations in the Past Year for 500 Elders	425	610	185 fewer hospitalizations
Number of Falls in the Past Year for 500 Elders	495	545	50 fewer falls

To quantify the differences in falls and hospitalizations into healthcare dollar savings, ICF researched the most up-to-date, publicly available national statistics on the cost of falls and hospitalizations among elders.

- For hospitalizations, ICF generated a cost estimation for 2019 using HCUP,[7] an online query system based on data from HCUP. In 2019, a hospital stay for younger elders (age 65–84 years) cost $14,997 and for older elders (age 85 years or older) cost $11,601.

  - The NRCNAA Elder Needs Assessment Cycle VI data reported a national distribution of 58 percent for younger elders to 42 percent for older elders, an approximate distribution of younger elders to older elders of 3:2. That is, for the 185 fewer hospitalizations in a group of 500 elders using Title VI services compared to those not using Title VI services, 111 were from younger elders (i.e., three-fifths) and 74 were from older elders (i.e., two-fifths).

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[7] Healthcare Cost and Utilization Project [HCUP], 2019

- The difference in hospitalization costs between 500 elders using Title VI services and 500 elders not using Title VI services, in a 2:3 older elders to younger elders' distribution, was $2,523,192.

> **Hospitalization Cost Savings = (Difference in Number of Hospitalizations for Younger Elders [111] * Cost of a Younger Elder Hospitalization [$14,997]) + (Difference in Number of Hospitalizations for Older Elders [74] * Cost of an Older Elder Hospitalization [$11,601])**

- For falls, ICF found that, in 2018, U.S. older elders reported 35.6 million falls and that the healthcare spending on older elder falls (excluding hospitalization cost) was approximately $42.5 billion annually.[8] Thus, the cost of an individual fall was approximately $1,194. ICF took the following steps when estimating the fall cost:

  - The hospitalization cost associated with falls was removed from the calculations to avoid overlapping costs between the two measures.
  - The cost of an individual fall was adjusted to the December 2019 Consumer Price Index (CPI). The final cost of an individual fall was calculated to be $1,297.
  - The difference in the healthcare cost of falls between 500 elders using Title VI services and 500 elders not using Title VI service was $64,853.

> **Fall Cost Savings = Difference in Number of Falls for 500 Elders (50) * Cost of an Elder Fall ($1,297)**

To account for the cost of running a Title VI program, ICF subtracted the average Title VI funding award of $160,290 (Part A/B + Part C funds) for programs serving 401–500 elders from the total savings estimation. The estimated potential cost savings relating to falls and hospitalization is $2,427,755 for a program serving 500 elders.

> **Total Hospitalizations and Falls Cost Savings for 500 Elders = (Hospitalization Cost Savings for 500 Elders [$2,523,192] + Fall Cost Savings for 500 Elders [$64,853]) – Average Title VI Funding for Grantees Serving 401–500 Elders [$160,290])**

Triangulation

Following preliminary analyses of qualitative and quantitative data, ICF conducted data triangulation to support synthesis and understanding of findings by key themes, connecting findings from qualitative and quantitative data for each relevant theme. This included reviewing common themes from the qualitative and quantitative data analysis to identify interconnecting themes as well as points in which the data diverges. ICF used the following triangulation process:
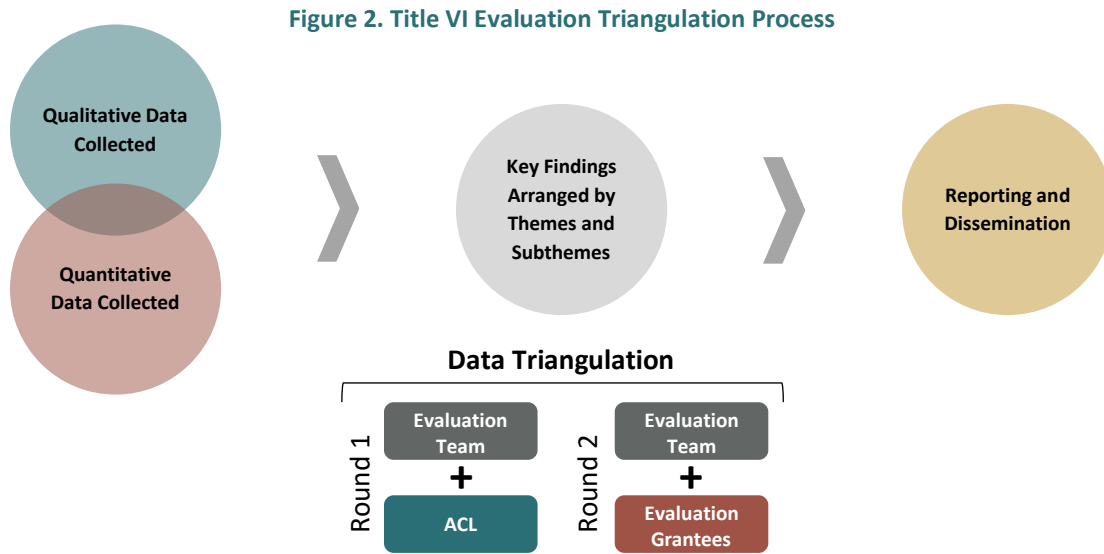
1. For each data source, ICF identified all major and minor themes, including subthemes.
2. ICF conducted a crosswalk of all themes to the relevant evaluation question(s).
3. ICF conducted cluster analysis, by evaluation question, grouping themes by affinity, to articulate findings, conclusions, and recommendations using a *What/So What/Now What* methodology:

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[8] Florence, C. S., Bergen, G., Atherly, A., Burns, E., Stevens, J., & Drake, C. (2018). Medical Costs of Fatal and Nonfatal Falls in Older Adults. Journal of the American Geriatrics Society, 66(4), 693–698. https://doi.org/10.1111/jgs.15304

a. *What* are the grouped themes saying? *(Findings)*
b. *So what* do the findings suggest; why are they important? *(Conclusions)*
c. *Now what* are possible next steps? *(Recommendations)*

In the final year of evaluation, ICF facilitated two rounds of data triangulation, using the virtual whiteboard MURAL to facilitate the triangulation process and allow for real-time interactivity. A crosswalk of the data sources and evaluation questions used in the triangulation are detailed in Table 8. The first round included the ICF evaluation team and ACL. To ensure local perspective and insight, ICF facilitated a second triangulation process with evaluation grantees. Finally, ICF synthesized findings, conclusions, and recommendations from both rounds of triangulation. This process is presented in Figure 2.

Figure 2. Title VI Evaluation Triangulation Process

Table 8. Crosswalk of Evaluation Data Sources and Questions

QUESTION	DATA SOURCE
EVALUATION QUESTION 1: What is the context of the Title VI programs at the national and tribal levels? *(How do tribes operate their Title VI programs?)*	
What are the program inputs, resources, and activities implemented through Title VI?	n4a Title VI Program Survey PPR Title VI grant application Program staff interviews Evaluation and data needs assessment Caregiver program assessment
To what extent are Title VI programs operated dependently or interconnected with other tribal elder programs?	n4a Title VI Program Survey Program staff interviews Evaluation and data needs assessment
What is the Title VI management structure?	n4a Title VI Program Survey Title VI grant application Program staff interviews

EVALUATION QUESTION 2: How are the Title VI programs implemented at the national and tribal levels?	
How are nutrition, supportive, and caregiver support services provided through the Title VI programs?	n4a Title VI Program Survey PPR Title VI grant application Evaluation and data needs assessment Program staff interviews Caregiver program assessment
What is the array of Title VI practices available to tribal elders? To caregivers?	n4a Title VI Program Survey Title VI grant application Evaluation and data needs assessment Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews Caregiver program assessment
What are the program outputs of the Title VI service areas?	n4a Title VI Program Survey NRCNAA Elder Needs Assessment PPR Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews
What are the challenges to implementing program activities?	n4a Title VI Program Survey Program staff interviews Evaluation and data needs assessment Caregiver program assessment
How do Title VI programs address challenges to the program?	n4a Title VI Program Survey Program staff interviews Evaluation and data needs assessment Caregiver program assessment
What are the facilitators of program implementation? What works well and under what conditions?	Program staff interviews Data needs assessment (year 1) Caregiver program assessment (year 2)
What are the met and unmet needs of consumers and program stakeholders?	n4a Title VI Program Survey Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews Caregiver program assessment
How do Title VI programs use their funds to run their programs?	n4a Title VI Program Survey Program staff interviews
How has Title VI program funding allowed Title VI programs to maintain certain levels of nutrition, supportive, and caregiver services?	n4a Title VI Program Survey Program staff interviews PPR Caregiver program assessment
How do Title VI programs leverage funds and resources to implement their programs?	n4a Title VI Program Survey Program staff interviews Evaluation and data needs assessment Caregiver program assessment

EVALUATION QUESTION 3: What are the outcomes and impacts of the Title VI programs, nationally and by tribe or tribal groups? (*What is the effect of the Title VI programs on the elders in the community? Are there differences nationally or by tribe or tribal group?*)	
What are the characteristics of tribal elders reached through Title VI service areas?	NRCNAA Elder Needs Assessment Program staff interviews Elder focus groups/interviews
To what extent are elder and caregiver expectations met through the Title VI service areas?	Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews
To what extent do elders' and caregivers' experience vary by program inputs, resources, and management models?	Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews
To what extent do elders' experiences vary by tribal and grantee demographic, geographical, and other tribal contexts?	Elder focus groups/interviews NRCNAA Elder Needs Assessment
How accessible are Title VI nutrition and supportive services? How did this change through the Title VI program?	Program staff interviews Elder focus groups/interviews Evaluation and data needs assessment
How accessible are caregiver support services? How did this change through the Title VI program?	Program staff interviews Caregiver focus groups/interviews Evaluation and data needs assessment Caregiver program assessment
EVALUATION QUESTION 4: What are the Title VI program outcomes for programs that rely solely or primarily on Title VI funds compared to cost-shared programs that receive a significant portion of their resources from other programs/agencies? (*Do Title VI programs that rely only on Title VI funds have a different community impact than programs that have money from other programs or agencies?*)	
What are the physical, emotional, mental, and spiritual outcomes of the Title VI program? • Are there differences in outcomes by Title VI grantee characteristics and management models? • Are funding structures associated with Title VI program outcomes?	NRCNAA Elder Needs Assessment Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews Evaluation and data needs assessment
How has the Title VI program led to improved health outcomes, such as an increase in number of lives saved or number of elders returning from nursing homes? • How are Title VI program "costs" associated with outcomes?	NRCNAA Elder Needs Assessment n4a Title VI Program Survey Title VI grant applications/funding PPR Program staff interviews Elder focus groups/interviews Caregiver focus groups/interviews Evaluation and data needs assessment

Data and Analysis Limitations

Findings should be interpreted in consideration of several limitations:

- Although the evaluation identified comparable characteristics between the overall Title VI grantees and the 12 evaluation grantees, the evaluation grantees volunteered to participate in the evaluation and may not reflect a true diversity in program models. The evaluation grantees also included an oversample of AN/NH (i.e., 30% of NRCNAA Elder Needs Assessment Cycle VI) compared to the overall Title VI population (i.e., 9% of NRCNAA Elder Needs Assessment Cycle VI). Thus, the evaluation findings may not be generalizable to other Title VI programs or populations.
- To not overly burden participants, ICF conducted a total of 18 elder focus groups, 34 elder interviews, 8 caregiver focus groups, and 11 caregiver interviews. Although saturation in themes was reached, ICF did not involve all elders and caregivers, and elders and caregivers were not randomly selected.
- Although in-person data collection is ideal, due to the COVID-19 pandemic, the final program staff interviews were conducted virtually.
- The NRCNAA Elder Needs Assessment disaggregated data analysis was conducted from a sample of 8 of the 12 evaluation grantees, further limiting the sample compared with the overall Title VI grantee population. The limited sample size may impact the power of the study to produce conclusive results because the data available to test the hypothesis was limited.
- The NRCNAA Elder Needs Assessment data is a self-reported survey and many of the questions are left to the interpretation of the elders. Therefore, there may be reporting bias.
- Although the NRCNAA Elder Needs Assessment provides important information about elders, it does not target other populations served by the Title VI program, such as caregivers. Although the assessment included some questions referring to caregivers (e.g., Are you a primary caregiver of grandchildren?), the survey administration targeted elders overall and the language was not tailored to address caregivers specifically.
- ACL recently updated the Title VI PPR indicators and, in October 2020, unveiled a new data portal (Older Americans Act Performance System) to support increased accuracy and consistency in reporting across grantees. However, the PPR data used in this evaluation used the original reporting system, which is more vulnerable to reporting errors and, consequently, may generate unreliable data.
- Data related to grantee funding source were inconsistent across data sources. This made it difficult to confidently assess the impact that different funding structures (e.g., Title VI as sole funding source vs. multiple sources of funding) had on program implementation and on elders' experiences and outcomes.
- The study of Title VI cost savings is limited to the secondary data available. The data used to generate the cost of a hospitalization (i.e., HCUP) exclude rehabilitation and long-term acute care hospitals from the sample, which may be important settings for elder inpatient care.
- Also, regarding the study of cost, ICF applied the average number of falls for all elders (i.e., 500); however, some elders might not report any falls per year, whereas others might report more than one.

SECTION I.
TITLE VI PROGRAM STAFF INTERVIEW GUIDE YEAR 1

Evaluation of the ACL Title VI Programs

Title VI Program Staff Interview Guide

Introduction and Informed Consent Statement

Hi. My name is _____.

Thank you for giving us this chance to discuss your Title VI Program. This discussion should take no more than 60 minutes of your time. We will do our best to stay on track.

As you may remember, I work for ICF and we are helping the Administration on Aging conduct an evaluation of the Title VI Programs. Through this interview and others like it, we hope to get a better sense of how well the elders' programs in our country are serving their communities.

You have been asked to participate because you are a staff person with an elders program in your community. We want to learn more about what these programs are doing for their communities and where they could use more help.

There are no right or wrong answers. You are the expert on your Title VI program, and your opinions and thoughts are really important to us. You can choose not to answer any question for any reason. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

This interview is strictly private; meaning information that identifies you will not be shared with anyone but study staff. To help with our notes, we also will audio tape the interview. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community.

Participation in the interview is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to end the interview at any time, for any reason.

Do you have any questions before we get started?

Do you agree to participate in this interview?

- ❑ Yes → *Thank you. I am confirming you are willing to answer questions during this interview and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*

- ❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- ❑ Yes → Thank you. *Turn on recorder.*

- ❑ No → *Thank you. I will refrain from recording the interview.*

First, I want to ask you a couple of questions to get some background information on your Title VI Program. As a reminder, these questions are about the services you provide under the Title VI Program.

1. How long have you been working for the Title VI program?
   a. What is your title?
   b. How long have you been in this role?

2. Can you talk a little bit about your Title VI Program? What kinds of services are offered?
   a. *Nutrition: education, meals, home delivery, etc.*
   b. *Supportive Services: transportation, home care, legal assistance, information/referral, etc.*
   c. *Caregiving: respite care, palliative care, grandparents program, information/referral, counseling, support groups, etc*

3. What are the greatest needs for your Elders?

4. *(If they have a Caregiver program)* What are the greatest needs for Caregivers?

5. What kinds of services do you most often refer people (Elders and Caregivers) to?

6. Which services are the most used among Elders? Caregivers?

I also want to understand how Title VI programs make ends meet for their programs in terms of staff, money, and other resources.

7. Are there other sources of money that you use to supplement the Title VI funding?
   a. If YES→ where does the money come from?
   b. If NO→ do you feel like you are often trying to stretch the Title VI funding to go further each year?

8. Which parts of the program do you have to supplement with money from another source?

9. What about other resources? Volunteer time? Volunteered resources from other programs?

10. Can you give an example of a group of people you couldn't help because of resource limitations?

Now we're going to shift the conversation to talk more about the impact of the Title VI Program on the people it serves.

11. How does your program build on the strengths of your culture and community?

12. Which aspects of your program do you think have the most impact on people? Why/in what way?

13. What does your program do best for Elders?
    a. How does the program affect their physical, emotional, mental and/or spiritual wellbeing?

14. What does your program do best for Caregivers?
    a. How does the program affect their physical, emotional, mental and/or spiritual wellbeing?

15. What would happen if the Title VI program went away?
    a. What would the impact on the Elders?
    b. What would be the impact on caregivers?
    c. What impact on the Tribe/community?

Now I'm going to ask you to think more about the management aspects of the Title VI Program.

16. What are some of the challenges that you face with running this program?

17. How do you manage all of the components of your program?

18. If you had unlimited funds, what else would you like to do with your Title VI program?
    a. What would you change about your current program?
    b. What other kinds of programming would you like to have?

19. Are there areas in which you could use more training?
    a. *Implementation of best practices?*
    b. *Maintaining food safety standards?*
    c. *Grant management?*
    d. *Grant writing?*
    e. *Report writing?*
    f. *Data collection?*
    g. *Partnership development?*

That wraps up my list of questions for you at this time. Do you have any questions for me? [ADDRESS ANY QUESTIONS]

- **If no questions "Thank you again for taking the time to speak with me. We sincerely appreciate and value your input!"**
- **If you think of anything else after we get off the phone, please call me or email me.**

SECTION II.
TITLE VI PROGRAM STAFF INTERVIEW GUIDE YEAR 3

Evaluation of the ACL Title VI Programs

Title VI Program Staff Interview Guide

Introduction and Informed Consent Statement

Hi. My name is _____.

Thank you for giving us this chance to discuss your Title VI Program. This discussion should take no more than 60 minutes of your time. We will do our best to stay on track.

As you may remember, I work for ICF and we are helping the Administration on Aging conduct an evaluation of the Title VI Programs. Through this interview and others like it, we hope to get a better sense of how well the elders' programs in our country are serving their communities.

You have been asked to participate because you are a staff person with an elders program in your community. We want to learn more about what these programs are doing for their communities and where they could use more help.

There are no right or wrong answers. You are the expert on your Title VI program, and your opinions and thoughts are really important to us. You can choose not to answer any question for any reason. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

This interview is strictly confidential; meaning information that identifies you will not be shared with anyone but study staff. To help with our notes, we also will audio tape the interview. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community.

Participation in the interview is completely voluntary. **You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer**. You may choose to end the interview at any time, for any reason.

Do you have any questions before we get started?

Do you agree to participate in this interview?

- ❑ Yes → *Thank you. I am confirming you are willing to answer questions during this interview and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*

- ❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- ❑ Yes → Thank you. *Turn on recorder.*

- ❑ No → *Thank you. I will refrain from recording the interview.*

Evaluation of the ACL Title VI Programs

Title VI Program Staff Small Group Interview Moderator Guide

Questions	Probes	Time Guidelines
Introduction of Moderator/Guests and Purpose of Interview/ Logistics		
Read Consent Form/Confirm Verbal Consent/ Confirm Permission to Audio Record		5 minutes
Opening Question 1. Please tell us your first name and let us know how long you have been working for the Title VI program.	▪ What is your title? ▪ How long have you been in this role?	5 minutes

Introductory Question
2. Can you talk a little bit about your Title VI program?
	▪ In this Title VI cycle, what changes, if any, have you made to your program? Why/what led to those changes?
	▪ What kinds of services are offered?
	   o Nutrition: education, meals, home delivery, etc.
	   o Supportive Services: transportation, home care, legal assistance, information/referral, etc.
	   o Caregiving: respite care, palliative care, grandparents program, information/referral, counseling, support groups, etc.
		10 minutes

Transition Question
3. What kinds of services do you most often refer people to?
	▪ What are the greatest needs for your Elders? For your Caregivers?
	   o Intergenerational activities
	   o Providing activities that reflect specific Tribal traditions or practices?
	   o Chore services
	   o Transportation
	▪ Which services are the most used among Elders? Caregivers?
		10 minutes

Key Questions
4. Which aspects of your program do you think have the most impact on people? Why/in what way?
	▪ What does your program do best for Elders?
	   o How does the program affect their physical, emotional, mental and/or spiritual wellbeing?
	▪ What does your program do best for Caregivers?
	   o How does the program affect their physical, emotional, mental and/or spiritual wellbeing?
	▪ How does the program build on the strengths of your community and culture?
		10 minutes

5. What would happen if the Title VI program went away?	▪ What would be the impact on the Elders? ▪ What would be the impact on caregivers? ▪ What impact on the Tribe/community?	10 minutes

6. We also want to understand how Title VI programs make ends meet for their programs in terms of staff, money, and other resources.	▪ Are there other sources of money that you use to supplement the Title VI funding?
	   o If so, where does the money come from?
	   o If not, do you feel like you are often trying to stretch the Title VI funding to go further each year?
	▪ Which parts of the program do you have to supplement with money from another source?
	▪ What about other resources? Volunteer time? Volunteered resources from other programs?
	▪ Can you give an example of a group of people or person you couldn't help because of resource limitations?
		10 minutes

7. What are some of the challenges that you face with running this program?	▪ How do you manage all of the components of your program?	10 minutes
8. If you had unlimited funds, what else would you like to do with you Title VI program?	▪ What would you change about your current program? ▪ What other kinds of programming would you like to have?	5 minutes

9. Are there areas in which you could use more training or support?	▪ Such as for—
	   o Implementation of best practices?
	   o Maintaining food safety standards?
	   o Grant management?
	   o Partnership development?
		5 minutes

Ending Question 10. Is there anything else that you want to share with us? Anything that we haven't asked that we should have?		5 minutes
Total Time		85 minutes

SECTION III.
TITLE VI ELDER
INTERVIEW GUIDE

Evaluation of the ACL Title VI Programs
Title VI Tribal Elders Interview – Informed Consent Form

Purpose of the Study

The Administration for Community Living (ACL) has hired ICF to find out how well the elders' programs in our country are serving their communities. ICF will be talking to program leaders, elders, and caregivers to learn how the services in their communities help to make their lives better. We will also be looking for ideas to share with programs all over the country. In order to do this, we will be talking with elders' program staff, elders, and caregivers to ask their ideas and thoughts. We will roll all of the ideas into a report which talks about the benefits and the best way to run elders programs.

Description of Participation

You have been asked to participate because your tribal elders program told us you are an elder who received some services from them. The interview will last about 1 hour.

Here are some things we want you to know about the interview before agreeing and consenting to participate:

Risk & Benefits
Participating in this interview is unlikely to cause any problems for you in any way. You can choose not to answer any question for any reason. You can end the interview at any time. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

Compensation
If you agree to take part in this interview, you will receive [insert incentive].

Privacy
We will be taking notes during the interview about what is said, but your name and answers will be kept private to the extent permitted by law. To help with our notes, we also will audio record the interview. We will keep the notes and audio record in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community. While not the focus of our questions, if you tell us about child or elder abuse or neglect, we have to report to the appropriate authority per tribal and state legal codes.

Rights Regarding Decision to Participate
Participation in the interview is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to end the interview at any time, for any reason.

Contact Information
If you have any concerns about your participation in this interview or have any questions about the evaluation, please contact the project manager, Gretchen Clarke, at gretchen.clarke@icf.com or (907) 747-7124, or contact the ACL Contract Officer Representative, Kristen Hudgins, at kristen.hudgins@acl.hhs.gov or (202) 795-7732.

Voluntary Consent
Before we begin the interview, I would like to get verbal consent to proceed. If you agree to take part in the interview, you are confirming that (1) this form has been read to you, (2) that you understand what it says, and (3) all of your questions have been answered. A copy of this form will be provided to you.

Do you agree to participate in this interview?
- ❑ Yes → *Thank-you. I am confirming you are willing to answer questions during this interview and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*
- ❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- ❑ Yes → Thank-you. *Turn on recorder.*

- ❑ No → *Thank-you. I will refrain from recording the session.*

Do you have any questions for me before we begin?

> *Pause for participant response. Answer any questions the respondent has. Proceed to conducting the interview using the Moderator Guide*

Evaluation of the ACL Title VI Programs

Title VI Tribal Elder Interview Guide

Introduction and Informed Consent Statement

Hi. My name is _____.

As you may remember, I work for ICF and we are helping the Administration on Aging find out how well the elders' programs in our country are serving their communities. ICF will be talking to program leaders, elders, and caregivers to learn how the services in their communities help to make their lives better. We will also be looking for ideas to share with programs all over the country.

You have been asked to participate because your tribal elders program told us you are an elder who received some services from them. This discussion should take no more than 60 minutes of your time. We will do our best to stay on track.

There are no right or wrong answers. You are the expert on your experiences, and your opinions and thoughts are really important to us. You can choose not to answer any question for any reason. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

This interview is strictly private; meaning information that identifies you will not be shared with anyone but study staff. To help with our notes, we also will audio tape the interview. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community.

Participation in the interview is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to end the interview at any time, for any reason.

Do you have any questions before we get started?

Do you agree to participate in this interview?

❑ Yes → *Thank-you. I am confirming you are willing to answer questions during this interview and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*

❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

❑ Yes → Thank-you. *Turn on recorder.*

❑ No → *Thank-you. I will refrain from recording the interview.*

First, I want to ask you a couple of questions to get a better understanding of the services you receive from your Title VI Program.

1. How long have you been receiving Title VI services?

2. Can you tell me a little bit about the services you get through the program? (*Probe for: meals, transportation, supportive services such as home care and legal assistance, nutrition education, exercise services, chore services*)

3. What do you like best about the services you receive through the program? (*e.g., don't have to cook; don't have to worry about having enough money for food; feel more independent; someone to talk to/ask for help; helps me to feel safe in my home, a place to practice my culture*)

4. Which service is the most helpful to you?
    a. Does that service make it easier for you to live in your home?

5. What else do you wish the program had?

6. If you could change something about the program, what would that be?

Now we're going to shift the conversation to talk more about the impact the program has for you.

7. Can you talk a little bit about the different ways the program helps you?
    a. How has the program helped you stay connected to traditional American Indian, Alaska Native, Native Hawaiian (AI/AN/NH) ways of life (e.g., foods, spirituality, language, music)?
    b. Are there other ways that the program helps you feel connected to your community?
    c. How does the program help you get around your house or community?
    d. How does the program help with your day-to-day activities?
    e. How does the program help you to stay in the community?
    f. How does the program help you to be healthier?
    g. How does the program help contribute to your quality of life?

8. What is the best/most important thing the program has done for you?
    a. If you were telling someone else about the program, what would be the first thing you would tell them about?
    b. Do you think the program makes a difference in people's lives? Can you share an example?

9. What would happen if you didn't have this program? Probe for:
    a. Meals—have fewer meals/cold meals
    b. Nutrition—eat less healthy meals
    c. Chances to socialize/visit with others—feel isolated/lonely
    d. Getting out of the house—feel isolated/lonely
    e. Transportation to places I couldn't otherwise get to
    f. Chore services
    g. Mental/Emotional—more depressed/anxious/worried

That wraps up my list of questions for you at this time. Do you have any questions for me? [ADDRESS ANY QUESTIONS]

- **If no questions "Thank you again for taking the time to speak with me. We sincerely appreciate and value your input!"**
- **If you think of anything else after we get off the phone, please call me or email me.**

SECTION IV.
TITLE VI ELDER
FOCUS GROUP GUIDE

Evaluation of the ACL Title VI Programs
Title VI Tribal Elders Focus Group – Informed Consent Form

Purpose of the Study

The Administration for Community Living (ACL) has hired ICF to find out how well the elders' programs in our country are serving their communities. ICF will be talking to program leaders, elders, and caregivers to learn how the services in their communities help to make their lives better. We will also be looking for ideas to share with programs all over the country. In order to do this, we will be talking with elders' program staff, elders, and caregivers to ask their ideas and thoughts. We will roll all of the ideas into a report which talks about the benefits and the best way to run elders programs.

Description of Participation

You have been asked to participate because your tribal elders program told us you are an elder who received some services from them. The focus group will last 2 hours.

Here are some things we want you to know about the focus group before agreeing and consenting to participate:

Risk & Benefits
Participating in this focus groups is unlikely to cause any problems for you in any way. You can choose not to answer any question for any reason. You can leave the focus group at any time. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

Compensation
If you agree to take part in this focus group, you will receive [insert incentive].

Privacy
Everyone in the focus group will be asked not to share the names of those who participated or what was said, but we cannot guarantee that everyone will keep the discussion private. We will be taking notes during the focus group about what is said, but your name and answers will be kept private to the extent permitted by law. To help with our notes, we also will audio tape the focus group. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community. While not the focus of our questions, if you tell us about child or elder abuse or neglect, we have to report to the appropriate authority per tribal and state legal codes.

Rights Regarding Decision to Participate
Participation in the focus group is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to leave the focus group at any time, for any reason.

Contact Information

If you have any concerns about your participation in this focus group or have any questions about the evaluation, please contact the project manager, Gretchen Clarke, at gretchen.clarke@icf.com or (907) 747-7124, or contact the ACL Contract Officer Representative, Kristen Hudgins, at kristen.hudgins@acl.hhs.gov or (202) 795-7732.

Voluntary Consent
Before we begin the focus group, I would like to get verbal consent to proceed. If you agree to take part in the focus group, you are confirming that (1) this form has been read to you, (2) that you understand what it says, and (3) all of your questions have been answered. A copy of this form will be provided to you.

Do you agree to participate in this focus group?
- ❑ Yes → *Thank-you. I am confirming you are willing to answer questions during this focus group and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*
- ❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- ❑ Yes → Thank-you. *Turn on recorder.*

- ❑ No → *Thank-you. I will refrain from recording the session.*

Do you have any questions for me before we begin?

> *Pause for participant response(s). Answer any questions the respondents have. Proceed to conducting the focus group using the Moderator Guide*

Evaluation of the ACL Title VI Programs

Title VI Tribal Elder Focus Group Moderator Guide

Questions	Probes	Time Guidelines
Introduction of Moderator/Guests and Purpose of Focus Group/ Logistics		5 minutes
Read Consent Form/Confirm Verbal Consent/Confirm Permission to Audio Record		5 minutes
Opening Question 1. Please tell us your first name and let us know how long you have been using Title VI services.		5 minutes
Introductory Question 2. Can you tell me a little bit about the services you get through the program?	Provide examples of services specifically provided by the program: ▪ Meals ▪ Transportation ▪ Supportive services o Home care, legal assistance, information/referral, etc. ▪ Nutrition education ▪ Exercise classes ▪ Chore services	10 minutes
Transition Questions 3. What do you like best about the services you receive through the program?	▪ Don't have to cook/can get a hot meal ▪ Don't have to worry about not having enough money for food ▪ Feel more independent/Don't have to rely on others as much ▪ Get out and see people ▪ Someone to talk to/ask for help/ask to explain things ▪ Stay connected to community/tribe ▪ Helps me to feel safe in my home	10 minutes
Key Questions 4. Which service is the most helpful to you?	▪ Does that service make it easier for you to live in your home?	10 minutes
5. What else do you wish that the program had?		10 minutes
6. If you could change something about the program, what would that be?		10 minutes

7. What would happen if you didn't have this program?	Components to talk about: ■ Meals – have fewer meals/cold meals ■ Nutrition-eat less healthy meals ■ Chances to socialize/visit with others-feel isolated/lonely ■ Exercise classes—be less healthy ■ Getting out of the house—feel isolated/lonely ■ Transportation to places I couldn't get otherwise ■ Chore services ■ Mental/Emotional - More depressed/anxious/worried	15 minutes
8. Can you talk a little bit about the different ways that the program helps you?	■ How has the program helped you stay connected to traditional American Indian, Alaska Native, Native Hawaiian (AI/AN/NH) ways of life (food choices, spirituality, language, music and so on) ■ Are there other ways that the program helps you feel connected to your community? ■ I can talk to someone if I have a problem or if I think someone is trying to take advantage of me ■ How does the program help you get around your house or community? ■ How does the program help with your day-to-day activities? ■ Help you to stay in the community ■ Help you to be healthier ■ Contributed to your quality of life	15 minutes
9. What is the best/most important thing that the program has done for you?	■ If you were telling someone else about the program, what would be the first thing you would tell them about? ■ Do you think the program makes a difference in people's lives? Can you share an example?	15 minutes
Ending Question 10. Thank you so much for sharing your stories with us today. Is there anything that we have missed? Is there anything that you came wanting to say that you didn't get a chance to?		5 minutes
Total Time		120 minutes

SECTION V.
TITLE VI CAREGIVER
FOCUS GROUP GUIDE

Evaluation of the ACL Title VI Programs
Title VI Tribal Caregivers Focus Group – Informed Consent Form

Purpose of the Study

The Administration for Community Living (ACL) has hired ICF to find out how well the elders' programs in our country are serving their communities. ICF will be talking to program leaders, elders, and caregivers to learn how the services in their communities help to make their lives better. We will also be looking for ideas to share with programs all over the country. In order to do this, we will be talking with elders' program staff, elders, and caregivers to ask their ideas and thoughts. We will roll all of the ideas into a report which talks about the benefits and the best way to run elders programs.

Description of Participation

You have been asked to participate because your tribal elders program told us you are a caregiver who received some services from them. The focus group will last 2 hours.

Here are some things we want you to know about the focus group before agreeing and consenting to participate:

Risk & Benefits
Participating in this focus groups is unlikely to cause any problems for you in any way. You can choose not to answer any question for any reason. You can leave the focus group at any time. Your answers will not give you any benefits or change any benefits that you currently may be receiving. Your input will be used to help improve programs in tribal communities.

Compensation
If you agree to take part in this focus group, you will receive [insert incentive].

Privacy
Everyone in the focus group will be asked not to share the names of those who participated or what was said, but we cannot guarantee that everyone will keep the discussion private. We will be taking notes during the focus group about what is said, but your name and answers will be kept private to the extent permitted by law. To help with our notes, we also will audio tape the focus group. We will keep the notes and tape records in locked files and only study staff will be allowed to see them. The information that we report will be grouped together with the results from all tribes and will not contain any information about you or your community. While not the focus of our questions, if you tell us about child or elder abuse or neglect, we have to report to the appropriate authority per tribal and state legal codes.

Rights Regarding Decision to Participate
Participation in the focus group is completely voluntary. You can refuse to participate with no penalty or negative results. You do not have to answer questions that you do not want to answer. You may choose to leave the focus group at any time, for any reason.

Contact Information

If you have any concerns about your participation in this focus group or have any questions about the evaluation, please contact the project manager, Gretchen Clarke, at gretchen.clarke@icf.com or (907) 747-7124, or contact the ACL Contract Officer Representative, Kristen Hudgins, at kristen.hudgins@acl.hhs.gov or (202) 795-7732.

Voluntary Consent
Before we begin the focus group, I would like to get verbal consent to proceed. If you agree to take part in the focus group, you are confirming that (1) this form has been read to you, (2) that you understand what it says, and (3) all of your questions have been answered. A copy of this form will be provided to you.

Do you agree to participate in this focus group?
- ❑ Yes → *Thank-you. I am confirming you are willing to answer questions during this focus group and will note your verbal consent. We also would like to record the discussion to make sure we don't miss anything.*
- ❑ No → *Thank participant for their time.*

Do I have your permission to turn on the audio recorder?

- ❑ Yes → Thank-you. *Turn on recorder.*

- ❑ No → *Thank-you. I will refrain from recording the session.*

Do you have any questions for me before we begin?

> *Pause for participant response(s). Answer any questions the respondents have. Proceed to conducting the focus group using the Moderator Guide*

Evaluation of the ACL Title VI Programs

Title VI Tribal Caregiver Focus Group/Interview Moderator Guide

Questions	Probes	Time Guidelines
Introduction of Moderator/Guests and Purpose of Focus Group/ Logistics		5 minutes
Read Consent Form/Confirm Verbal Consent/ Confirm Permission to Audio Record		5 minutes
Opening Question 1. Please tell us your first name and how long you have been using Title VI (or local program name) services.		5 minutes
Introductory Question 2. Tell me a little bit about the services you get as a caregiver.	Provide examples of services specifically provided by the program: ▪ Information ▪ Counselling ▪ Education ▪ Support group ▪ Respite care ▪ Grandparent support	10 minutes
Transition Questions 3. What do you like about the caregiver program?	▪ Why is that? What about that service makes you say that? ▪ Can you give me an example or tell a story about it?	10 minutes
Key Questions 4. How does the program help you as a caregiver?	▪ How does the program help you with stress, time, resources, etc.? ▪ How/does the program ease mental overload? ▪ How/does the program improve your quality of life? ▪ How/does the program improve the quality of life of the person you care for? ▪ Are there other ways that the program helps you feel connected to your community?	10 minutes
5. What else do you wish the program had for caregivers?	▪ What other types of information might be valuable to you as a caregiver? ▪ What other types of services might you want to receive?	10 minutes
6. If you could change something about the program for caregivers, what would that be?		10 minutes

7. What would happen to you as a caregiver if you didn't have this program?	Components to talk about: ▪ Employment ▪ Stress ▪ Difficulty with providing care ▪ Chances to socialize/visit with others ▪ Getting out of the house, etc. ▪ Not be able to continue providing care ▪ Not be able to provide as good care	10 minutes
8. If you were telling a friend about the experiences you've had as a caregiver with the program, what would you would tell them?		10 minutes
Ending Question 9. Thank you so much for sharing your stories with us today. Is there anything that we have missed? Is there anything that you came wanting to say that you didn't get a chance to?		5 minutes
Total Time		90 minutes

SECTION VI.
DATA TABLES

Table 1. Title VI Evaluation Quantitative Analysis: Descriptive Phase Results

COMMUNITY CONTEXT	Title VI Evaluation Grantees (N = 13)[1]	All National Tribes (N = 489)[2]
Community Poverty Rate[3]	13.3	15.6
Community Unemployment Rate[4]	5.7	12.3
Communities in CHSDA[5]	88%	84%
Communities' Alaska Native/Native Hawaiian (AN/NH) Population[6]	10%	11%
Grantees in Rural Communities[6]	70%	69%
EVALUATION GRANTEES' PROGRAM CONTEXT	**2010–2017 Average**	**2018**
Average Number of Clients Served in the Elder Program (Part A/B)[7]	557	522
Average Number of Congregate Meal Clients[7]	193	189
Average Number of Home-Delivered Meal Clients[7]	134	76
Average Number of Clients Served in the Elder Program (Part C)[7]	247	237
Average Number of Services Provided in the Elder Program (Part A/B)[7]	43,099	42,597
Average Number of Congregate Meals Provided[7]	9,764	9,250
Average Number of Home-Delivered Meals Provided[7]	12,533	11,770
Average Number of Services Provided in the Elder Program (Part C)[7]	1,666	1,505

	Title VI Evaluation Grantees				
Average Number of Services per Elder Program Client (Part A/B)[7, 8]	80				
Average Number of Services per Elder Program Client (Part C)[8]	6				
Average Cost of Elder Program Service (Part A/B)[8]	$5				
Average Cost of Elder Program Service (Part C)[8]	$35				
Individual Tribe Running Elder Program[9]	53%				
Elder Programs With Single Site[9]	86%				
Elder Programs With Title VI as Single Funding Source[9]	38%				
Mean Eligible Population Receiving Services[10]	1,756				
Median Eligible Population Receiving Services[10]	489				
Average Full-Time Staff[7]	3			4	
ELDERS' DEMOGRAPHIC, HEALTH STATUS, AND SERVICE USE INFORMATION	**Cycle VI**			**Cycle VII**	
	Evaluation Grantees (1,010 Survey Responses)		All Title VI Grantees	Evaluation Grantees (1,176 Survey Responses)	
	N	*%*	*%*	*N*	*%*
Younger Elder (55–69 years old)	500	50	58	607	52
Older Elder (> 70 years old)	455	45	42	505	43
Male	315	31	39	377	32
Female	672	67	61	778	66
Low Income (< $15,000 individual income[11])	306	30	47	275	23
Employed	277	27	31	325	28

ELDERS' DEMOGRAPHIC, HEALTH STATUS, AND SERVICE USE INFORMATION	Cycle VI			Cycle VII	
	Evaluation Grantees (1,010 Survey Responses)		All Title VI Grantees	Evaluation Grantees (1,176 Survey Responses)	
	N	%	%	N	%
AN/NH	308	30	9	373	32
Health Insurance—Government[12]	787	78	87	963	82
Health Insurance—Tribal[13]	483	48	72	215	18
Health Insurance—None	11	1	18	65	6
Live Alone	223	22	29	314	27
Have a Family Caregiver	371	37	34	322	27
Primary Caregiver of Child(ren)	72	7	10	80	7
Any Hospitalization in the Past Year	236	23	25	250	21
Average Individual Hospitalizations in the Past Year	0.83		N/A[14]	1.20	
Any Falls in the Past Year	350	35	39[10]	467	40
Average Number of Individual Falls in the Past Year	0.94		N/A[14]	1.13	
Any Activity of Daily Living (ADL)	316	31	N/A[14]	393	33
Average Number of Individual ADLs	0.69		N/A[14]	0.67	
Any Instrumental Activity of Daily Living (IADL)	400	40	N/A[14]	479	41
Average Number of Individual IADLs	0.90		N/A[14]	0.88	
Any Long-Term Care Needs[15]	364	36	40	437	37
Nutritional Inadequacy[16]	405	40	N/A[14]	444	38
Eating Alone	238	24	18	262	22

ELDERS' DEMOGRAPHIC, HEALTH STATUS, AND SERVICE USE INFORMATION	Cycle VI			Cycle VII	
	Evaluation Grantees (1,010 Survey Responses)		All Title VI Grantees	Evaluation Grantees (1,176 Survey Responses)	
	N	%	%	N	%
Health Affecting Nutrition[17]	453	45	N/A[14]	508	43
Income Affecting Nutrition	213	21	11	159	14
Feel Overall Unhealthy[18]	319	32	34	372	32
Feel Mostly Happy in the Past Month	843	83	82	935	80
Feel Mostly Upset in the Past Month	83	8	9	86	7
Caregiver Feels Supported	140	14	67	151	13
Participate in Cultural Practices	614	61	73	822	70
Socialize at Least Once a Month	909	90	85	977	83
Average Socializations per Month	8.7		N/A[14]	7.5	
Now Using Congregate Meals	206	20	17	118	10
Would Use Congregate Meals	382	38	18	441	38
Now Using Home-Delivered Meals	314	31	15	274	23
Would Use Home-Delivered Meals	189	19	35	230	20
Now Using Information and Referral/Assistance	108	11	5	80	7
Would Use Information and Referral/Assistance	259	26	20	211	18
Now Using Case Management	54	5	4	38	3
Would Use Case Management	169	17	14	203	17
Now Using Transportation	204	20	10	173	15

ELDERS' DEMOGRAPHIC, HEALTH STATUS, AND SERVICE USE INFORMATION	Cycle VI			Cycle VII	
	Evaluation Grantees (1,010 Survey Responses)		All Title VI Grantees	Evaluation Grantees (1,176 Survey Responses)	
	N	%	%	N	%
Would Use Transportation	343	34	32	420	36
Now Using Caregiver Program	60	6	6	67	6
Would Use Caregiver Program	355	35	29	428	36
Now Using Respite Care	14	1	2	16	1
Would Use Respite Care	188	19	16	240	20
Now Using Supportive Services[19]	14	1	N/A[14]	16	1
Would Use Supportive Services[19]	622	62	N/A[14]	674	57

[1] Community estimations based on counties served by the Title VI evaluation grantees as presented in Appendix B (Methods).

[2] Number of nationwide counties that include federally recognized tribal lands based on legal (reservation and off-reservation trust land areas) and statistical tribal areas: https://www.bia.gov/tribal-leaders-directory.

[3] Small Area Income and Poverty Estimates (SAIPE), 2017.

[4] Local Area Unemployment Statistics (LAUS), 2017.

[5] Contract Health Service Delivery Areas (CHSDA).

[6] CDC bridged-race population estimates, 2017.

[7] Program Performance Report (PPR) data.

[8] Calculated using 2018 PPR and 2018 n4a Title VI Program Survey. Review Appendix B (Methods) for details.

[9] n4a Title VI Program Survey.

[10] As reported in the evaluation grantees' Title VI grant applications.

[11] Proxy of Census poverty threshold for individuals > 65 years old: https://www.census.gov/library/publications/2020/demo/p60-270.html.

[12] Medicare, Medicaid, Veterans Affairs.

[13] Indian Health Service, Alaska Native Health Organization, Indian Health/Tribal Insurance.

[14] Calculations not available in the Elder Needs Assessment Aggregate Tribal Data Report.

[15] "Moderate," "Moderately severe," or "Severe."

[16] Meal inadequacy responses "yes" to at least one of the following: "I eat fewer than 2 meals per day," "I eat few fruits or vegetables or milk products," and "I have 3 or more drinks of beer, liquor, or wine almost every day."

[17] Health affecting nutrition responses "yes" to at least one of the following: "I have an illness or condition that made me change the kind and/or amount of food I eat," "I have tooth or mouth problems that make it hard for me to eat," "Without wanting to, I have lost or gained 10 pound in the last 6 months," and "I am not always physically able to shop, cook, and/or feed myself."

[18] General health fair or poor.

[19] Supportive services include home repair/modification, legal assistance, personal care, and senior center programs.

Table 2. Title VI Evaluation Quantitative Analysis: Statistical Testing Phase Results—Elders' Service Use

ELDERS' CHARACTERISTICS	ELDERS' SERVICE USE							
	Any Title VI Services		Congregate Meals Services		Home-Delivered Meals Services		Supportive Services	
	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using
% Older Elders (> 70 years old)	58.0[1]	37.6	59.5[2]	43.8	59.3[3]	41.0	57.8[4]	40.3
% Low Income Elders (< $15,000 individual)	30.2[1]	23.1	44.3[2]	23.7	26.5	25.6	27.1	25.2
% Elders with Live Alone	28.3	28.0	27.0	28.2	26.1	28.7	27.8	28.3
% Elders with Have Family Caregiver	34.6[1]	24.5	47.4[2]	26.1	31.7	27.2	32.0	26.7
% Elders that are Primary Caregiver of Child(ren)	6.6	7.4	3.5	7.5	7.8	6.9	6.7	7.2
% Elders with any Hospitalization in the Past Year	26.1[1]	19.5	37.6[2]	20.2	21.4	22.2	25.1	20.7
% Elders with any Falls in the Past Year	44.8[1]	38.3	61.2[2]	38.4	38.5	41.4	42.0	40.2
% Elders with any Activity of Daily Living (ADL)	38.8[1]	30.3	59.6[2]	30.6	29.2	34.7	36.0	32.5
% Elders with any Instrumental Activity of Daily Living (IADL)	46.1[1]	37.7	72.9[2]	37.2	35.0[3]	42.5	42.6	40.1
% Elders with Nutritional Inadequacy	42.6[1]	35.0	51.7[2]	36.2	43.8[3]	36.0	40.7	36.3
% Elders with Eating Alone	27.7[1]	19.2	28.0	21.7	27.7[3]	20.6	27.2[4]	20.4
% Elders with Health Conditions Affecting Nutrition	51.4[1]	38.5	65.3[2]	40.8	43.4	43.2	50.2[4]	40.5

ELDERS' CHARACTERISTICS	ELDERS' SERVICE USE							
	Any Title VI Services		Congregate Meals Services		Home-Delivered Meals Services		Supportive Services	
	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using	Elders Using	Elders *Not* Using
% Elders with Income Affecting Nutrition	16.1	12.1	20.3[2]	12.8	12.8	13.8	16.3	12.4
% Elders with Feel Unhealthy	36.3[1]	29.1	53.4[2]	29.3	31.0	32.0	32.9	31.3
% Elders with Feel Mostly Happy in the Past Month	81.7	82.3	69.8[2]	82.8	85.4	80.2	84.3	80.3
% Elders with Feel Mostly Upset in the Past Month	7.8	7.3	10.4	7.1	7.4	7.5	7.6	7.4
% Elders with Participate in Cultural Practices	78.8[1]	64.8	63.6	70.7	83.4[3]	65.8	85.2[4]	64.0
% Elders with Socialize at Least Once a Month	84.7	82.3	70.3[2]	84.6	89.8[3]	81.1	90.3[4]	80.3
Average Number of Individual Hospitalizations in the Past Year	0.9[1]	1.2	1.0[2]	1.1	0.8[3]	1.2	0.8[4]	1.2
Average Number of Individual Falls in the Past Year	1.0[1]	1.1	1.2[2]	1.0	0.9[3]	1.1	0.9[4]	1.1
Average Number of Individual ADLs	0.66[1]	0.69	0.8[2]	0.7	0.6[3]	0.7	0.6[4]	0.7
Average Number of Individual IADLs	0.86[1]	0.88	1.0[2]	0.9	0.8[3]	0.9	0.8[4]	0.9
Average Number of Socializations per Month	9.6[1]	7.2	6.5[2]	8.3	10.9[3]	7.3	10.4[4]	7.2

[1] Difference between elders using any Title VI services and elders not using any Title VI services was statistically significant ($p < .05$).
[2] Difference between elders using congregate meal services and elders not using congregate meal services was statistically significant ($p < .05$).
[3] Difference between elders using home-delivered meal services and elders not using home-delivered meal services was statistically significant ($p < .05$).
[4] Difference between elders using supportive services and elders not using supportive services was statistically significant ($p < .05$).

Table 3. Title VI Evaluation Quantitative Analysis: Statistical Testing Phase Results—Grantee Level of Service Provision

ELDERS' CHARACTERISTICS	GRANTEE LEVEL OF SERVICE PROVISION AMONG ALL ELDERS[1]								GRANTEE LEVEL OF SERVICE PROVISION AMONG ELDERS USING SERVICES[2]							
	Overall High Service Provision Grantees (HSPG)[3]		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG		Overall HSPG		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG	
	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG
% Older Elders (> 70 years old)	53.2[4]	39.0	51.9[5]	36.7	51.0[6]	40.0	35.1[7]	58.3	65.6[8]	46.1	66.2	51.0	60.0	58.5	36.4	67.1
% Low Income Elders (< $15,000 individual)	25.5	26.0	29.9[5]	20.1	20.8[6]	28.5	27.9	22.9	23.3[8]	40.8	45.9	42.2	37.0	54.0	37.9[9]	22.3
% Elders with Live Alone	27.0	29.1	28.6	27.4	23.0	28.3	25.9	29.7	27.2	30.1	24.2	30.6	27.1	24.5	28.6	27.4
% Elders with Have a Family Caregiver	29.6	27.1	30.1	25.7	32.6[6]	25.8	28.1	28.4	32.4	38.0	45.5	50.0	53.3	43.4	31.8	29.6
% Elders that are Primary Caregiver of Child(ren)	6.2	7.8	7.7	6.2	5.4	8.4	6.5	7.8	6.6	6.6	3.0	4.0	1.7	5.7	6.1	7.0
% Elders with any Hospitalization in the Past Year	22.8	21.3	22.6	21.16	25.6[6]	20.2	21.5	22.6	25.9	26.4	37.9	37.3	45.0	31.5	33.7[9]	21.4
% Elders with any Falls in the Past Year	38.5[4]	43.3	39.6	42.2	35.3[6]	45.5	42.8	38.1	40.4[8]	51.8	60.0	62.8	53.3[10]	71.7	58.2[9]	35.1
% Elders with any Activity of Daily Living (ADL)	31.6	34.9	34.1	32.5	31.8	35.2	35.9[7]	30.3	34.2[8]	45.9	65.2	51.9	60.0	58.2	50.5[9]	29.6
% Elders with any Instrumental Activity of Daily Living (IADL)	41.1	40.5	41.9	39.2	41.9	40.4	45.7[7]	34.4	41.5[8]	52.9	77.3	67.3	78.3	69.1	63.4[9]	33.5

ELDERS' CHARACTERISTICS	GRANTEE LEVEL OF SERVICE PROVISION AMONG ALL ELDERS[1]								GRANTEE LEVEL OF SERVICE PROVISION AMONG ELDERS USING SERVICES[2]							
	Overall High Service Provision Grantees (HSPG)[3]		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG		Overall HSPG		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG	
	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG
% Elders with Nutritional Inadequacy	36.2	39.1	38.7	36.6	35.2	39.1	34.8[7]	41.7	42.3	42.9	54.6	48.1	48.3	52.7	39.6	42.6
% Elders with Eating Alone	24.1	20.9	23.4	20.8	24.4	20.9	19.1[7]	26.5	30.4	23.5	24.2	32.7	30.0	25.5	23.8	28.7
% Elders with Health Conditions Affecting Nutrition	44.9	41.9	43.7	42.6	47.8[6]	39.9	40.8	46.4	50.4	52.9	63.6	67.3	73.3	58.2	63.7[9]	43.5
% Elders with Income Affecting Nutrition	15.2	12.2	15.4[5]	10.9	13.0	12.6	14.6	12.2	15.0	17.7	21.2	19.2	21.7	16.4	24.8[9]	12.6
% Elders with Feel Unhealthy	28.6[4]	34.3	29.7	24.6	30.0	34.0	31.2	32.5	31.9[8]	42.9	50.0	57.7	46.7	61.8	36.3	31.3
% Elders with Feel Mostly Happy in the Past Month	85.0[4]	78.5	85.3[5]	76.2	85.4[6]	77.9	78.4[7]	85.4	85.4[8]	76.1	78.8[11]	58.0	73.3	66.0	77.2[9]	87.4
% Elders with Feel Mostly Upset in the Past Month	7.4	7.5	7.3	7.7	5.9	8.5	10[7]	4.2	7.3	8.4	12.3	8.0	13.8	7.4	12.0[9]	5.7
% Elders with Participate in Cultural Practices	86.2[4]	56.7	79.6[5]	56.8	80.2[6]	57.6	67.1[7]	63.7	90.0[8]	61.8	63.6	63.5	73.3[10]	52.7	83.2	86.1
% Elders with Socialize at Least Once a Month	92.6[4]	75.6	89.3	74.8	89.7[6]	75.7	81.7	85.1	94.2[8]	70.0	77.3	61.5	78.3[10]	60.0	86.1	92.2
Average Number of Individual Hospitalizations in the Past Year	0.8[4]	1.3	0.8[5]	1.5	0.7[6]	1.4	1.3[7]	0.8	0.7[8]	1.1	0.8[11]	1.2	0.6[10]	1.2	1.2[9]	0.7

ELDERS' CHARACTERISTICS	GRANTEE LEVEL OF SERVICE PROVISION AMONG ALL ELDERS[1]								GRANTEE LEVEL OF SERVICE PROVISION AMONG ELDERS USING SERVICES[2]							
	Overall High Service Provision Grantees (HSPG)[3]		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG		Overall HSPG		Congregate Meals HSPG		Home-Delivered Meals HSPG		Supportive Services HSPG	
	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG	Elders From HSPG	Elders *Not* From HSPG
Average Number of Individual Falls in the Past Year	0.8[4]	1.3	0.9[5]	1.3	0.8[6]	1.3	1.2[7]	0.9	0.8[8]	1.3	0.9[11]	1.6	0.8[10]	1.3	1.1[9]	0.9
Average Number of Individual ADLs	0.6[4]	0.8	0.6[5]	0.7	0.6[6]	0.7	0.7	0.7	0.5[8]	0.8	0.7[11]	0.8	0.6[10]	0.9	0.7[9]	0.6
Average Number of Individual IADLs	0.8[4]	0.9	0.85[5]	0.9	0.85[6]	0.9	0.9[7]	0.8	0.8[8]	1.0	0.9[11]	1.1	0.8[10]	1.0	1.0[9]	0.8
Average Number of Socializations per Month	10.9[4]	5.8	10.0[5]	5.5	9.8[6]	6.1	6.2	10.7	12.2[8]	5.7	8.2[11]	4.4	12.2[10]	6.7	5.6[9]	12.5

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[1] Test compared elders from HSPGs with elders not from HSPGs, regardless of Title VI service use.

[2] Test was performed between elders using Title VI services from HSPGs and elders using Title VI services not from HSPGs.

[3] Level of service provision was based on comprehensiveness of services provided by grantees, detailed in Appendix B.

[4] Difference statistically significant ($p < .05$) between elders from overall HSPGs and elders not from overall HSPGs, regardless of whether the elder used the service or not.

[5] Difference statistically significant ($p < .05$) between elders from HSPGs for congregate meals and elders not from HSPGs for congregate meals, regardless of whether the elder used the service or not.

[6] Difference statistically significant ($p < .05$) between elders from HSPGs for home-delivered meals and elders not from HSPGs for home-delivered meals, regardless of whether the elder used the service or not.

[7] Difference statistically significant ($p < .05$) between elders from HSPGs for supportive services and elders not from HSPGs for supportive services, regardless of whether the elder used the service or not.

[8] Difference statistically significant ($p < .05$) between elders from overall HSPGs and elders not from overall HSPGs that are using any Title VI Service.

[9] Difference statistically significant ($p < .05$) between elders from HSPGs for supportive services and elders NOT from HSPGs for supportive that are using supportive services.

[10] Difference statistically significant ($p < .05$) between elders from HSPGs for home-delivered meals and elders not from HSPGs for home-delivered meals that are using home-delivered meals services.

[11] Difference statistically significant ($p < .05$) between elders from HSPGs for congregate meals and elders not from HSPGs for congregate meals that are using home-delivered meals services.

Table 4. Title VI Evaluation Quantitative Analysis: Inferential Analysis Phase Results

ELDERS' OUTCOMES	GRANTEES' SERVICE PROVISION LEVEL[1]				ELDERS' USE OF TITLE VI SERVICES[2]			
	Overall High Service Provision Grantee (HSPG)[3]	Congregate Meals HSPG	Home-Delivered Meals HSPG	Supportive Services HSPG	Using Any Title VI Services	Using Congregate Meal Services	Using Home-Delivered Meal Services	Using Supportive Services
	β (Parameter Estimate)[4]							
Number of Elders Reporting any Hospitalizations in the Past Year	0.0914	N/A[5]	N/A	0.0686	N/A	0.1255	N/A	N/A
Average Number of Individual Hospitalizations in the Past Year	-0.0703	-0.2788	0.0964	0.0877	-0.0351	-0.0326	-0.0259	-0.0328
Number of Elders Reporting any Falls in the Past Year	N/A	N/A	-0.2438	0.1900	0.1008	0.2172	N/A	N/A
Average Number of Individual Falls in the Past Year	-0.5439	-0.2974	-1.2436	0.0654	N/A	0.1435	-0.0229	N/A
Number of Elders Reporting Feeling Unhealthy	-0.1238	N/A	-0.2466	N/A	0.0315	0.2351	N/A	N/A
Number of Elders Reporting Feeling Mostly Upset in the Past Month	0.0838	N/A	N/A	0.0527	N/A	N/A	N/A	N/A
Number of Elders Reporting Feeling Mostly Happy in the Past Month	N/A	0.0859	0.1083	N/A	N/A	-0.14316	N/A	N/A

ELDERS' OUTCOMES	GRANTEES' SERVICE PROVISION LEVEL[1]				ELDERS' USE OF TITLE VI SERVICES[2]			
	Overall High Service Provision Grantee (HSPG)[3]	Congregate Meals HSPG	Home-Delivered Meals HSPG	Supportive Services HSPG	Using Any Title VI Services	Using Congregate Meal Services	Using Home-Delivered Meal Services	Using Supportive Services
	β (Parameter Estimate)[4]							
Number of Elders Reporting Participating in Cultural Practices	0.2628	0.1181	N/A	0.1331	0.0694	N/A	0.078	0.1327
Number of Elders Reporting Socializing at Least Once a Month	0.1998	0.1036	0.1992	0.0747	N/A	-0.1444	N/A	0.0581
Average Socializations per Month	0.1383	0.2490	-0.2535	-2.3997	0.0936	-0.5086	0.8451	0.6082
Number of Elders Reporting Nutritional Inadequacy	-0.1406	N/A	-0.2036	-0.1242	0.0887	0.1778	0.0829	0.6149
Number of Elders Reporting Eating Alone	N/A	N/A	N/A	N/A	0.0639	N/A	N/A	N/A
Number of Elders Reporting Health Conditions Affecting Nutrition	N/A	N/A	N/A	N/A	0.1211	0.2492	N/A	0.0814

[1] Categories of grantee service provision are not mutually exclusive.
[2] Categories of elders' use of Title VI services are not mutually exclusive.
[3] Based on a comprehensive assessment of evaluation grantee's level of service provision, detailed in Appendix B.
[4] β (parameter estimate) is the value in the regression equation for predicting the dependent variable (elders' outcomes) from the independent variable (grantees' service provision level or elders' use of Title VI service). Where the β is presented in the table, the test of the relationship was statistically significant ($p < .05$; $df = 1$). Measure of prediction was controlled for by county poverty rate, rurality, and grantee percentage of elders more than 70 years old.
[5] N/A = Not statistically significant ($p > .05$).

TITLE VI STAKEHOLDER ENGAGEMENT ACTIVITY TABLE

Table C1. Title VI Evaluation Stakeholder Engagement and Technical Assistance Activities

Engagement Activity	2017				2018				2019				2020				2021
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1
Steering Committee Webinars & Calls	X	X			X				X				X				X
Steering Committee E-letters						X	X			X		X	X			X	
Evaluation Grantee Quarterly Calls				X	X	X	X	X	X	X	X	X	X	X			
In-Person Site Visits						X				X							
Evaluation Working Group (EWG) Webinars			X		X			X		X	X						X
EWG In-Person Meetings			X				X				X				X*		
All Title VI Trainings & Webinars		X	X				X				X				X		

The 2020 EWG in-person meeting was converted to a virtual meeting due to the COVID-19 pandemic.

Steering Committee webinars and calls were an opportunity to share evaluation updates as well as to gather insight and guidance from stakeholders on evaluation activities, including data collection and participant recruitment.

Steering Committee e-letters provided evaluation updates, such as emerging themes from data collection along with opportunities for stakeholders to provide input and recommendations on evaluation activities.

Evaluation grantee quarterly calls were an opportunity to further understand grantees' evolving evaluation capacity and questions about local program evaluation as well as to provide tailored technical assistance.

In-person site visits were an opportunity to continue to build relationships with grantees, understand the cultural context of Title VI programs and the populations they serve, and provide intensive training and technical assistance to build evaluation capacity.

EWG webinars were designed to build familiarity, understanding, and capacity for evaluation at the local program level, with trainings on topics including incorporating evaluation into local programming.

EWG in-person meetings provided an opportunity to continue to build collaborative relationships with the evaluation grantees as well as offer interactive and hands-on learning on a variety of evaluation topics, including how to use evaluation for program monitoring and improvement.

All Title VI trainings and webinars were an opportunity to build the evaluation capacity of all Title VI program grantees and their partners in the aging community.