



OLDER AMERICANS ACT

Title VI Programs

2020 PROGRAM
RESULTS

Acknowledgment

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Title VI

Program Highlights and Accomplishments

A component of the Administration for Community Living's (ACL's) mission is to support American Indian, Alaskan Native (AI/AN), and Native Hawaiian elders in living with dignity and choice, while participating fully in their communities. ACL implements this mission in part through its Older Americans Act (OAA) Title VI programs. The programs help assure successful outcomes in part by recognizing the strengths and resiliency of tribal elders across the United States and respecting Native communities' sovereignty, culture, and self-determination.¹

These programs are essential, especially in light of health disparities AI/AN and Native Hawaiian populations face. For example, in comparison with members of the overall population of the U.S., American Indians and Alaskan Natives have shorter life spans and higher death rates, experience more preventable causes of death, and have more chronic conditions.^{2,3} They also experience disproportionately high rates of certain mental health conditions, such as depression and substance abuse.⁴ Combining federal funds, such as OAA Title VI funds, with state, local, and tribal funds, allows service providers to work collaboratively with tribal communities to address the needs of these communities while recognizing the health disparities they face.

In the 2020-2023 grant cycle, there are 282 Title VI grantees providing nutrition and supportive services and 251 Title VI grantees providing caregiver support services to tribal communities*.

Results from the 2020 National Survey of Title VI Programs showed that the majority of Title VI programs served elders in rural or frontier areas.⁵ In addition, Title VI grantees partnered with a range of entities, including those within and external to their tribes. Survey respondents noted partnering with more than 20 different types of entities, such as Indian Health Services, the Veterans Administration, transportation agencies, and nontribal health care providers. Importantly, grantees, in collaboration with partners, provided an average of 26 services and supports to tribal communities that enabled tribal elders to live with independence and dignity in their homes and communities.

Given these efforts, Title VI grantees were able to serve more than 200,000 individuals, including 198,591 individuals who received nutrition and supportive services and 7,873 individuals who received caregiver support services. In 2020 alone, providers ...

* In the 2017-2020 grant cycle, there were 272 Title VI grantees providing nutrition and supportive services and 238 Title VI grantees providing caregiver support services to tribal communities.

TITLE VI GRANTEES SERVED MORE THAN

200,000

INDIVIDUALS WITH SERVICES SUCH AS ...

DELIVERED MORE THAN

6.4 M

MEALS TO
INDIVIDUALS' HOMES



MADE MORE THAN

550,000

CONTACTS TO PROVIDE
INFORMATION/ASSISTANCE
to access needed services



CONDUCTED MORE THAN

450,000

VISITS TO ELDERS
IN THEIR HOMES
and more than 2,700 visits
to elders in nursing facilities or
residential care communities



PROVIDED MORE THAN

200,000+

ONE WAY TRIPS



to the grocery store, pharmacy,
doctors' office or other critical errands,
to support elders' independence

PROVIDED MORE THAN

113,000+

COUNSELING SESSIONS



and more than 76,000 hours of respite care
to caregivers who cared for elders or individuals
of any age with Alzheimer's disease and
related disorders

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Abbreviations and Acronyms

AAA	Area Agency on Aging	HHS	U.S. Department of Health and Human Services
ACL	Administration for Community Living	OAA	Older Americans Act
AI/AN	American Indian and Alaskan Native	OPE	Office of Performance and Evaluation
COVID-19	Coronavirus disease of 2019	PPR	Program Performance Report

Impact of COVID-19 Pandemic on Title VI Services

Funding Use

With the President declaring the coronavirus disease of 2019 (COVID-19) pandemic a national emergency on March 13, 2020, flexibility was provided for tribes—without the need for a separate application or request for a waiver—to use existing allocations already made to them under Title VI Part A/B and Part C for disaster relief.⁶ As a result, tribes could use Title VI Part A/B and/or Part C for any disaster relief activities for older individuals or family caregivers served under the OAA, which may have included providing:

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

Title VI Services

As part of an evaluation conducted by ACL in 2020 with a select number of ACL Title VI program grantees, participating grantee staff described their experiences related to the COVID-19 pandemic, including the impact the pandemic had on services and the strategies they implemented to continue to meet needs in their communities. For the full report, use [this link](#).[†] In addition, as part of their fiscal year 2020 Annual Program Performance Report (PPR), Title VI grantees provided examples of how the Title VI program has helped individuals and their communities, including how programs have adjusted to meet needs of AI/AN and Native Hawaiian elders during the pandemic. The bullets below provide a summary of the information shared by grantees about the challenges they experienced during the pandemic in meeting Title VI service needs and the ways they met those challenges.

[†] https://acl.gov/sites/default/files/programs/2021-05/ACL_TitleVI_Evaluation_Final_Report_508.pdf



- **Increased demand for meals.** Many grantees reported a significant increase in the overall demand for meals.
- **Experienced limited availability of supplies.** Several grantees reported a loss of critical resources and supplies from vendors, such as food containers, paper products, and Styrofoam food trays, making meal provision more difficult. Others reported shortages of supplies for elders, such as tissues, paper towels, toilet paper, and cleaning products.
- **Delivered food boxes and groceries and care packages.** To continue meeting essential needs, grantees packaged and delivered food boxes and care packages (containing items such as toilet paper, face masks, hand sanitizer, gloves, etc.) to elders and worked with local grocery stores to order and deliver basic grocery items. Grantees also provided craft or activity care packages to elders to help keep them engaged.
- **Suspended congregate meals.** Grantees suspended in-person congregate meals for elders and caregivers.
- **Transformed and expanded home-delivered meals.** Grantees transformed the home-delivered meal program during the pandemic by establishing a socially distanced drive-up/pickup and take-out service approach that allowed elders to safely collect meals to take home. Some grantees also expanded their home-delivered meal program to include elders who normally participated in congregate meals and elders who had not previously participated in the nutrition program.
- **Suspended in-person activities and events.** Grantees suspended in-person activities and events, such as educational events, physical activity programs, and community events (e.g., holiday celebrations, powwows) for elders and caregivers.
- **Implemented virtual and socially distanced activities.** Grantees implemented virtual and socially distanced activities, such as nutritional counseling done by phone, virtual bingo and parking lot bingo, and virtual elders' talking circle. Some grantees also purchased phones and tablets for elders so they could participate in virtual activities.
- **Suspended or limited transportation for elders.** Grantees who normally provided transportation services for elders (e.g., taking elders to medical appointments, the post office, the senior center, and shopping), had to either suspend or limit these services.
- **Reduced caregiver program services.** Most grantees reported that caregiver support services, such as respite care and other in-home services, were suspended.
- **Increased check-ins.** To address elders' emotional well-being, including feelings of isolation, grantees conducted check-ins via phone or in person while maintaining social distance. Grantees also provided newsletters and used other innovative strategies to stay connected with elders (e.g., leaving notes in food boxes and care packages).
- **Provided support for obtaining vaccines.** Grantees also helped elders register for appointments to receive their COVID-19 vaccinations and arranged for transportation to and from these appointments.

Part 1 | 2020 PPR Data Highlights[‡]

Staffing

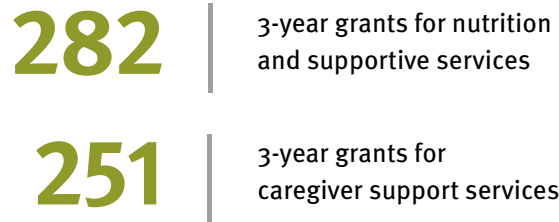
The majority of funding for OAA programs flows from the federal to the state level and from there to the local level. However, for OAA Title VI programs, funds are allocated by ACL directly to Indian tribal organizations, Native Alaskan organizations, and nonprofit groups representing Native Hawaiians. To be eligible for funding, a tribal organization of federally recognized tribes must represent at least 50 Native Americans aged 60 and older. Separate formula grant awards are made for nutrition and supportive services (Part A and B), and caregiver support services (Part C).

For the 2020–2023 grant cycle, more grants were awarded to nutrition and supportive services (282) than to caregiver support services (251). In 2020, nutrition and supportive services had more than twice as many staff (1,209) as caregiver support services (553).

[‡] PPR reporting year 2020: April 1, 2020–March 31, 2021

Number of Grantees

For the 2020–2023 grant cycle, ACL awarded



Number of Grantee Staff— Nutrition and Supportive Services



Number of Grantee Staff— Caregiver Support Services



* Grantee staff are defined as staff that are fully or partially paid by Title VI funding.

Service Recipients

In 2020, OAA Title VI grantees served more than 206,464 persons. (Service recipients may be receiving more than one service and may be counted more than once.) They provided nutrition and supportive services to 198,591 persons[§] and caregiver support services to 7,873 caregivers.

§ Persons served received the following services: congregate meals, home-delivered meals, nutrition counseling, case management, transportation, homemaker, personal care/home health aide, chore, and/or health promotion and wellness activities.

Number of Title VI Service Recipients by Supportive Services Type

In 2020, 98,603 persons received supportive services. The largest number of persons received other services. That number includes 58,141 who received health promotion and wellness activities; 27,631 who received access related services, including case management and/or transportation services; and 12,831 who received in-home related services, including homemaker, personal care/home health aide, and/or chore services.

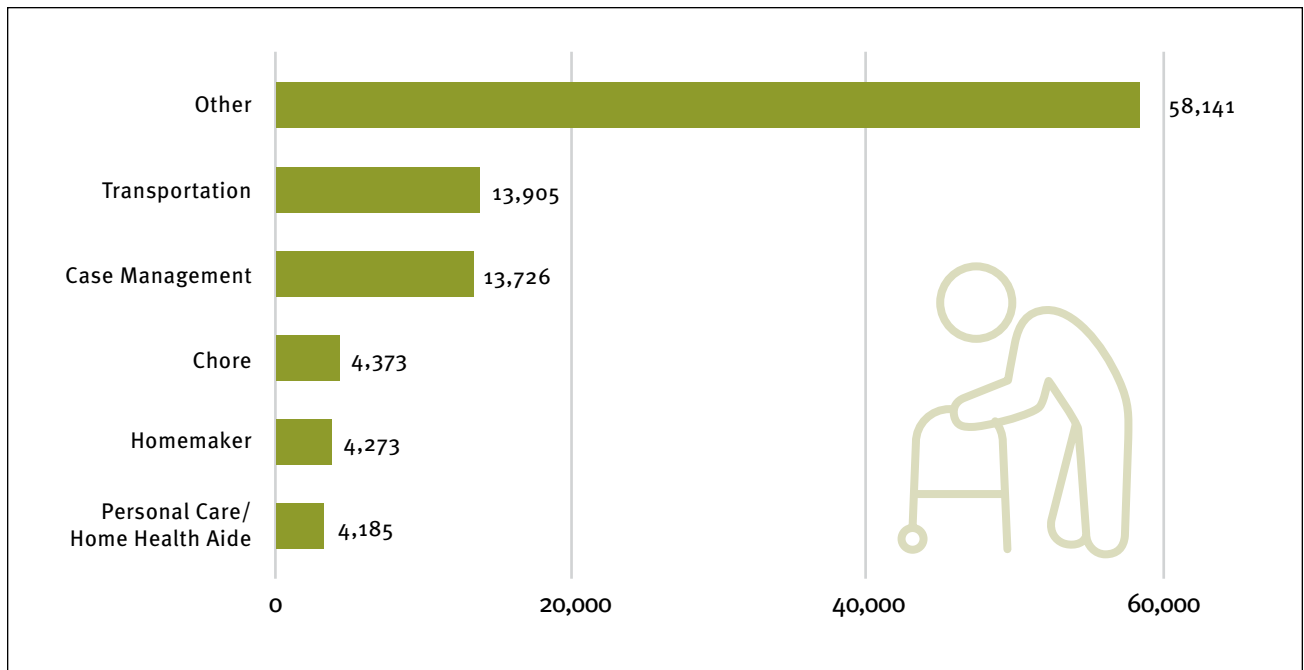


Number of persons served by grantees

> 206,464



Exhibit 1. Number of Title VI Service Recipients by Supportive Services Type



Notes: Service recipients may be receiving more than one service. Other = health and promotion wellness activities.

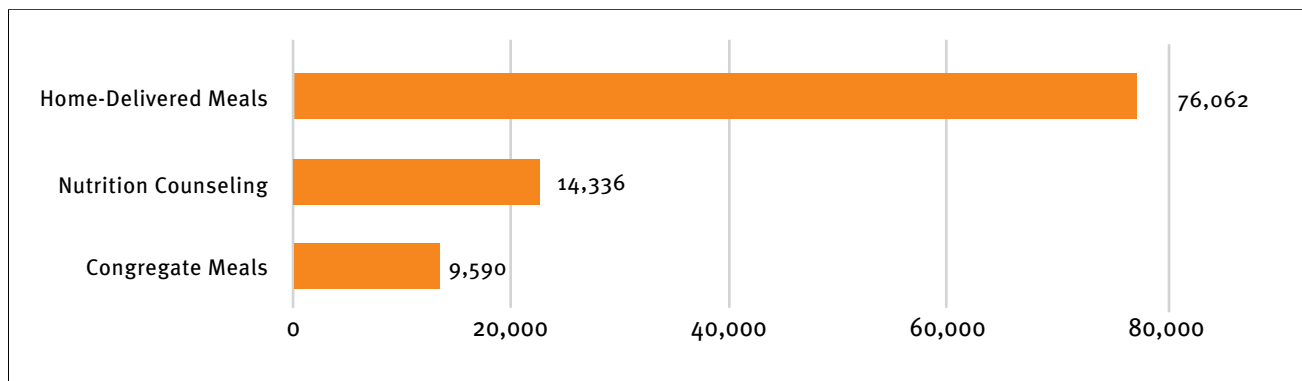
Number of Title VI Service Recipients by Nutrition Services Type

In 2020, 99,988 persons received nutrition services. Home-delivered meal programs served the most persons (76,062), followed by nutrition counseling programs (14,336 persons). The number served via congregate meal programs was smaller (9,590 persons) than the numbers served via the other two service types due to COVID-19.

Number of Title VI Caregiver Support Services Recipients by Caregiver Type

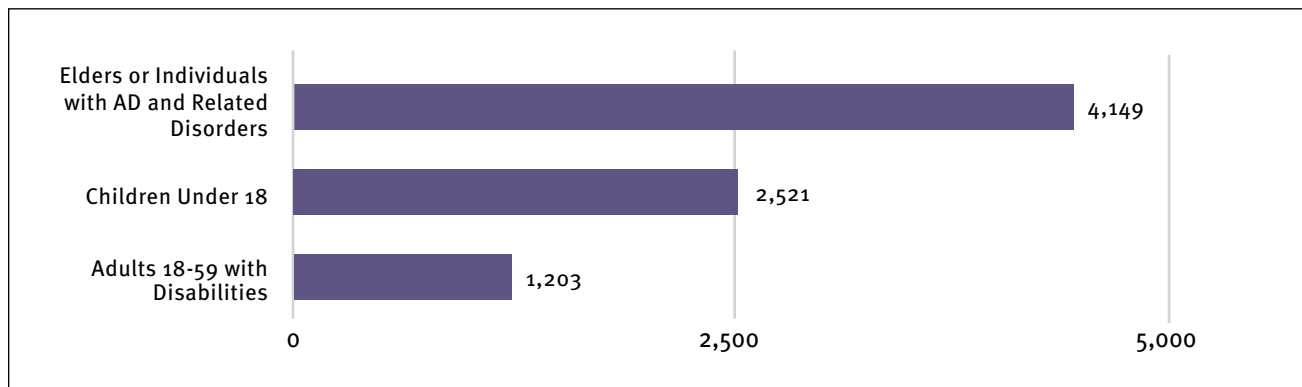
In 2020, the caregiver support services program served 7,873 caregivers. Most caregivers who received services cared for elders or individuals of any age with Alzheimer’s disease and related disorders (4,149), followed by those who cared for children under the age of 18 (2,521) and those who cared for adults 18–59 years old with disabilities (1,203).

Exhibit 2. Number of Title VI Service Recipients by Nutrition Services Type



Notes: Service recipients may be receiving more than one service.

Exhibit 3. Number of Title VI Caregiver Services Recipients by Caregiver Type



Notes: AD = Alzheimer’s Disease.

**Number of Title VI Service Recipients
by Caregivers Support Services Type**

In 2020, the largest number of persons received supplemental services (15,279), which consist of home-maker/chore/personal care services (5,558 persons), the provision of consumable items (4,375 persons), other[¶] (3,295 persons), lending closets (1,292 persons), financial support (418 persons), and/or home modifications or repairs (341 persons). Caregivers also received counseling (2,735 persons), caregiver training (1,365 persons), and/or respite services (1,916 persons).

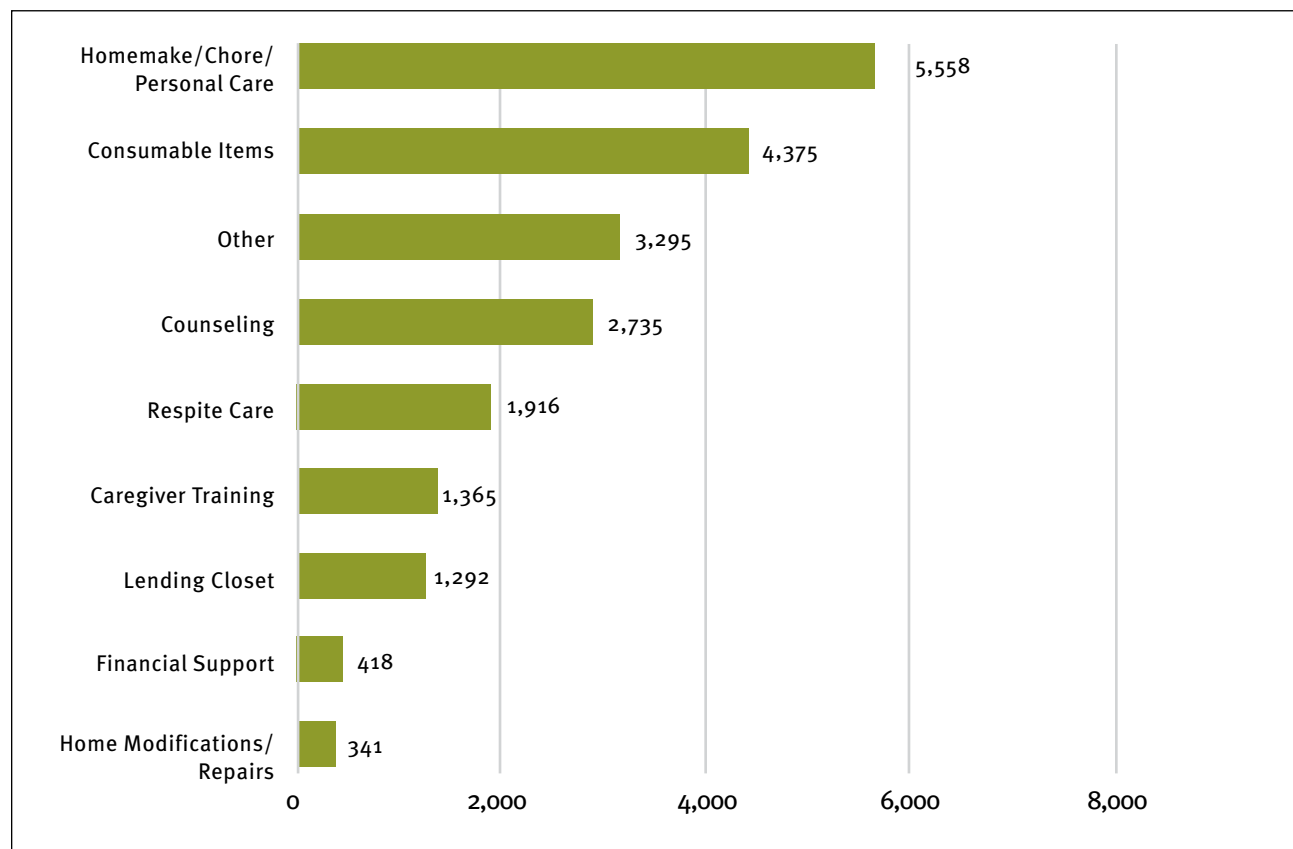
[¶] For example, care packages

**Number of persons who received
supplemental services**

15,279



Exhibit 4. Number of Title VI Service Recipients by Caregiver Support Services Type



Notes: Service recipients may be receiving more than one service. Other = health and promotion wellness activities.

Service Units

The following section provides data highlights for delivered Title VI service units. A service unit denotes a specified quantity of a service.

Number of Service Units by Nutrition Service Type

In 2020, the largest number of service units for nutrition services was provided for home-delivered meal services (6,426,032), followed by congregate meal services (321,095), and nutrition education services (44,897). The fewest service units were provided for nutrition counseling services (12,186).

6,426,032

Service Units provided for home-delivered meals

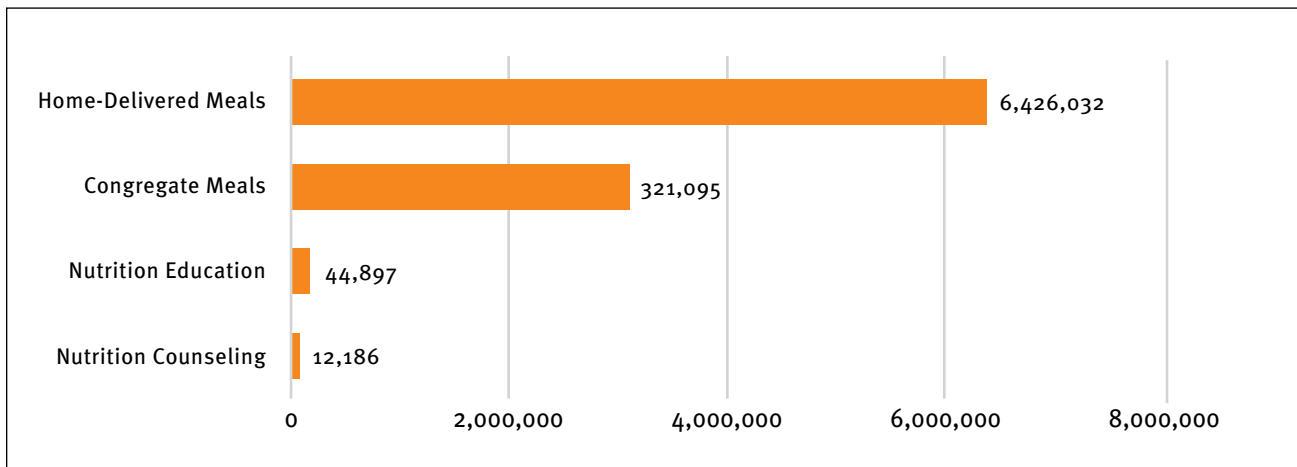


Service Units: Nutrition Services

Definition of Nutrition Service Units

- **Home-delivered meal (1 meal):** A meal provided to an eligible individual in their place of residence.
- **Congregate meal (1 meal):** A meal provided to an eligible individual in a congregate or group setting.
- **Nutrition education (1 session):** A session spent with an elder to provide nutrition education. The session may be a meeting or a gathering dedicated to a specific activity. A nutrition education session does not include the time spent on preparing the program or compiling the information.
- **Nutrition counseling (1 hour):** An hour spent with an elder to provide nutrition counseling. A nutrition counseling hour does not include the time spent on preparing for the counseling meeting or compiling the advice or guidance.

Exhibit 5. Total Service Units, by Nutrition Service Type



Service Units: Supportive Services— Access Services

Definition of Access Service Units

- **Information/assistance (1 contact):** A contact with an eligible individual to provide information or assistance to access services.
- **Outreach (1 activity):** A public outreach activity and providing information directed at individuals and groups to encourage potential elders (or their caregivers) to use existing services and benefits.
- **Case management (1 hour):** An hour spent on providing case management. Case management includes such activities as assessing needs and developing service plans—arranging, coordinating, and monitoring services to meet the needs of the elder. The service includes periodic reassessment and revision based on the needs of the elder.
- **Transportation (1 one-way trip):** One-way trip of transportation for an eligible person. A round trip is considered two one-way trips.

587,098

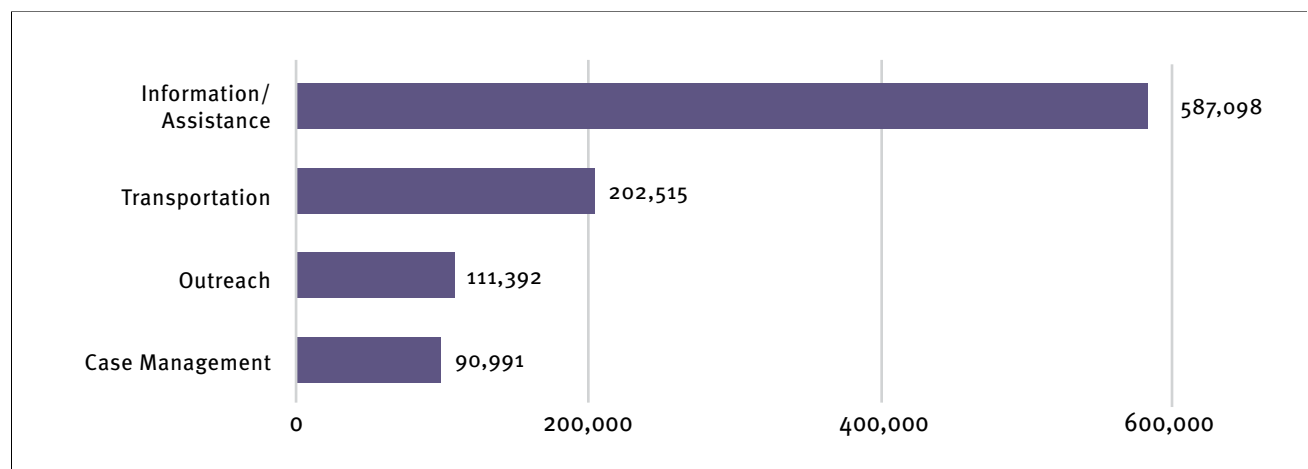
Service Units provided for
information/access services



Number of Service Units by Access Service Type

In 2020, the largest number of service units for access services was provided for information/assistance services (587,098), followed by transportation services (202,512), outreach services (111,392), and case management services (90,991).

Exhibit 6. Total Service Units, by Access Service Type



Service Units: Supportive Services— In-Home Services

Definition of In-Home Service Units

- **Homemaker (1 hour):** One hour spent providing homemaker services for an elder.
- **Personal care/home health aide (1 hour):** One hour spent with an elder to provide personal care/home health aide services.
- **Chore (1 hour):** An hour spent with an elder to provide chore services.
- **Visiting (1 contact):** A visit provided to an elder in their place of residence. Visit contacts are for visits in personal homes only.
- **Telephoning (1 contact):** A telephone call to an elder at their place of residence, including a call to a housing facility like a nursing home or assisted living facility or a call directly to their personal cell phone.

461,858

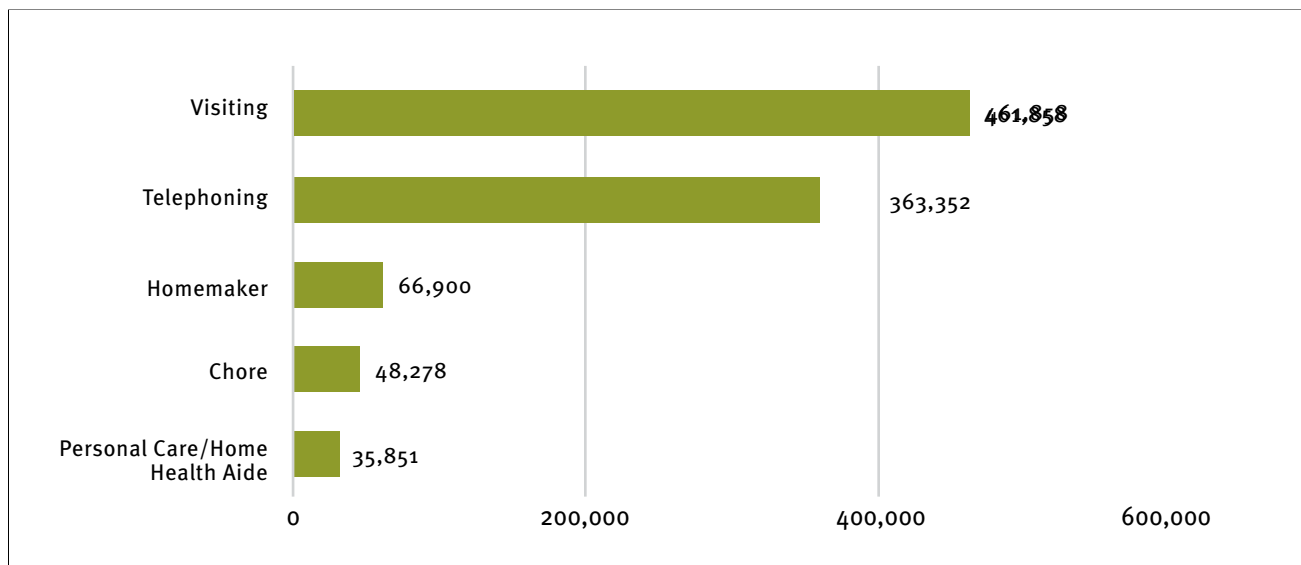
Service Units provided for
visiting services



Number of Service Units by In-Home Service Type

In 2020, the largest number of service units for in-home services was provided for visiting services (461,858), followed by telephoning services (363,352), homemaker services (66,900), and chore services (48,278). The fewest service units were provided for personal care/home health aide services (35,851).

Exhibit 7. Total Service Units, by In-Home Service Type



Service Units: Supportive Services— Other Services

Definition of Other Service Units

- **Social event (1 event):** An event held for elders.
- **Nursing facilities/home or residential care communities visit (1 visit):** A visit provided to an elder living in a nursing home or assisted living facility

Number of Service Units by Other Service Type

In 2020, 2,771 visits to nursing facilities/homes or residential care communities were conducted under Title VI (compared to 461,858 visits to personal homes). Title VI providers also held 2,201 social events for elders.



Service Units: Caregiver Support Services— Services for Caregivers

Definition of Caregiver Service Units

- **Information services (1 activity):** An informational activity held for caregivers. Information services activities can include an in-person interactive presentation to the public or a social media post or radio announcement that is shared with the broader community.
- **Information and assistance (1 contact):** A contact with an eligible caregiver to provide information and assistance.
- **Counseling (1 hour):** An hour spent on providing counseling to a caregiver.
- **Support group (1 session):** A session spent on providing a support group to caregivers. It may be a meeting or a gathering dedicated to a specific activity. A support group session does not include the time spent on preparing the program or compiling the information.
- **Caregiver training (1 hour):** An hour spent on providing caregiver training to informal caregivers.

Number of Service Units by Caregiver Service Type

In 2020, the largest number of service units for services for caregivers was provided for information and assistance (134,945), followed by counseling (113,042) and information services (96,481). The fewest service units were provided for caregiver training (1,365) and support groups (1,120).

Service Units: Caregiver Support Services— Respite Care for Caregivers

Definition of Respite Service Units

- **Respite care for caregivers (1 hour):**
An hour spent on providing respite care for eligible caregivers.

Number of Respite Service Units by Caregiver Type

In 2020, the largest number of respite service units was provided to caregivers who cared for elders or individuals of any age with Alzheimer’s disease and related disorders (76,282), followed by those who cared for children under the age of 18 (21,568) and those who cared for adults 18–59 years old with disabilities (14,471).

Exhibit 8. Total Service Units, by Caregiver Service Type

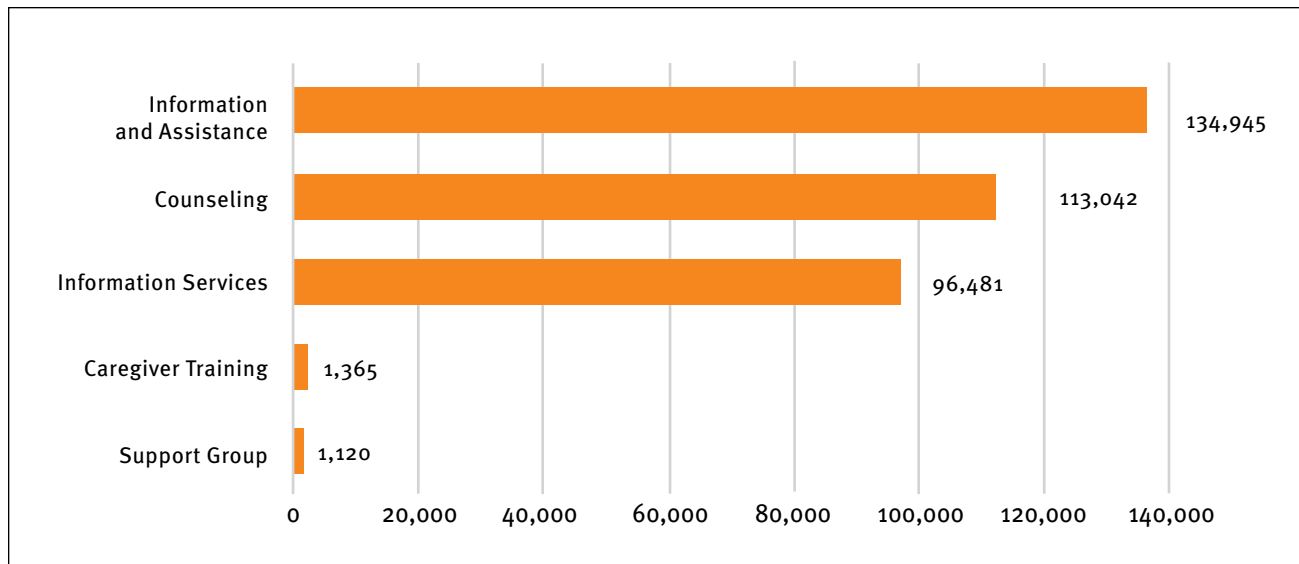
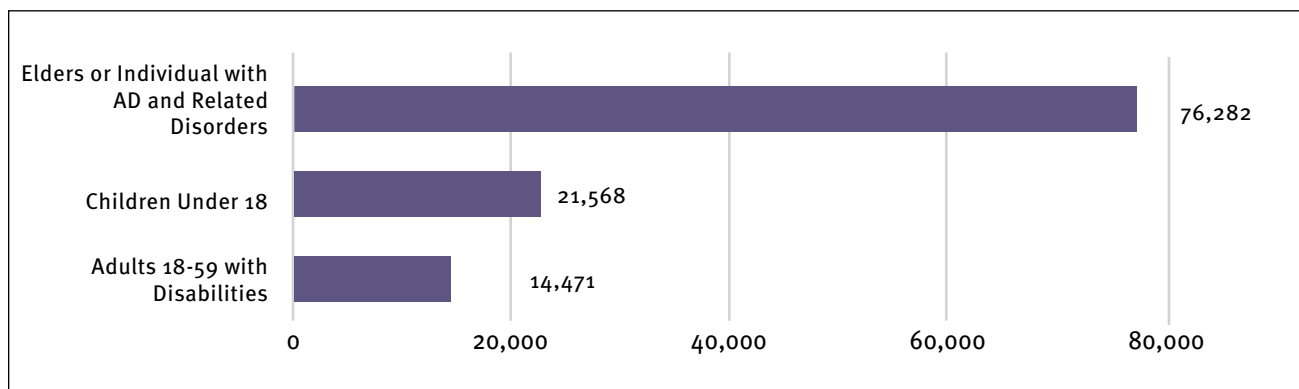


Exhibit 9. Total Respite Service Units, by Caregiver Type



Notes: AD = Alzheimer’s Disease.

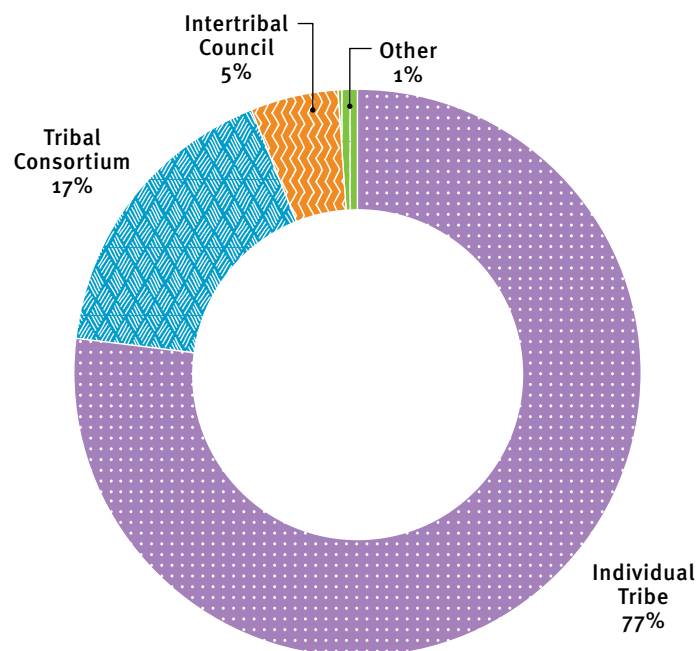
Part 2 | 2020 National Survey of Title VI Programs**

With a grant from ACL, the National Association of Area Agencies on Aging partnered with Scripps Gerontology Center of Excellence to conduct the 2020 Title VI Native American aging program survey, which was the fourth comprehensive survey of Title VI programs. The results presented in Part 2 of this report are directly taken from the *National Survey of Title VI Programs 2020 Report: Serving Tribal Elders Across the United States*. The complete report can be accessed [here](#).^{††}

The web-based survey was distributed to 276 Title VI grantees in 2020, with 84% (n=231) of Title VI programs responding. Some questions were asked of every respondent, and other questions were shown to a subset based on their responses to earlier questions. The number of respondents to a particular question (n) is reported in all tables. In the cases of text without accompanying tables, the n can be assumed to be of the respondents overall, 231, unless noted otherwise.

†† <https://www.usaging.org/Files/TitleVI-Survey-Report-508.pdf>

Exhibit 10. Title VI Program Location (n=230)



** The data do not represent data from the National Survey of Older Americans Act Participants.

Program Structure

Program Location

Title VI grants are awarded to tribal entities in federally recognized tribes, as well as to organizations representing Native Hawaiian elders. Survey respondents noted that Title VI programs are most frequently part of an individual tribe (77%), with 17% being part of a tribal consortium,^{##} 5% being part of an intertribal council,^{§§} and 1% being part of other administrative structures. Exhibit 10 shows this distribution of administrative locations.

^{##} Grantees comprised of a group of federally recognized tribes or villages that do not meet the eligibility requirements of 50 elders age 60 or older may combine their smaller elder populations to form a population that is large enough to apply for the grants. A tribe or village that has enough elders to meet the eligibility requirements may choose to band together with other tribes/villages and authorize an administrative body to apply for and administer their grant on behalf of the tribe/village.

^{§§} Intertribal councils are similar to consortia in that they are made up of multiple tribes/villages and have authorized a representative body to apply for and administer the grant on their behalf.

Area Served by Program^{¶¶}

Reflecting the location of tribal lands, approximately 92% of Title VI programs serve regions that include rural areas. Nearly two-thirds (64%) of programs serve an area that is predominantly rural, remote, or frontier. Only about 9% of programs serve an area that is predominantly urban or suburban.

^{¶¶} Survey respondents were asked to choose the type of area they believed best represented their region.



Exhibit 11. Area Served by Title VI Programs

Type of Area Served	Percent of Title VI programs that serve type of area (n=230)
Predominantly rural	58%
A mix of suburban and rural	16%
A mix of urban, suburban and rural	12%
Predominantly urban, predominantly suburban, or a mix	9%
Predominantly remote or frontier	6%

Partnerships

Type of Partners

Title VI programs partner with other entities both within and external to their tribes or organizations to meet the needs of elders. The most common partnerships are with tribal health care and the Indian Health

Service (both 81%), tribal housing (80%), adult protective services (79%), tribal health department/tribal public health (77%) and the local Area Agencies on Aging or Title III providers (76%). Additional partnership types are shown in Exhibit 12.

Exhibit 12. Type of Entities Title VI Programs Partner With

Type of Entity	Percent of Title VI programs that partner with entity (n=218)
Tribal health care (e.g., tribal health clinic or center)	81%
Indian Health Service	81%
Tribal housing	80%
Adult Protective Services	79%
Tribal health department/tribal public health	77%
Area Agency on Aging/Title III provider	76%
Veterans Administration	70%
State unit or department of aging	68%
Medicaid	67%
Medicare	66%
Disability service organizations	65%
Nursing home, assisted living facility or group home	65%
Transportation agencies	64%
Bureau of Indian Affairs	62%
Nontribal health care providers (e.g., hospital, clinic, physician office)	62%
Nontribal health department/nontribal public health	61%
County government	61%
State Health Insurance Assistance Program	60%
Charitable organizations	60%
Churches	59%
Bureau of Indian Education	51%
Tribal colleges	46%
Other colleges and universities	46%

Partnership Activities

Title VI programs partner with tribal health care departments or entities to support the health needs of elders. The most common health care support activities that Title VI programs collaborate on with partners are shown

in Exhibit 13. They include activities to provide nutrition and/or health education (78%), wellness checks (73%), and transportation (70%). Title VI programs also partner with entities to provide services such as diabetes wellness programs (67%), COVID-19 preparedness and response (67%), and annual health fairs (63%).



Exhibit 13. Partnership Activities

Activity	Percent of Title VI programs that implement activity with partners (n=194)
Provide nutrition and/or health education	78%
Conduct wellness checks	73%
Provide transportation	70%
Coordinate on diabetes wellness programs	67%
Coordinate COVID-19 preparedness and response	67%
Coordinate on annual health fair	63%
Make home visits or deliver meals	58%
Coordinate on flu clinic	58%
Deliver medications	56%
Approve meals and/or help with menu planning	55%

Services

Title VI program directors noted that, overall, elders in their tribal communities have access to an average of 26 services. These services are funded fully through Title VI, or partially through Title VI, or through other funding sources. Exhibit 14 shows the services most likely to be

delivered entirely with Title VI dollars. More than half of Title VI recipients fund their home-delivered and congregate meals programs only with Title VI funds. More than one-third provide family caregiver support and respite services that rely wholly on Title VI funding.

Exhibit 14. Services Provided Exclusively Through Title VI Funds

Service	Percent of Title VI programs that deliver the service through Title VI funds only (n=231)
Home-delivered meals	55%
Congregate meals	54%
Information and referral/assistance	39%
Family caregiver support services	37%
Outreach	37%
Respite care	36%
Telephone reassurance/friendly visiting	36%
Senior center activities	29%
Assistive devices or loan closet	27%
Special events for elders	25%
Homemaker help	24%
Care/case management	24%
Transportation (medical or nonmedical)	22%
Help in home/personal care	22%
Supportive services for grandparents raising grandchildren	20%

Unmet Needs

Title VI grantees provide a wide range of services to elders, but available funding and/or staff levels cannot always meet every need. As shown in Exhibit 15, the most common significant unmet need reported by Title VI program directors was for home repair services

(46%). Other commonly reported significant unmet needs are money management (42%) and legal assistance (36%), with more than 80% of Title VI programs reporting at least some unmet need in each of these areas.

Exhibit 15. Unmet Needs Among Elders (n=231)

Percent with significant unmet need	Unmet Need	Percent with some unmet need
46%	Home repair (e.g., replacing a broken window, repairing leaks)	89%
42%	Money management	89%
36%	Help in home/personal care	89%
36%	Home modification (e.g., ramps, grab bars, widened doorways)	86%
36%	Legal assistance	80%
33%	Chore services (e.g., yard work)	79%
32%	Emergency response system	75%
29%	Mental health services	76%
28%	Homemaker help	81%
27%	Help with medication	74%
25%	Supportive services for grandparents raising grandchildren	77%
24%	Dementia awareness	77%

Appendix A: Title VI Definitions⁷

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. The term AAA is a general one; names of local AAAs may vary. To help older adults remain in their homes, if that is their preference, AAAs coordinate and offer services including home-delivered meals, homemaker assistance, and whatever else it may take to make independent living a viable option.

Caregiver to elders or Individuals of any age with Alzheimer’s disease and related disorders: An informal caregiver who

- is 18 years or older and
- provides services or support to an elder or elders (tribally determined age) or an individual or individuals of any age with Alzheimer’s disease and related disorders (such as dementia).

Caregiver training: A service that provides family caregivers with instruction to improve knowledge and performance of specific skills related to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence-based programs and may be conducted in person or online, in individual or group settings.

Case management: A service provided to an elder, at the direction of the elder or a family member or caregiver.

- The service should be provided by a trained or experienced person with case or care management skills.
- The service includes individual needs assessment and developing a service plan for, arranging, coordinating, and monitoring services to meet the

needs of the elder. The service should include periodic reassessment and revision based on the needs of the elder.

Chore service: Performance of heavy household tasks provided in an elder’s home. Tasks may include yard work or sidewalk maintenance in addition to heavy housework—tasks such as heavy cleaning, yard work, walk maintenance, minor home repair, wood chopping, hauling water, and other heavy-duty activities which the elder is unable to handle on their own and which do not require the services of a trained homemaker or other specialist.

Congregate meal: A meal provided to and consumed by an eligible person at a nutrition site, senior center, or other congregate/group setting. The meal meets all the requirements of the OAA and state and local laws.

Congregate meal eligible person: An eligible person is an elder, a spouse of an elder, or an individual providing volunteer services for the Title VI program during the meal hour. It may also be a nonelder person with a disability who resides at home with and accompanies an elder to the meal or who resides in a housing facility occupied primarily by older adults.

Consumable items: Single-use items, such as incontinence supplies, Ensure®, school supplies, uniforms for school or sports, cleaning supplies, groceries, etc.

Counseling: A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors may be degreed service providers, trained to work with individuals, older adults, and families and specifically understanding and addressing the complex physical, behavioral, and emotional problems related to their caregiver roles. Informal counselors, like peers who are or have been informal caregivers, may also be used for this service. Counseling may be provided to individuals or in group meetings. Counseling is a separate function from support group activities or training. Caregivers eligible to receive counseling are those caring for older adults, persons

with disabilities, or children not their own by birth or adoption. Counseling may be provided via phone, text, email, webinar, video chat, or other means with an individual or a group to help participants navigate physical, behavioral, and emotional issues related to caregiving.

Elder caregivers caring for children under the age of 18:

An informal caregiver who

- is an elder,
- provides care for a child or children not their own by birth or adoption, and
- is caring for a child or children under the age of 18.

Elder caregivers providing care to adults 18–59 with disabilities: An informal caregiver who

- is an elder,
- may be the parent of the adult with disabilities, and
- provides care to an adult or adults 18–59 years old with disabilities.

An individual with a disability is defined by the Americans with Disabilities Act as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Financial support: Limited (emergency) help with utility bills.

Full-time staff: People who work 35 hours or more per week in paid positions for the Title VI program, paid fully or partially with Title VI A/B or C funds. The term refers to the number of full-time positions in the Part A/B or C program. These positions may be permanent or temporary in nature.

Health promotion and wellness: Activities conducted to improve the mental and physical health of persons, including walking groups, exercise classes, and presentations on health and wellness topics.

Home-delivered meal: A meal provided to a qualified eligible person in their place of residence or via carry-out or drive-through. Does not include meals supported by other funds (e.g., Title III, Medicaid Title XIX waiver, state-funded means-tested programs).

Home-delivered meal eligible person: An eligible person is a qualified elder, a spouse of a qualified elder, a volunteer providing services during the meal hours, a nonelder person with a disability who resides at home with a qualified elder, or a person with a disability who resides in a housing facility occupied primarily by older adults.

Home modification/repairs: Putting ramps or handrails into a home.

Homemaker service: Providing light housekeeping tasks in an elder’s place of residence. Tasks may include, but are not limited to, preparing meals, shopping for personal items, laundry, managing money, or using the telephone in addition to other light housework.

Informal caregiver: An unpaid provider of in-home and community care who may be a family member, neighbor, friend, or someone else.

Information services: A public or media activity that conveys information to caregivers about available services. Information services activities may include an in-person interactive presentation to the public, a social media post, or a radio announcement that is shared with the broader community.

Information and assistance: A service for caregivers that

- provides the individual with current information on opportunities and services available within their community, including information related to assistive technology;
- assesses the problems and capacities of the individual;
- links the individual to the opportunities and services that are available; and

- ensures, by establishing adequate follow-up procedures, that the individual receives the services needed and is aware of the opportunities available to them and serving the entire community of caregivers.

Lending closet: Items returnable to the Title VI program: clothing exchange; durable medical equipment (chair lifts, wheelchairs, walkers, emergency response systems), telephone, tablet, anything else lent on a short-term basis.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific islands that are U.S. territories.

Nutrition counseling: Provision of individualized advice and guidance to individuals who are at nutritional risk—because of their health or nutritional history, dietary intake, medication use, or chronic illnesses—about options and methods for improving their nutritional status. Counseling is performed by a registered dietitian or other health professional and addresses the options and methods for improving nutrition status with a measurable goal. Nutrition counseling can be provided in person or virtually to counsel older adults on an individual basis (via phone, text, email, webinar, video chat, or other means).

Nutrition education: A targeted educational program provided by a dietitian or a similarly knowledgeable person. The program promotes better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants and caregivers in a group setting (two or more participants). Sessions include distribution of printed materials, provided in person or virtually by conducting a group call or online meeting (via phone, text, email, webinar, video chat, or other means) around how to continue to eat healthily and stay physically active.

One-way trips: When transporting an elder, every stop that is made is considered a one-way trip.

Other supportive service: Any additional supportive service the Title VI program offers that was not listed in the Program Performance Report form. It may include,

but is not limited to, services such as consumable items or lending closet.

Outreach: Conducting public outreach activities and providing information directed at individuals and groups to encourage potential elders (or their caregivers) to use existing services and benefits.

Part-time staff: People who work less than 35 hours per week in a paid position for the Title VI program, paid fully or partially with Title VI A/B or C funds. The term refers to the number of part-time positions in a Part A/B or C program, whether permanent or temporary in nature.

Personal care/home health aide service: Providing an elder assistance with activities of daily living, such as eating, dressing, and bathing, toileting, transferring in and out of bed/chair, or walking. This service may also include assistance with an elder's health-related tasks, such as checking blood pressure and blood glucose, and assistance with personal care. Personal care may include assistance with instrumental activities of daily living, such as cleaning and maintaining the home, managing money, or preparing meals.

Respite care: A service for caregivers which offers temporary, substitute supports or living arrangements for care recipients in order to provide them a brief period of relief or rest. Respite care is provided to assist the informal caregiver.

Social event: An event involving a public performance or entertainment or a function to promote social interaction and decrease isolation. A social event should involve contact among more than two people, via phone, text, email, webinar, video chat, or other means, to provide reassurance and/or socialization to older adults.

Supplemental services: Services provided on a limited basis to support informal caregivers so that they might continue to provide care to the elder, person with Alzheimer's Disease and related disorder of any age, person 18–59 years old with disability, or grandchild under the age of 18. Examples are home modifications/repairs, consumable items, lending closet, homemaker/chore/personal care service, and financial support.

Support group: A service led by an individual, moderator, or professional to facilitate caregivers discussing their common experiences and concerns and developing a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver support groups would not include caregiver education/training groups or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator. Support groups are intended to facilitate caregivers sharing their experiences with each other and finding support within the group.

Telephoning: Telephone services include phoning to provide comfort or check in on the elder. The elder should be reached and spoken to for the contact to be counted.

Transportation: Services or activities that provide or arrange for travel of an elder, including costs of individuals' travel from one location to another. This service may include escort or other appropriate assistance for a person who has difficulties using regular transportation.

Visiting: Visiting services include going to see an elder to reduce social isolation and/or perform a wellness check (a visual check of an elder to see if they need anything), etc. This service would include visiting in a personal home. Visiting involves a minimum of 15 minutes talking with an elder or an adequate amount of time to make an informed decision about the elder's well-being.

Visits to persons in nursing facilities/homes or residential care communities: Visits conducted to persons living in skilled nursing homes or facilities, or living in a long-term care facility that provides, at a minimum, room and board, around-the-clock on-site supervision, and help with personal care such as bathing and dressing or health-related services such as medication management. Facility types include, but are not limited to, assisted living, board and care homes, congregate care, enriched housing programs, homes for the aged, personal care homes, adult foster/family homes, and shared housing establishments that are licensed, registered, listed, certified, or otherwise regulated by a state.

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