ACL
Administration for Community Living







Overview of
OLDER AMERICANS ACT
Title III Programs

2018 SUMMARY
OF HIGHLIGHTS AND
ACCOMPLISHMENTS

Acknowledgment

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FOREWORD

Older Americans Act Title III Programs
2018 Summary of Highlights

The United States is facing a surge in the aging population. By 2030, 73 million—or one in five—people in the U.S. will be 65 or older. In addition to being historically large in size, this population is also living longer. Between 2020 and 2030, the number of people 85 and older is projected to rise by 35%.[1] Regardless of age, geographical location, income, or political affiliation, older adults generally agree on one thing: they want to age in their own homes and communities rather than in institutional settings.[2]

Enacted in 1965, the Older Americans Act created the foundation for a comprehensive system of services and supports that enables millions of older adults in this country to continue to live independently as they age. Today, programs funded by the Older Americans Act provide essential services to older adults (i.e., generally age 60 and older), targeting those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons living in rural areas. The programs play a vital role in helping to maintain the health and well-being of millions of seniors age 60 and older, reaching one in five older adults.

Older Americans Act Title III services account for the largest portion of the Act's funding, supporting a comprehensive national network of federal, state, and local agencies. These are the agencies that plan and provide services to help older adults live independently in their homes and communities. This support includes case management, community services, in-home services, transportation, and information and referral; nutrition programs; family caregiver support; and health promotion and disease prevention services.

As the primary federal agency administering the Older Americans Act, the Administration for Community Living collects reports and data on the Title III programs. These data provide information about the performance of each program but also show the wide reach and positive impact the programs have on millions of older adults.

In 2018, the Older Americans Act Title III Programs funded 56 state agencies, 1,050 local

BY 2030

1 IN 5

PEOPLE IN U.S. WILL BE OVER AGE 65

BETWEEN 2020-2030 THERE IS A

35%

PROJECTED RISE IN PEOPLE OVER AGE 85

OAA PROGRAMS REACH

1 IN 5

OLDER ADULTS

89-96%

OF SERVICE RECIPIENTS NOTED THAT THE OAA FUNDED SERVICES HELPED THEM STAY IN THEIR HOME

OAA FUNDED

56

STATE AGENCIES

OAA FUNDED

1,050

LOCAL AGENCIES

OAA SUPPORTED OVER

196,000

CAREGIVERS SERVING ELDERLY INDIVIDUALS

OAA CONTRIBUTED TO OVER

10.8

MILLION ELDERLY RECEIVING SERVICES

OAA CONTRIBUTED TO OVER

147

MILLION HOME-DELIVERED MEALS

OAA CONTRIBUTED TO OVER

74

MILLION CONGREGATE MEALS

OAA CONTRIBUTED TO OVER

20

MILLION RIDES TO IMPORTANT ACTIVITIES

OAA CONTRIBUTED TO OVER

21

MILLION HOURS OF HOMEMAKER SERVICES

agencies that coordinated and offered services to older adults, and 11,212 senior centers. In addition, they provided support to more than 196,000 caregivers serving older adults. More than 10.8 million older persons received Title III services including almost 147 million home-delivered meals; 74 million congregate meals; 20 million rides to medical appointments, grocery stores, and other activities; and 21 million hours of homemaker services. The majority of service recipients rated the services* as excellent, very good, or good. Most importantly, between 89% and 96% of service recipients noted that the services† helped them stay in their homes.

This report is the first annual report on the Older Americans Act Title III Programs, summarizing highlights and accomplishments in 2018. It shows the immense value the programs have for reaching millions of older adults and allowing them to age in their own homes and communities.

* Includes the following services: Caregiver, Case Management, Congregate Meals, Home-Delivered Meals, Homemaker, and Transportation

† Includes the following services: Case Management, Home-Delivered Meals, Homemaker, and Transportation

Administration for Community Living

IMPROVING THE LIVES OF OLDER ADULTS AND PEOPLE WITH DISABILITIES THROUGH SERVICES, RESEARCH, AND EDUCATION

WHAT IS COMMUNITY LIVING?

Older Adults and People with Disabilities Have the Same Opportunities as Everyone Else to:

- Choose Where to Live
- Earn a Living
- Participate in Society
- Make Decisions About Their Lives

WHY IS COMMUNITY LIVING IMPORTANT?

- People Prefer it
- It Costs Less
- It's a Legal Right
- Everyone Benefits When Everyone Can Contribute

HOW DOES ACL SUPPORT COMMUNITY LIVING?

- **Funds** Services That Help People Live Independently
- **Invests** in Research, Innovation, Training, and Education
- **Advocates** for People with Disabilities and Older Adults

WHO ARE ACL'S PARTNERS?

- Nationwide Aging and Disability Networks
- States, Tribes, and Communities
- Colleges and Universities
- Nonprofit, Faith-Based, and Industry Partners
- Other Federal Agencies

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Introduction

ACL's Mission and Vision

Established in 2012, the Administration for Community Living (ACL) is one of 11 operating divisions within the U.S. Department of Health and Human Services (HHS). Its mission is to "maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers."[3] Therefore, all ACL programs are designed based on this principle:

> *All people, regardless of age or disability, should be able to live independently and participate fully in their communities. Every person should have the right to make choices and to control the decisions in and about their lives. This right to self-determination includes decisions about their homes and work, as well as all the other daily choices most adults make without a second thought.*[4]

ACL provides national leadership to make this vision a reality for older Americans and persons with intellectual, development, physical, and other disabilities. Its programs support state, tribal, and local community efforts to meet the needs of these individuals and their families through advocacy, research, systems change, and capacity building. These ACL-supported efforts help older adults and those with disabilities to access needed community services and other kinds of assistance so that they can maintain self-determination, independence, productivity, and inclusion in all facets of community life.[5]

Among ACL's many roles, it is the primary federal agency responsible for administering the Older Americans Act (OAA)—the country's leading vehicle for delivering services and supports to older people nationwide. Importantly, this responsibility includes supporting the national aging services network and the millions of older adults and individuals with disabilities who depend on it for their health, safety, well-being, and independence.

In order to understand the reach, activities, and effectiveness of these programs, ACL conducts a number of program operations, management, and oversight processes designed to report regularly on program performance. These activities produce rich data that can inform program staff and policy makers at federal, state, and local levels. The data also can fuel needed research to help us understand how effectively these programs reach and improve the lives of older adults and individuals with disabilities in our communities.

Abbreviations and Acronyms

AAA	Area Agency on Aging
ACL	Administration for Community Living
AoA	Administration on Aging
HHS	U.S. Department of Health and Human Services
NFCSP	National Family Caregiver Support Program
NSOAAP	National Survey of Older Americans Act Participants
OAA	Older Americans Act
SPR	State Performance Report
SUA	State Unit on Aging

Older Americans Act

Originally enacted in 1965, the OAA was the first federal-level initiative aimed at comprehensively addressing the need for community social services for older adults. The Act supports a range of essential home- and community-based services—including home-delivered and congregate meals, family caregiver support, in-home assistance, preventive health services, transportation, job training, protection from abuse, and other supportive services—which help millions of older adults live as independently as possible in their homes and communities.[6] In addition, OAA services play a key role in preventing more costly institutional services and hospitalizations by helping people remain in their own homes and assisting family caregivers. While the program is open to all older individuals, generally defined as 60 and older, states must target "older individuals with the greatest economic need and older individuals with the greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals."[7]

As part of the OAA, the Administration on Aging (AoA) was created to coordinate the OAA programs. The agency became part of ACL in 2012. Over the past 5 decades, Congress has amended and reauthorized the Act. As a result, the Act has created an infrastructure, known as the national aging services network, that coordinates the delivery of comprehensive home and community-based supportive services in every state. At present, the network consists of 56 state units on aging (SUAs), 244 tribal organizations, two native Hawaiian organizations representing 400 tribes, 629 area agencies on aging (AAAs), and nearly 20,000 local service providers.[8] Today's OAA statutory language contains seven titles[9]:

- **Title I:** declares the Act's objectives; provides definitions for various terms under the Act
- **Title II:** establishes the AoA to carry out the provisions of the Act; establishes AAAs as local entities which, either directly or through contract with local service providers, oversee a comprehensive and coordinated service system to deliver social, nutrition, and long-term services and supports to older individuals
- **Title III:** provides grants to states, tribes, and territories to advocate on behalf of older persons and their family caregivers, and to coordinate programs for them; covers supportive services, such as case management, community services, in-home services, transportation, information and referral, and legal assistance; nutrition programs, such as home-delivered meals and congregate meals; family caregiver support; and health promotion and disease prevention services
- **Title IV:** provides support for training, research, and demonstration projects in the field of aging
- **Title V:** authorizes the Senior Community Service Employment Program, managed by the Department of Labor; provides support for part-time employment for individuals 55 and over who are low-income and unemployed and have poor employment potential
- **Title VI:** provides funds for supportive and nutrition services for Native Americans—funds awarded directly by ACL to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups representing Native Hawaiians
- **Title VII:** provides support for programs to ensure protection of the rights of older adults, including the Long-Term Care Ombudsman Program (required to investigate and resolve complaints made by or on behalf of nursing facility residents or other institutionalized populations) and Elder Abuse, Neglect, and Exploitation Prevention Program

History of Title III of the OAA[10]

1950's

1950

President Truman initiated the first National Conference on Aging, sponsored by the Federal Security Agency.

1952

First federal funds were appropriated for social service programs for older persons under the Social Security Act.

1956

Special Staff on Aging were established within the Office of the Secretary of Health, Education, and Welfare, to coordinate responsibilities for aging.

Federal Council on Aging was created by President Eisenhower.

1958

Legislation was introduced in Congress, calling for a White House Conference on Aging.

1960's

1961

First White House Conference on Aging was held in Washington, D.C.

1962

Legislation was introduced in Congress to establish an independent and permanent Commission on Aging.

1965

OAA was signed into law on July 14, 1965. It established the AoA within the Department of Health, Education, and Welfare and called for the creation of SUA.

1967

OAA was extended for 2 years, and provisions were made for the AoA to study the personnel needs in the aging field.

1969

OAA Amendments provided grants for model demonstration projects, Foster Grandparents Program, and Retired Senior Volunteer Program.

1970's

1971

Second White House Conference on Aging was held in Washington, D.C.

1972

A new Title VII was created under the OAA, authorizing funds for a national nutrition program for the elderly.

1973

OAA Comprehensive Services Amendments established AAAs. The amendments added a new Title V, which authorized grants to local community agencies for multipurpose senior centers and created the Community Service Employment grant program for low-income persons age 55 and older, administered by the Department of Labor.

1974

OAA amendments added transportation under Title III model projects.

1975

OAA Amendments authorized grants under Title III to Indian

1980's

tribal organizations. Transportation, home care, legal services, and home renovation/repair were mandated as priority services.

1977

OAA Amendments required changes in Title VII nutrition program, primarily related to the availability of surplus commodities through the Department of Agriculture.

1978

OAA Amendments consolidated the Title III AAA administration and social services, the Title VII nutrition services, and the Title V multipurpose senior centers, into a new Title III and added a new Title VI for grants to Indian Tribal Organizations. The old Title V became the Community Service Employment grant program for low-income persons, age 55 and older (created under the 1978 amendments as Title IX).

OAA amendments required each state to establish a long-term care ombudsman program to cover nursing homes

1981

Third White House Conference on Aging was held in Washington, D.C.

OAA was reauthorized; it emphasized supportive services to help older persons remain independent in the community.

The Act expanded ombudsman coverage to board and care homes.

1984

The reauthorization of the OAA was clarified, and the accountability of SUAs and AAAs for coordinating community-based services and funding national priority services (legal, access, & in-home) was reaffirmed.

1987

The reauthorization of the OAA authorized appropriations for six additional services: in-home services for the frail elderly; long-term care ombudsman; assistance for special needs; health education and promotion; prevention of elder abuse, neglect, and exploitation; and outreach activities for persons who may be eligible for benefits under supplemental security income, Medicaid, and food stamps. Additional emphasis was given to serving those in the greatest economic and social need, including low-income minorities.

The Nursing Home Reform Act (Omnibus Budget Reconciliation Act) mandated that nursing facility residents have "direct and immediate access to ombudspersons when protection and advocacy services become necessary." Simultaneously, the OAA reauthorization charged states to guarantee ombudsman access to facilities and patient records, provided important legal protections, authorized state ombudsmen to designate local ombudsman programs, and required that ombudsman programs have adequate legal counsel.

1990's

1992

Reauthorization of the OAA placed increased focus on caregivers, intergenerational programs, protection of elder rights, and calls for a 1995 White House Conference on Aging.

OAA Amendments added a new Title VII, "Vulnerable Elder Rights Activities," which included the long-term care ombudsman; prevention of elder abuse, neglect and exploitation; elder rights and legal assistance development; and benefits outreach, counseling, and assistance programs. The legislation emphasized the value of the four programs coordinating their efforts. The amendments highlighted the role of local ombudsman programs and the state ombudsman's role as leader of the statewide program and advocate and agent for system-wide change.

1995

White House Conference on Aging was held in Washington, D.C.

OAA, Medicare, Medicaid, and the Foster Grandparent Program observed 30th anniversaries.

2000's

2000

OAA Amendments of 2000 were signed into law (P.L. 106-501), establishing the new National Family Caregiver Support Program and reauthorizing the OAA for 5 years on November 13, 2000.

2001

HHS Secretary Tommy G. Thompson released $113 million for first National Family Caregiver Support Programs grants to states on February 15, 2001.

2002

Kick-off of 30th Anniversary of the OAA Nutrition Program took place in March.

2005

The fifth White House Conference on Aging was held in Washington, D.C.

2006

OAA Amendments of 2006 were signed into law (P.L. 109-365), reaffirming the principles of consumer information for long-term care planning, evidence-based prevention programs, and self-directed community-based services to older individuals at risk of institutionalization. OAA was reauthorized for 5 years on October 17, 2006.

"One of the best measures of a country is how it treats its older citizens."

— Former President Barack Obama, speaking at the 2015 White House Conference on Aging

2010's

2010

The Affordable Care Act was enacted.

2011

The OAA authorization expired on September 30, 2011. Although the authorizations of appropriations under the OAA expired at the end of FY 2011, Congress continued to appropriate funding for OAA-authorized activities through FY 2016.

2012

ACL was established on April 18, 2012, bringing together the AoA, the Office on Disability, and the Administration on Developmental Disabilities.

2016

On April 19, 2016, President Obama signed the OAA Reauthorization Act of 2016 into law to further improve access and quality of comprehensive services to older adults in our country. The 2016 OAA reauthorized programs for FY 2017 through FY 2019. It included provisions to protect vulnerable elders by strengthening the Long-Term Care Ombudsman program and elder abuse screening and prevention efforts. It also promoted the delivery of evidence-based programs, such as falls prevention and chronic disease self-management programs.

Future Actions

The OAA expired on September 30, 2019.

On March 25, 2020, President Trump signed H.R. 4334, the Supporting Older Americans Act (SOAA) into law. The SOAA reauthorizes the OAA for 5 years and includes a 7% increase in funding in the initial year and a 6% increase annually for the remainder through FY 2024. Along with these increases, the SOAA establishes a new Research, Demonstration, and Evaluation Center for the Aging Network within the AoA, requires additional research into the impact of social isolation on senior health, and affirms the importance of local control and flexibility in the administration of OAA programs.

The Inaugural White House Conference on Aging in 1961

Projected Growth of the Aging Population

Today, the mission of the OAA is even more imperative than when the Act was signed into law 5 decades ago, as the large U.S. baby boom generation drives an unprecedented growth of the population age 65 and older. As shown in the two graphs below, the number of older adults is projected to increase substantially over the next 40 years. The number of adults 60 and older will increase by more than 41 million, the number of adults 65 and older will increase by more than 38 million, and the number of adults 85 and older will increase by more than 12 million. These figures represent population increases of 53%, 69%, and 184%, respectively, for these three groups of older adults between 2020 and 2060.

OAA Funding

Unfortunately, funding for OAA programs has not kept pace with the increase in the aging population, leaving many older adults without the essential services they need to remain independent in their communities. Funding for most OAA programs is provided in annual HHS appropriations, with the exception of Title V, which is part of annual Department of Labor appropriations. In addition, states are required to provide a non-federal match of 25% for family caregiver support and 15% for supportive services, preventive health, and meals.[11]

In 2016, the OAA Reauthorization Act of 2016 (S. 192) was signed into law (P.L. 114-144) by President Obama, increasing OAA funding by $17.1 million, or 0.8%, for a total FY19 funding amount of $2.06 billion. On March 25, 2020, President Trump signed H.R. 4334, the Supporting Older Americans Act (SOAA), into law. The SOAA reauthorizes the OAA for 5 years and includes a 7% increase in funding in the initial year and a 6% increase annually for the remaining years, through FY 2024. Along with these increases, the SOAA establishes a new National Research, Demonstration, and Evaluation Center for the Aging Network in the Office of the Assistant Secretary of HHS, and requires additional research into the impact of social isolation on senior health.

In response to the coronavirus disease 2019 (COVID-19) pandemic, supplemental appropriations have provided additional funding for OAA programs. For example, the Coronavirus Aid, Relief and Economic Security (CARES) Act provided $480M for nutrition programs under Title III-C and $100M for the National Family Caregiver Support Program under Title III-E. In addition, the Families First Coronavirus Response Act provided $250 million in supplemental funding for expanded food assistance for OAA nutrition services to states and tribal organizations.[12]

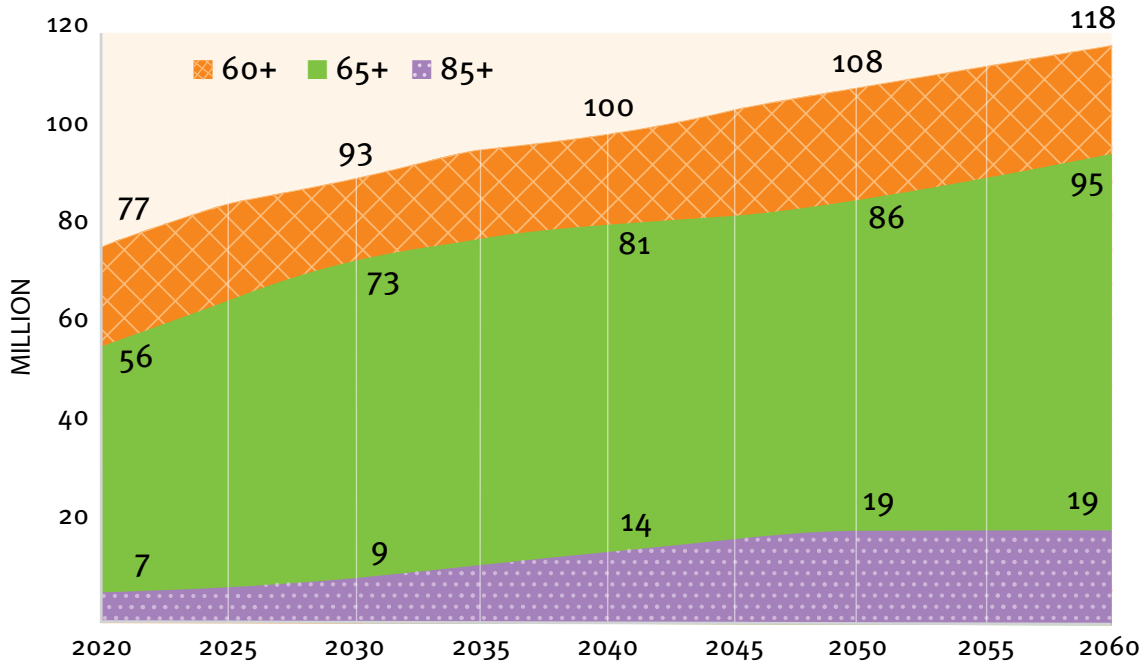
Continued and increasing federal funding for OAA programs is critical to help current and future generations of older adults live as independently as possible in their homes and communities. This is especially true for the Title III programs, which provided many different types of services *(see Table 1-4)* to 10.8 million people in 2018.

OAA Title III Distribution of Funding

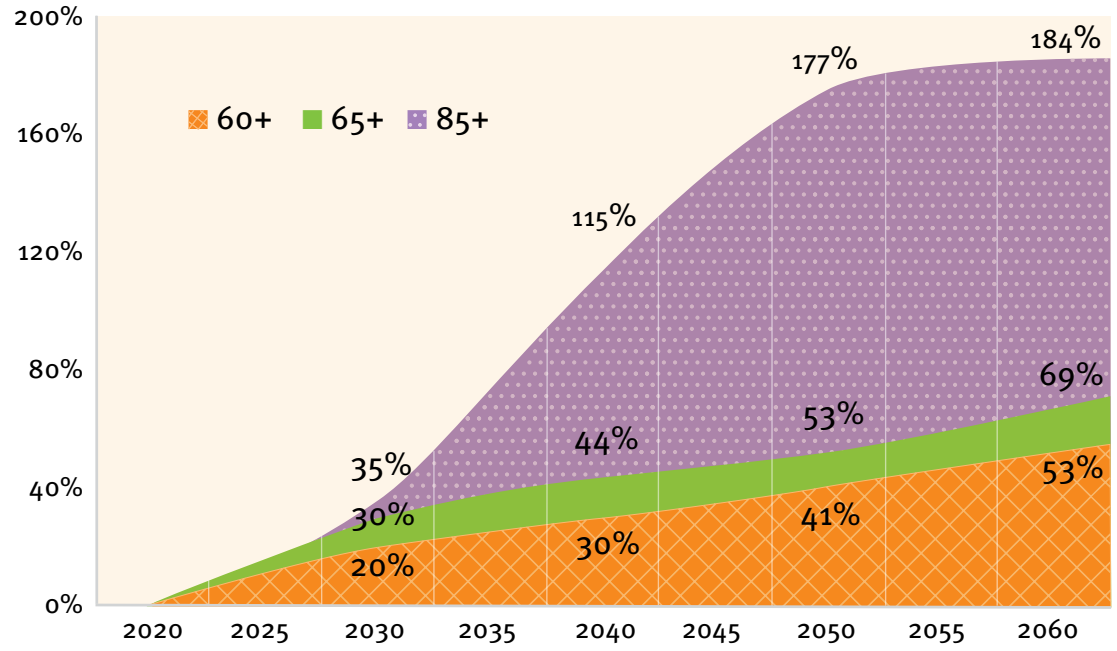
The majority of funding for OAA Title III programs flows from the federal to the state level and from there to the local level. Specifically, the AoA within ACL allots formula grants to SUAs in all 50 states, the District of Columbia, Puerto Rico, and the U.S. territories. Funds for Title III programs are distributed to each state and its aging network according to a formula based on the state's share of the U.S population age 60 or older or, in the case of caregiver support programs, age 70 or older. The formula takes into account the geographical distribution of older individuals as well as the distribution of older individuals with the greatest economic and social need (with particular attention to low-income, minority older individuals) among specified planning and service areas.

A significant amount of funding for the Title III programs is also provided by other sources, such as federal Medicare and Medicaid, states, private donations, and voluntary contributions from seniors for services received.[13] The states and territories, in turn, award funds to the 629 regional programs known as AAAs, which facilitate the delivery of services to local areas. Eligible individuals can obtain a range of services to provide them with the help they need. States, DC, and territories use their federal program income and other income to pay for these important services.

Graph 1. Current and projected population of adults ages 60+, 65+, and 85+: 2018-2060[14]



Graph 2. Percentage change in projected population of adults ages 60+, 65+, and 85+: 2020-2060[15]



Note. Percent reflects the change in population in reference to 2020.

OAA Title III Network

The OAA established a national network of federal, state, and local agencies to provide services that maximize the independence and well-being of older adults in their homes and communities.

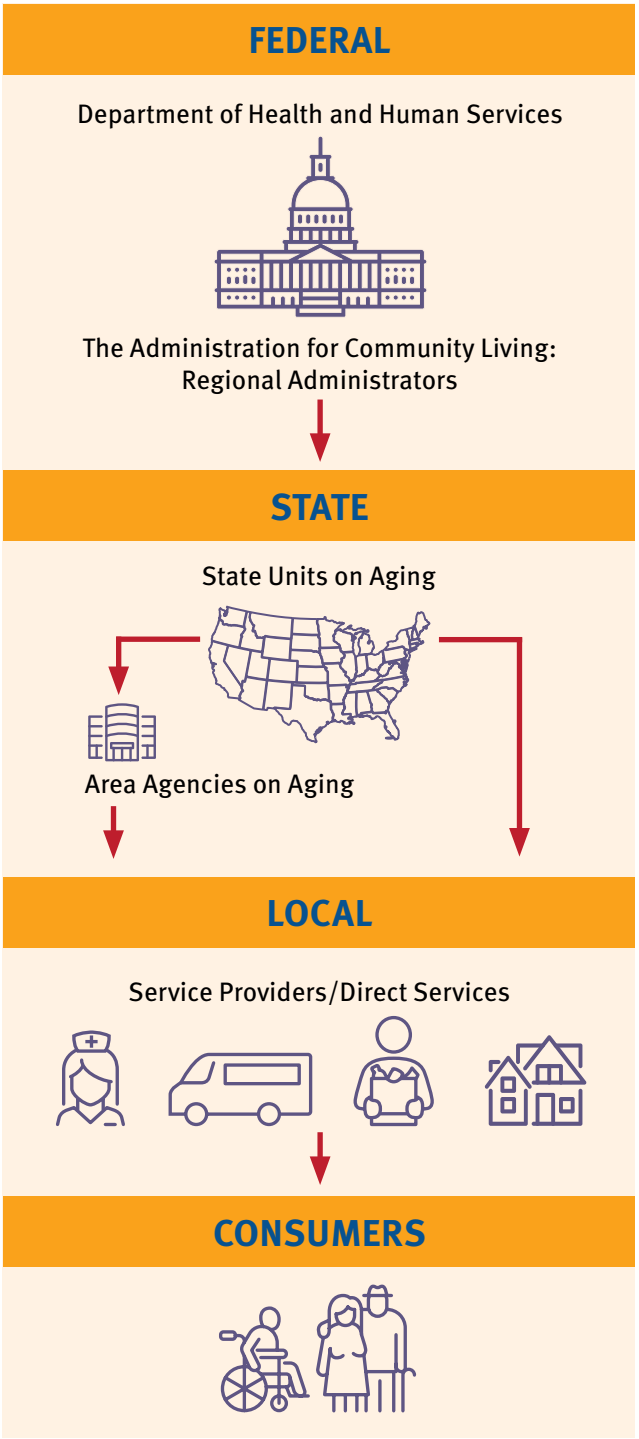
U.S. Department of Health and Human Services: HHS has designated ACL to carry out the provisions of the OAA and to administer the OAA programs. HHS also provides funding for the OAA programs.

Administration for Community Living: ACL is the primary federal agency responsible for administering the OAA programs and authorizes grants to SUAs and AAAs to act as advocates on behalf of older persons and to coordinate programs and services for older persons. ACL cherishes the continued collaboration with the Aging Services Network, consisting of the SUAs, AAAs, tribal organizations, and local service providers.

ACL's OAA Title III State Performance Report (SPR) Program Manager: ACL's OAA Title III SPR Program Manager develops, supports, and leads collaborative initiatives across AoA and the regions to engage target populations and ensure home- and community-based services for older adults are a constant priority across the nation. In addition to overseeing the contract that supports the development and maintenance of the SPR, the Program Manager conducts and prepares periodic reports to communicate important regional and state trends, issues, and policies affecting OAA programs, grantees, and stakeholders. The OAA Title III SPR Program Manager frequently collaborates with ACL's Regional Administrators to oversee the OAA Title III data, providing technical assistance and guidance on program performance and the systematic collection of data. Once the SPR data are final, they are shared publicly through a series of pathways, including ACL's budget justification, the HHS justification, AGID, and a number of stakeholder platforms.

ACL Regional Administrators: ACL's Regional Administrators have an important role, serving as a liaison between state and federal staff. In that role, they participate in programs and initiatives focused on older adults and tribal elders. They also work to advance the mission of the OAA and to improve the delivery of home- and community-based services in each of the 10 HHS Regions.

Figure 1. OAA Title III Network[16]



State Units on Aging[17]**:** SUAs are designated state-level agencies that are responsible for the planning and policy development as well as the administration of OAA activities. In that role, SUAs develop and administer multi-year state plans that advocate for and aid older residents, their families, and, in many states, adults with physical disabilities. The 56 SUAs are in each of the 50 states, the District of Columbia, Guam, Puerto Rico, American Samoa, the Northern Mariana Islands, and the Virgin Islands. "State Unit on Aging" is a general term. The specific title and organization of the governmental unit varies, and it may be called a Department, Office, Bureau, Commission, Council, or Board for the elderly, seniors, aging, older adults, and/or adults with physical disabilities. SUAs also coordinate with AAAs to collect and report state performance data to ACL on Title III program performance.

Area Agency on Aging[18]**:** AAAs serve as local entities that, either directly or through contract with local service providers, oversee a comprehensive and coordinated service system for the delivery of home- and community-based services.

An AAA is a public or private nonprofit agency designated by a state to address the needs and concerns of all older persons at the local levels. AAA is a general term; names of local AAAs may vary. AAAs are "on-the-ground" organizations primarily responsible for a geographic area, also known as a planning and service area, that is either a city, a single county, or a multi-county district. AAAs may be categorized as representing a county, city, regional planning council, or council of governments. AAAs vary widely in size as each state determines how many service areas to establish, which then determines the number of operating AAAs.

AAAs coordinate and offer services that help older adults remain in their homes, if that is their preference, aided by services such as home-delivered meals, homemaker assistance, and whatever else it may take to make independent living a viable option. By making a range of supports available, AAAs make it possible for older adults to choose the services and living arrangements that suit them best. The agencies focus on older adults in greatest need of supports, including people with low incomes, people with limited English proficiency, those in rural areas, those at risk for institutional placement, and

members of minority groups.

In coordination with consumers, service providers, and other interested stakeholders, each AAA also develops an Area Plan that outlines the needs and proposed recommendations for programs and services targeted to the needs of older adults. AAAs then update the plan every few years to reflect emerging trends. AAAs are also tasked by the OAA to serve as advocates for older adults, enabling the agency's leaders to engage on local and state issues beyond the programs and services they fund or deliver.[19]

The OAA does not address specific implementation issues. It is the responsibility of the SUA to develop regulations, policies, procedures, guidance, and technical assistance to address program accountability. The OAA requires that SUA/AAA consult with local services providers to develop the best method of program administration. Administrative procedures should not prevent or discourage participation.

Local Service Providers/Vendors: Local service providers or vendors deliver aging services, such as meals, transportation and in-home services.

Consumers: Consumers are older adults receiving Title III services.

Some OAA services also expand eligibility to other groups. For example, under Title III Part C (see description below), programs can offer meals to spouses (of any age) of older adults; people who provide volunteer services during meal hours; people with disabilities who live in housing facilities, where mainly older adults live and which also provide congregate nutrition services; and people with disabilities who reside with eligible older adults.

Older Americans Act Title III Services

Title III provides four categories of services, designated under parts B, C, D, and E. Part B covers, among other things, supportive services and senior centers, including transportation, help with homemaker tasks and personal care, and adult day care.[20] Part D covers evidence-based prevention and health promotion services.[21] Part C covers nutrition services, including home-delivered and congregate meals.[22] Part E authorizes the National Family Caregiver Support Program, which provides counseling, support groups, and relief from caregiver duties (respite services) for caregivers.[23]

Title III Part B: Support Services and Senior Centers

Purpose of the Support Services and Senior Centers Programs: Support services and senior centers are authorized under Title III-B of the OAA. The programs are designed to ensure that local communities can meet the individual needs of older adults and caregivers in their communities. The services are intended to help older adults remain independent in their own homes and communities.

Support Services and Senior Centers Programs: The funding for services provided through Title III-B is flexible, allowing agencies to develop programming to reflect community needs and provide tailored supports for older adults. There are more than 25 authorized services that local agencies can fund through Title III-B. These include services to help older people access supports, such as transportation, case management, and legal assistance, as well as home- and community-based long-term services and supports like personal care and adult day care services. The program also funds multi-purpose senior centers.[24]

Senior centers are the most visible presence of OAA programs and services in local neighborhoods. They are important gathering places, where people participate in educational, nutrition, social, and cultural programs as well as physical activities, health education, and health screenings. Though senior centers vary widely, they are all community centers that bring together older adults and provide critical programs and services.[25]

Target Populations and Eligibility: Except for recipients of Information Services, those receiving senior services must be 60 years of age or older, regardless of income, assets, or ability to pay. Priority for services must be given to low-income older persons, including low-income minority older individuals, older individuals with limited English-speaking ability, and older individuals who live in rural areas. In addition, the following criteria are used to reach older adults with the greatest need for Chore, Homemaker, and Assisted Transportation services:

- Chore services are targeted toward individuals who have difficulty with heavy housework, yard work, or sidewalk maintenance.
- Homemaker services are targeted toward individuals who have difficulty with one or more instrumental activities of daily living (IADLs), such as preparing meals, shopping for food or other personal items, managing money, using the telephone, or light housekeeping.
- Assisted Transportation services are targeted toward individuals who have difficulty (physical or cognitive) with using private or public transportation.

Program Highlights: Millions of older adults rely on the supportive services provided under Title III-B. For example, in 2018, almost half a million older adults received case management services, and more than 160,000 older adults received homemaker services.[26] Recent data from the National Survey of OAA Participants (NSOAAP)[27] show positive outcomes for the support services programs. For example:

- The large majority of Case Management Service recipients rated the services as good, very good, or excellent (87.8%) and reported that these services helped them stay in their homes (90.4%).
- Almost all Homemaker Service recipients rated the services as good, very good, or excellent (94%) and reported that these services helped them stay in their homes (95.8%).
- Almost all Transportation Service recipients rated the services as good, very good, or excellent (94.4%), and most reported the services helped them stay in their homes (88.9%).

Table 1. Older Americans Act Title III Services, Part B.[28]

Service Category	Description of Services
Adult Day Care/Health	Personal care for dependent older adults in a supervised, protective, and congregate setting (group setting) during some portion of a day. Services offered typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance, and home health aide services for adult day health.
Assisted Transportation	Assistance and transportation, including escort, for a person who has difficulties (physical or cognitive) using regular transportation.
Transportation	Transportation from one location to another (e.g., to a medical appointment or grocery store). Does not include any other activity.
Case Management	Assistance with access or care coordination for an older person who has diminished functioning capacities, personal conditions, or other characteristics and so needs to receive services from formal service providers or family caregivers. Activities of case management include assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment as required.
Chore Services	Assistance with such activities as heavy housework, yard work, or sidewalk maintenance.
Health Promotion and Disease Prevention	Services that include health screenings and assessments; organized physical fitness activities; evidence-based health promotion programs; medication management; home injury control services; and/or information, education, and prevention strategies for chronic disease and other health conditions that would reduce the length or quality of life of a person 60 or older.
Homemaker	A service assisting a consumer with routine tasks to achieve and maintain a clean, safe, and healthy environment—e.g., preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.
Information and Assistance	A service that provides individuals with information on services available within communities; links individuals to services and opportunities available within communities; and, as much as possible, establishes adequate follow-up procedures.
Legal Assistance	Legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.

Service Category	Description of Services
Outreach	Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their caregivers) and encouraging them to use existing services and benefits.
Personal Care	Service that that help a consumer to achieve optimal functioning with ADL and/or IADL—e.g., personal assistance, stand-by assistance, supervision, or cues.
Self-Directed Care	An approach to providing services (including programs, benefits, supports, and technology) under this Act intended to assist an individual with activities of daily living, in which ■ the services (including the amount, duration, scope, provider, and location of those services) are planned, budgeted, and purchased under the direction and control of the person served; ■ the service recipient is given the appropriate information and assistance necessary to make informed decisions about his or her care options; and ■ the AAA (or AAA-designated agency) assesses the service needs, capabilities, and preferences of the individual to be served as well as that individual's ability to direct and control the receipt of services.
Other Services	A service provided using Older Americans Act funds that does not fall into the listed service categories.

Title III Part C: Nutrition Services

Purpose of the Nutrition Programs: Nutrition services are authorized under Title III-C of the OAA. The services aim to

- reduce hunger, food insecurity, and malnutrition,
- promote the health and well-being of older people by assisting them in gaining access to nutrition and other disease prevention and health promotion services,
- promote socialization, and
- delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior.

Nutrition Programs: Through the OAA Nutrition Program, ACL's AoA provides grants to states to help support nutrition services for older people throughout the country. The nutrition program is the oldest, largest, and best-known of all OAA programs. It is funded (in part) by AoA, as well as state and local governments, foundations, direct payment for services, fundraising, and participants' voluntary contributions (time and/or money).

Program services include the Congregate Nutrition Program and the Home-Delivered Nutrition Program, which provide healthy meals in group settings such as senior centers and faith-based locations, as well as in the homes of older adults who live alone. Title III also funds the Nutrition Services Incentive Program. Through the Aging Network's meal providers, the programs provide a range of services, including nutrition screening and assessment as well as nutrition education and counseling.[29] In addition, nutrition services provide an important link to other supportive in-home and community-based supports, such as homemaker and home health aide services, transportation, physical activity and chronic disease self-management programs, home repair and modification, and falls prevention programs.

Table 2. Older Americans Act Title III Services, Part C[30]

Service Category	Description of Services
Congregate Meals	Meals provided to an eligible individual in a group setting (e.g., senior center, senior housing sites, restaurant programs, faith-based locations).
Home-Delivered Meals	A meal provided by a qualified nutrition project provider to an eligible individual and is consumed in his or her place of residence. Meals may be provided via home delivery, pick-up, carry-out or drive-through.
Nutrition Counseling	A standardized service as defined by the Academy of Nutrition & Dietetics that provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illness, or medication use, or to caregivers. Counseling is provided one-on-one by a registered dietitian, and addresses the options and methods for improving nutrition status with a measurable goal.
Nutrition Education	An intervention targeting OAA participants and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (related to nutritional status) in order to maintain or improve health and address nutrition-related conditions. Content is consistent with the Dietary Guidelines for Americans; is accurate, culturally sensitive, regionally appropriate, and considers personal preferences; and is overseen by a registered dietitian or individual of comparable expertise as defined in the OAA.

Congregate Nutrition Services
(OAA Section 331, sometimes called C1)

The Congregate Nutrition Program, established in 1972, serves healthy meals while also presenting opportunities for social engagement, health and wellness activities, and meaningful volunteer roles, all of which contribute to health and well-being. The Congregate Nutrition Services section of the OAA authorizes meals and related nutrition services in group settings, which help to keep older Americans healthy and prevent the need for more costly medical interventions. The Congregate Nutrition Program serves individuals age 60 and older, their spouses, and, in some cases, their caregivers and/or persons with disabilities who are not older individuals, but who reside in housing facilities occupied primarily by older individuals at which congregate nutrition services are provided.

Home-Delivered Nutrition Services
(OAA Section 336, sometimes called C2)

Established in 1978, The Home-Delivered Nutrition Services section of the OAA authorizes meals and related nutrition services for older individuals and their spouses of any age. Home-delivered meals are often the first in-home service that an older adult receives, and the program is a primary access point for other home- and community-based services. The program often serves frail, food-insecure, or isolated individuals age 60 and over, their spouses, and, in some cases, their caregivers, and/or persons with disabilities. This program serves much more than food. It provides a safety check and sometimes the only opportunity for face-to-face contact or conversation that day.

Nutrition Services Incentive Program
(OAA Section 311)[31]

The Nutrition Services Incentive Program of the OAA provides grants to states, territories, and eligible tribal organizations to support the Congregate and Home-Delivered Nutrition Programs by providing an incentive to serve more meals. Grantees can choose to receive their grants as cash, commodities (food) from the United States Department of Agriculture, or a combination of cash and commodities.

Congregate Meal Programs: A Value Proposition

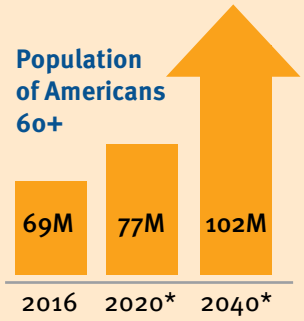
CONGREGATE MEAL PROGRAMS

- *Serve adults 60+ (and in some cases, caregivers, spouses, and/or younger people with disabilities)*
- *Provide meals in senior centers, schools, churches, farmer markets, and other community settings*
- *Offer healthy meals, social engagement, access to community resources, volunteer roles*

DEMAND ON THE HEALTH CARE SYSTEM WILL GROW WITH THE POPULATION

Nutrition/malnutrition have a tremendous impact on overall health and health care utilization

*Projected



HOW THE HEALTH CARE SYSTEM BENEFITS

FEWER ER VISITS
leading to admissions

5.4%
vs. 10.4%

FEWER HOSPITAL ADMISSIONS

8.5%
vs. 13.7%

Participants vs. non-participants

HOW MEAL PROGRAM PARTICIPANTS BENEFIT

HIGHER QUALITY DIET

A healthy diet is essential to overall wellness

1 out of 2 older adults is at risk or is malnourished

GREATER FOOD SECURITY

Access to food is a social determinant of health

4.9 million seniors do not have reliable access to enough affordable, nutritious food

INCREASED SOCIALIZATION

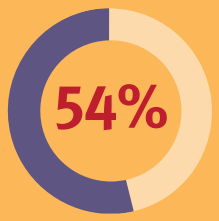
Staying connected is an important part of health aging

Social isolation is linked to higher blood pressure, earlier onset of dementia, and other serious illnesses

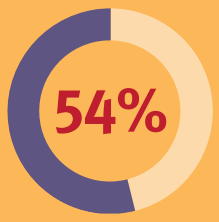
SOURCES: ACL's 2018 Evaluation of the Older Americans Act Nutrition Services Program Outcomes Report-Part II; U.S. Census Bureau Populations Data; The National Foundation to End Senior Hunger and Feeding America's "The State of Senior Hunger in America 2016."

According to the NSOAAP

80% of participants say a congregate meal program improved their health



54% of participants say a congregate meal supplies 50% or more of total food for the day



54% of participants say their social opportunities have increased because of a meal program

The OAA requires that all OAA-funded meals adhere to the current Dietary Guidelines for Americans, provide at least one third of the Dietary Reference Intakes, meet state and local food safety and sanitation requirements, and be appealing to older adults. Because services are state administered, each State Unit on Aging has the responsibility and authority (OAA Section 305) to implement the nutritional standards (OAA Section 339) to best meet the needs of the older adults that they serve. For example, a state may choose to use its funds to provide meals that focus nutrient standards on prevalent statewide chronic disease(s) or predominant health issues affecting older individuals. In practice, some states may require that menus for meals served using OAA funds be developed using nutrient analysis, meal patterns, or a combination.

Target Population and Eligibility: Services are not intended to reach every individual in the community. In general, under the OAA, a person must be 60 years of age or older to be eligible for the nutrition programs. However, the programs specifically target adults age 60 and older who are in greatest social and economic need, with particular attention to the following groups[32]:

- Low-income older adults
- Minority older individuals
- Older adults in rural communities
- Older individuals with limited English language ability
- Older adults at risk of institutional care

Program Highlights: In 2018, over 7,500 providers delivered congregate and home-delivered meals to over 2.3 million recipients.[33] Recent data from the NSOAAP[34] show that Congregate Nutrition Programs are effectively targeting their services, as indicated by the following outcomes:

- More than 50% of recipients are 75 years or older, compared to 30% of the US population over 60 years old.
- 54% of recipients indicated that one congregate meal provides half or more of their total food for the day.
- 90% of recipients rate the meal as good to excellent.
- 80% of recipients say they eat more healthily because of a meal program.
- About three quarters of recipients (76%) believe their health has improved as a result of a lunch program.

For the Home-Delivered Nutrition Programs, recent NSOAAP data also indicate that the programs are effectively targeting services, as indicated by the following outcomes:

- 62% of recipients are 75 years or older, compared to 30% of the US population over 60 years old.
- 66% of recipients indicate that a home-delivered meal provides half or more of their total food for the day.
- Nearly 88% of participants rate the meal as good to excellent.
- The vast majority of recipients (90%) say that home-delivered meals help them to stay in their own homes.
- 60% of recipients live alone.

Title III Part D: Evidence- Based Disease Prevention and Health Promotion Services

Purpose of the Program: Title III-D of the OAA was established in 1987. It provides grants to states and territories, based on their share of the population aged 60 and older and other factors, for programs that support healthy lifestyles and promote healthy behaviors. The FY 2012 Congressional appropriations law included, for the first time, an evidence-based practice requirement related to Title III-D funds. As a result, states that receive OAA funds under Title III are required to spend those funds on evidence-based programs* to improve health and well-being and reduce disease and injury.

Evidence-Based Programs: Since 2003, the aging services network has been steadily moving toward wider implementation of disease prevention and health promotion programs based on scientific evidence and demonstrated to improve the health of older adults as they reduce the need for more costly medical interventions. Service activities may include programs related preventing and mitigating the effects of chronic disease (including osteoporosis, hypertension, obesity, diabetes, and cardiovascular disease), alcohol and substance abuse reduction, smoking cessation, weight loss and control, stress management, falls prevention, physical activity, and improved nutrition.

Specific programs offered vary widely but include chronic disease self-management, falls prevention, medication management, fitness activities, mental health supports, and other interventions that have shown to be effective in enhancing health.[35]

The ACL National CDSME Resource Center maintains a database of evidence-based programs that meet ACL's criteria for evidence-based programs under Title III-D.† The database is updated periodically based on the results of an Evidence-Based Program Review Process. More information about that process is available here‡.

Target Population and Eligibility: Priority is given to serving older adults living in medically underserved areas of the state and those with the greatest economic need. Title III-D funds must be used to provide evidence-based disease prevention and health promotion programs at senior centers, at congregate meal sites, and/or through home-delivered meal programs in the client's home or at other appropriate sites.

Program Highlights: Evidence- based programs empower older adults to take control of their health by maintaining a healthy lifestyle through increased self-efficacy and self-management. These programs are based on research and provide documented health benefits. Specifically, they demonstrate reliable and consistently positive changes in important health-related and functional measures, such as improved balance and strength as a result of attending a physical activity program or reduced chronic disease symptomatology as a result of a self-management program.

* ACL defines an evidence-based program as one demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability, and/or injury among older adults; and proven effective with the older adult population, using experimental or quasi-experimental design; and research results published in a peer-review journal; and fully translated in one or more community site(s); and includes developed dissemination products that are available to the public.

† https://www.ncoa.org/evidence-based-programs

‡ https://www.ncoa.org/article/apply-to-become-an-evidence-based-program

Table 3. Older Americans Act Title III Services, Part D

Service Category	Description of Services
Evidence-Based Disease Prevention and Health Promotion Services	Funds are provided for evidence-based disease prevention and health promotion services, including programs related to physical fitness, medication management, chronic disease self-management education, psychosocial behavioral health intervention, HIV, arthritis, brain health, diabetes, falls prevention, depression, and chronic pain.

Title III Part E: Caregiver Services

Purpose of the Caregiver Programs: Family caregivers are the backbone of America's long-term care system, with more than 65 million Americans, or nearly 30% of the general population, caring for an older adult or someone living with an illness or disability.[36] Family members are the people most likely to serve as caregivers to older adults, and when these caregivers become overwhelmed by the physical and emotional burden of caregiving, their older loved ones are at increased risk of institutionalization.

Recognizing the critical role families play in the nation's system of long-term services and supports, Congress established the National Family Caregiver Support Program (NFCSP) in 2000 as part of the reauthorization of the OAA. It was the first federal program making it possible for every state and community to provide family caregivers with a flexible base of services and supports to assist them in keeping their loved ones in the settings of their choice for as long as possible. Today, the NFCSP is an integral component of our nation's fabric of long-term services and supports. It is a trusted and reliable resource to support the needs of family or other informal caregivers as they lend assistance to aging adults, as well as the needs of grandparents and older relatives caring for minor children or adults with disabilities.[37]

Table 4. Older Americans Act Title III Services, Part E[38]

Service Category	Description of Services
Information for Caregivers About Available Services	A service for caregivers that provides them with information on resources and services available within their communities.
Assistance to Caregivers in Gaining Access to Services	A service that assists caregivers in obtaining access to the services and resources available to them within their communities. As much as possible, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
Caregiver Training/Education, Individual Counseling, Support Groups	Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families). These services help caregivers better manage their responsibilities and cope with the stress of caregiving.
Respite Care	Services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. Respite Care includes in-home respite (personal care, homemaker, and other in-home respite); respite provided as the care recipient attends a senior center or other nonresidential program; institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and, for grandparents caring for children, summer camps.
Supplemental Services	Services provided on a limited basis to complement the care provided by caregivers (e.g., transportation, home modifications, medical equipment, assistive technologies, and emergency response systems).

Caregiver Programs: Through the NFCSP, states and territories offer five core services for caregivers, in partnership with AAAs and local service providers:

- Information for Caregivers About Available Services
- Assistance to Caregivers in Gaining Access to Services
- Caregiver Education/Training, Individual Counseling, and Support Groups
- Respite Care
- Supplemental Services

The NFCSP provides grants to state and territories to fund supports that help caregivers of all ages balance caregiving with other responsibilities. This, in turn, helps ensure more adults can remain in their homes and communities.[39]

Target Population and Eligibility: The NFCSP was established in 2000 and is available for the following individuals:

- Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older, or to individuals of any age with Alzheimer's disease and related disorders
- Older relatives (not parents), age 55 and older, providing care to children under the age of 18
- Older relatives, including parents, age 55 and older, providing care to adults ages 18–59 with disabilities[40]

Program Highlights: In 2018, there were over 200,00 caregiver program recipients.[41] Recent data from the NSOAAP[42] show positive outcomes for the Caregiver Programs. For example:

- Almost all Caregiver Service recipients rated the services as good, very good, or excellent (93.1%).
- The large majority of Case Management Service recipients rated the services as good, very good, or excellent (87.8%) and reported the services helped them stay in their homes (90.4%).
- Almost all Homemaker Service recipients rated the services as good, very good, or excellent (94%) and reported the services helped them stay in their homes (95.8%).

Older Americans Act Title III Data

Using Title III Data

Policy makers, state leaders, advocates, and other stakeholders need accurate and timely information about OAA Title III programs to assess their reach, effectiveness, and potential impact. The information is also key for monitoring ACL's progress toward achieving its strategic goals, objectives, and priorities; for supporting ACL's budget justifications; for monitoring program performance; and for supporting program improvement.[43] In addition, information about the programs can be used for research and analysis to inform federal, state, and local aging and social services policy.

The OAA Title III programs produce rich data covering the range of Title III services. These data can help answer key questions about the programs, such as the following:

- How much funding is allocated to the individual service types?
- How do expenditures differ by service type?
- How many individuals receive Title III services?
- What are the characteristics of Title III service recipients?
- What is the health status of service recipients?
- How helpful are the services?

Although the OAA provides minimum requirements and guidance to the aging service network on Title III, there is flexibility for states to tailor programs and services to best meet the needs of older adults they serve. It is important to consider similarities and differences such as the following across states when interpreting OAA Title III data:

- **Services.** Although authorized services under Title III are defined in the OAA, specific service design and implementation varies from state to state. ACL provides detailed definitions to states on services for which data are collected in the SPR; however, these definitions are reasonably flexible to allow for state-by-state variation. For example, "supplemental service" recipients can receive items such as wheelchairs, adjustable beds, personal emergency response systems, and a number of various medical equipment or supplies to support caregivers. Although this level of flexibility does not apply to all services, it is important to note when considering state level comparisons. Additionally, not all states provide all the services measured in the SPR.
- **Data systems**. States differ in how they collect and maintain OAA Title III data. Depending on the age and sophistication of the data management system, states may collect additional information, such as age and living arrangement sizes and types across funding authorities. Budget and staffing limitations are often mentioned among the top difficulties with collecting and extracting OAA Title III data.
- **Funding options.** Some states administer services and programs in cooperation with local governments and with the contribution of state and county dollars. That constitutes a distinct difference with funding and the number of individuals served and availability of services.
- **Client feedback.** Although the NSOAAP is a national sample survey of clients receiving OAA Title III services, respondents may not be representative of all the OAA Title III clients receiving the services.

We encourage readers to review SPR data in light of these complexities. Detailed information about the surveys and operational definitions used for OAA Title III data can be found on the AGing, Independence, and Disability* (AGID) program data portal website. It may also be helpful to check your state's website or check with the SUA director if you need further clarification of a specific finding.

* https://agid.acl.gov/

"Our OAA network is making a real difference in the lives of people every day all across this nation. However, if we are to continue to be successful, we must evolve to meet the growth in demand and the increasingly complex combinations of needs of the people we serve. We also must keep pace with the changes occurring in the larger policy environment."

— ACL Administrator and Assistant Secretary for Aging Lance Robertson

Title III Data Collection and Access

As the primary federal agency responsible for administering the OAA, ACL collects information and reports on the performance of Title III programs through several data collection systems. The two primary data collection systems for Title III programs are the **SPR** and the **NSOAAP**.

State Performance Report[44]

In compliance with the Government Performance and Results Act of 1993, the OAA and ACL's AoA, 50 states, the District of Columbia, Guam, Puerto Rico, American Samoa, the Northern Mariana Islands, and the U.S. Virgin Islands submit an annual SPR on the activities carried out under the Older Americans Act.

The data collected by state agencies, area agencies on aging, and service providers include statistical data regarding the effectiveness of the state agency and area agencies on aging in targeting services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals (including individuals with any physical or mental functional impairments).

The SPR includes demographic and descriptive data, performance data on programs and services, and data on the infrastructure of home- and community-based services. These data are aggregated and examined on a national and regional (e.g., for each of the 10 HHS Regions) level. SPR data from 2005 to 2018 is available to the public and can be accessed on the ACL's AGID program data portal without a login using two approaches:

- Data-at-a-Glance† is a tool for generating quick estimates in table format, supplemented by map and chart graphical representations for SPRs by national, regional, or state level; allows users to examine a single data element by state and year to explore the data for patterns, anomalies, or areas of interest.
- Custom Tables‡ provide detailed, multiyear tables designed to present data elements applicable to users' needs and to further refine users' results based on demographic stratifiers or geographic locations. Using a step-by-step process, users can choose multiple data elements to compare and download in a spreadsheet format.

National Survey of Older Americans Act Participants[45]

In 2003, AoA began the NSOAAP, a national sample survey funded by Title III of the OAA, to assess the effectiveness of the Title III programs, maintain accountability, and demonstrate the program's success in achieving legislative goals.

NSOAAP is comprised of six annual, national surveys of recipients of select Title III services. The survey

† https://agid.acl.gov/DataGlance/SPR/
‡ https://agid.acl.gov/CustomTables/NPS/Year/

instruments focus on the consumers' assessment of service quality and outcomes. The instruments also measure client characteristics such as demographics and physical and social functioning.

These surveys are conducted annually through computer-assisted telephone interviewing. All responses are confidential and anonymous. The sample population of the NSOAAP is Title III service participants and their caregivers. Respondent participants are age 60 and older. Respondents answering questions under the Caregiver module are adults age 18 and over.

A total of 312 AAAs are randomly selected to participate in the survey. A small sample of clients from each participating AAA is randomly selected to complete a survey about services they received during the past year. NSOAAP data include information for six Title III service areas (caregiver, home-delivered meals, congregate meals, homemaker, transportation, and case management) at the national level and by Census region. Some of the domains within each service area include the length of time and frequency of service use, ratings of quality, perceived benefits, social and physical function, and demographics.

The 12th NSOAAP was collected in 2017. Data can be accessed on AGID program data portal using the two approaches:

Custom Tables[§]: provide detailed, multiyear tables designed to present data elements applicable to users' needs and to further refine users' results based on demographic stratifiers or geographic locations. Using a step-by-step process, users can choose multiple data elements to compare and download in a spreadsheet format.

Data Files[¶]: provide datafiles in CSV, ASCII, and SAS format for the six Title III service areas for use in a statistical package.

The following sections are program highlights and accomplishments based on 2018 SPR and NSOAAP data.

§ https://agid.acl.gov/CustomTables/NPS/Year/
¶ https://agid.acl.gov/DataFiles/NPS/

Each May, AoA leads our nation's celebration of Older Americans Month. Proclaimed by every President since John F. Kennedy, the observance is a time to recognize the contributions of older Americans and an opportunity to hightlight important aging issues and trends. AoA maintains the Older Americans Month website and creates all materials found at ACL.gov/OAM.

The Eldercare Locator is AoA's free public service that connects older adults, families, and caregivers with aging information and local resources. The website offers fact sheets and outreach materials as well as a database of community resources that can be searched by topic or location. Information specialists are available by phone, online chat, and email. Hours of operation are Monday through Friday, 9 a.m. to 8 p.m. ET.

www.eldercare.acl.gov
880.667.1116 (toll-free)

OAA Title III 2018 Program Highlights and Accomplishments

Touching the Lives of Every Older American

As shown by the wide range of services, OAA Title III programs are comprehensive and provide essential supports for older adults. In fact, one way or another, OAA programs and services touch every older American's life, directly or indirectly. For instance, senior centers are important gathering places where adults participate in essential programs focused on health, wellness, education, and social participation. The nutrition programs support food security for thousands of low-income and food-insecure people each day. Caregiver support programs help ensure that older adults can stay in their homes.[46] At the local level, older adults, caregivers, and other community stakeholders directly determine how current and future programs are implemented, based on the needs of each community.

Overall, the programs offer an impressive return on investment by leveraging state, local, and private dollars and mobilizing volunteers to help millions of older adults and caregivers age in their homes and communities every year. Also, because people aging in place are less likely to need more costly hospital and institutional care paid for through Medicare and Medicaid, the programs save taxpayer dollars as they enable older adults to remain independent and healthy in their own homes, where they prefer to be.[47]

Between 89% and 96% of service recipients noted that the services helped them stay in their home.

Protecting the Most Vulnerable

In 2018, OAA Title III program data shows Title III funded 56 state agencies, 1,050 local agencies that coordinated and offered services to older adults, and 11,212 senior centers. In addition, it provided support to over 196,000 caregivers serving elderly individuals. More than 10.8 million older persons received Title III services, including almost 147 million home-delivered meals; 74 million congregate meals; 20 million rides to medical appointments, grocery stores, and other activities; and 21 million hours of homemaker services.

One of the key goals of the OAA Title III programs is ensuring the nation's most vulnerable older adults have the services they need to remain independent in their communities. Thus, even though all Americans over the age of 60 are eligible to receive OAA services, states must target individuals with the greatest economic and social need, with a particular emphasis on those who are most vulnerable. The 2018 OAA Title III program data show services are indeed reaching the most vulnerable older adults in the nation—those most in need

> "The stability that a finalized and current OAA reauthorization provides is critical to ensuring that the millions of older adults and caregivers served by the OAA can continue to live with dignity and independence in their homes and communities for as long as possible."
>
> *—James Appleby, CEO Gerontological Society of America*

of services to remain independent. Specifically, the data reported by service recipients show that Title III services reached the following populations in 2018:

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

These characteristics are often associated with worse health and diminished physical functioning. In fact, approximately half of Title III participants who received in-home services in 2018—those in the home-delivered meals, case management, homemaker services, and caregiver programs—generally reported being in poor or fair health.

However, the data also show that OAA Title III services may make a difference in the lives of those individuals. The majority of service recipients rated the services** as excellent, very good, or good. Most importantly, between 89% and 96% of service recipients†† noted that the services helped them stay in their home. In addition, the services appear to help avoid overnight hospital and nursing home stays. On average less than one in five service recipients reported an overnight stay in a nursing home or rehabilitation center, and, on average, only about one in three service recipients reported an overnight stay in a hospital. The majority of service recipients also reported not receiving Medicaid benefits in 2018, highlighting that OAA Title III service could be associated with fewer healthcare needs.

** Includes the following services: Caregiver, Case Management, Congregate Meals, Home-Delivered Meals, Homemaker, and Transportation

Older Americans Act Title III Results

The following sections of the report summarize results from OAA Title III programs for 2018. The highlights are presented in two parts. **Part I** focuses on results from 2018 SPR data, including overall program information, number of service recipients and demographics, and service delivery. **Part II** focuses on results from the 2018 NSOAAP, including service recipient characteristics and recipients' ratings of services.

SPRs distinguish between registered and unregistered OAA Title III services. Registered services include Personal Care, Homemaker, Chore, Home-Delivered Meals, Adult Day Care/ Health Services, Case Management, Congregate Meals, Nutrition Counseling, and Assisted Transportation. Unregistered services include Transportation, Legal Assistance, Nutrition Education, Information and Assistance, Outreach, Other Services, Health Promotion, and Cash and Counseling. SPRs also include Caregiver Services data, which are captured separately from registered and unregistered services data. Data on Caregiver Services are separated by caregiver type, including "Caregivers Serving Older Adults" and "Grandparents and Other Older Caregivers Serving Children." NSOAPP provides data on six select Title III services (Homemaker, Home-Delivered Meals, Case Management, Congregate Meals, Transportation, and Caregiver Services).

This report focuses on **six Title III services**: **Homemaker, Home-Delivered Meals, Case Management, Congregate Meals, Transportation, and Caregiver Services.** These are the key services captured in both SPR and NSOAAP.

Number of Agencies and Providers

The majority of funding for OAA programs flows from the federal to the state level and from there to the local level. Most states and territories have a state-level office on aging or SUAs, responsible for developing and administering multiyear state plans that advocate for and aid older residents, their families, and, in many states, adults with physical disabilities. Most states and territories also have AAAs.[48] These are public or private nonprofit agencies designated by a state to address the needs and concerns of all older persons at the regional and local levels. AAAs work with service providers, such as senior centers, to deliver the services to eligible clients.

Total Number of SUAs

56

Total Number of AAAs

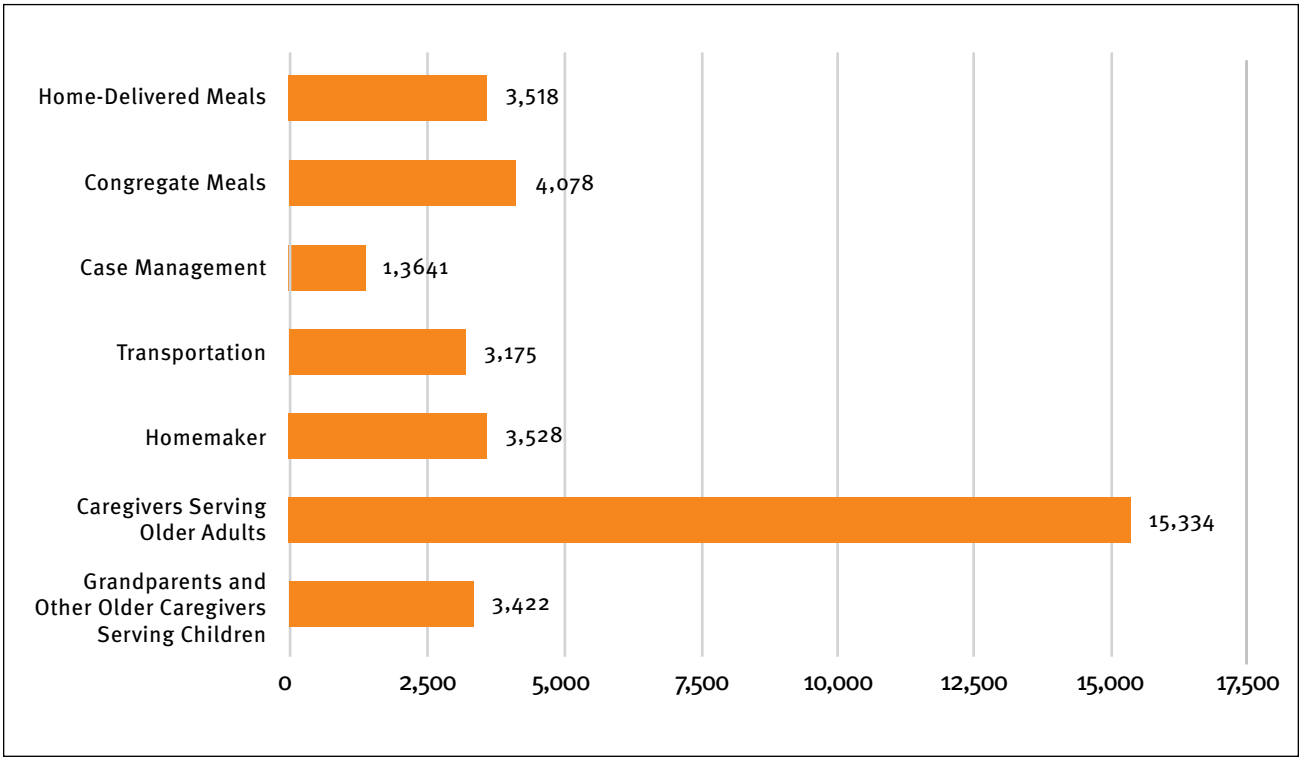
1,050

Total Number of Senior Centers

11,212

* Data on legal assistance will be available in future reports.

Exhibit 1. Number of Providers by Service Type



Notes: Includes data from all 50 States, DC, and territories.

Number of SUA Agency Staff
Total number of paid staff
6,273

Number of AAA Staff
Total number of staff
51,894

Paid staff
25,943

Volunteer staff
25,951

In 2018, Caregivers Serving Older Adults programs reported by far the largest number of providers (15,334), followed by Congregate Meal programs (4,078).

Number and Characteristics of Service Recipients

Number of Title III Service Recipients

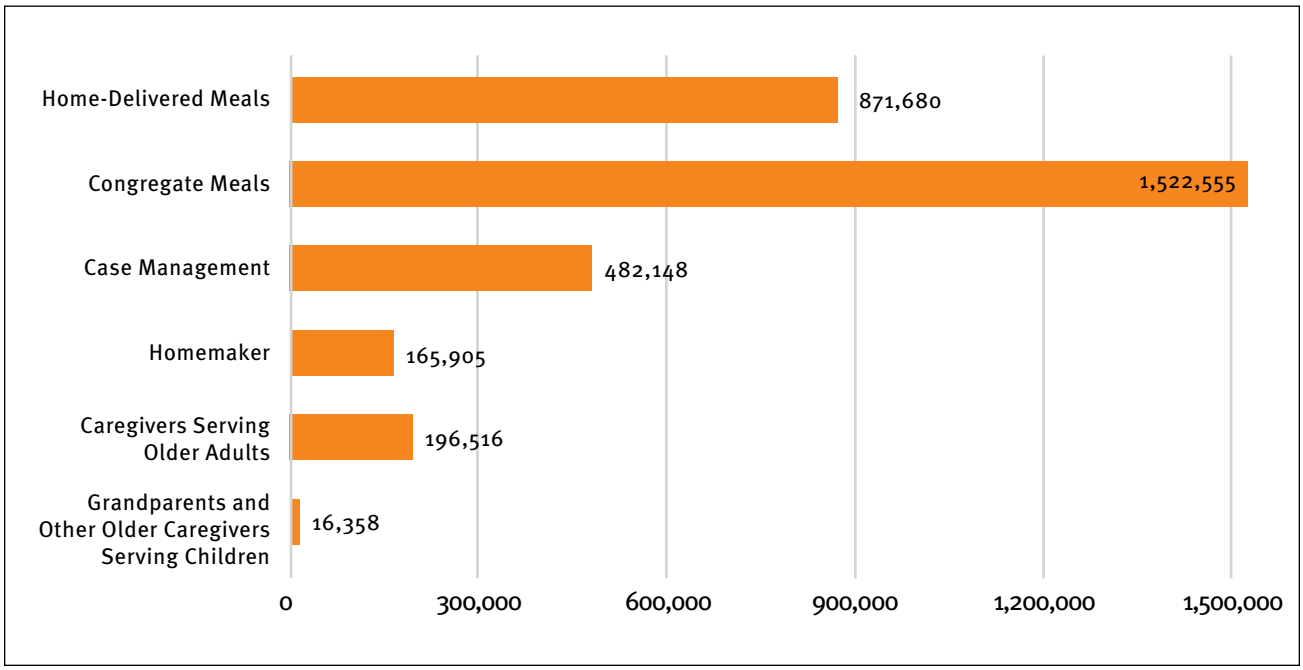
In 2018, states and territories reported an estimated total of **more than 10 million (10,802,963)** unduplicated Title III service recipients (including registered and unregistered service recipients). Of those, **2,716,201** were service recipients for registered services.

The following sections provide data for six service areas of interest. Data for recipients of Transportation services are not available. When available, data on service recipients for the Title III Caregiver programs are provided separately.

Number of Title III Service Recipients by Service Type

In 2018, Congregate Meal programs reported the highest number of service recipients (1,522,555), followed by Home-Delivered Meal programs (871,680).

Exhibit 2. Number of Title III Service Recipients by Service Type



Notes: Clients may be receiving more than one service.

Number of Title III Service Recipients by Gender

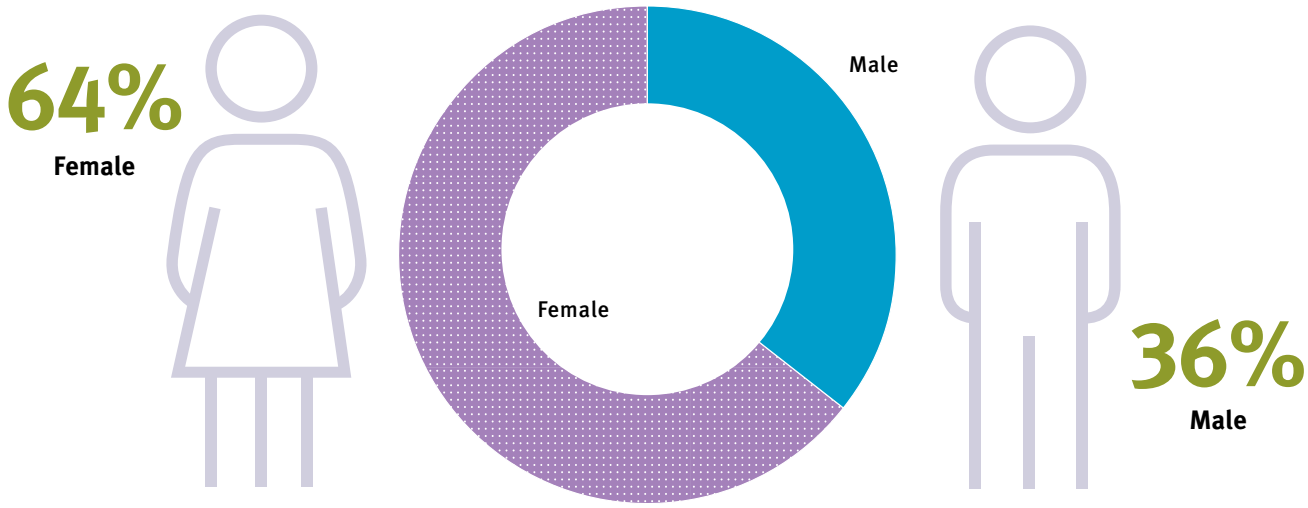
In 2018, more than three out of five (63.2%) service recipients were female.

The majority of caregivers serving older adults or children in 2018 (63.8% and 78.53%, respectively) were female also.

Gender	Number of Service Recipients
Male	953,406
Female	1,717,076
Missing	45,719
TOTAL	**2,716,201**

Notes: Counts include those from all registered services. Counts do not include data from the Caregiver programs.

Exhibit 3. Title III Service Recipients by Gender



Notes: Exhibit does not include missing data.

Caregivers Serving Older Adults by Gender

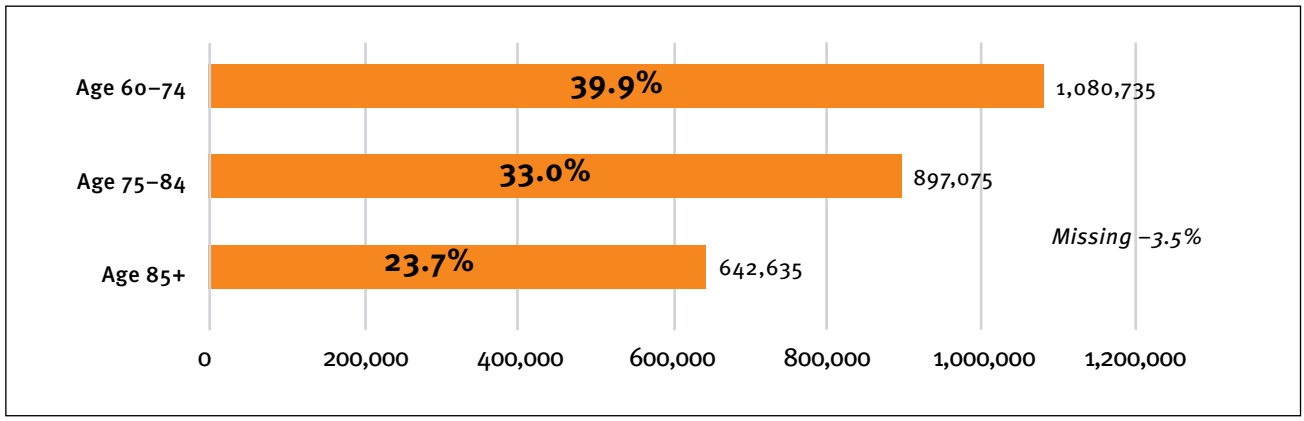
Gender	Number of Caregivers	Percent
Caregivers Serving Older Adults – Male	45,209	23.0
Caregivers Serving Older Adults – Female	125,404	63.8
Missing	25,903	13.2
Total	**196,516**	**100**
Grandparents and Other Older Caregivers Serving Children – Male	2,174	13.3
Grandparents and Other Older Caregivers Serving Children – Female	12,846	78.5
Missing	1,338	8.2
Total	**16,358**	**100**

Number of Title III Service Recipients by Age

In 2018, more than 39% of service recipients were between ages 60 and 74. Almost a quarter of service recipients (23.7%) were 85 years and older.

Most caregivers serving older adults (62,294 caregivers) were in the age range of 60–74 years. Most caregivers serving children (12,408 caregivers) were in the age range of 55–74 years.

Exhibit 4. Title III Service Recipients by Age



Notes: Clients may be receiving more than one service. Counts include those from all registered services. Counts do not include data from the Caregiver programs. Age was calculated by summing age counts across the 50 States, DC, and territories for each age range. To determine the number of missing data points, the total count of missing data (2,620,445) was subtracted from the total count of all clients receiving registered services.

Caregivers Serving Older Adults by Age

Age Range	Number of Caregivers	Percent
Caregivers Serving Individuals – Age under 60	64,345	32.7
Caregivers Serving Older Adults – Age 60–74	62,294	31.7
Caregivers Serving Older Adults – Age 75–84	28,613	14.6
Caregivers Serving Older Adults – Age 85+	11,633	5.9
Missing	29,631	15.1
Total	**196,516**	**100**
Grandparents and Other Older Caregivers Serving Children – Age 55–74	12,408	75.9
Grandparents and Other Older Caregivers Serving Children – Age 75–84	1,631	10.0
Grandparents and Other Older Caregivers Serving Children – Age 85+	434	2.7
Missing	1,885	11.5
Total	**16,358**	**100**

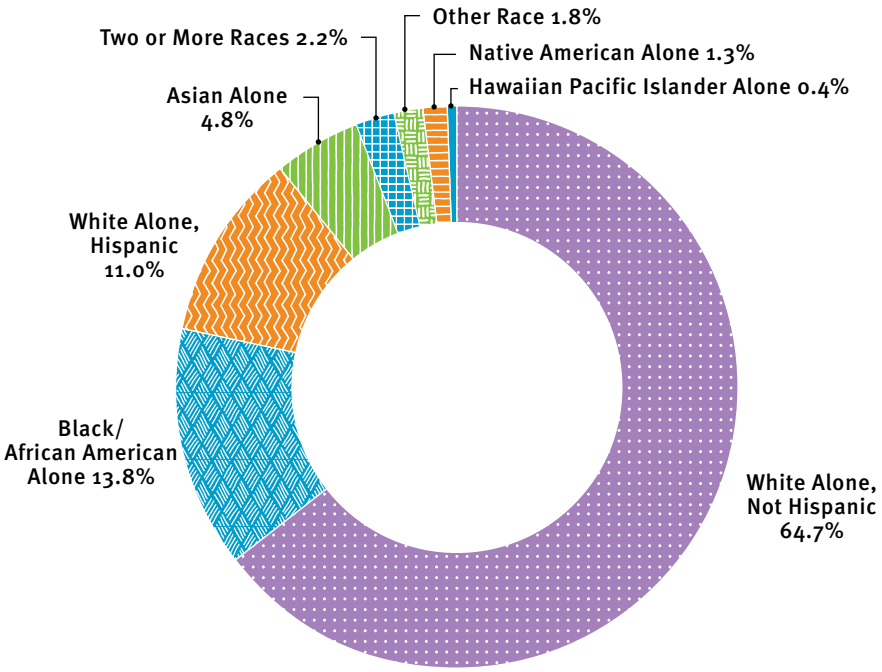
Notes: Data on age were missing for 95,756 service recipients. Counts were constructed by summing age data for service recipients for each age range, then summing to obtain the total. Percentages were calculated by dividing each age group by the total, then multiplying by 100.

Number of Title III Service Recipients by Race/Ethnicity

70%

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

Exhibit 5.
Title III Service Recipients by Race/Ethnicity



Notes: Exhibit does not include missing data.

Race/Ethnicity	Number of Service Recipients	Percent
White Alone, Not Hispanic	1,603,022	59.0
Black/African American Alone	340,860	12.6
White Alone, Hispanic	272,106	10.0
Asian Alone	119,187	4.4
Two or More Races	55,545	2.0
Other Race	44,786	1.7
Native American Alone	33,365	1.2
Native Hawaiian/Pacific Islander Alone	9,609	0.4
Missing	237,721	8.8
Total	**2,716,201**	**100**

Notes: Counts include those from all registered services. Counts do not include data from the Caregiver programs.

51%

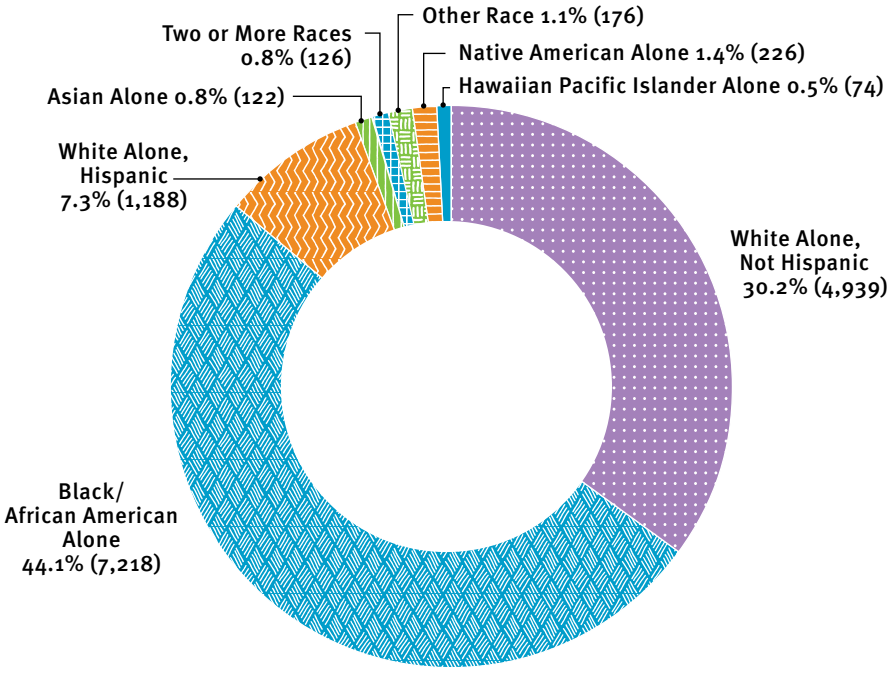
Caregivers Serving Older Adults: A majority of the caregivers serving older adults were white alone (Hispanic and not Hispanic), making up approximately 51% of these caregivers.

Race/Ethnicity	Number of Caregivers	Percent
White Alone, Not Hispanic	83,329	42.4
Black/African American Alone	57,966	29.5
White Alone, Hispanic	16,795	8.6
Asian Alone	5,031	2.6
Two or More Races	1,483	0.8
Other Race	5,617	2.9
Native American Alone	832	0.4
Native Hawaiian/Pacific Islander Alone	385	0.2
Missing	25,078	12.8
Total	**196,516**	**100**

45%

The largest racial/ethnic group of grandparents and other older caregivers serving children were Black/African American, making up almost 45% of these caregivers.

Exhibit 6. Caregivers and Other Older Caregivers Serving Children



Notes: Exhibit does not include missing data.

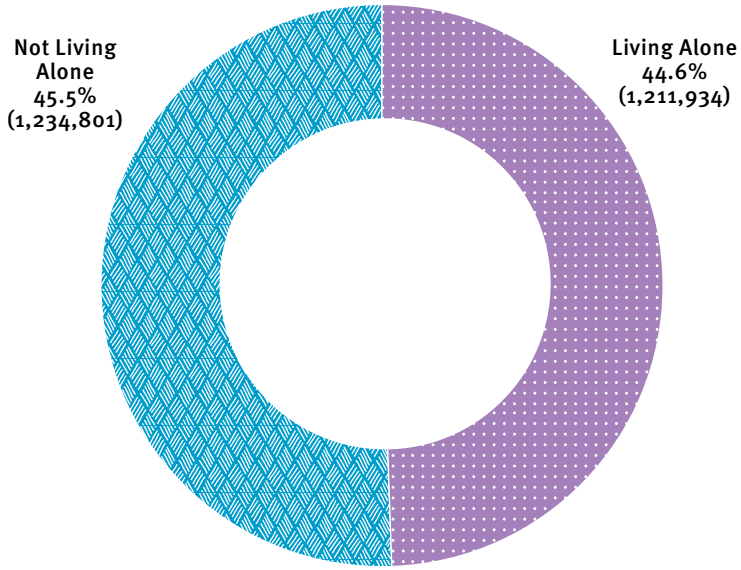
Number of Title III Service Recipients by Living Alone Status

44.6%

People who live by themselves are at higher risk of nursing home entry because they may be isolated or lack supports to assist with ADLs. In part because of this risk, OAA targets services to those who live alone, and participants in many Title III programs are more likely to live by themselves than older Americans nationally.[49]

In 2018, about half (44.6%) of service recipients reported living alone.

Exhibit 7.
Service Recipients by Living Alone Status



Notes: Exhibit does not include missing data. Counts include those from all registered services. Counts do not include data from the Caregiver programs.

Number of Title III Service Recipients by Poverty Status

33.6%

About one third (33.6%) of Title III service recipients in 2018 lived in poverty.

Poverty Status	Service Recipient Numbers	Percent
In Poverty	911,393	33.6
Not in Poverty	1,386,211	51.0
Missing	418,597	15.4
Total	**2,716,201**	**100**

Notes: Counts include those from all registered services. Counts do not include data from the Caregiver programs.

Number of Title III Service Recipients by Rurality

34.6%

In 2018, over one third (34.6%) of service recipients reported living in rural areas.

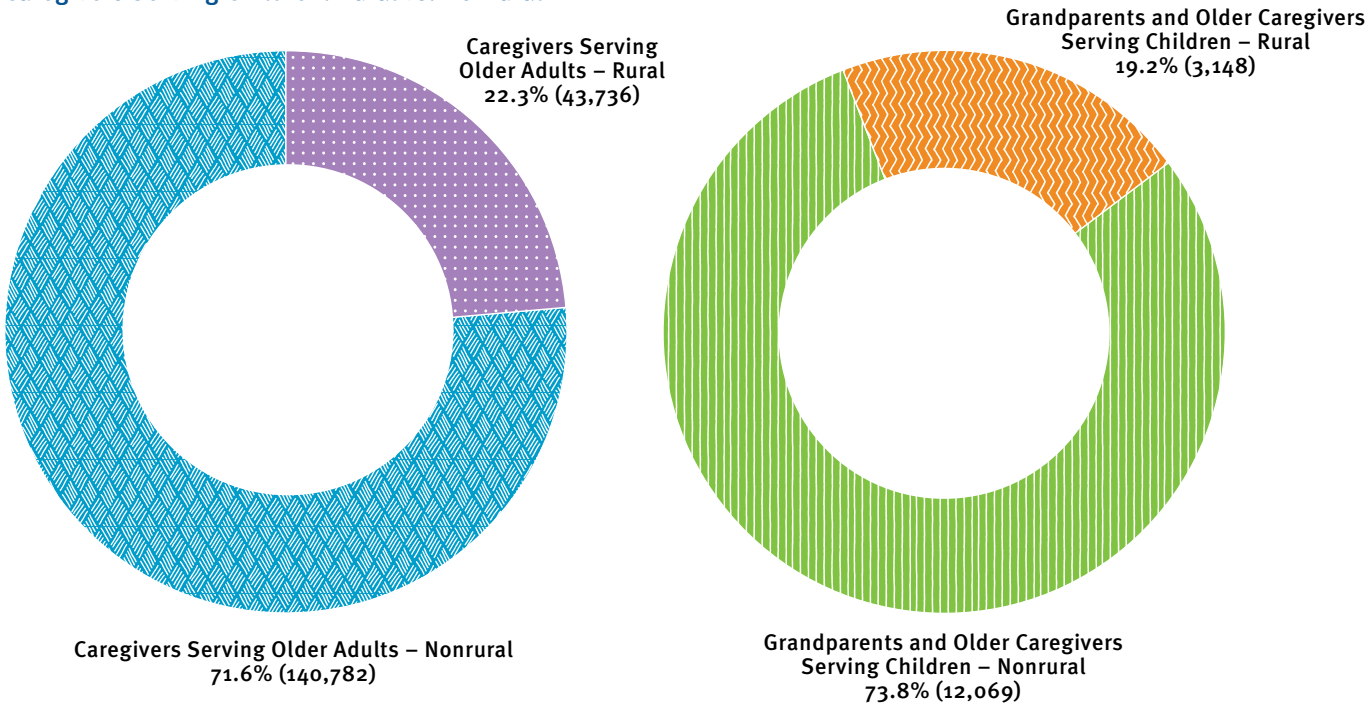
Living Environment	Number of Service Recipients	Percent
Rural	939,959	34.6
Non-Rural	1,683,531	62.0
Missing	92,711	3.4
Total	**2,716,201**	**100**

Notes: Counts include those from all registered services. Counts do not include data from the Caregiver programs.

22.3%

In 2018, 22.3% of Caregivers Serving Older Adults reported living in rural settings. For grandparents and other older caregivers serving children, 19.2% reported living in rural settings.

Exhibit 8.
Caregivers Serving Older Adults and Grandparents and Older Caregivers Serving Children: Rural vs. Nonrural



Notes: Exhibit does not include missing data. Counts include those from all registered services. Counts do not include data from the Caregiver programs.

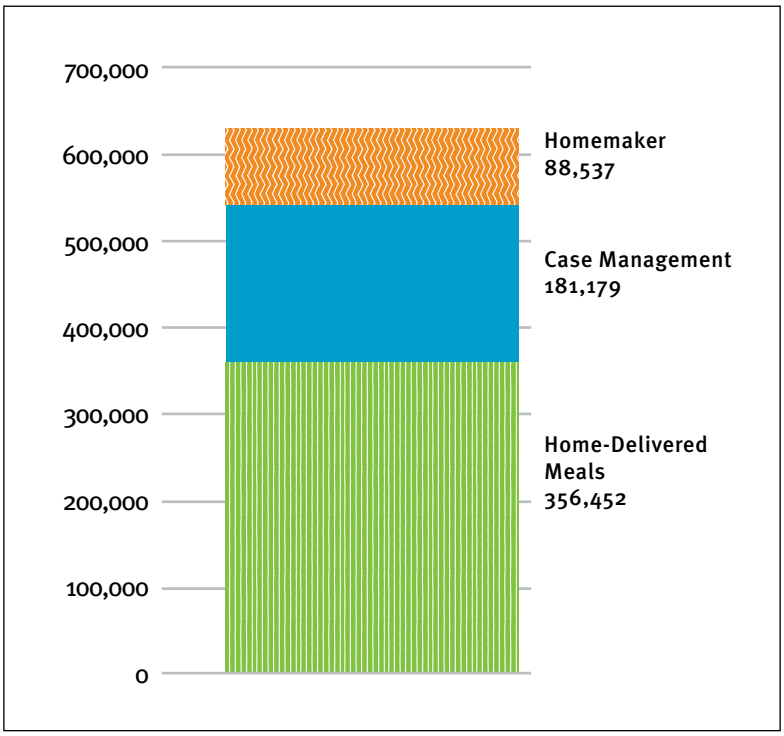
Need for Assistance With ADLs for Title III Service Recipients

44%

People who have difficulty performing three or more ADL or IADLs are at increased risk of nursing home placement. ADLs include eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. IADLs including preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (transportation ability refers to the individual's ability to make use of available transportation without assistance).[50] Thus, it is critical that people who need assistance with ADLs or IADLS receive services that allow them to remain in their homes.

Almost half of service recipients (44%) reported requiring assistance with three or more ADLs. Most clients who had difficulty performing three or more ADLs were Home-Delivered Meal service recipients (356,452).

Exhibit 9. Clients with Difficulty Performing Three or More ADLs by Cluster 1 Registered Service



Notes: The results were constructed by summing across the 50 States, DC, and all territories for the ADL group of Three or More ADLs. These results only include clients receiving Cluster 1 registered services. Cluster 1 registered services are as follows: personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Impairment in ADL counts are based on the inability to perform one or more of the following six ADLs without personal assistance or stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.[51]

ADL Group	Number of Service Recipients
0 ADLs	358,751
1 ADLs	153,024
2 ADLs	148,244
3+ ADLs	512,316

Notes: The results were constructed by summing across the 50 States, DC, and all territories for each ADL group. These results only include clients receiving Cluster 1 registered services. Cluster 1 registered services are as follows: personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Impairment in ADL counts are based on the inability to perform one or more of the following six ADLs without personal assistance or stand-by assistance, supervision, or cues: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking.[52]

Need for Assistance With IADLs for Title III Service Recipients

79%

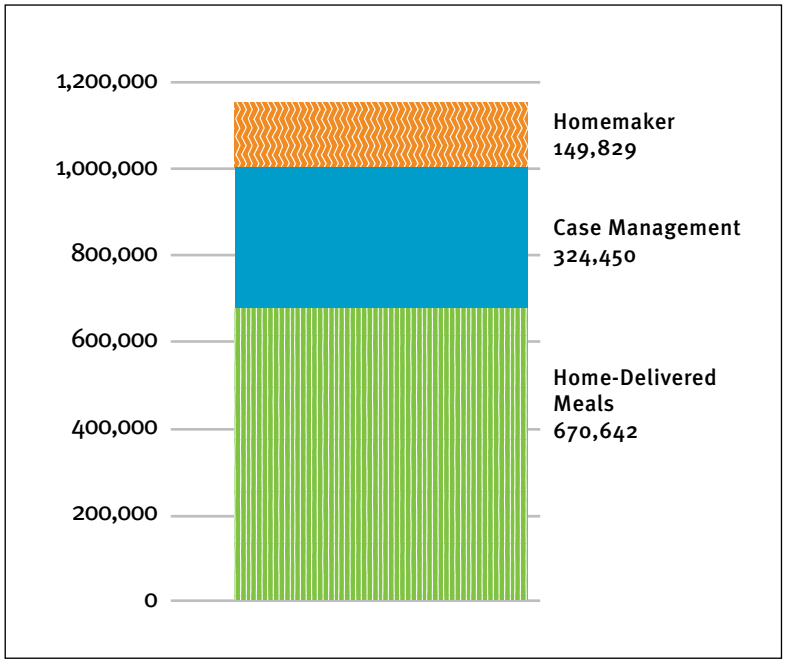
About three out of four service recipients (79%) reported requiring assistance with three or more IADLs.

Most clients who require assistance with three or more IADLS were recipients of Home-Delivered Meal service (670,642).

IADL Group	Number of Service Recipients
0 ADLs	117,830
1 ADLs	62,480
2 ADLs	69,701
3+ ADLs	915,224

Notes: The results were constructed by summing across the 50 States, DC, and all territories for each IADL group. These results only include clients receiving Cluster 1 registered services. Cluster 1 registered services are as follows: personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Impairment in IADL counts are based on the inability to perform one or more of the following eight IADLs without personal assistance or stand-by assistance, supervision, or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (the individual's ability to make use of available transportation without assistance).[53]

Exhibit 10. Clients with Difficulty Performing Three or More IADLs by Cluster 1 Registered Service



Notes: The results were constructed by summing across the 50 States, DC, and all territories for the IADL group of Three or More IADLs. These results only include Cluster 1 registered services. Cluster 1 registered services are: as follows: personal care, homemaker, chore, home-delivered meals, adult day care/health, and case management. Impairment in IADL counts are based on the inability to perform one or more of the following eight IADLs without personal assistance or stand-by assistance, supervision or cues: preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability (the individual's ability to make use of available transportation without assistance).[54]

Service Units

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

Definition of Service Units for Different Services

Homemaker (1 Hour) — Assistance such as preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.

Home-Delivered Meal (1 Meal) — A meal provided to an eligible individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all requirements of the OAA and state/local laws.

Congregate Meal (1 Meal) — A meal provided to an eligible individual in a congregate or group setting. The meal as served meets all requirements of the OAA and State/Local laws.

Transportation (1 One Way Trip) — Transportation from one location to another. Does not include any other activity.

Case Management (1 Hour) — Assistance in the form of either access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Case management includes such activities as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Number of Service Units by Service Type

In 2018, the largest number of service units was provided for Home-Delivered Meal programs (146,995,222) followed by Congregate Meal programs (73,644,475). The fewest service units were provided for Case Management (3,515,04).

Total Units per Client by Service Type

The most service units per client were provided for Home-Delivered Meal programs (168.6 units per client), followed by Homemaker programs (127.4 units served per client). The fewest service units per client were provided for Case Management (7.3 units per client).

Exhibit 11. Total Service Units, by Select Service Type, 2018

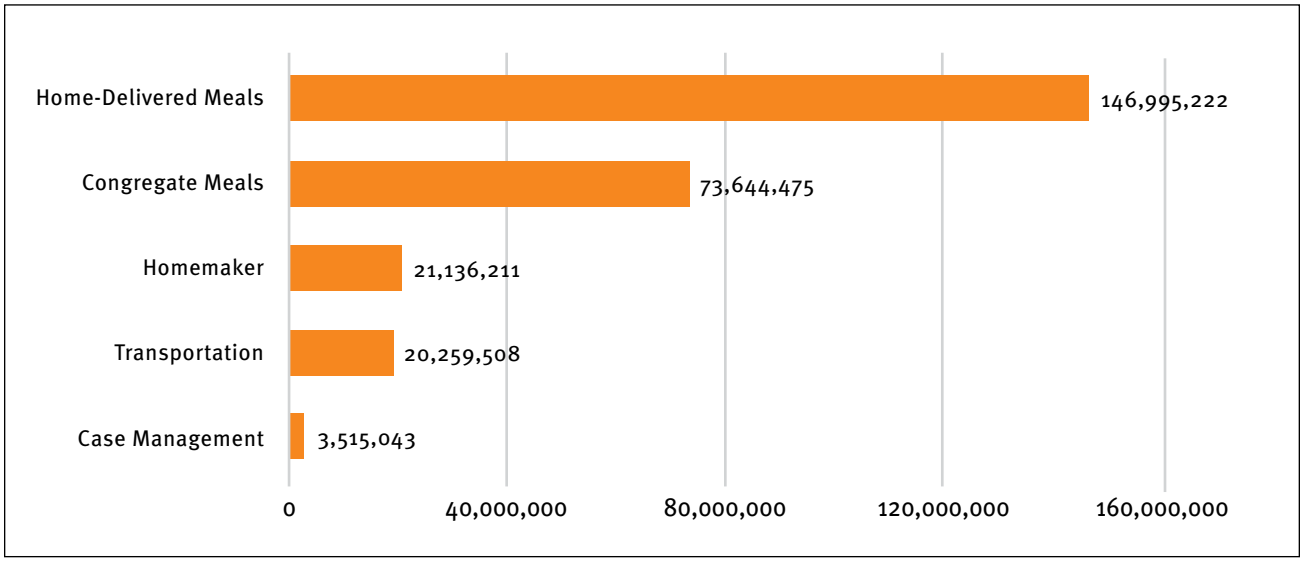
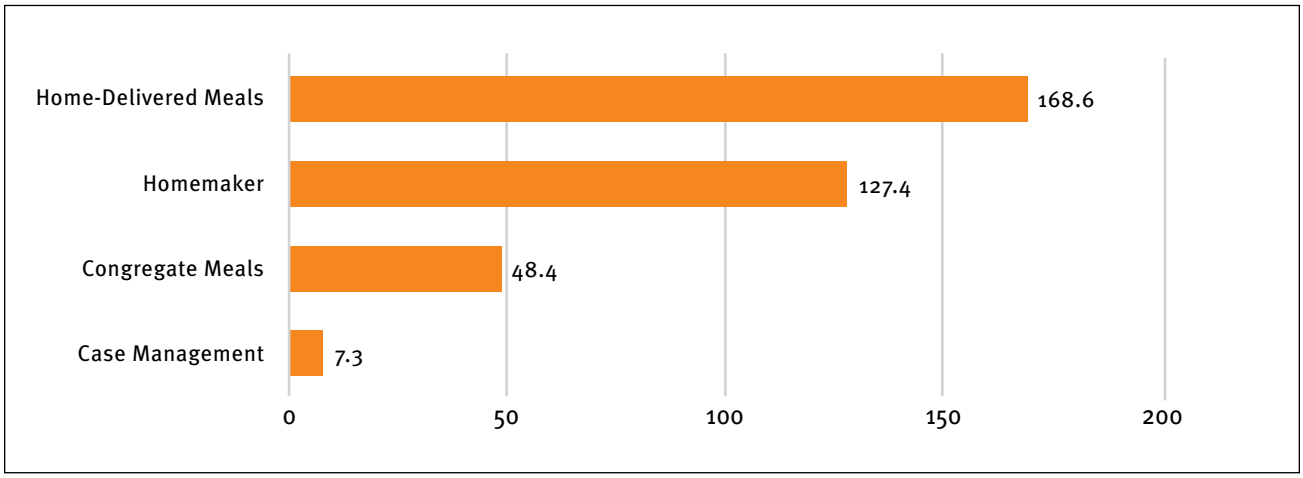


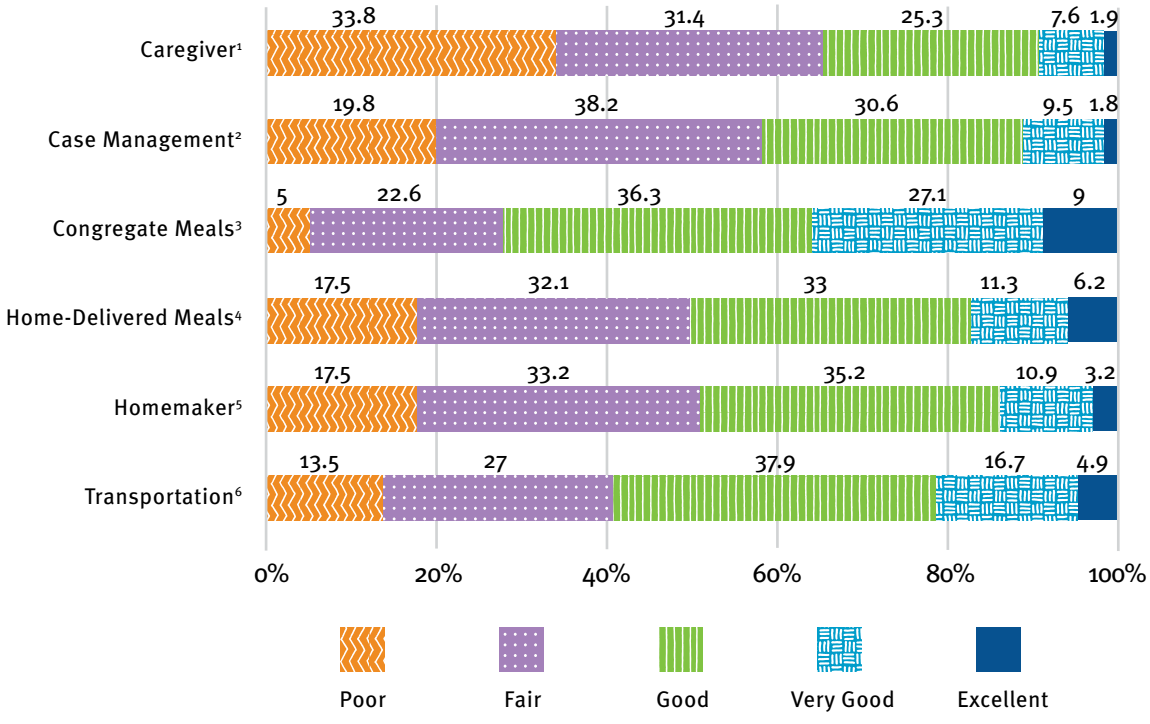
Exhibit 12. Services Units Provided per Client by Service



The highlights in this section refer to characteristics of the people who received OAA Title III services in 2018, including recipients' health status, the number of medical conditions they reported, the percent of recipients who had an overnight hospital stay and/or a nursing home or rehabilitation center stay in 2018, the percent of recipients who received Medicaid, and the length of time during which recipients received services. All highlights are presented for each of the six Title III service types.

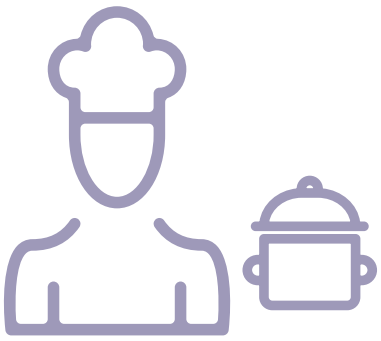
Service Recipient Characteristics — Care Recipient Health Status by Service Type

Exhibit 13. Reported Health Status by Services (in Percent)



NOTES—The results presented are at the national level. The question is stated in the survey as follows:
1 In general, how would you say the care recipient's health is? The variable code is CGCRHL.
2-6 In general, how is your health? The variable code is PFHLTH.

65.2% Caregiver service recipients were most likely to be in fair or poor health (65.2%, as reported by their caregivers),



72.4% Congregate Meal Service recipients were most likely to report themselves being in good, very good, or excellent health (72.4%).

Caregiver Services

Almost two thirds (65.2%) of caregivers providing Caregiver services reported their care recipients' health status to be fair or poor in 2018. In contrast, fewer than one in 10 (9.5%) care recipients were reported to be in excellent or very good health.

Case Management Services

Slightly more than half of Case Management service recipients (58%) reported being in fair or poor health in 2018.

Congregate Meal Services

The majority of Congregate Meal service recipients (72.4%) reported being in good, very good, or excellent (72.4) health in 2018.

Home-Delivered Meal Services

About half of Home-Delivered Meal service recipients (50.5%) reported being in good, very good, or excellent health, and about half (49.6%) reported being in fair or poor health in 2018.

Homemaker Services

About half of Homemaker service recipients (49.3%) reported being in good, very good, or excellent health, and about half (50.7%) reported being in fair or poor health in 2018.

Transportation Services

A little over half of Transportation service recipients (59.5%) reported being in good, very good, or excellent health in 2018.

Reported Health Status for All Six Services

Exhibit 13 shows the self-reported health status for all six Title III services, highlighting that Caregiver service recipients were most likely to be in fair or poor health (65.2%, as reported by their caregivers), followed by Case Management service recipients (58%, self-reported). Congregate Meal Service recipients were most likely to report themselves being in good, very good, or excellent health (72.4%). (Recipients of all service types except Caregiver services self-reported their health status.)

Service Recipient Characteristics — Medical Conditions by Service Type

Caregiver Services

Almost all Caregiver service recipients (96.9%) reported having three or more medical conditions in 2018. Of those, more than two thirds (76.7) reported having six or more medical conditions.

Case Management Services

Almost all Case Management service recipients of (96.2%) reported having three or more medical conditions in 2018. Of those, more than two thirds reported having six or more medical conditions.

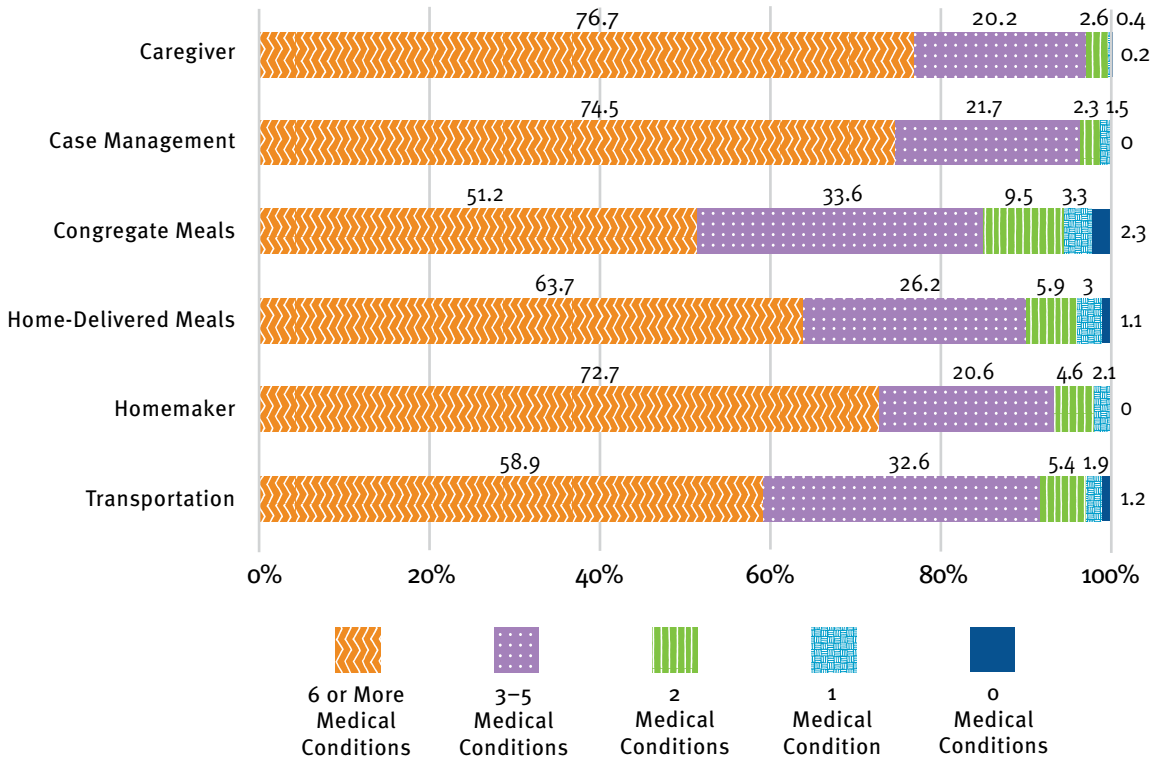
Congregate Meal Services

Over three quarters of Congregate Meal service recipients (84.8%) reported having three or more medical conditions in 2018. A little over half (51.2%) reporting having six or more medical conditions.

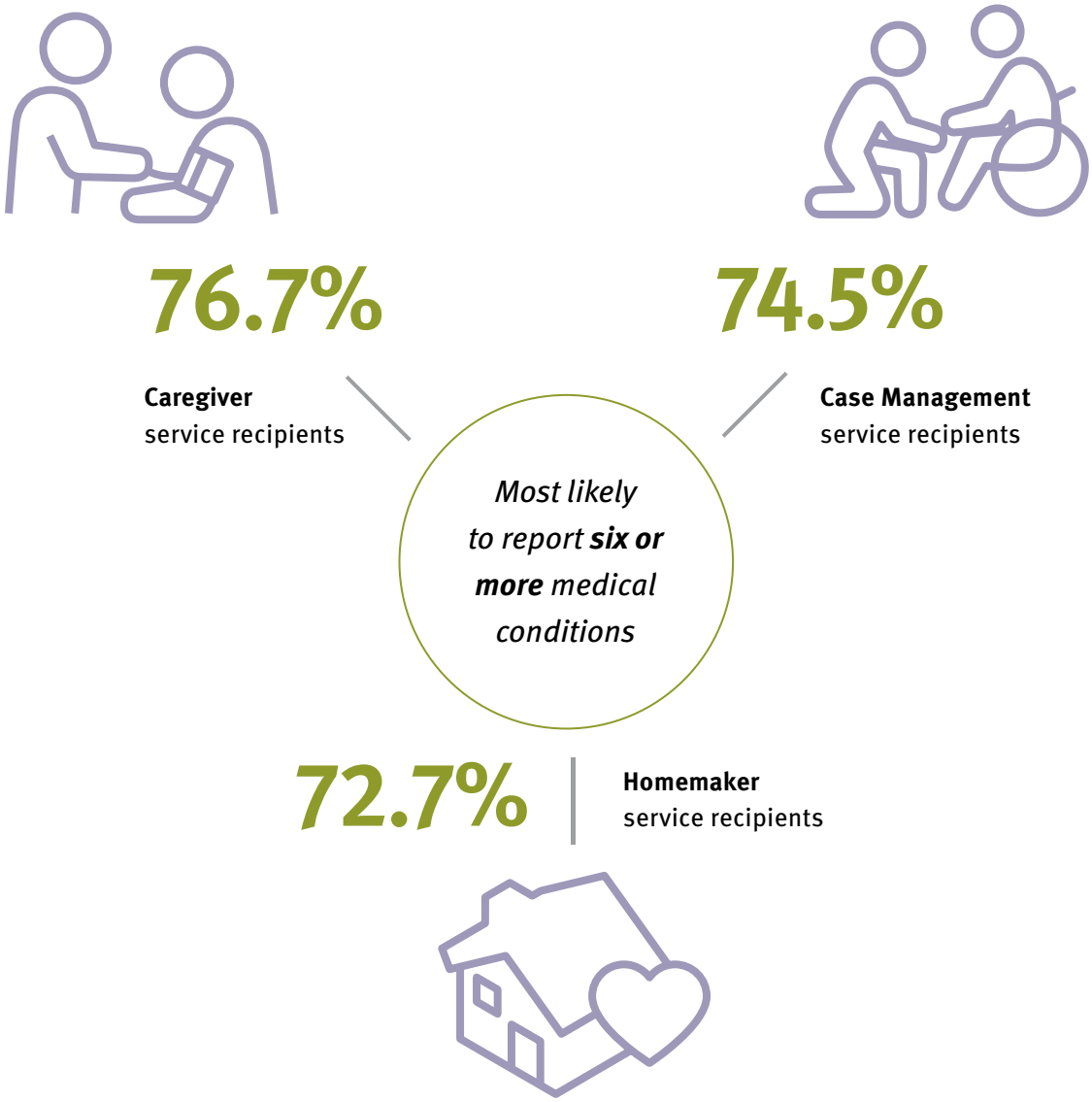
Home-Delivered Meal Services

Nearly nine out of 10 Home-Delivered Meal service recipients (89.9%) reported having three or more medical conditions in 2018. Almost two thirds (63.7%) reported having six or more medical conditions.

Exhibit 14. Number of Medical Conditions Reported by Recipients of All Six Services



NOTES—The results presented are at the national level. The question is stated in the survey as follows: Total number of medical conditions reported? The variable code is NUM_COND.



Homemaker Services

Almost all recipients of Homemaker services (93.3%) reported having three or more medical conditions in 2018. Of those, more than two thirds (72.7%) reported having six or more medical conditions.

Transportation Services

Almost all Transportation service recipients (91.5%) reported having three or more medical conditions in 2018. A little over half (58.9) reported having six or more medical conditions.

Number of Medical Conditions Reported by Recipients of All Six Services

Exhibit 14 shows the percent of service recipients with no medical condition or one or more medical conditions for all six Title III services. It highlights that Caregiver service recipients and Case Management service recipients were most likely to report six or more medical conditions (76.7% and 74.5%, respectively) in 2018, followed by Homemaker service recipients (72.7%).

Service Recipient Characteristics — Overnight Hospital Stay by Service Type

Caregiver Services

Not provided for Caregiver services.

Case Management Services

In 2018, the majority of Case Management service recipients (64.6%) reported *not* having had an overnight hospital stay in the past 12 months.

Congregate Meal Services

In 2018, three out of four Congregate Meal service recipients (74.9%) reported *not* having had an overnight hospital stay in the past 12 months

Home-Delivered Meal Services

In 2018, approximately two thirds of Home-Delivered Meal service recipients (65%) reported *not* having had an overnight hospital stay in the past 12 months.

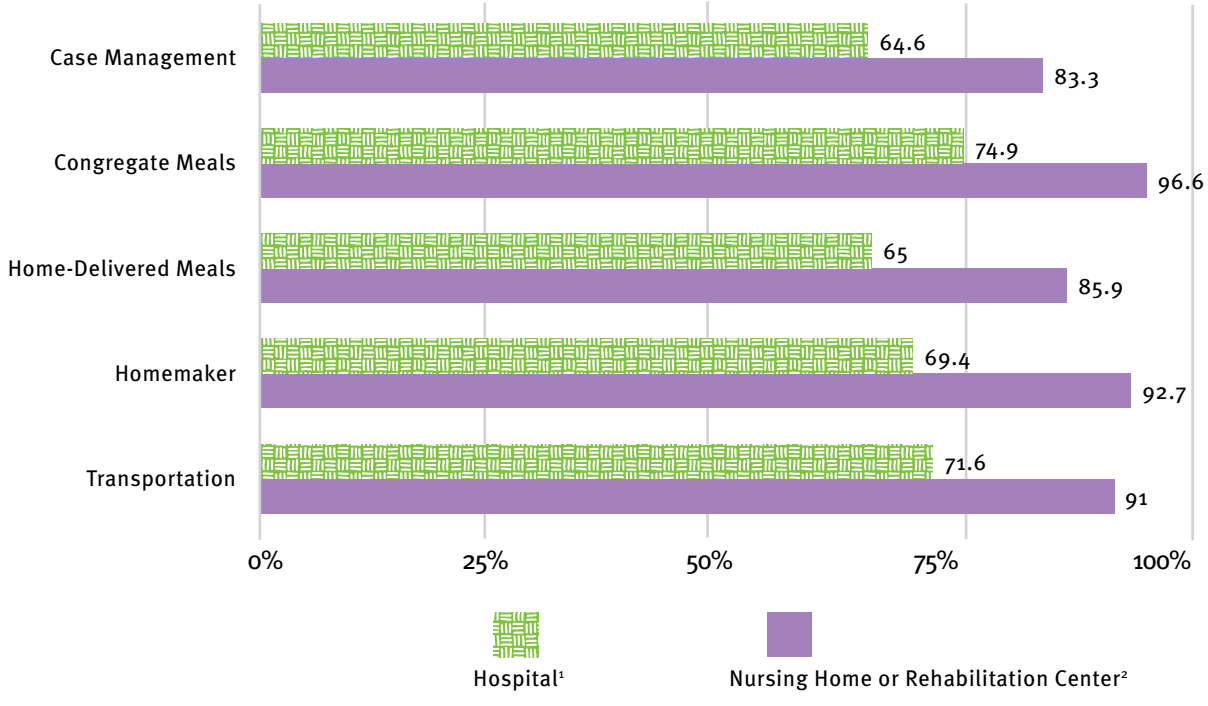
Homemaker Services

In 2018, more than two thirds of Homemaker service recipients (69.4%) reported *not* having had an overnight hospital stay in the past 12 months.

Transportation Services

In 2018, the majority of Transportation service recipients (71.6%) reported *not* having had an overnight hospital stay in the past 12 months.

Exhibit 15. Percent of Service Recipients WITHOUT Overnight Stay in Hospital, Nursing Home, or Rehabilitation Center



NOTES—The results presented are at the national level. The question is stated in the survey as follows:
1 In the past 12 months, did you have to stay overnight in a hospital? The variable code is HLMHOSP.
2 In the past 12 months, did you have to stay overnight in a nursing home or rehabilitation center? The variable code is HLMNH.

Service Recipient Characteristics — Nursing Home or Rehabilitation Center Stay by Service Type

>64.6%

For all five services presented, more than 64.6% of recipients **did not** experience a level of care that required an overnight stay in one a hospital, nursing home or rehabilitation center.

Caregiver Services

Not provided for Caregiver services.

Case Management Services

In 2018, more than four out of five Case Management service recipients (83.3%) reported *not* having had an overnight stay in a nursing home or rehabilitation center in the past 12 months.

Congregate Meal Services

In 2018, almost none of the Congregate Meal service recipients (3.4%) reported having had an overnight stay in a nursing home or rehabilitation center in the past 12 months.

Home-Delivered Meal Services

In 2018, very few Home-Delivered Meal service recipients (14.1%) reported having had an overnight stay in a nursing home or rehabilitation center in the past 12 months.

Homemaker Services

In 2018, less than one in ten Homemaker service recipients (7.3%) reported having had an overnight stay in a nursing home or rehabilitation center in the past 12 months.

Transportation Services

In 2018, fewer than one in 10 Transportation service recipients (9%) reported having had an overnight stay in a nursing home or rehabilitation center in the past 12 months.

Percent of Service Recipients Reporting Having Had an Overnight Stay in a Hospital, Nursing Home, or Rehabilitation Center by Services

Exhibit 15 shows the percent of service recipients who reported *not* having had an overnight stay in a hospital, nursing home, or rehabilitation center in the past 12 months for five Title III services. It highlights, for all five services presented, the majority of recipients did *not* experience a level of care that required an overnight stay in one of these types of medical facilities. Of the five services, Congregate Meal service recipients were most likely to report *not* having had an overnight stay.

Service Recipient Characteristics — Medicaid Recipients by Service Type

Caregiver Services

About four out of five Caregiver service recipients (79.2%) did *not* receive Medicaid benefits in 2018.

Case Management Services

Approximately two thirds of Case Management service recipients (63.1%) did *not* receive Medicaid benefits in 2018.

Congregate Meal Services

Nearly four out of five Congregate Meal service recipients (79.1%) did *not* receive Medicaid benefits in 2018.

Home-Delivered Meal Services

Nearly two thirds (62.4%) of Home-Delivered Meal service recipients did *not* receive Medicaid benefits in 2018.

Homemaker Services

About two thirds of Homemaker service recipients (66.8%) did *not* receive Medicaid benefits in 2018.

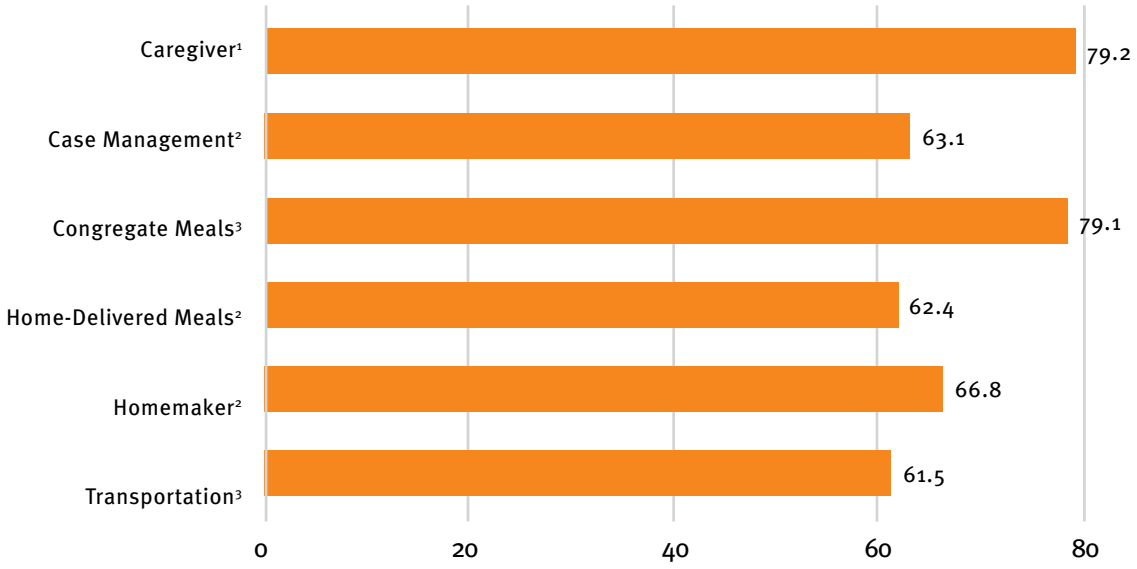
Transportation Services

Approximately 60% of Transportation Service recipients (61.5%) did *not* receive Medicaid benefits in 2018.

Percent of Service Recipients Receiving Medicaid by Services

The exhibit below shows that, for all six services, the majority of recipients did not receive Medicaid benefits in 2018. Of the six services, Caregiver service recipients and Congregate Meal service recipients were most likely *not* to have received Medicaid benefits in 2018 (79.2% and 79.1%, respectively).

Exhibit 16. Percent of Clients NOT Receiving Medicaid by Service



NOTES—The results presented are at the national level. The question is stated in the survey as follows:
1 Is the care recipient receiving Medicaid? The variable code is SVC5C.
2 Are you receiving Medicaid? The variable code is SVC5C.
3 Are you receiving any other types of assistance, such as Medicaid? The variable code is SVC5C.

Service Recipient Characteristics — Length of Time Services Received by Service Type

Caregiver Services

Most Caregiver service recipients (84.5%) received Caregiver services for at least 2 years. Among this group, about half (42.9%) received Caregiver services for at least 5 years.

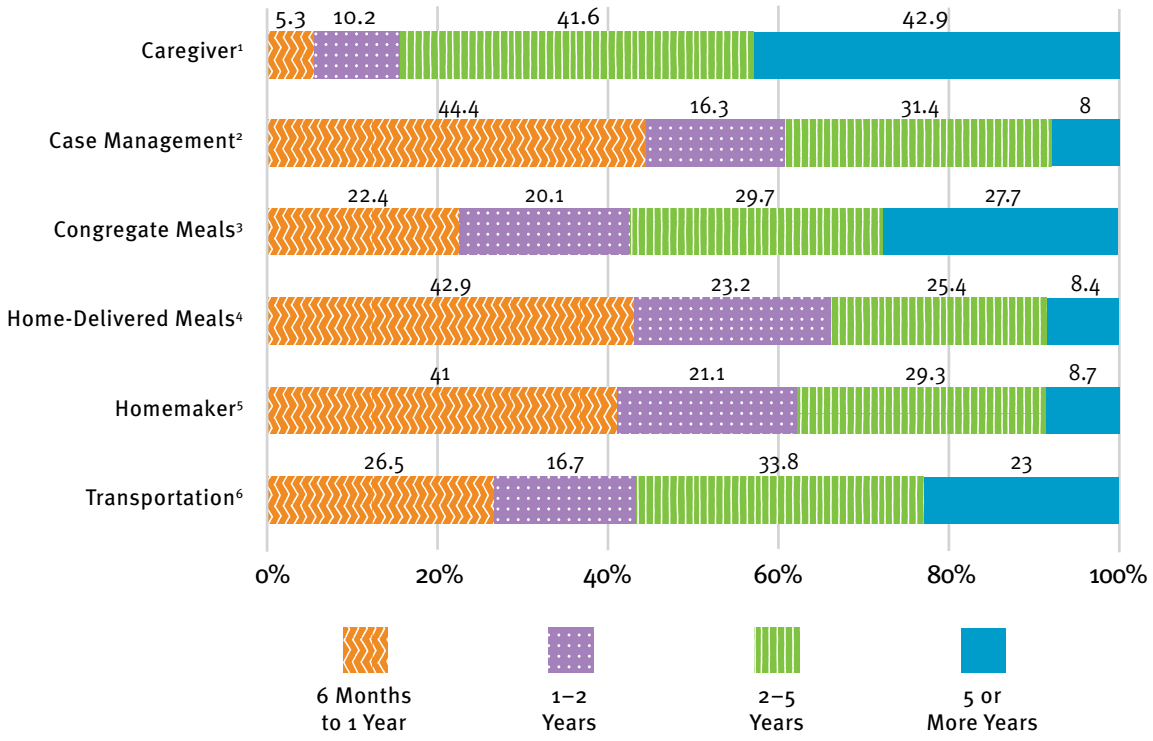
Case Management Services

Most Case Management service recipients received the services for 6 months to 2 years (60.7%). Close to half of the recipients (44.4%) received the services for 6 months to 1 year.

Congregate Meal Services

A little more than half of Congregate Meal service recipients (57.4%) received the services for 2 or more years.

Exhibit 17. Length of Time Services Were Received, by Service



NOTES—Results were rounded to one decimal place and may not add up to 100. The results presented are at the national level. The question is stated in the survey as follows:

1 For how long have you been providing help to the care recipient? The variable code is CGHLONG.
2 How long have you been receiving the case management services? The variable code is CSHOWLG.
3 How long have you been attending the lunch program? The variable code is CMRECEV.
4 When was the last time you received a home-delivered meal? The variable code is HMDAYS.
5 How long have you been receiving homemaker services? The variable code is HCRECEV.
6 About how long ago did you start using this transportation service? The variable code is HOWLONG.

Home-Delivered Meal Services

Most Home-Delivered Meal service recipients (66.1%) received the services for between 6 months and 2 years.

Homemaker Services

Most Homemaker service recipients (62.1%) received the services for between 6 months and 2 years.

Transportation Services

A little more than half of Transportation service recipients (56.8%) received the services for 2 years or more.

Percent of Service Recipients Receiving Services by Length of Time

Exhibit 17 shows the length of time that 2018 service recipients received services. It highlights that the length of time services were received varied across the six types of services. Caregiver services were received for the longest time, with more than 40% of recipients (42.9%) receiving services for 5 or more years. This was followed by Transportation services (23% for 5 or more years) and Congregate Meal services (27.7% for 5 or more years).

Service Results

The highlights in this section refer to service results, including service recipients' ratings of services they received, helpfulness of the services, and recipients' likelihood to recommend the services. All highlights are presented by the six Title III service types.

Service Results — Rating of Services

Caregiver Services

Almost all Caregiver service recipients (93.1%) rated the services as good, very good, or excellent.

Case Management Services

The large majority of Case Management service recipients (87.8%) rated the services as good, very good, or excellent.

Congregate Meal Services

The large majority of Congregate Meal service recipients (89.9%) rated the services as good, very good, or excellent.

Home-Delivered Meal Services

The large majority of Home-Delivered Meal service recipients (87.9%) rated the services as good, very good, or excellent.

Homemaker Services

Almost all Homemaker service recipients (94%) rated the services as good, very good, or excellent.

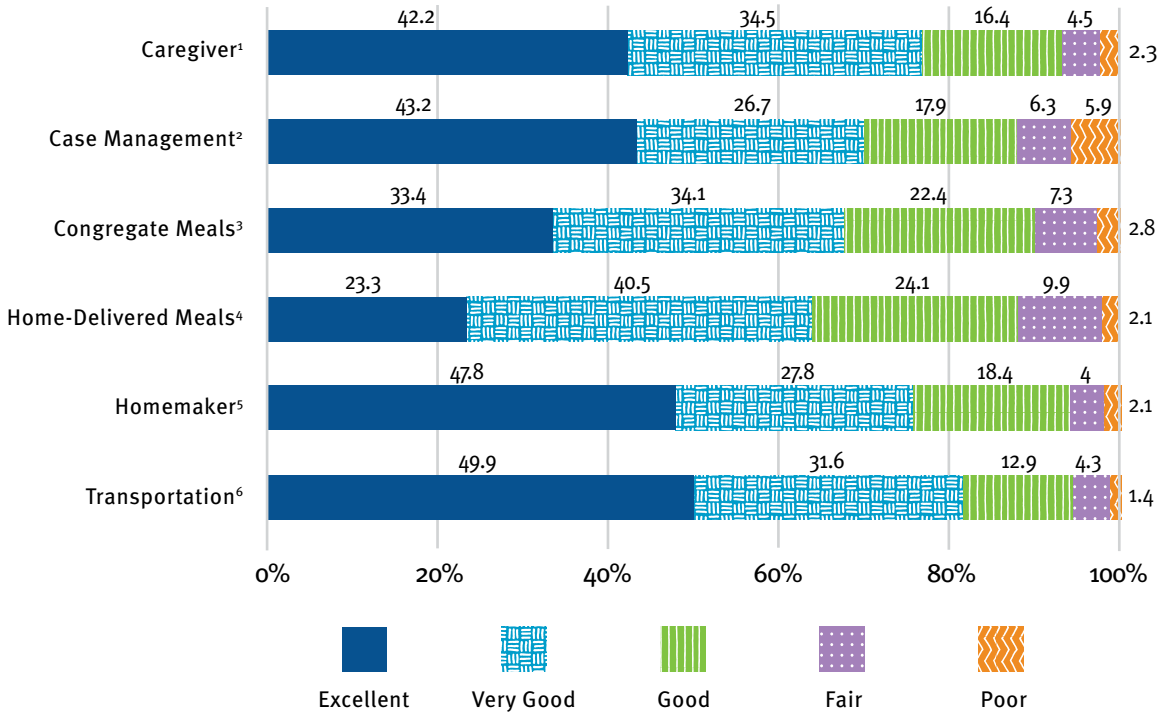
Transportation Services

Almost all Transportation service recipients (94.4%) rated the services as good, very good, or excellent.

Rating of Services by Service Type

Exhibit 18 shows how service recipients rated the services they received in 2018. It highlights that, for all six services, the majority of service recipients rated services as good, very good or excellent.

Exhibit 18. Rating of Services by Service Type (in Percent)



NOTES—Results were rounded to one decimal place and may not add up to 100. The results presented are at the national level.
The question is stated in the survey as follows:

1 *How would you rate the caregiver services that you have received? The variable code is CGRATE.*
2 *How would you rate the case management services that you have received? The variable code is CSRATE.*
3 *How would you rate the lunch program overall? The variable code is CMRATE.*
4 *How would you rate the home-delivered meals program overall? The variable code is HMRATE.*
5 *How would you rate the quality of your homemaker service? The variable code is HCARATE.*
6 *How would you rate the transportation service that you received? The variable code is TRRATE.*

Service Results — Helpfulness of Services

Caregiver Services

Not provided for Caregiver services.

Case Management Services

About nine out of 10 Case Management service recipients (90.4%) reported the services helped them stay in their homes.

Congregate Meal Services

Approximately two thirds of Congregate Meal service recipients (65%) reported the services helped them stay in their homes.

Home-Delivered Meal Services

Almost all Home-Delivered Meal service recipients (93.9%) reported the services helped them stay in their homes.

Homemaker Services

Almost all Homemaker service recipients (95.8%) reported the services helped them stay in their homes.

Transportation Services

About nine out of 10 Transportation service recipients (88.9%) reported the services helped them stay in their homes.

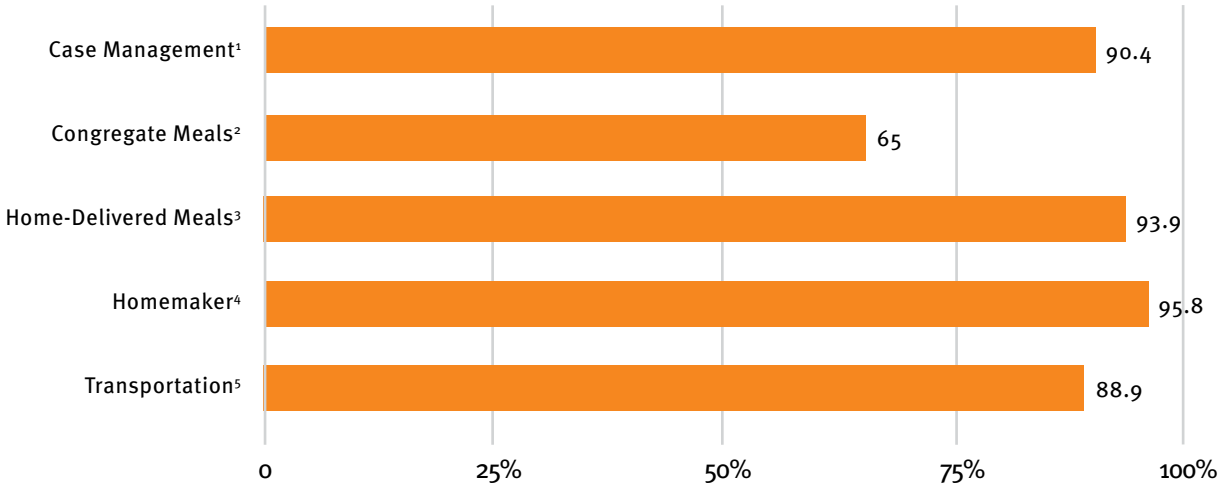
Percent of Service Recipients Reporting the Services Helped Them Stay in Their Home.

Exhibit 19 highlights that the majority of service recipients reported that these five services helped them stay in their homes. For four services, about 90 percent of recipients reported that the service helped them stay in their homes.

90%

About 90 percent of recipients reported that the service helped them stay in their homes

Exhibit 19. Percent of Clients Agreeing the Services Help Them Stay in Their Home by Service Type



NOTES—The results presented are at the national level. The question is stated in the survey as follows:
1 Do the services you receive help you continue to live in your own home? The variable code is CSSTAYHM.
2 Do the meal programs help you to stay in your own home? The variable code is CMSTAYHM.
3 Do home-delivered meals help you continue to live in your own home? The variable code is HMSTAYHM.
4 Do the homemaker services you receive help you to continue to live in your own home? The variable code is HCSTAYHM.
5 Do the services help you continue to live in your own home? The variable code is TRSTAY.

Service Results — Likelihood of Recommending Services

Caregiver Services

Not provided for Caregiver services.

Case Management Services

Not provided for Case Management services.

Congregate Meal Services

Almost all Congregate Meal service recipients (95.5%) reported they would recommend the services to a friend.

Home-Delivered Meal Services

Almost all Home-Delivered Meal service recipients (96.1%) reported they would recommend the services to a friend.

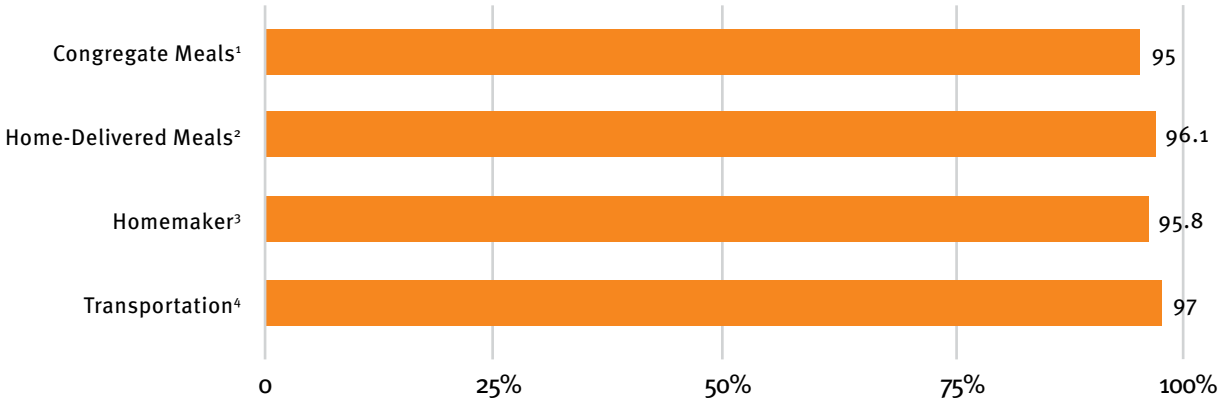
Homemaker Services

Almost all Homemaker service recipients (95.8%) reported they would recommend the services to a friend.

Transportation Services

Almost all Transportation service recipients (97.0%) reported they would recommend the services to a friend.

Exhibit 20. Percent of Clients Who Would Recommend the Services to a Friend



NOTES—The results presented are at the national level. The question is stated in the survey as follows:
1 Would you recommend this service to a friend? The variable code is CMRECOM.
2 Would you recommend this service to a friend? The variable code is HNRRECOM
3 Would you recommend the homemaker program to a friend? The variable code is HCRREC.
4 Would you recommend this service to a friend? The variable code is TRRECOM

Additional Services

The highlights in this section refer to additional services Title III service recipients received.

Caregiver Services

Not provided for Caregiver services.

Case Management Services

The large majority of Case Management service recipients (88.8%) also received additional services. On average, service recipients received between 1 and 5 additional services.

Congregate Meal Services

The majority of Congregate Meal service recipients (57.8%) received no additional services.

Home-Delivered Meal Services

A little less than half of Home-Delivered Meal service recipients (40.9%) received no additional services.

Homemaker Services

The large majority of Homemaker service recipients (85%) also received additional services. Of those who received additional services, most (29.4%) received one additional service.

Transportation Services

The majority of Transportation service recipients (37.5%) received no additional services. Approximately one third (31.4%) received one additional service.

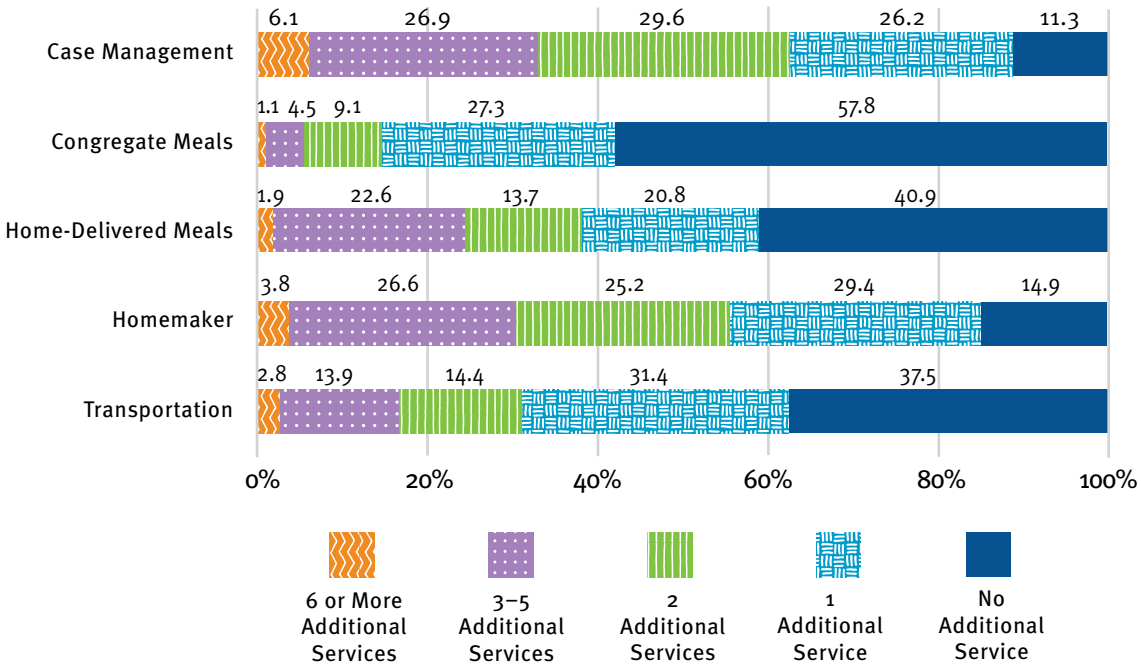
Percent of Service Recipients Who Also Received Additional Services.

Exhibit 21 shows the percent of service recipients who also received additional services in 2018. It highlights that, for all services except Congregate Meals, the majority of service recipients also received additional services. The majority of recipients of Congregate Meal Services did not receive additional services.

An estimated 27 percent (about 16 million) of people age 60 and older likely need home-based care like the services provided by Title III programs because they report difficulties with one or more daily activities. [Government Accountability Office, 2015].

—*Government Accountability Office* (2015). OLDER AMERICANS ACT: Updated Information on Unmet Need for Services GAO-15-601R: Published: Jun 10, 2015. Publicly Released: Jun 15, 2015

Exhibit 21. Percent of Clients Receiving Additional Services by Service Type



NOTES—Results were rounded to one decimal place and may not add up to 100. The results presented are at the national level. Variable code is SVCCOUNT.

Appendix A: Definitions (SPR)

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

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

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

Black or African American: A person having origins in any of the black racial groups of Africa. Hispanic or Latino—A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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

Case Management (1 Hour): Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Congregate Meal (1 Meal): A meal provided to an eligible individual in a congregate or group setting. The meal as served meets all of the requirements of the Older Americans Act and State/Local laws.

Home-Delivered Meal (1 Meal): A meal provided to an eligible individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the Older Americans Act and State/Local laws.

Homemaker (1 Hour): Assistance such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.

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

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

Living alone: A one-person household (using the Census definition of household) where the householder lives by his or herself in an owned or rented place of residence in a non-institutional setting, including board and care facilities, assisted living units and group homes.

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

Other Paid Professional Staff: Personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks associated with the state or area agency.

Poverty: Persons considered to be in poverty are those whose income is below the official poverty guideline (as defined each year by the Office of Management and Budget, and adjusted by the Secretary, DHHS) in accordance with subsection 673 (2) of the Community Services Block Grant Act (42 U.S.C. 9902 (2)). The annual HHS Poverty Guidelines provide dollar thresholds representing poverty levels for households of various sizes.

Program Income: Gross income received by the grantee and all sub grantees such as voluntary contributions or income earned only as a result of the grant project during the grant period.

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

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

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

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

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

Registered Services: A service that requires demographic and client characteristics to be reported. Personal Care, Homemaker, Chore, Home-Delivered Meals, Adult Day Care/Health Services, Case Management, Congregate Meals, Nutrition Counseling, or Assisted Transportation. Does not include Caregiver Services.

Cluster 1 Registered Services: Personal Care, Homemaker, Chore, Home-Delivered Meals, Adult Day Care/Health Services, and Case Management.

Cluster 2 Registered Service: Assisted Transportation, Congregate Meals, and Nutrition Counseling.

Rural Provider: Providers of services to clients who live in rural areas. Rural providers are not necessarily providers of services only to rural clients. They may also be providers of services to clients in urban area.

Senior Centers: serve as a gateway to the nation's aging network—connecting older adults to vital community services that can help them stay healthy and independent. More than 60% of senior centers are designated focal points for delivery of OAA services—

allowing older adults to access multiple services in one place. Senior centers offer a wide variety of programs and services, including: Meal and nutrition programs, Information and assistance, Health, fitness, and wellness programs, Transportation services, Public benefits counseling, Employment assistance, Volunteer and civic engagement opportunities, Social and recreational activities, Educational and arts programs, Intergenerational programs To maintain operations, senior centers must leverage resources from a variety of sources. These include federal, state, and local governments; special events; public and private grants; businesses; bequests; participant contributions; in-kind donations; and volunteer hours. Most centers rely on 3 to 8 different funding sources.

Total Service Expenditure: OAA expenditures plus all other funds administered by the SUA and/or AAA's on behalf of older adults and caregivers for services meeting the definition of OAA services – both services which are means tested and those which are not. SUAs are encouraged to report expenditures in these service categories whether or not AoA funds were utilized for that purpose. This is not intended for financial accountability but for statistical purposes such as computing accurate service unit costs based on total service expenditures.

Transportation (1 One Way Trip): Transportation from one location to another. Does not include any other activity.

Unregistered Services: Also known as an non-registered service. A service that does not require demographic and consumer characteristics to be reported. Transportation, Legal Assistance, Nutrition Education, Information and Assistance, Outreach, Other Services, Health Promotion, and Cash and Counseling.

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

White: A person having origins in any of the peoples of Europe, the Middle East, or North Africa. "(Alone)"—When appended to a racial category (e.g., "White (Alone)" means that the individual only designated one race category.

Appendix B: Definitions (NSOAAP)

Additional Services: Could be any one or combination of the following services: Congregate Meals, Home-Delivered Meals, Homemaker/Housekeeping Services, Transportation, Adult Daycare, Personal Care, Chore, Service, Legal Assistance, or Information and Assistance. The range of the number of additional services in the tables above are constructed ranges. The original possible responses could be anywhere from 0 to 9 additional services.

Length of Service-Related Questions: The range of the length of time receiving services in the tables above are constructed ranges. The original possible responses were as follows: 6 months or less, more than 6 months but less than 1 year, at least 1 year but less than 2 years, 2 to 5 years, or more than 5 years. Responses for Caregivers were the exception to these responses. Their responses were as follows: 6 months or less, more than 6 months but less than 1 year, at least 1 year but less than 2 years, 2 to 5 years, 5 to 10 years, 11 to 20 years, or more than 20 years. Please note the question of length of service for caregivers is in terms of how long the caregiver has been providing care to their older adult.

Medical Conditions: Can be any of the following conditions: arthritis or rheumatism, high blood pressure or hypertension, heart disease, high cholesterol, diabetes or high blood sugar, emphysema, allergies, asthma, cancer, stroke, anemia, osteoporosis, kidney disease, glaucoma, cataracts, macular degeneration, or other eye or vision conditions, hearing problems, emotional, nervous or psychiatric problems, Alzheimer's disease or dementia, seizures or epilepsy, Parkinson's disease, persistent pain, aching, stiffness or swelling around joint, multiple sclerosis, urinary incontinence, or any other doctor diagnosed conditions. The range of the number of medical conditions in the tables above are constructed ranges. The original possible responses could be anywhere from 0 to 16 medical conditions.

Administration for Community Living: Older Americans Act Title III Program Contacts

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- Older Americans Act Title III SRT Program Manager
- Older Americans Act Title III OAAPS Program Manager

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Keri Ann Lipperini
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- Home-Delivered Meals
- NSIP Home-Delivered Meals
- Congregate Meals
- NSIP Congregate Meals
- Nutrition Counseling
- Nutrition Education
- Health Promotion and Disease Prevention

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