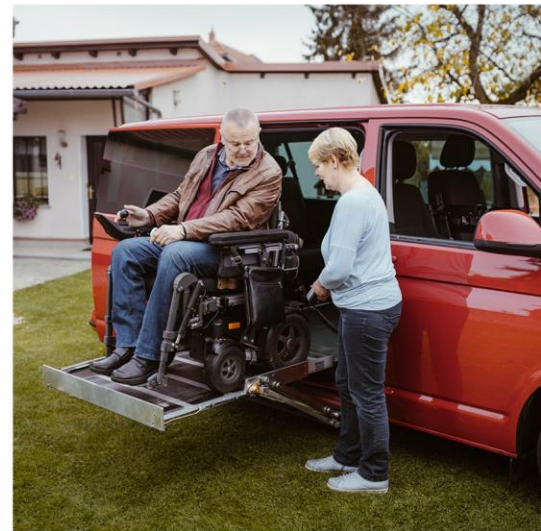




2024

National Survey of Older Americans Act Participants (NSOAAP)

Summary Report



2024 National Survey of Older Americans Act Participants (NSOAAP) Summary Report

Acknowledgments

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Executive Summary

The 2024 National Survey of Older Americans Act Participants (NSOAAP) summary report provides an important source of data about the Administration for Community Living's (ACL) Older Americans Act (OAA) Title III–funded services, including Home-Delivered Meals, Congregate Meals, Case Management, Transportation, Homemaker Services, and the National Family Caregiver Support Program (NFCSP). The findings show that Title III programs are essential to supporting the health, independence, and well-being of older adults with the greatest social and economic need, as well as family caregivers, across the United States. The programs reach individuals with substantial health, functional, social, and economic needs and are helping them remain safely in their homes and communities, an outcome strongly preferred by older adults and aligning with ACL's core priorities.

Title III Services Reach Individuals With Significant Need

The NSOAAP findings underscore that OAA programs are serving populations with complex health and functional challenges. Many service recipients reported multiple chronic health conditions, limitations in activities of daily living (ADLs), recent falls, and hospitalizations. Across most service types, more than 60 percent reported six or more chronic medical conditions, and nearly one-third of Home-Delivered Meals, Case Management, and Homemaker recipients reported difficulty performing three or more ADLs.

These findings highlight an important reality that without access to Title III services, many older adults would be at greater risk of hospitalization, institutionalization, and diminished quality of life. The survey demonstrates that these services play an important role in supporting community living by addressing the social and functional factors that influence outcomes.

Supporting Independence and Aging in Place

Older adults consistently identify the ability to remain at home and in one's community as a top priority. The NSOAAP findings provide strong evidence that Title III services are helping make that possible. Between 93 and 97 percent of recipients of Home-Delivered Meals, Case Management, Transportation, and Homemaker Services reported that the services helped them continue living independently. Even among populations with high levels of chronic illness and functional limitations, participants overwhelmingly view these programs as essential to maintaining community living.

The implications are important for policymakers. Community-based services are often considerably less costly than institutional care and better aligned with participants' preferences. Moreover, the findings suggest that many participants rely on multiple OAA services simultaneously. Between 37 and 87 percent of recipients across service types reported receiving more than one Title III service, illustrating how the Aging Network functions as an integrated system of supports rather than a collection of isolated programs.



Nutrition Programs Address Food Insecurity and Promote Health

Nutrition services remain among the most visible and effective OAA programs. The survey found that food insecurity remains a significant challenge for many participants, particularly those receiving Home-Delivered Meals and Case Management services. Approximately one-third of Home-Delivered Meals recipients were classified as food insecure, and one in five were at risk of malnutrition.

Yet the findings also demonstrate the positive impact of these programs. Among Home-Delivered Meals recipients, 68 percent reported feeling more secure about having enough food because of the program, and 85 percent reported eating healthier foods because of participation. Even among participants identified as food insecure, the majority reported improved food security after receiving services. Congregate Meals programs provide benefits beyond nutrition. Participants in these programs were less likely than other service recipients to report feelings of loneliness, isolation, and lack of companionship, demonstrating the dual role these programs play in promoting both nutritional health and social engagement.

The NSOAAP findings show that nutrition services contribute meaningfully to food security, healthier eating patterns, social connection, and overall well-being.

Strengthening Family Caregiving

The survey findings provide particularly compelling evidence regarding the importance of caregiver support services. Family caregivers are the backbone of the nation's long-term care system, yet many experience substantial physical, emotional, and financial strain. Among caregiver respondents, nearly two-thirds reported providing all or almost all the care for their loved one, and more than three-quarters reported providing 24-hour care. Many caregivers were supporting individuals with extensive health needs, including multiple chronic conditions, dementia, and significant functional limitations.

The NFCSP provides meaningful assistance to these caregivers. Eighty percent reported that services helped them become better caregivers, 66 percent found caregiving easier as a result of services, and 64 percent reported feeling less stress.

Most importantly, caregivers reported that these services helped prevent institutionalization. Nearly three-quarters indicated that services enabled them to continue providing care longer than would otherwise have been possible. More than one-third reported that, without the services, their care receiver would not be able to continue living in the same residence, and 34 percent believed their loved one would be living in a nursing home. These findings demonstrate that investments in caregiver support not only improve caregiver well-being but also help sustain community-based care arrangements that older adults overwhelmingly prefer.



High Satisfaction and Demonstrated Value

Across all service types, participants reported exceptionally high levels of satisfaction. Between 86 and 95 percent of recipients rated services as good, very good, or excellent, and more than 91 percent said they would recommend the services to others. Transportation, Case Management, and Homemaker Services received particularly strong ratings for responsiveness, respectfulness, and reliability.

These consistently positive assessments are important because they reflect the experiences of individuals receiving services directly. Administrative data can document the number of meals delivered or rides provided, but participant feedback demonstrates whether services are meeting needs and improving quality of life. The NSOAAP findings show that recipients consider these programs to be valuable, effective, and responsive to their circumstances.

Implications for Federal Policy and Investment

As the nation's older adult population continues to grow, rates of chronic illness, functional impairment, and caregiving demands are increasing. These demographic trends will place greater pressure on community-based systems that support aging in place.

The evidence presented in the NSOAAP summary report demonstrates that Title III programs are effectively addressing these challenges. They connect older adults to needed services, support family caregivers, improve food security, reduce social isolation, promote independence, and help prevent unnecessary institutionalization. The programs are reaching individuals with substantial needs and producing outcomes that align directly with ACL's strategic priorities.



Introduction

This report provides a summary of findings from the Administration for Community Living's (ACL) 18th National Survey of Older Americans Act Participants (NSOAAP), administered between May and September 2024. The NSOAAP assesses the effectiveness of Older Americans Act (OAA) Title III services, including Home-Delivered Meals, Congregate Meals, Case Management, Transportation, Homemaker Services, and Caregiver Support. This nationally representative survey provides important information about the older adults who receive OAA Title III services, the scope of services delivered, their effectiveness, and their role in supporting caregivers. The 2024 NSOAAP dataset includes responses from 5,896 recipients of these services. The report provides an overview of the results from the six services, with a focus on how they help older adults continue living in their homes and key takeaways that can inform future service planning efforts.

Older Americans Act Title III Services

Enacted in 1965, the OAA was the first federal initiative to comprehensively address the need for community social services for older adults (aged 60 and older) in the United States (Administration for Community Living, 2026c). The OAA created the base for a comprehensive system of services and supports that enables older adults to continue living in their homes and communities as they age. Today, programs funded by the OAA play a vital role in maintaining the health and well-being of millions of Americans aged 60 and older, providing essential services and targeting those with the greatest economic or social need. In addition, OAA services play a key role in preventing costly institutionalization and hospitalizations by helping people remain in their own homes and supporting family caregivers.

OAA funds are distributed through the national Aging Network, a coordinated system consisting of 56 State Units on Aging (SUAs), 618 Area Agencies on Aging (AAAs), nearly 20,000 local service providers (LSPs), 291 Tribal organizations, and one Native Hawaiian organization representing 400 Tribes (Administration for Community Living, 2026c). AAAs are regional and local entities that, either directly or through contract with LSPs, oversee a comprehensive and coordinated system to deliver services and supports to older adults (see Appendix A for definitions). These supports include Title III-funded nutrition programs, Case Management, Transportation, And Caregiver Support services. As the primary federal agency administering the OAA, ACL collects data and develops reports on Title III programs, which provide information on program performance and demonstrate the wide reach and positive impact these programs have on millions of older adults and family caregivers.



NSOAAP Overview

In 2003, the Administration on Aging within the U.S. Department of Health and Human Services (the Administration on Aging is now part of ACL) began administering the NSOAAP to assess the effectiveness of Title III–funded programs and services, maintain accountability, and demonstrate progress toward legislative goals. The NSOAAP is an annual nationwide survey that provides data on participants receiving six selected Title III service categories and programs: (1) Home-Delivered Meals, (2) Congregate Meals, (3) Case Management, (4) Transportation, (5) Homemaker, and (6) Caregiver Support services provided under the Title III-E National Family Caregiver Support Program (NFCSP).¹ Exhibit 1 provides a brief description of each of these services.

Exhibit 1. Title III services included in the NSOAAP



Home-Delivered Meals

Meals delivered to an individual's residence or provided via pick-up, takeout, or drive-through at a pick-up location.



Transportation

Use of a transportation provider's vehicle to transport individuals to places such as medical offices, senior centers, congregate meals sites, or grocery stores.



Congregate Meals

Meals provided in a congregate or group setting, such as a senior center; includes meals eaten with others virtually, such as via Zoom or FaceTime.



Homemaker Services

Assistance with tasks such as meal preparation, shopping, money management, or light housework.



Case Management

Care coordination, including assessment of needs, development of care plans, and coordination of services among providers.



Caregiver Support

Assistance provided to caregivers through ACL's NFCSP, including information and access to services; counseling, support groups, and training; respite care; and supplemental services like home modifications and medical equipment.

¹ Throughout this report, NFCSP services are referred to as Caregiver Support services, and recipients of this service are referred to as caregivers.



Each service has a separate survey instrument, and service recipients are randomly selected to complete only one survey, regardless of how many Title III services they receive. Survey instruments collect information on a range of domains, including service recipient characteristics (health status, social and physical functioning, demographics), service use (e.g., frequency, duration, types of services), assessment of service experience and quality, and perceived benefits and outcomes. Survey respondents are service recipients aged 60 and older, except for Caregiver Support service recipients, who are caregivers aged 18 and older caring for an adult aged 60 and older. Appendix B contains survey instruments for each service type.

Methods

Sample Design

The 2024 NSOAAP used a two-stage sample design. In the first stage, a stratified sample of 300 AAAs was drawn from a total of 622 AAAs, which included all AAAs in the 50 states and DC. All AAAs with large client counts (e.g., more than 15,000 clients) were selected (45 AAAs); the remaining AAAs were sampled with equal probability after sorting by region and client count. Selected AAAs provided lists of eligible service recipients: those who used services in the past 12 months, were aged 60 years and older (for non-caregivers), and did not work or volunteer for the AAA. Client lists were submitted by 273 AAAs; lists from 3 AAAs were unusable, resulting in an agency participation rate of 90 percent (270/300). Of the 27 AAAs that did not submit client lists, 4 refused and 23 did not respond to outreach attempts.

In the second stage, service recipients were randomly selected by service type from within each selected AAA. The number of service recipients sampled from each AAA was roughly proportional to the number of clients the AAA served for each service. According to information from the 2023 survey, a predicted response rate of 27 percent was used for calculations. To obtain the NSOAAP target of 6,000 completed surveys across all services,² a total of 24,536 clients were randomly sampled, or approximately 121 clients (ranging from 89 to 151, depending on AAA size) from each AAA. In instances when a AAA did not have enough clients per service to meet the service-specific target, all clients for that service were selected for the survey. After random selection, AAAs reviewed the sampled clients' information and removed any clients who had become ineligible since their initial selection (e.g., were deceased or institutionalized), resulting in 22,273 final sampled clients.

² Service-specific targets were as follows: (1) Home-Delivered Meals: 1,000; (2) Congregate Meals: 1,000; (3) Case Management: 500; (4) Transportation: 1,000; (5) Homemaker services: 500; and (6) Caregiver Support: 2,000.



Data Collection

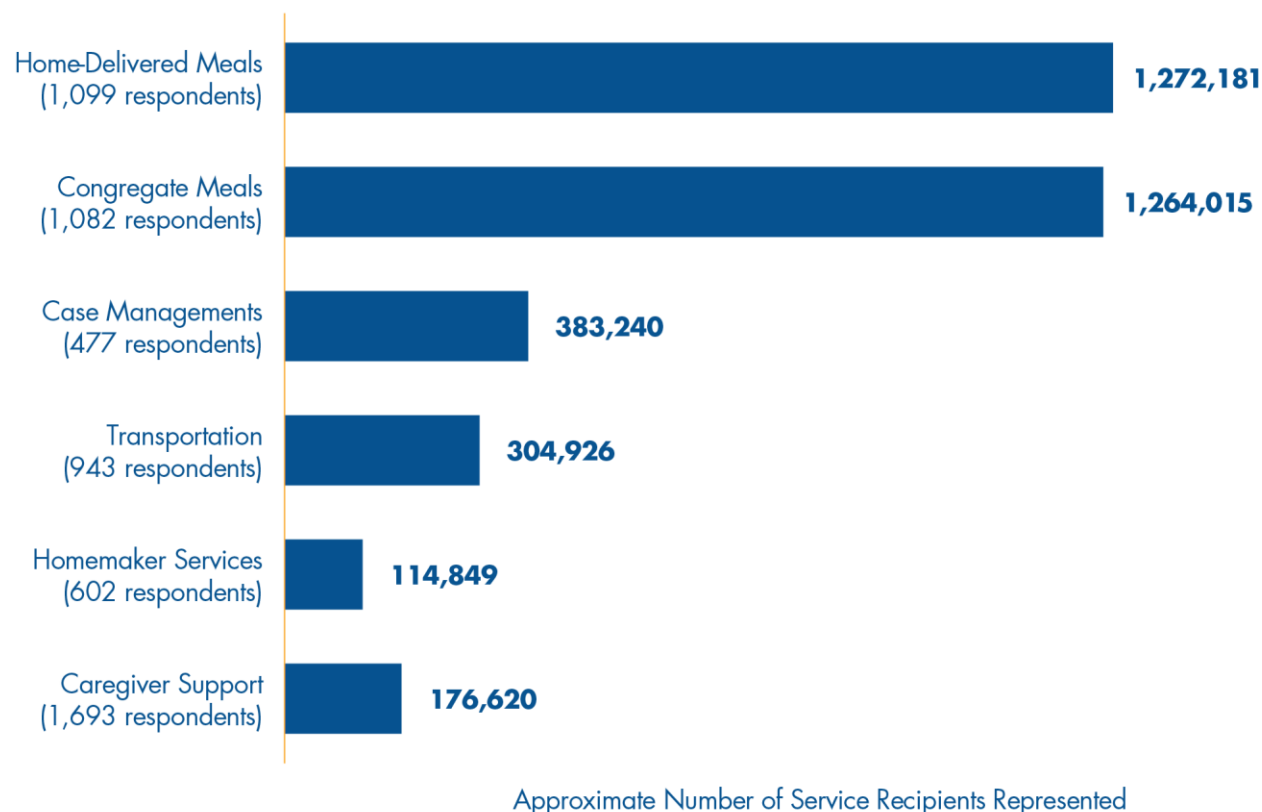
Data collection for the 2024 NSOAAP occurred between May and September 2024. Data collection involved a sequential, multimode design. Non-caregiver service recipients were first mailed a paper survey, followed by telephone follow-up if they did not return a survey by mail. Caregivers were first mailed an invitation to a web survey, followed by a paper survey, and then telephone follow-up. Caregivers were also sent survey invitations via email if an email address was provided. Using computer-assisted telephone interviewing (CATI), interviewers who received specialized training for sensitivity to the needs of older adults and those with communication challenges conducted telephone interviews. Paper surveys were also available in Spanish, and interviewers were available to conduct telephone interviews in Spanish when needed. If a service recipient needed assistance completing the survey or interview, another adult in their household (a proxy) could complete the survey on their behalf. A toll-free help desk phone number was provided to potential respondents if they had questions about the survey, had issues accessing the web survey (caregivers only), were ineligible, or wanted to opt out of receiving additional follow-up communications. After data collection was completed, the data were cleaned and surveys that did not meet minimum completion criteria were removed. For a survey to be included, a respondent had to complete at least 50 percent of the items, excluding demographic items (e.g., questions about sex, age, level of education, income).

Data Weighting

This report includes data for 5,896 respondents who were surveyed about their experiences with one of six services. All analyses in this report are weighted to provide nationally representative results for each service. Adjustments to weights were made to account for AAA nonresponse and client nonresponse. Exhibit 2 shows the number of respondents who completed the survey for each service and the approximate number of service recipients nationwide that they represent. Results cannot be combined across services because the analyses are weighted to represent the population receiving each service, and many individuals receive more than one service. For more detailed information regarding methods used for weighting and adjustments, please refer to Appendix C.



Exhibit 2. Number of NSOAAP respondents and approximate number of service recipients represented, by service



2024 NSOAAP Data Highlights

Results from the 2024 NSOAAP are presented in the two sections that follow. Part I presents key results across all Title III services (i.e., items that were included in all survey types), and Part II presents key results within each Title III service (i.e., items that were unique to each service-specific survey).

Exhibit 3 shows the number of surveys completed via each mode: web (caregiver surveys only), paper, and telephone. Proxy respondents, rather than sampled service recipients, assisted with or completed 698 surveys (12% of all completed surveys) on behalf of service recipients across the three modes. About one-third of the proxy respondents completed surveys for the Home-Delivered Meals service, and proxies were distributed equally across the other service types. A total of 5,896 surveys across the six service types were included in the analysis, for an overall response rate of 26 percent.



Exhibit 3. 2024 NSOAAP response rate and completions, by service type and mode

Service type	Completions by survey mode				Survey response rate	
	Web	Paper	Telephone	Total	Number of survey invitations*	Response rate by service
Home-Delivered Meals	N/A	947	152	1,099	3,842	29%
Congregate Meals	N/A	1,015	67	1,082	3,817	28%
Case Management	N/A	361	116	477	2,125	22%
Transportation	N/A	764	179	943	3,442	27%
Homemaker	N/A	524	78	602	2,091	29%
Caregiver Support	669	802	222	1,693	6,956	24%
Total	669	4,413	814	5,896	22,273	26%

* Excludes randomly selected clients, which AAAs deemed ineligible on review of sampled clients.

Part I: Key Results Across Title III Services

Part I provides highlights of NSOAAP results for each of the six Title III services. All results presented in this report are weighted for national population estimates and are shown as weighted percentages. The results for all services include the following:

- Characteristics of service recipients (including sex, age, and household income)
- Service use (e.g., the length of time services were received and reasons for using services)
- Use of additional Title III services
- Rating of services (including overall rating and likelihood to recommend services)
- Health and well-being (including medical conditions and daily functioning)
- Food insecurity and risk of malnutrition
- Social integration and companionship
- Aging in place

Characteristics of Service Recipients

Most recipients of all service types were female (ranging from 66% for Home-Delivered Meals to 84% for Homemaker services; see Exhibit 4). More than half of service recipients were aged 75 and older, and more than 20 percent were aged 85 and older. Caregivers were more likely to be younger than those in the other service types, with 20 percent being aged 60 to 64. Fewer service recipients reported living in rural areas (ranging from 23% for Caregiver Support to 34% for Congregate Meals) than in non-rural



areas. Most service recipients reported having either a high school.³ diploma/GED or having completed some college coursework as their highest level of education (ranging from 54% for Caregiver Support to 75% for Case Management).

OAA Title III programs do not have income eligibility requirements, although programs may prioritize low-income individuals and those with the greatest economic need. For all services except Caregiver Support, more than half of service recipients reported having an annual household income of \$30,000 or less (ranging from 53% of Congregate Meals recipients to 85% of Case Management recipients). More than 40 percent of caregivers had an annual household income of more than \$50,000.

Exhibit 4. Service recipient characteristics, by service type

Recipient characteristics	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Sex						
Male	34%	32%	31%	23%	16%	26%
Female	66%	68%	69%	77%	84%	74%
Age						
< 60 years	N/A	N/A	N/A	N/A	N/A	20%
60–64 years	6%	6%	8%	6%	4%	15%
65–74 years	30%	38%	39%	37%	27%	33%
75–84 years	34%	35%	30%	35%	42%	25%
> 85 years	30%	20%	22%	22%	28%	7%
Rurality						
Rural	28%	34%	30%	23%	32%	23%
Non-rural	72%	66%	70%	77%	68%	77%
Education						
Less than high school diploma	14%	9%	11%	11%	14%	3%
High school diploma or general educational diploma (GED)	37%	27%	41%	34%	41%	16%
Some college	31%	36%	35%	37%	32%	38%

³ OAA Title III services target adults 60 and older, except for the Title III-E National Family Caregiver Support Program, which provides services to adult caregivers 18 and older who are caring for adults 60 and older.



Recipient characteristics	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Bachelor's degree	8%	14%	7%	7%	6%	18%
Some post-graduate work/ advanced degree	10%	15%	7%	11%	6%	25%
Annual household income						
\$30,000 or less	77%	53%	85%	80%	82%	27%
\$30,001–\$50,000	17%	23%	12%	13%	14%	31%
More than \$50,000	6%	24%	4%	7%	3%	42%

Note: Percentages may not sum to 100 because of rounding.

Use of OAA Title III Services

Service recipients were asked how long they have been receiving the service. Across all service types, most recipients reported receiving the service for less than 2 years (Exhibit 5).



25%

of **Transportation** service recipients reported receiving the service for more than 5 years.

Exhibit 5. Length of time services were received, by service type

Duration of use	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Less than 2 years	52%	42%	62%	44%	55%	56%
2 to 5 years	38%	35%	29%	31%	34%	35%
More than 5 years	10%	23%	8%	25%	11%	9%

Reasons for Seeking Services

Service recipients were asked to indicate all the reasons they initially sought the service. The three most common reasons reported were that older adults wanted socialization, had problems with mobility, or sought assistance because of illness or medical conditions (Exhibit 6).

**59%**

of **Congregate Meals** recipients initially sought this service because they wanted socialization, highlighting this service's role in fostering social connections that can reduce social isolation.

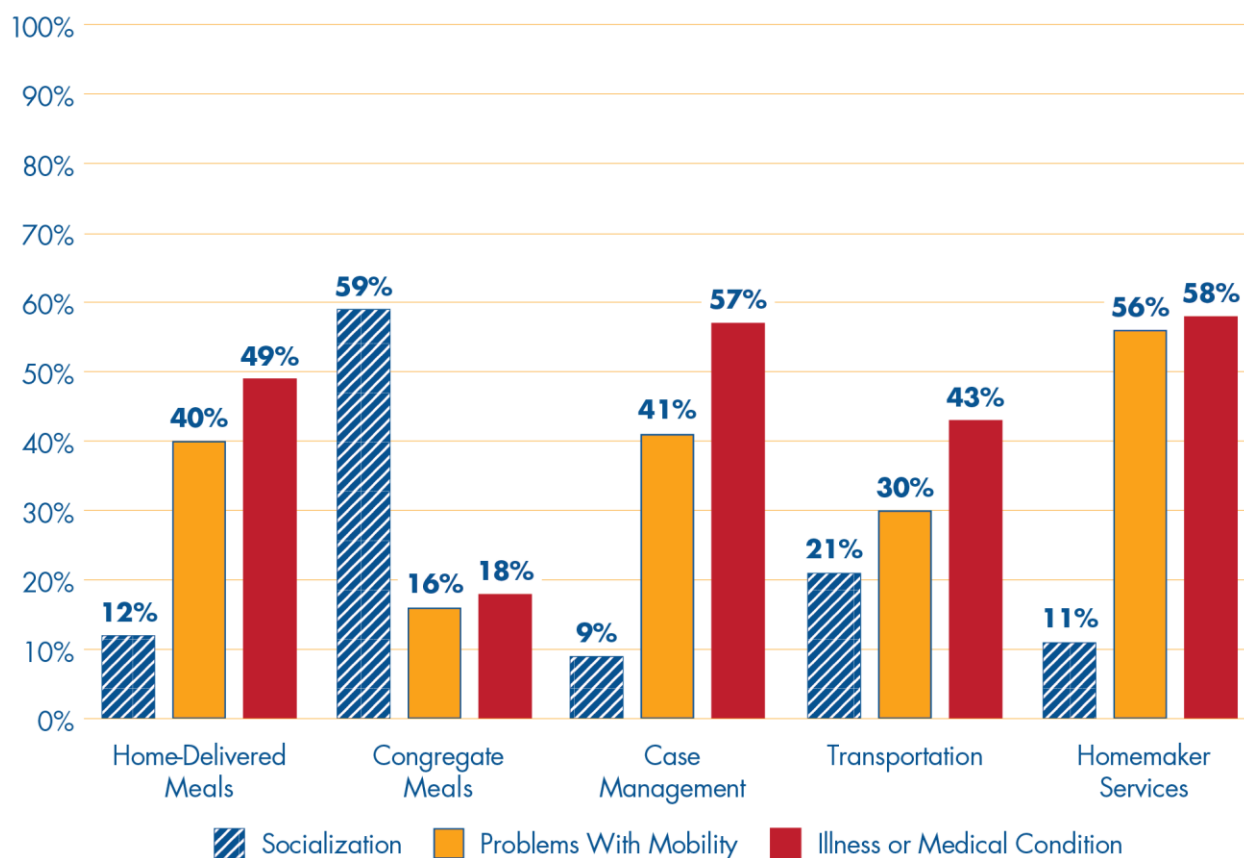
**57%**

of **Case Management** service recipients initially sought services because of an illness or medical condition.

**56%**

of **Homemaker Services** recipients initially sought the service because of problems with mobility.

Exhibit 6. Initial reason for seeking services, by service type^{4,5}



⁴ Complete results for this question are available in Appendix D.

⁵ Results for the Caregiver Support service are provided in Part II.



Use of Additional Title III Services

Service recipients⁶ were asked whether they received other Title III services from their local AAA within the past year, including services covered by the NSOAAP as well as services such as personal care, adult daycare, or legal assistance. Service recipients were randomly selected to complete only one survey type regardless of how many different Title III services they received. With the exception of Congregate Meals recipients, most survey respondents reported receiving additional Title III services, as shown in Exhibit 7.



87%

of **Case Management** recipients received at least one other service, and they were most likely to use additional services compared with other service recipients.



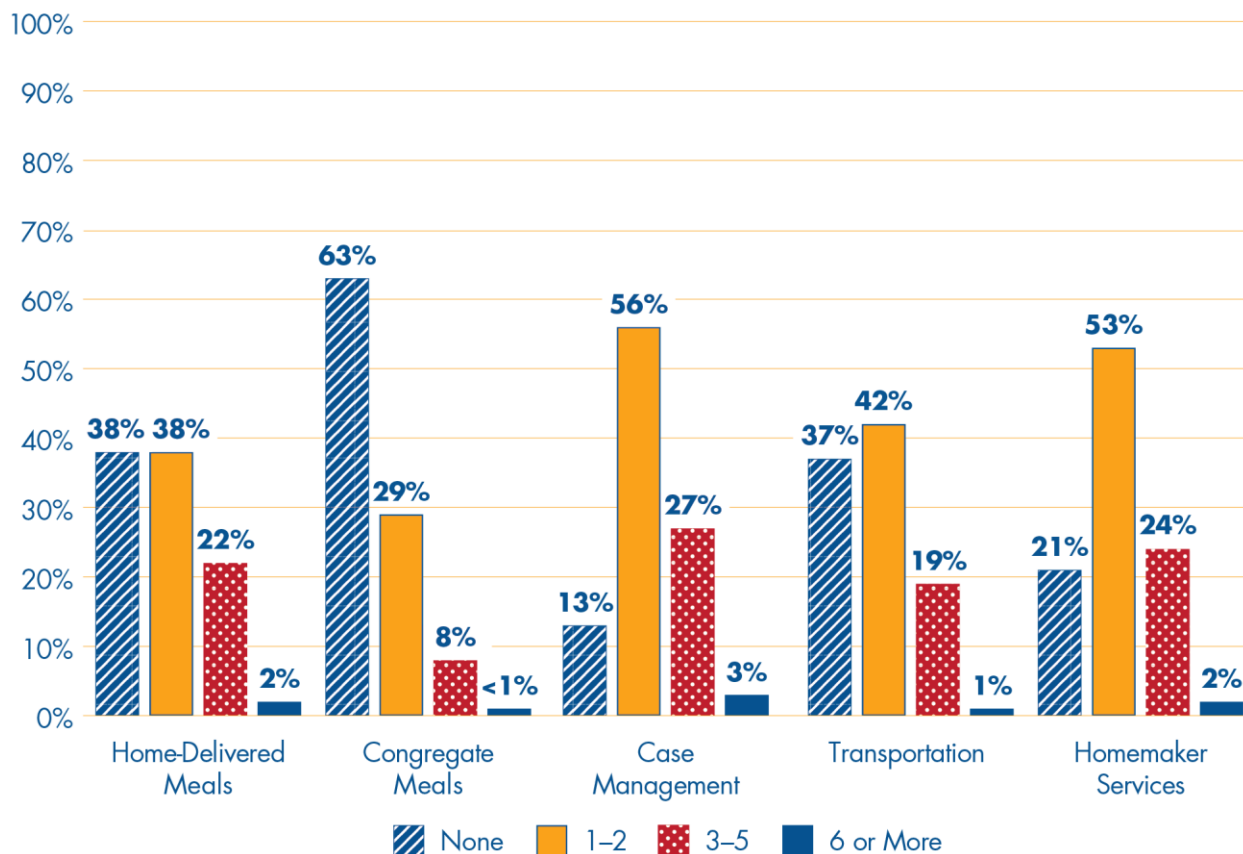
63%

of **Congregate Meals** recipients did not receive other services, and they were least likely to receive additional services compared with other service recipients.

⁶ Caregivers were asked about additional services received by the person they care for; data are not shown.



Exhibit 7. Number of additional Title III services received, by service type



Note: Percentages may not sum to 100 because of rounding.

Use of Non-Title III Assistance

The most used types of non-Title III financial assistance were benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly known as *food stamps*; 41% of Case Management recipients and 32% of Transportation service recipients) and Medicaid (34% of Transportation service recipients and 32% of Case Management recipients). Caregivers were least likely to receive any type of non-Title III financial assistance compared with the other services (Exhibit 8).



41%

of **Case Management** service recipients received SNAP benefits.



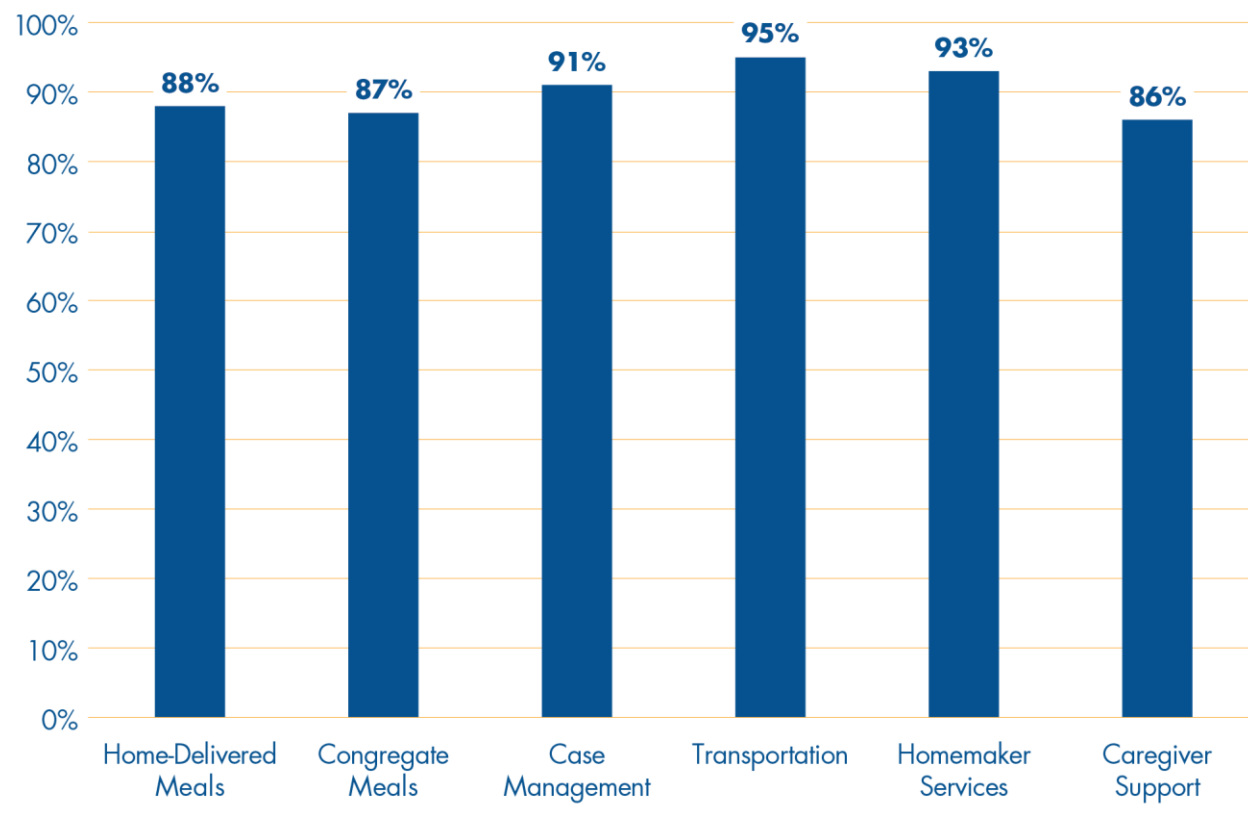
Exhibit 8. Receipt of non-Title III financial assistance, by service type

Type of non-Title III assistance	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Medicaid	31%	17%	32%	34%	30%	16%
SNAP	27%	15%	41%	32%	31%	9%
Energy assistance	14%	12%	25%	17%	22%	10%
Housing assistance	13%	8%	18%	18%	22%	3%

Rating of Services

Most service recipients rated the service they received as “Excellent,” “Very good,” or “Good” (ranging from 86% to 95% across service types). Transportation services received the highest ratings (**95%**) among the six service types (Exhibit 9).

Exhibit 9. Overall service ratings (Excellent, Very good, Good), by service type





Likelihood to Recommend Service



Exhibit 10. Likelihood to recommend service, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Willing to recommend	96%	94%	N/A	96%	96%	92%

Note: N/A = not applicable; Case Management service recipients were not asked this question.

Health and Well-Being

Service recipients were asked to rate their health as “Excellent,” “Very good,” “Good,” “Fair,” or “Poor.” Caregivers were asked to rate the health of their care receiver (i.e., the older adult they provided care for; see Exhibit 11).

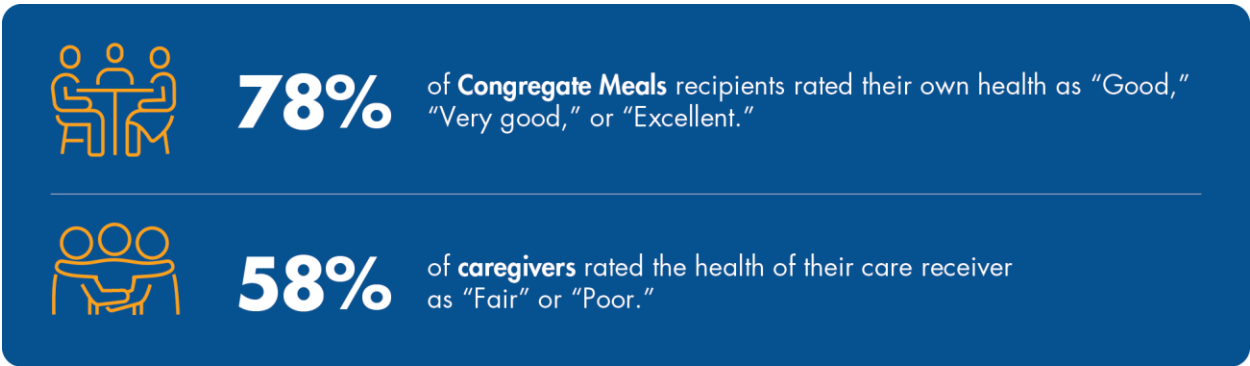




Exhibit 11. Service recipient rating of health, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver rating of care receiver*
Excellent, Very good, or Good	52%	78%	49%	61%	46%	42%
Excellent	3%	6%	2%	4%	1%	2%
Very good	13%	32%	15%	14%	13%	12%
Good	36%	40%	32%	43%	32%	28%
Fair	36%	19%	34%	31%	40%	36%
Poor	12%	3%	17%	8%	14%	22%

*Caregivers were asked to rate the health of their care receiver.

Note: Percentages may not sum to 100 because of rounding.

Medical Conditions



More than 60% of all service recipients reported having six or more medical conditions, except for Congregate Meals recipients, who on average reported fewer medical conditions. Caregivers were asked about medical conditions of their care receivers; caregivers reported 69% of care receivers had six or more medical conditions (Exhibit 12).

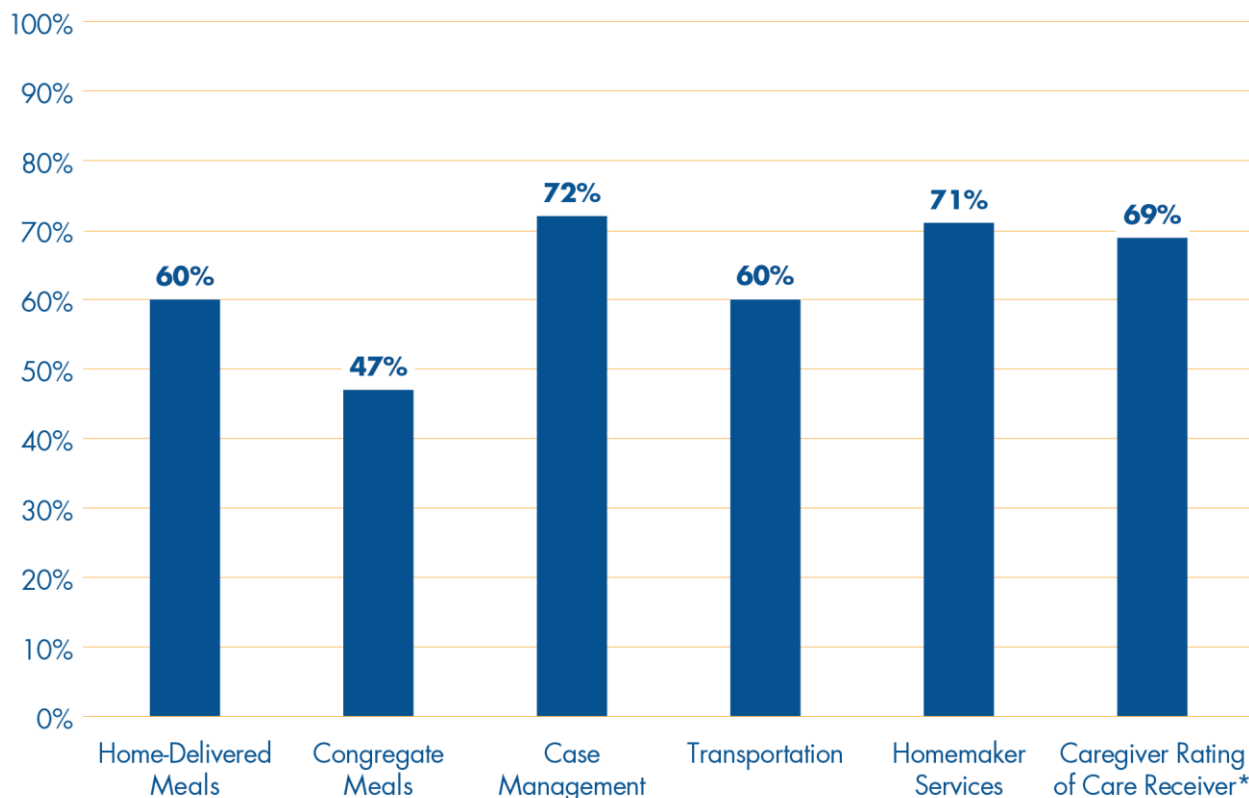


72%
Case Management
service recipients



71%
Homemaker Services
recipients

Most likely to report
six or more
medical conditions


Exhibit 12. Proportion of service recipients reporting six or more medical conditions


* Caregivers were asked about the medical conditions of their care receiver.

The four **most common medical conditions** across service types were high blood pressure, arthritis or rheumatism, eye or vision conditions, and high cholesterol (Exhibit 13).

Exhibit 13. Most common medical conditions, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver rating of care receiver*
High blood pressure	75%	71%	73%	77%	77%	68%
Arthritis or rheumatism	72%	64%	79%	73%	81%	59%
Eye or vision conditions	56%	57%	62%	64%	64%	54%
High cholesterol	56%	62%	61%	61%	55%	55%

* Caregivers were asked about the medical conditions of their care receiver.

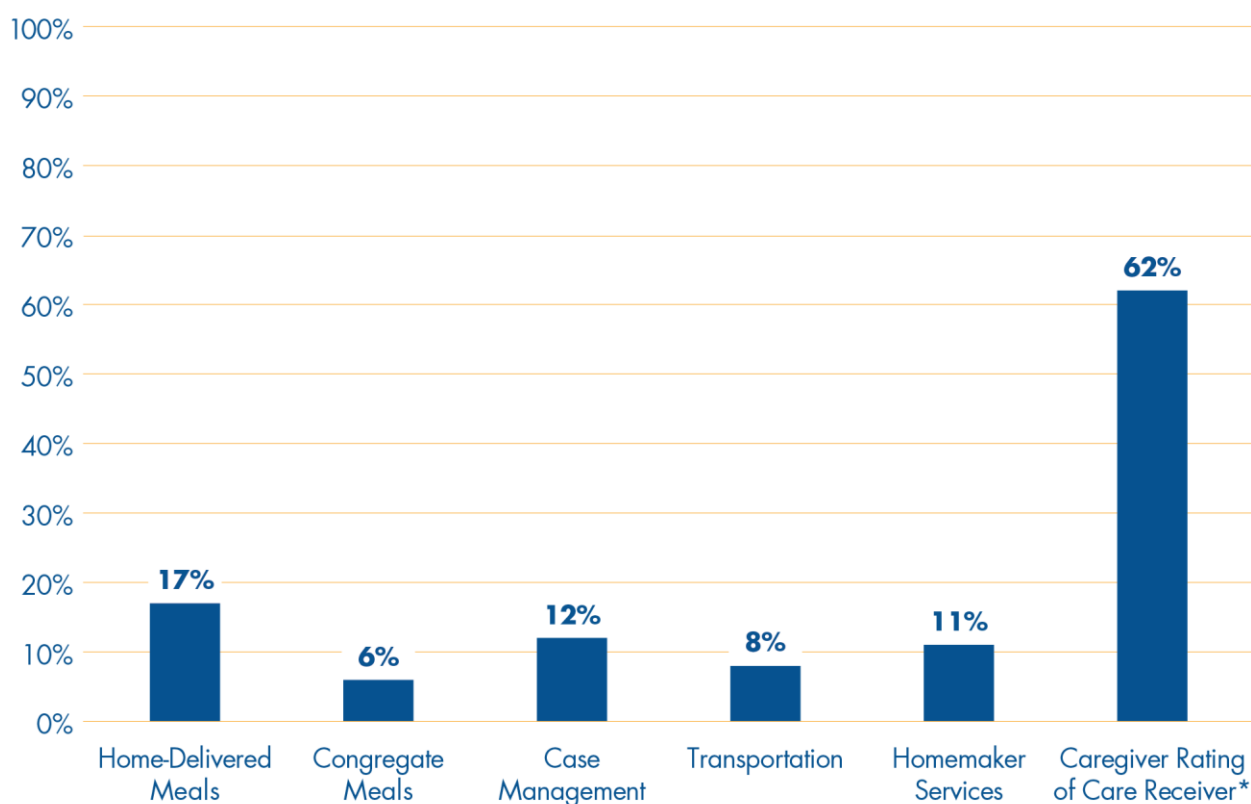
**62%**

of **caregivers** reported that their care receiver has a memory-related disease such as Alzheimer's or dementia.

**17%**

of **Home-Delivered Meals** recipients reported having a memory-related disease such as Alzheimer's or dementia.

Exhibit 14. Memory conditions, by service type



* Caregivers were asked about medical conditions of their care receiver.

Need for Assistance With Activities of Daily Living (ADLs)

ADLs include eating, dressing, bathing, toileting, transferring in and out of a bed or chair, and walking. People who have difficulty performing three or more ADLs are at increased risk of nursing home placement. It is crucial that people who need assistance with ADLs receive services that enable them to remain in their homes. Service recipients were asked whether they had difficulty with common ADLs and whether they needed help from others. Caregivers were asked about their care receiver's need for help with ADLs (Exhibit 15).



29%

of **Home-Delivered Meals**
recipients

33%

of **Case Management**
recipients

29%

of **Homemaker Services**
recipients

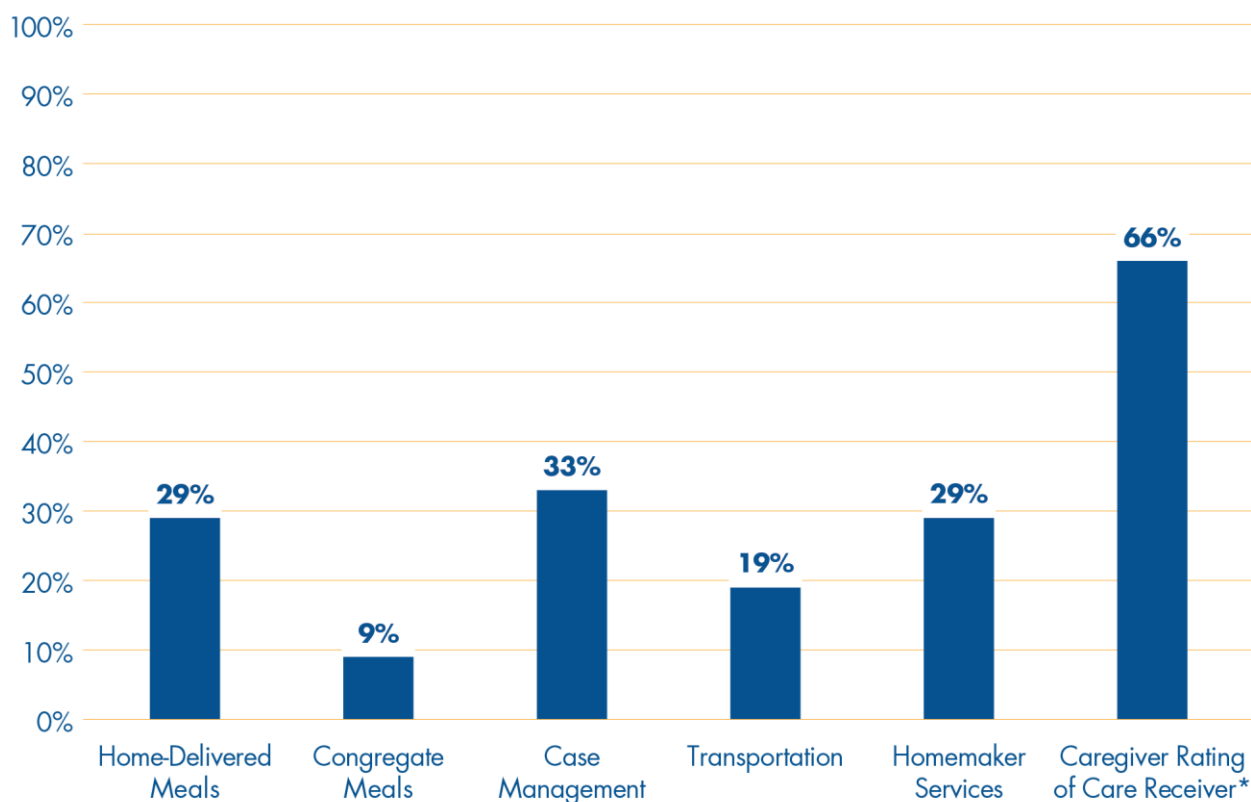
reported having difficulties with three or more ADLs.



66%

of **caregivers** reported that their care receivers need assistance with three or more ADLs, emphasizing the importance of supporting family caregivers to help older adults remain in their homes.

Exhibit 15. Proportion of service recipients reporting difficulties with three or more ADLs, by service type



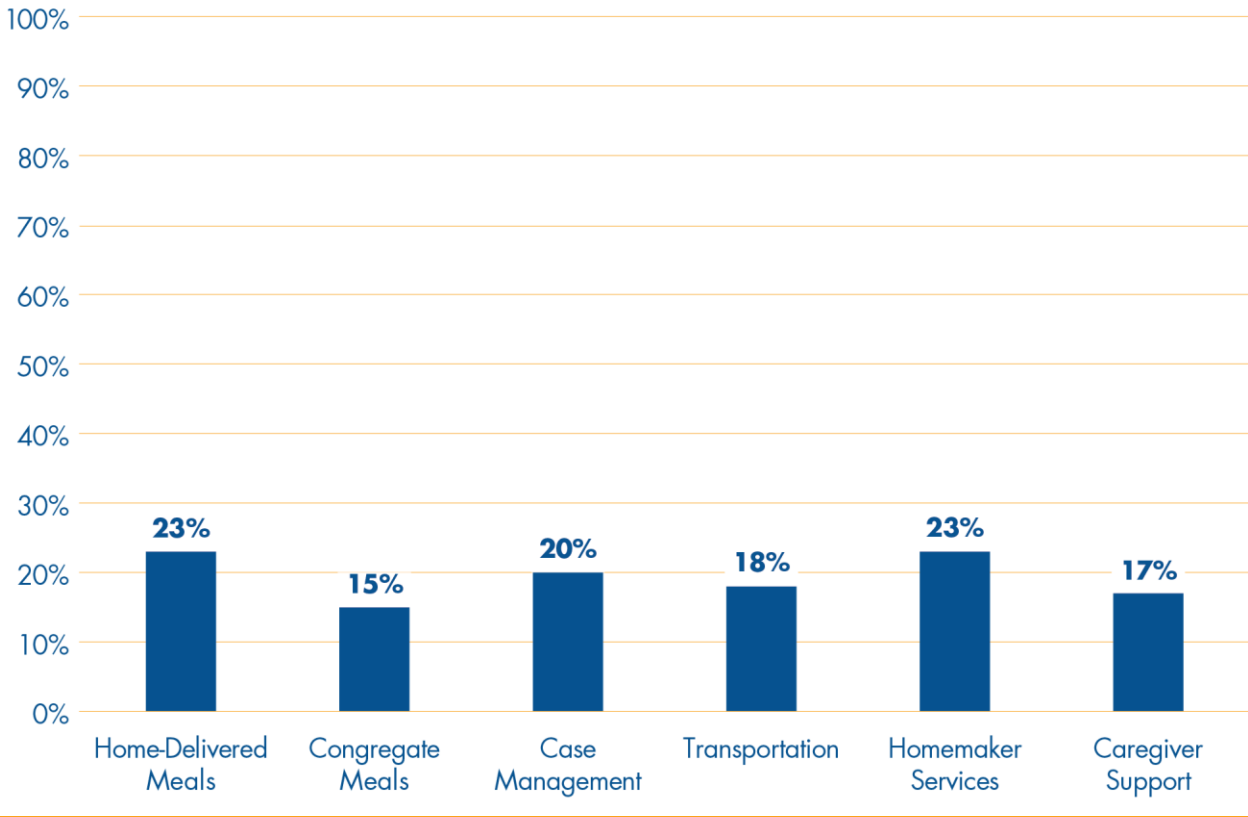
*Caregivers were asked about their care receiver's ADLs.



Falls

15%–23% of service recipients across all service types experienced a fall within the last month (Exhibit 16).

Exhibit 16. Falls within the last month, by service type



Overnight Hospital Stays

Service recipients were more likely to have had an overnight hospital stay in the past year than to have been in a nursing home or rehabilitation center (Exhibit 17).

33%
of Home-Delivered Meals recipients

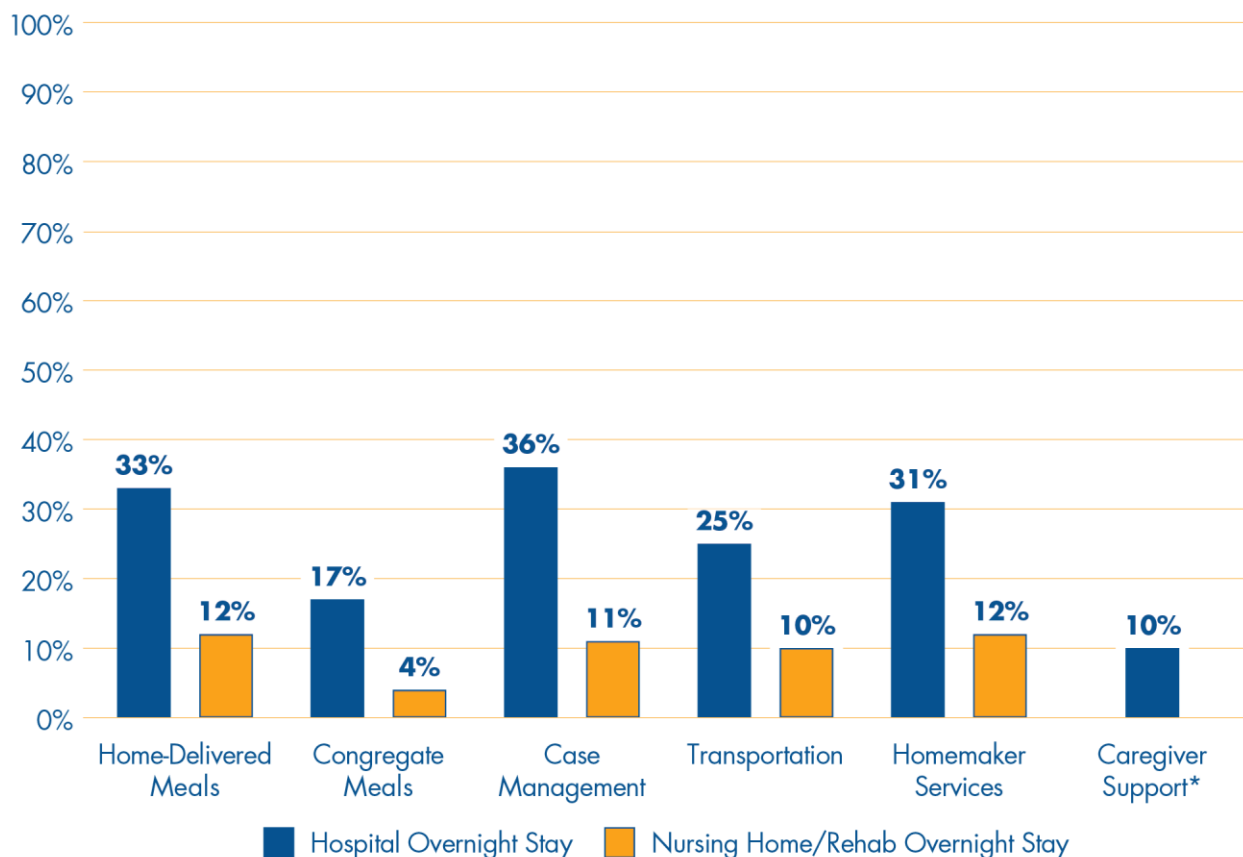
36%
of Case Management recipients

31%
of Homemaker Services recipients

reported an overnight hospital stay in the past year.

**10%**of **caregivers** reported they had an overnight hospital stay in the past year.

Exhibit 17. Overnight stays in a hospital or rehabilitation center within the last year, by service type



*Caregivers were not asked if they had a nursing home or rehab overnight stay in the past year.

Food Insecurity and Risk of Malnutrition

Adequate nutrition plays a critical role in maintaining health and functional capacity among older adults, particularly those with multiple medical conditions or functional limitations. Title III Home-Delivered Meals and Congregate Meals services provide regular access to nutritionally balanced meals and are an important strategy to prevent food insecurity and malnutrition among older adults.

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods (USDA Economic Research Service, 2026). Households can be classified as food insecure if they are at times unable to acquire food for one or more household members because they have insufficient money or



other resources for food. Service recipients were asked a series of questions about their household's food situation over the last 12 months, and were identified as being food insecure if they reported that

- They could not afford to eat balanced meals
- They worried whether their food would run out before they got money to buy more
- The food they bought did not last, and they did not have money to get more

Malnutrition among older adults (also referred to as undernutrition), particularly the lack of adequate protein, calories, and other nutrients, is associated with poor health outcomes, frailty, and disability. Malnutrition can occur even in the absence of food insecurity and may coexist with medical conditions and mobility limitations that affect appetite and nutrient absorption. Service recipients were asked whether they recently had unintended weight loss and poor food intake because of decreased appetite to determine if they were at risk of malnutrition (Ferguson et al., 1999; Wu et al., 2012).



Among recipients of Title III nutrition services



were considered food insecure, and



were at **risk of malnutrition**, demonstrating the importance and need for these services (Exhibit 18). Although these services may help mitigate the nutritional consequences of limited household resources, food insecurity itself reflects underlying financial constraints faced by many older adults.



Exhibit 18. Food insecurity and risk of malnutrition across service types

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Food insecure	32%	17%	33%	26%	27%	13%
Risk of malnutrition	20%	12%	24%	17%	22%	15%

Social Integration and Companionship

People who live alone may be isolated or lack support and help with ADLs (Exhibit 19).



75%

of **Homemaker Services** recipients reported living alone, and they were most likely of all service recipients to live alone.

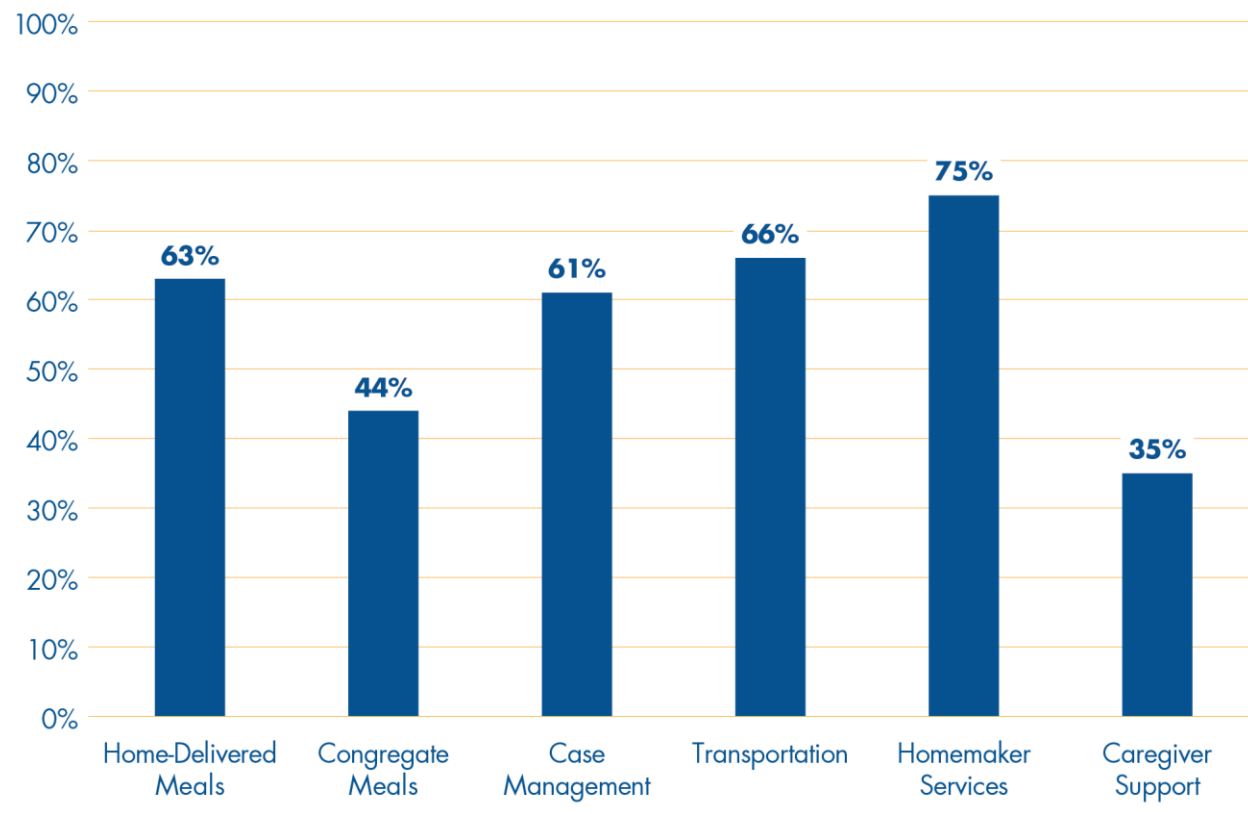


35%

of **caregivers** reported living alone, and they were least likely of all service recipients to live alone because many caregivers live with their care receiver.



Exhibit 19. Proportion of service recipients who live alone, by service type



A lack of social connection can negatively affect people's health and well-being. Older adults are at increased risk of social isolation and loneliness because of factors such as the loss of a partner or other loved ones, decreased mobility, medical conditions, and reduced access to transportation. Service recipients were asked how often they feel they lack companionship and how often they feel isolated from others (Exhibit 20).

Case Management service recipients and **caregivers** were most likely to **lack companionship**. Congregate Meals recipients were least likely to report that they lack companionship or experience feelings of isolation, indicating that this service may help promote social integration for older adults who share meals with others at senior centers or in other group settings.



19%

of **caregivers** said they often experience feelings of isolation—the most of any service type.

Family caregivers, who may be spouses, partners, or adult children, may be at particular risk of social isolation.



Exhibit 20. Lack of companionship and feelings of isolation, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver Support
Lack of companionship						
Hardly ever	37%	56%	42%	46%	37%	36%
Some of the time	49%	37%	36%	39%	46%	42%
Often	14%	8%	22%	15%	17%	22%
Feelings of isolation						
Hardly ever	46%	66%	52%	55%	48%	39%
Some of the time	41%	27%	31%	33%	39%	42%
Often	12%	7%	17%	12%	14%	19%

Note: Percentages may not sum to 100 because of rounding.

Aging in Place

Aging in place, or community living, refers to living independently, safely, and comfortably in one's home for as long as possible, and it is an important goal for many older adults and their families. Service recipients were asked how important it is for them to stay in their homes as long as possible (Exhibit 21). Caregivers were asked how important it is for their care receivers to continue living at home.

90%–95% of service recipients indicated that it is very important for them to be able to stay in their current home for as long as possible.



88%

of **caregivers** indicated that it is very important for their care receiver to be able to stay in their current home for as long as possible.



Exhibit 21. Importance of staying in the home, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services	Caregiver rating of care receiver
Very important	93%	91%	93%	90%	95%	88%
Somewhat important	6%	7%	5%	8%	3%	9%
Not important	1%	2%	2%	3%	3%	3%

Note: Caregivers were asked about how important it was for their care receiver to remain in their home. Percentages may not sum to 100 because of rounding.

All service recipients except caregivers were asked whether the Title III services they received helped them live independently and continue living where they desired, such as in their current community or home (Exhibit 22).

For four out of five services,

93%–97% of recipients indicated that receiving the Title III service helped them continue to live independently.



Congregate Meals recipients were less likely to report that the service helped them live independently (75%). Because recipients of this service reported better health and physical functioning than recipients of other service types, they may rely on the service for socialization in addition to nutrition.

Exhibit 22. Proportion of service recipients reporting the service helped them live independently, by service type

	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services
Service helped recipient live independently	93%	75%	95%	94%	97%

Caregivers were asked whether the Caregiver Support services enabled them to provide care for their loved one for longer than would have been possible without the services.



- 74%** of **caregivers** reported that receiving the services enabled them to provide care for their loved one for longer than would have been possible without the services.
- 36%** of **caregivers** said their care receiver would not be able to continue living in the same residence without the services.
- 34%** of **caregivers** said their care receiver would be living in a nursing home without the services.

These findings underscore the importance of the NFCSP for providing support to family caregivers.

Part II: Key Results by Service Type

This section provides additional results for each of the six Title III services, drawing on survey items that were unique for each service:

- Nutrition services (Home-Delivered Meals and Congregate Meals)
- Case Management
- Transportation
- Homemaker Services
- Caregiver Support

Nutrition Services: Home-Delivered Meals and Congregate Meals

This section presents results about how often recipients received nutrition services, how they received meals, their satisfaction with the services, and how they perceived the impact of the services on their food security and diet.

Frequency of Use

Exhibit 23 shows how often recipients received Home-Delivered Meals or Congregate Meals services.



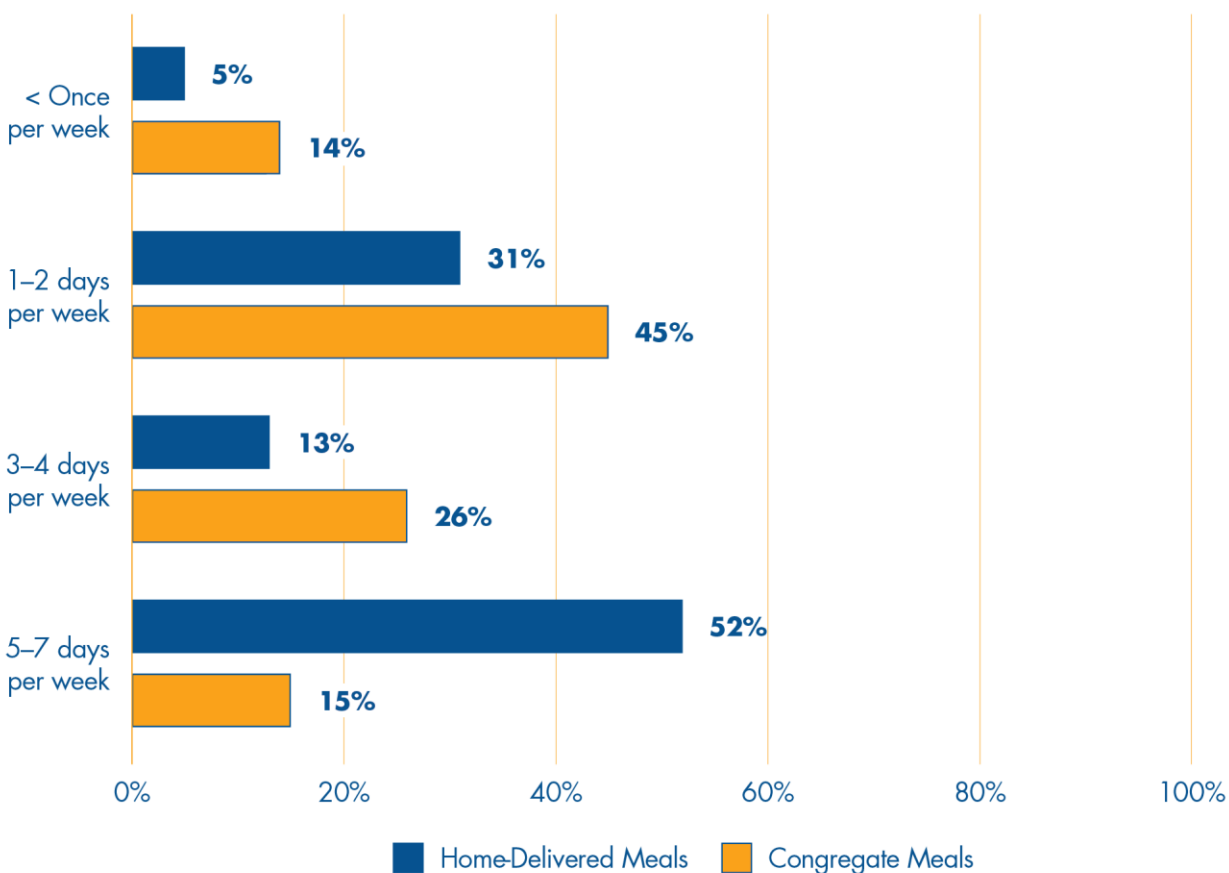
52% of **Home-Delivered Meals** recipients received or picked up meals 5–7 days per week.



41% of **Congregate Meals** recipients ate meals at a senior center or other group setting associated with the meals program 3 or more days per week.



Exhibit 23. Frequency of receiving Home-Delivered Meals or Congregate Meals services



How Recipients Received Meals

Home-Delivered Meals and Congregate Meals recipients were asked about the different ways they received meals in the past 12 months because they could receive food in more than one way (Exhibit 24).



92%

of **Home-Delivered Meals** recipients received meals delivered to their home, followed by groceries or food boxes (17%) and food boxes with random ingredients (15%).

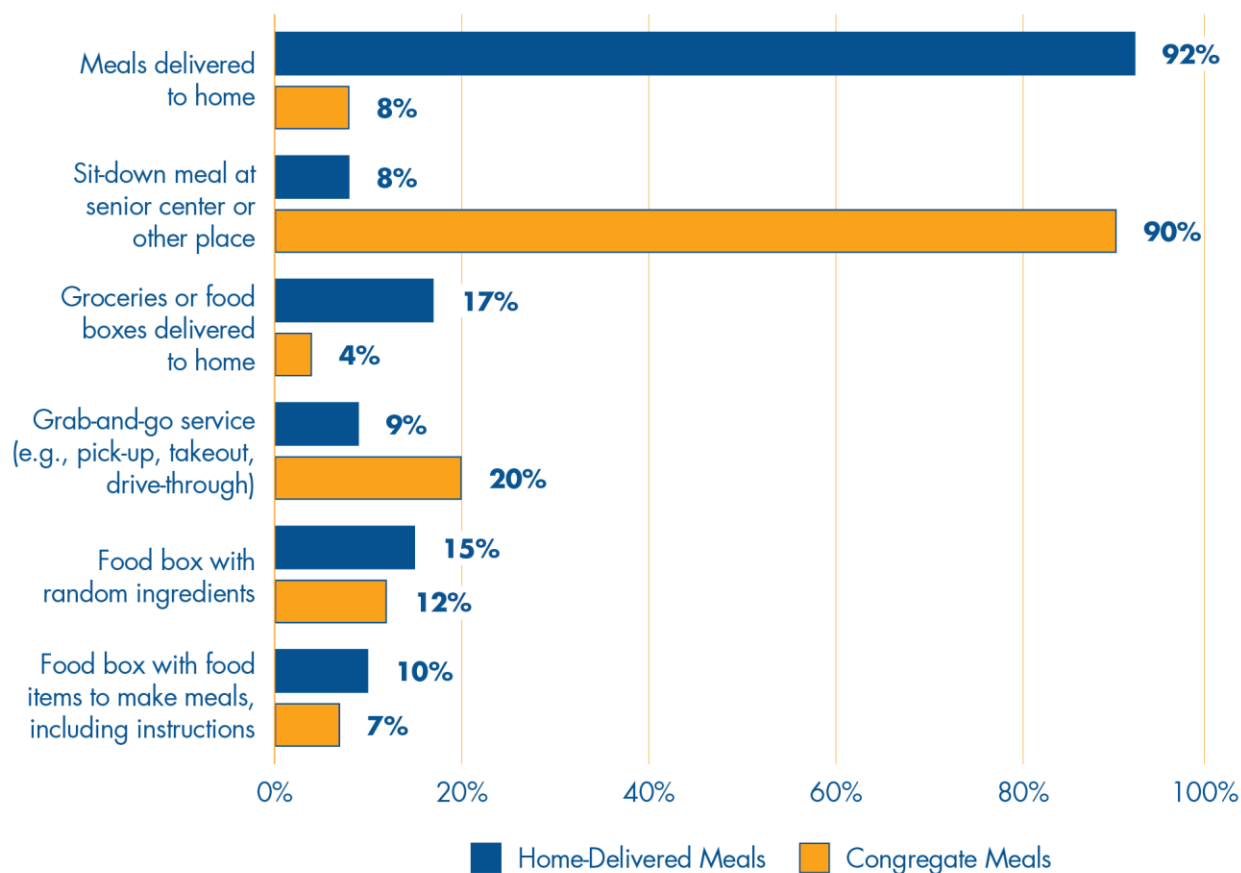


90%

of **Congregate Meals** recipients received a sit-down meal at a senior center or other place: **20%** received grab-and-go meals (e.g., pick-up, takeout, drive-through), and **12%** received food boxes with random ingredients.



Exhibit 24. How meals were received, by service



Satisfaction

Recipients of nutrition services reported high levels of satisfaction with both the taste and variety of the food they received (Exhibits 25 and 26).



78%

of **Home-Delivered Meals** recipients were always or usually satisfied with the taste of the food, and **76%** were always or usually satisfied with the variety of food they received.



73%

of **Congregate Meals** recipients were always or usually satisfied with the taste of the food, and **74%** were always or usually satisfied with the variety of food they received.



Exhibit 25. Satisfaction with taste of food, by service

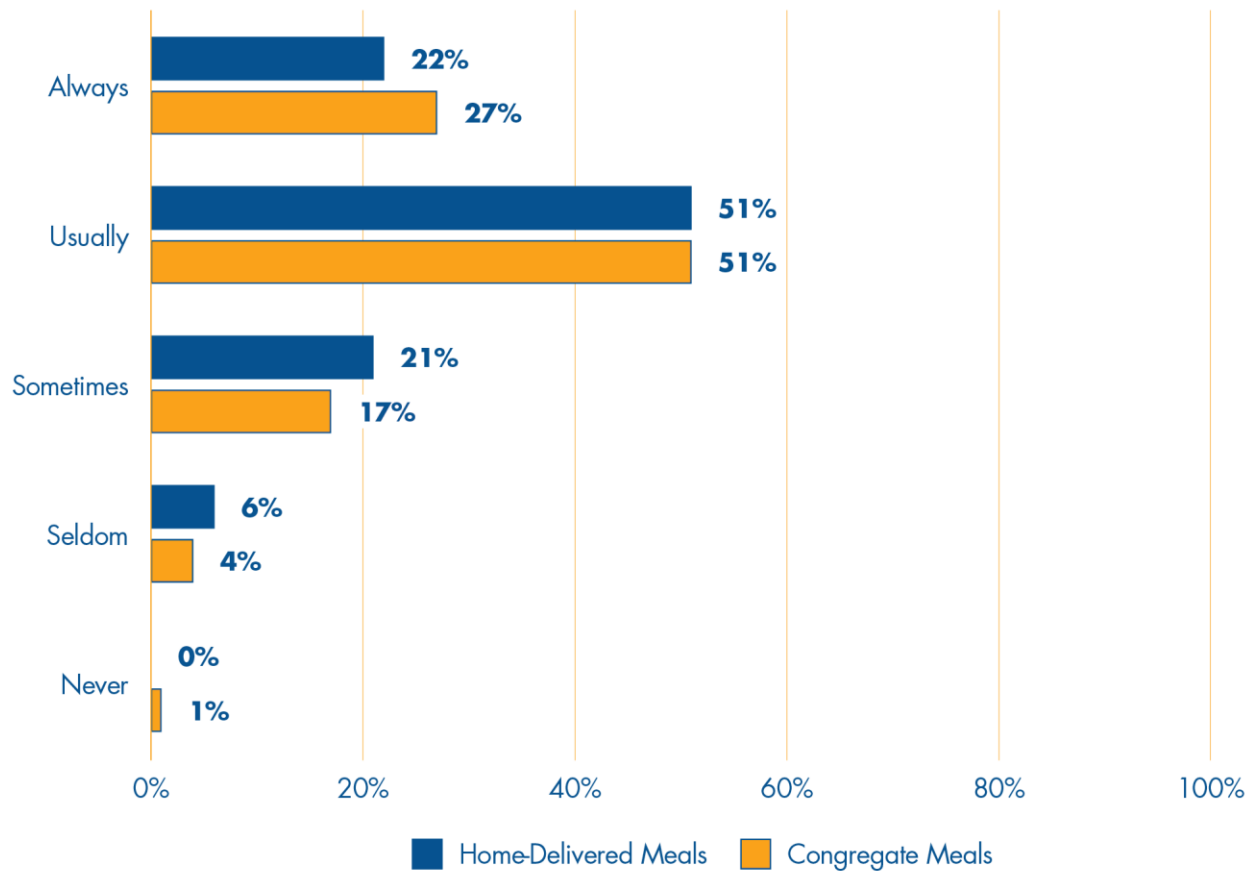
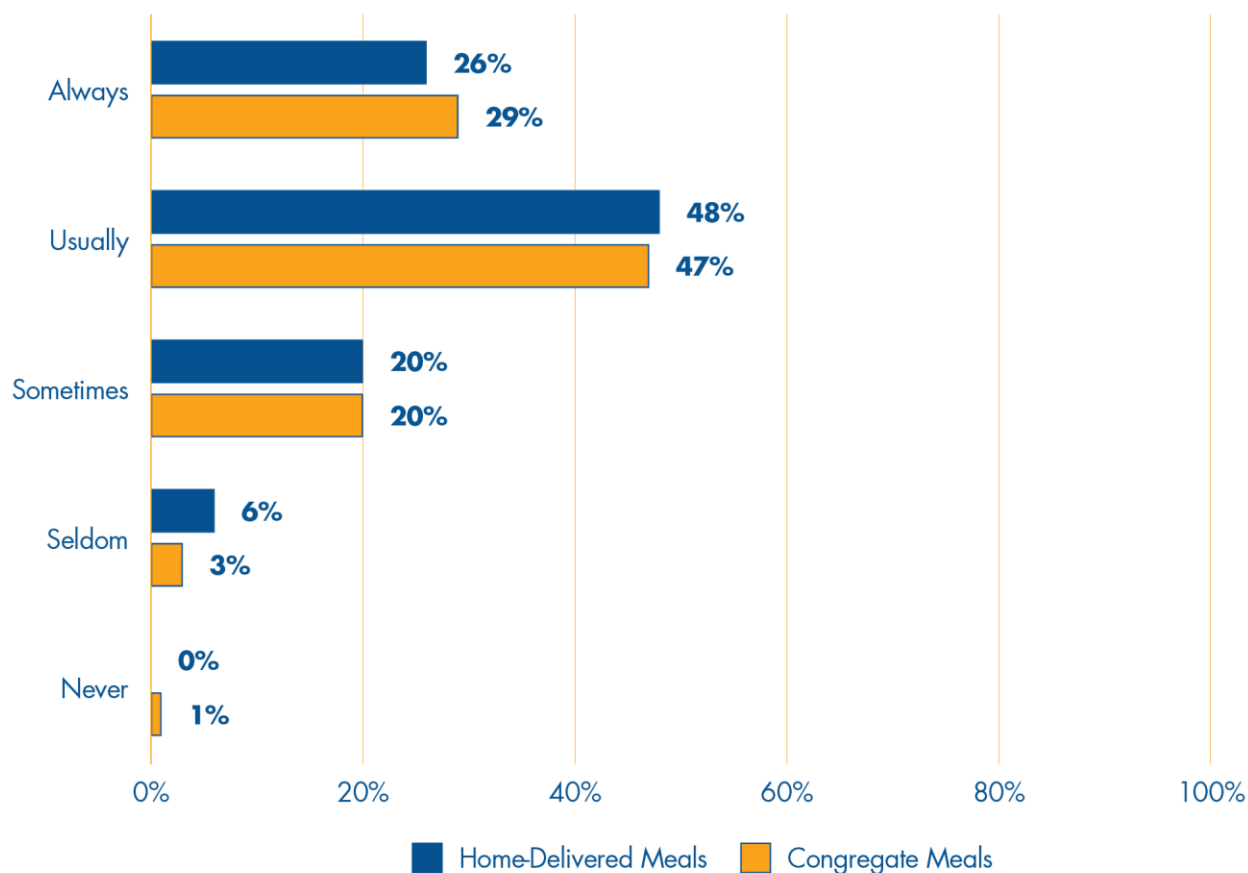


**Exhibit 26. Satisfaction with variety of food, by service****Food Insecurity**

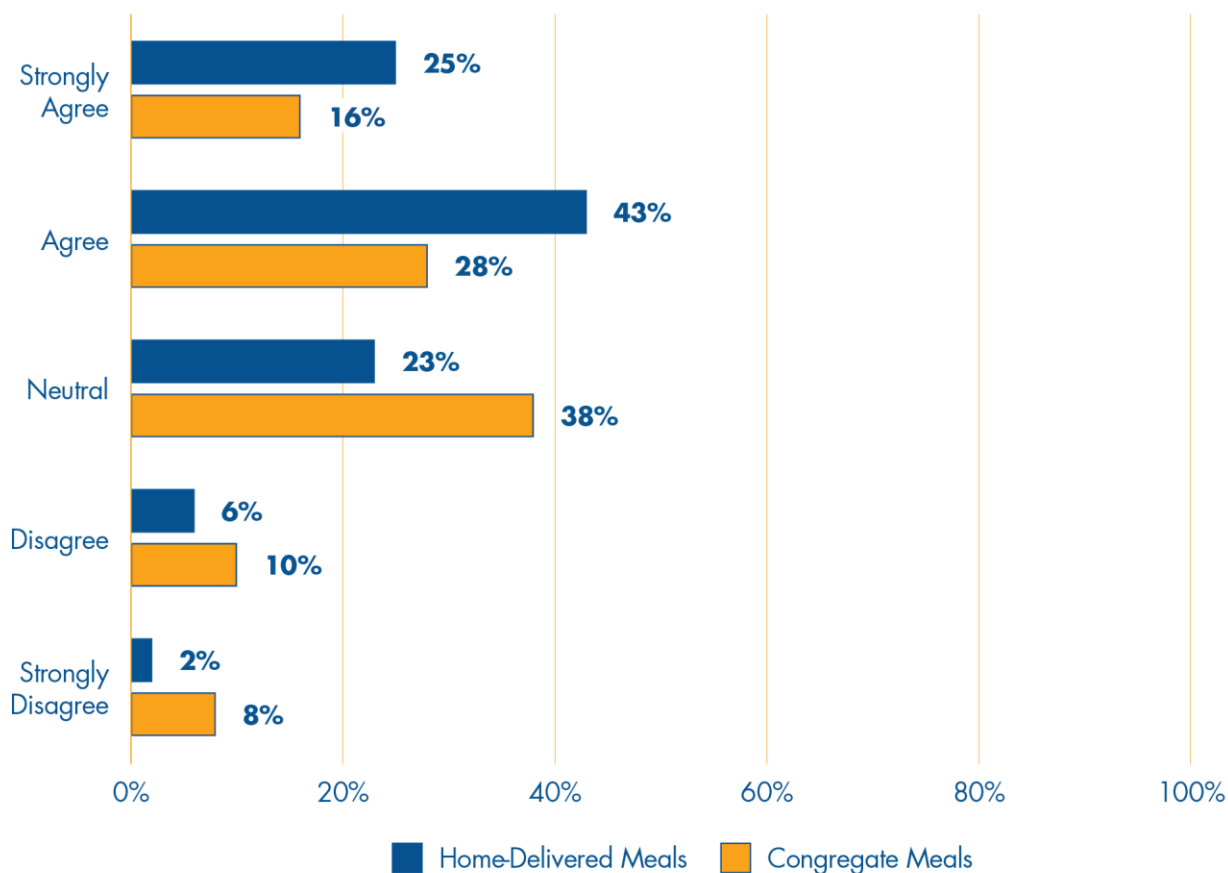
As noted in Part I, 32 percent of **Home-Delivered Meals** recipients and 17 percent of **Congregate Meals** recipients were considered **food insecure** according to their responses to questions about their household's food situation over the last 12 months. Recipients were asked whether they felt more secure about having enough food since joining the meals program (Exhibit 27).

**68%**

of **Home-Delivered Meals** recipients agreed or strongly agreed that the services made them feel more secure about having food. Among recipients who were identified as food insecure, **72%** felt more secure about having enough food since participating in the meals program.

**44%**

of **Congregate Meals** recipients agreed or strongly agreed that the service made them feel more secure about having food.* Among recipients who were identified as food insecure, **70%** felt more secure about having enough food since participating in the meals program.

**Exhibit 27. Impact of nutrition services on feeling food secure**

Although nutrition service recipients had a fairly low risk of malnutrition (20% for Home-Delivered Meals and 12% for Congregate Meals), a vast majority of recipients indicated that they ate healthier foods because of the nutrition services.

**85%**

of **Home-Delivered Meals** recipients reported eating healthier foods because of the program.

**74%**

of **Congregate Meals** recipients reported eating healthier foods because of the program.



Case Management Services

This section provides results about service recipients' satisfaction with Case Management services.

Satisfaction With Case Management Services

As shown in Exhibit 28, the vast majority of Case Management service recipients reported being satisfied with the service they received, with 95 percent indicating that they received explanations about their care that were easy to understand, 93 percent indicating they received assistance in a timely manner, and 92 percent reporting that the case manager did a good job setting up their care and working with them to decide on services.



99%

of **Case Management** service recipients indicated that they were treated with respect by their case manager.

Exhibit 28. Satisfaction with Case Management services

Experience with service	Percentage of service recipients
Treated with respect	99%
Easy to understand explanations	95%
Timely manner	93%
Good job setting up care	92%
Working together to decide services	92%

Transportation

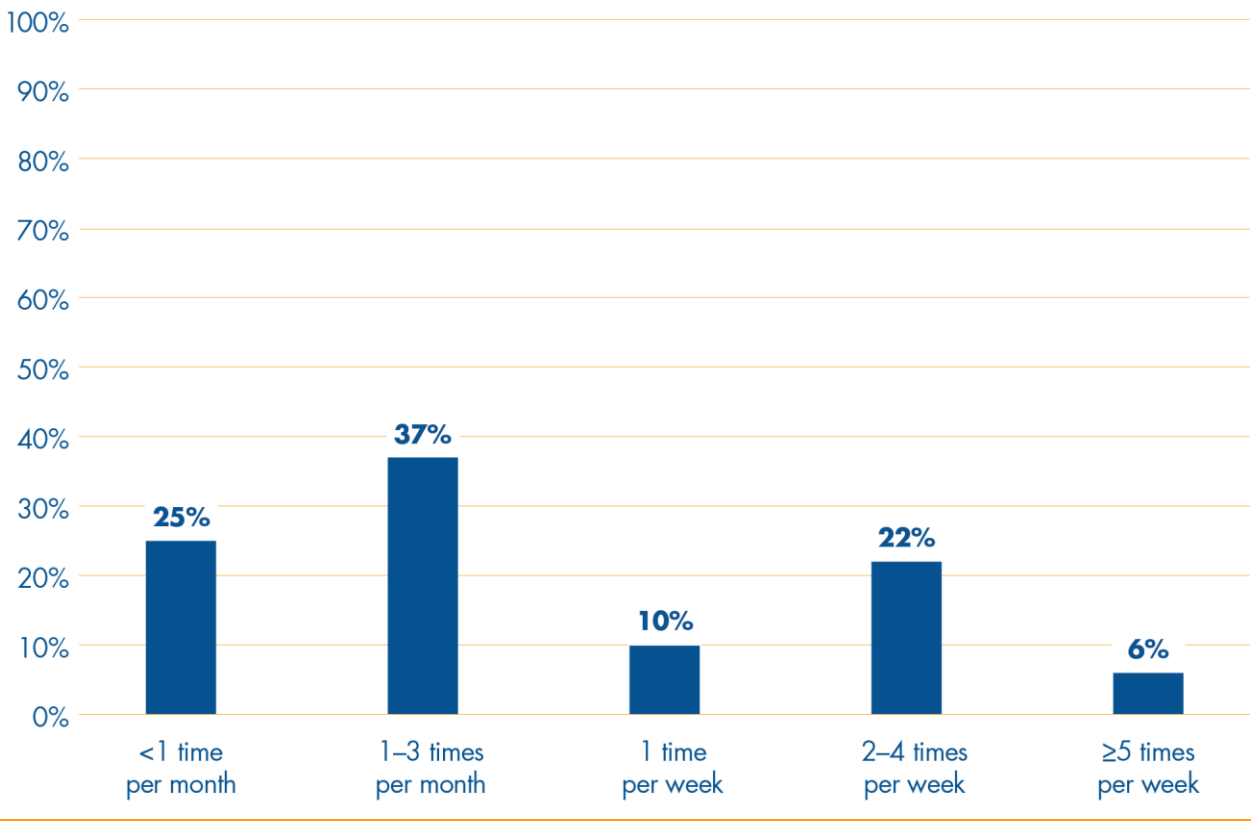
This section provides results about how often recipients used Transportation services, how they used the services, and their satisfaction with the services.

Frequency of Use

As shown in Exhibit 29, Transportation service recipients were most likely to use the service one to three times per month (**37%**) or less than once per month (**25%**). **22%** indicated they used Transportation services two to four times per week.



Exhibit 29. Frequency of Transportation service use



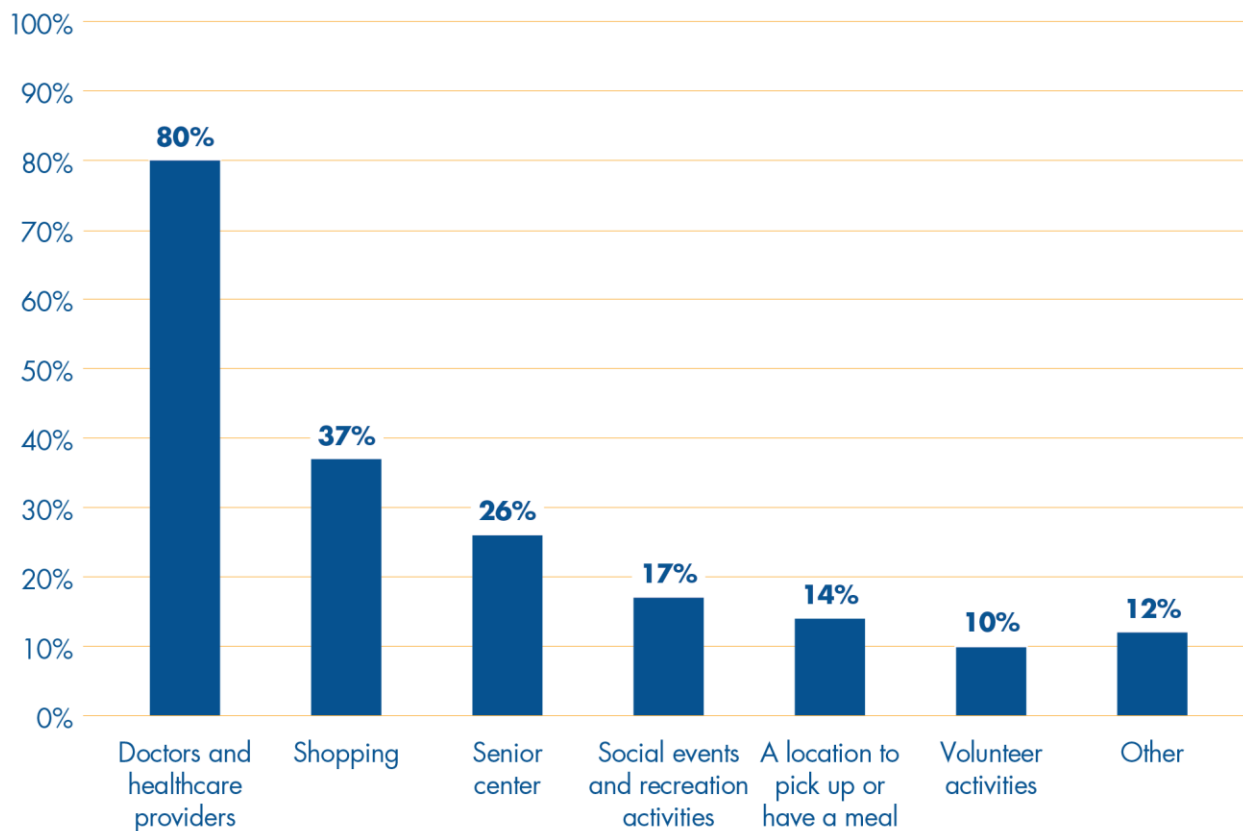
How Transportation Services Were Used

Over one-third (37%) of service recipients used the service to go shopping, and over one-fourth (26%) used it to travel to a senior center (Exhibit 30).



80%

of **Transportation** service recipients used the service to get to doctor or healthcare provider appointments.

**Exhibit 30. How recipients used Transportation services**

Note: "Other" includes using Transportation services to get to religious services or visit friends, neighbors, and relatives.

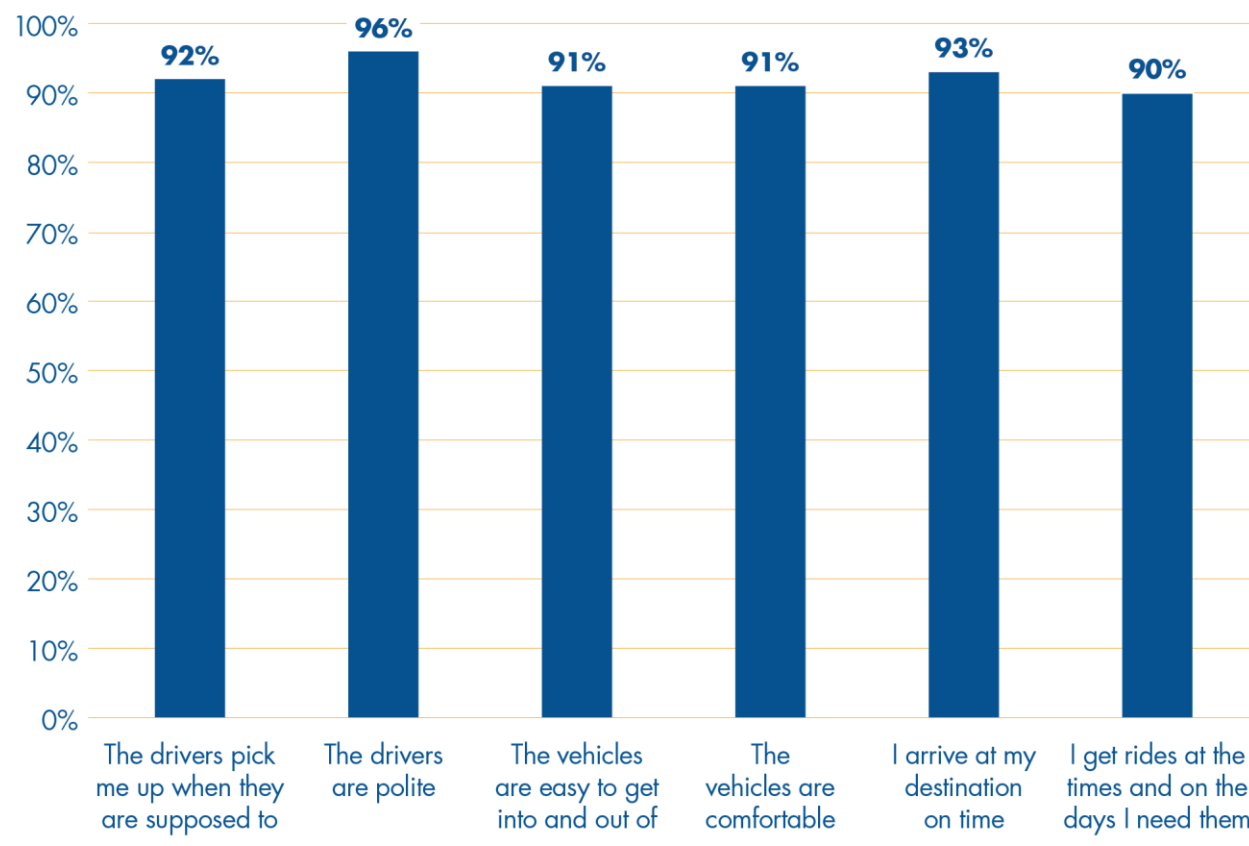
Experience With Transportation Services

Most respondents reported positive experiences when using Transportation services (Exhibit 31). Respondents indicated that they always or usually

- Had polite drivers (**96%**)
- Arrived at their destination on time (**93%**)
- Were picked up when they were supposed to be (**92%**)
- Were driven in cars that were comfortable and easy to get into and out of (**91%**)



Exhibit 31. Experience with Transportation services



Homemaker Services

This section provides results about how often recipients used Homemaker Services and their satisfaction with the services.

Frequency of Use



43%

of **Homemaker Services** recipients used the service 3–4 days per month, and **44%** received about 2 hours of help during each visit (Exhibit 32).



Exhibit 32. Frequency per month and hours per visit

Frequency of use	Percentage of service recipients
Average number of days per month	
Less than 1 day	2%
1 day	8%
2 days	27%
3–4 days	43%
5 or more days	20%
Average number of hours per visit	
1 hour or less	9%
2 hours	44%
3 hours	23%
4 hours	13%
5 or more hours	9%

Note: Percentages may not sum to 100 because of rounding.

Satisfaction



95%

of **Homemaker Services** recipients reported being satisfied with how things were done by the service provider during the visit.

Caregiver Support

This section provides additional information about caregivers, including their relationship to their care receiver, details about their caregiving situation, the support services they received, and the perceived impact of those services.

Relationship to Care Receiver

Caregivers were asked to describe their relationship with their care receiver (Exhibit 33).



74%

of **caregivers** were female, and caregivers were more likely to be the wife, daughter, or daughter-in-law of the care receiver than the husband, son, or son-in-law of the care receiver.

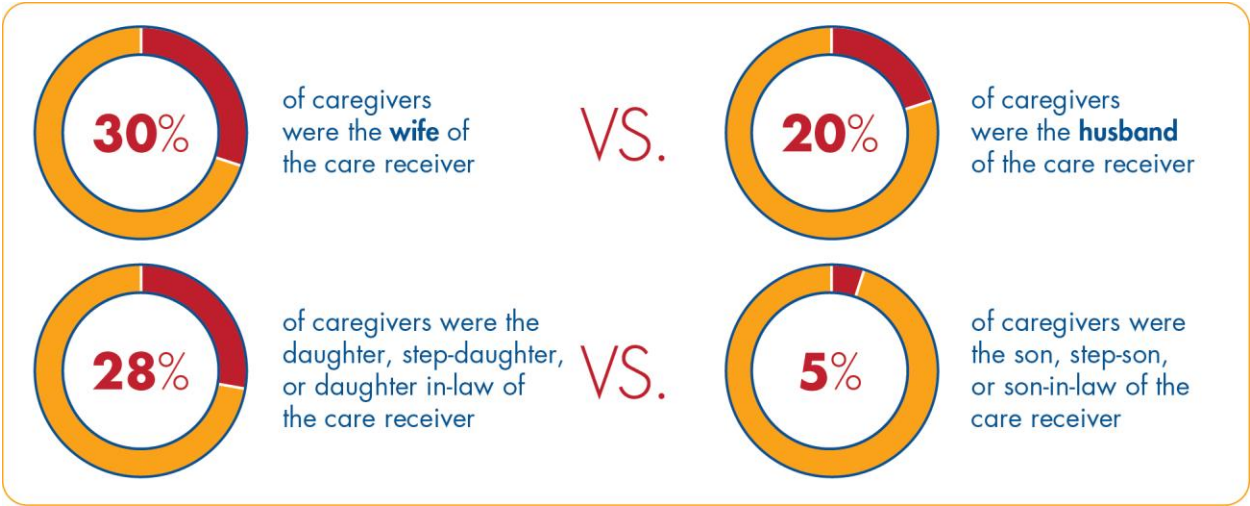


Exhibit 33. Caregiver relationship to care receiver

Caregiver relationship	Percentage of caregivers
Wife	30%
Daughter, stepdaughter, or daughter-in-law	28%
Husband	20%
Mother	6%
Son, stepson, or son-in-law	5%
Sister	3%
A friend, neighbor, or another person	2%
Granddaughter	1%
Mother-in-law or father-in-law	1%
Father	1%
Niece	1%
Other relative	1%
Partner	<1%
Cousin	<1%
Brother	<1%
Sister-in-law or brother-in-law	<1%
Grandson	<1%
Nephew	<1%

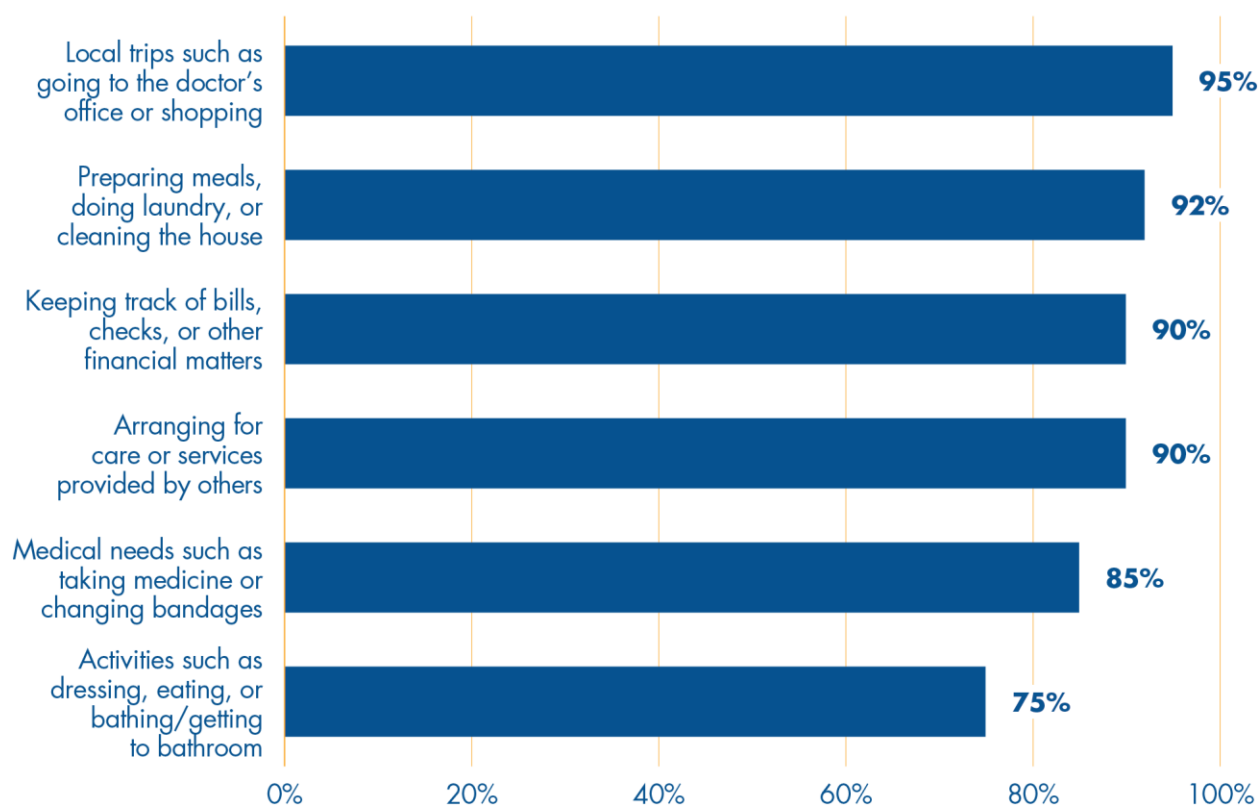
Note: Percentages may not sum to 100 because of rounding.



Caregiving Situation and Support

As shown in Exhibit 34, most caregivers reported helping their care receivers with tasks such as shopping or going to a doctor's office (95%); preparing meals, doing laundry, or cleaning the house (92%); arranging for care or services provided by others (90%); and assisting with finances (90%).

Exhibit 34. How caregivers helped care receivers



Caregivers were asked how much of the care receiver's care they provided. **65%** of caregivers provided all or almost all the care for their care receiver (Exhibit 35).

Exhibit 35. Proportion of care the caregiver typically provides

Proportion of care provided	Percentage of caregivers
Less than one-quarter	6%
About one-quarter	4%
About one-half	9%
About three-quarters	17%
All or almost all the care	65%

Note: Percentages may not sum to 100 because of rounding.



76%

of **caregivers** provided 24-hour care to their care receiver, and **52%** of 24-hour caregivers described the care they provided as intense or very intense (Exhibit 36).

Exhibit 36. Amount and intensity of 24-hour care provided

	Percentage of caregivers reporting “Yes”
Provides 24-hour care	76%
	Percentage of caregivers
Very intense	25%
Intense	27%
Neutral	32%
Not intense	12%
Not very intense	5%

Note: Percentages may not sum to 100 because of rounding.



52%

of **caregivers** reported feeling like they have enough support, and **41%** of caregivers reported having caregiving help from family or friends (Exhibit 37).

Exhibit 37. Level of support and help from family and friends

	Percentage of caregivers reporting “Yes”
Feel like you have enough support	52%
Help from family/friends	41%

Caregiver Support Services Used

Caregivers were asked what prompted them to contact their AAA for support, and they were able to select multiple reasons. Exhibit 38 shows caregiver responses.



51%

of **caregivers** reported they first sought support from the AAA because of a medical/health issue or hospitalization of their own, or because they needed assistance finding or accessing services.



Exhibit 38. Reasons for seeking Caregiver Support services

Reasons for seeking Caregiver Support services	Percentage of caregivers reporting “Yes”
Own medical/health issue or hospitalization	51%
Needed assistance locating/accessing services	51%
Just wanted information	43%
Spouse, son/daughter, sibling, friend no longer able to help	19%
Needed transportation	8%
Waiting list	5%
Paid caregiver quit	3%
Recently moved to the area	3%
Don't remember	9%

Exhibit 39 shows that



31% of caregivers reported receiving counseling.

35% of caregivers reported receiving caregiver education or training.

54% of caregivers reported that they received help accessing programs and services.

Exhibit 39. Caregiver Support services used by caregivers

Service used	Percentage of caregivers
Counseling	31%
Caregiver education or training	35%
Caregiver support groups	37%
Assistance accessing programs/services	54%
Know how to access respite care	65%

Caregivers were asked if they received any supplemental services such as home modifications, liquid nutritional supplements, or consumable supplies (Exhibit 40). Many caregivers reported not receiving these services. The largest percentage (28%) received consumable supplies, such as wound care or incontinence supplies for their care receiver; 22 percent of recipients received money or a stipend.



Exhibit 40. Supplemental services received by caregivers

Supplemental services	Percentage of caregivers
Consumable supplies	28%
Money or stipend	22%
Walkers, canes, crutches, Hoyer Lift, microwaves	22%
Home modifications	20%
Emergency response systems, CPAP or apnea machines, hospital bed, device to monitor wandering	19%
Liquid nutritional supplements	16%

Perceived Benefits of Caregiver Support Services

Exhibit 41 details the perceived benefits of Caregiver Support services. **80%** of caregivers reported that the services helped them be better caregivers. As a result of receiving Caregiver Support services, caregivers felt less stress (64%) and found it easier to care for their care receiver (66%).

Exhibit 41. Perceived benefits of Caregiver Support services

Caregiver Support services	Percentage of caregivers responding “Yes”
Have these caregiver services helped you to be a better caregiver?	80%
As a result of the caregiver services you have received, do you feel less stress?	64%
As a result of the caregiver services you have received, do you find it easier to care for the care receiver?	66%

Conclusion

ACL uses five operational drivers—scaling, marketing, outcomes, speed, and grantmaking—to guide how its strategic priorities are carried out. The NSOAAP provides a nationally representative overview of the population reached by OAA Title III services, the scope of services delivered, their effectiveness, and their role in supporting older adults and caregivers. The NSOAAP sample reflects older adults receiving Title III services who may differ in meaningful ways from older adults in the general population who are not receiving these services; these differences include having greater support needs, lower income, and lower functioning. Overall, the findings reaffirm the central importance of OAA programs in advancing ACL’s strategic priorities of connecting people to services, caregiving, and whole-person health (Administration for Community Living, 2026a).



Connecting People to Services

One of the hallmark goals of OAA programs is to connect individuals to the services they need to remain safe, healthy, and independent in their homes and communities. Beyond delivering services, the Aging Network serves as an essential access point to help older adults and caregivers navigate a complex landscape of supports, often for the first time. Many respondents report that OAA programs not only meet immediate needs but also serve as a gateway to additional resources, including health services, nutrition programs, transportation, and caregiver support; this is demonstrated by the fact that, across the service types, 37 to 87 percent of recipients receive more than one Title III service. This connective function is especially important for individuals who may be socially isolated, economically vulnerable, or unaware of available services.

Supporting Family Caregivers

Caregivers reported meaningful benefits from receiving services, including reduced stress, greater ease in providing care, and increased confidence in their caregiving role. Importantly, many caregivers indicated that without these supports, care receivers would be unable to remain in the same residence or would require institutional care. These findings underscore the critical role of the NFCSP in sustaining family caregiving arrangements and preventing or delaying more costly long-term care placements. Caregiving has emerged as ACL's foremost priority, reflecting both demographic realities and the growing reliance on informal caregivers nationwide. Findings from the NSOAAP show that a clear majority of respondents believe OAA services directly enhance their ability to provide care by equipping them with critical resources, knowledge, and support that improve both caregiver confidence and effectiveness while alleviating burden and stress.

Advancing Independence and Aging in Place

The 2024 NSOAAP findings consistently demonstrate that Title III services align closely with ACL's mission to maximize the independence, well-being, and health of older adults, people with disabilities across their lifespan, and their families and caregivers. Most service recipients reported that remaining in their homes is very important to them, and most recipients indicated that the services they receive help them do so. Nutrition, Case Management, Transportation, and Homemaker Services are particularly important in supporting this outcome.

Addressing Whole-Person Health

The 2024 survey results highlight the extent to which Title III services reach older adults with significant health challenges. Across service types, most respondents, and particularly Case Management and Homemaker Services recipients, reported multiple chronic conditions. Many also reported limitations in ADLs, recent falls, and hospitalizations—indicators of substantial health and functional vulnerability, which are common among populations of particular focus for ACL. These findings reinforce the role of



Title III programs in addressing the whole person within the broader health and long-term services and supports system.

Addressing Food Security, Nutrition, and Health Risk

Food insecurity and malnutrition remain significant concerns, particularly for older adults with limited incomes or functional impairments. The 2024 survey findings show that risk levels vary by service type, with higher risk among recipients of Case Management and Home-Delivered Meals. At the same time, recipients of nutrition services overwhelmingly reported positive impacts, including healthier eating and greater confidence in having enough food. Beyond meal provision, these programs reduce anxiety about food access, improve dietary quality, and create opportunities for social engagement, particularly through Congregate Meals. They advance ACL priorities related to health promotion, disease prevention, and social connection while reaching individuals with limited financial resources.

Reducing Social Isolation and Promoting Social Connection

Social isolation and loneliness are significant public health concerns among older adults. The 2024 NSOAAP results offer insight into how Title III services address these risks. Congregate Meals recipients were least likely to report frequent feelings of isolation or lack of companionship, underscoring the value of services that intentionally incorporate social interaction. By contrast, recipients of Case Management and Caregiver Support services were more likely to report isolation, reflecting the higher levels of health burden, caregiving strain, and social vulnerability among these groups. These differences highlight both the protective role of socially oriented services and the continued need to address isolation among the most vulnerable populations.

Access and Demographic Variation Across Service Populations

The 2024 survey findings reveal meaningful differences across service populations in income, living arrangements, and other characteristics. Most non-caregiver service recipients reported low household incomes, highlighting the role of Title III programs in serving individuals with economic need. In contrast, Caregiver Support recipients were more likely to report higher household incomes. These differences demonstrate the flexibility of service providers in addressing a wide range of community needs. They also underscore the importance of ongoing monitoring to ensure that services continue to reach those with the greatest social and economic need as demographic and geographic conditions evolve.

Implications for Policy, Practice, and Data Use

Overall, the 2024 NSOAAP findings provide strong evidence that Title III services are aligned with ACL's mission to maximize independence, well-being, and dignity for older adults and caregivers. High satisfaction ratings across services suggest that programs are both reaching high-need populations and delivering services in ways perceived as respectful, responsive, and valuable. ACL is committed to



aligning policy with evidence; investments in Title III services yield measurable benefits for individuals, families, and the broader long-term care system.

The findings also point to areas requiring continued attention, including reducing social isolation among highly vulnerable groups, supporting caregivers under significant strain, and strengthening coordination for individuals with complex needs. NSOAAP data can inform these efforts by identifying trends, highlighting service-specific strengths, and supporting data-driven decision-making at federal, state, and local levels.

The 2024 survey results document the value of Title III services while providing a foundation for ongoing evaluation, program improvement, and strategic planning to meet the needs of an aging population.

Finally, strong performance data as gathered in the 2024 NSOAAP helps ACL demonstrate the effectiveness of OAA programs and services in helping older adults remain living safely in their homes and communities for as long as possible. It also informs ACL's budget submissions to Congress by providing evidence on program utilization, outcomes, and service needs. In addition, NSOAAP data are made available to researchers and other stakeholders; see Appendix E for a selected list of publications that demonstrate how past NSOAAP survey data have been used. Although this data represent one of the most comprehensive and nationally representative sources of information about Title III service delivery, its potential for secondary analysis and policy-relevant research remains largely underutilized. As a result, important questions regarding service utilization, outcomes, and disparities remain inadequately explored.

The Importance of Ongoing Data Collection and Evaluation

The findings highlight the importance of sustained, high-quality data collection and evaluation to support ACL oversight and continuous improvement. As the needs of older adults and caregivers evolve, ongoing data collection is essential to understanding who services reach, how services are experienced, and where gaps may exist. For direct application of results, NSOAAP findings provide ACL, SUAs, and LSPs with actionable insights to guide resource allocation, target underserved populations, and refine program design. By combining participant characteristics with service utilization and outcomes, the data enable stakeholders to assess program effectiveness, identify barriers in access or impact, and prioritize services that yield the greatest benefit.

Moreover, the data can be used to strengthen cross-program coordination and policy development. For example, insights on caregiver burden, service satisfaction, and unmet needs can inform the integration of caregiver supports across health and social service systems and guide investments in respite care, nutrition services, and evidence-based health promotion that meet whole-person needs.

A forthcoming series of NSOAAP research briefs will deepen this value by translating key findings into focused, policy-relevant insights. These briefs will explore critical topics, including the importance of nutrition programs, caregiver supports and outcomes, and the role of OAA services in enabling aging in place.



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Appendix A

Definitions

Area Agency on Aging (AAA): A 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. 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 Services, 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 individuals to choose the services and living arrangements that suit them best.

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

Case Management: Assistance in the form of either access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions (e.g., medical condition, food insecurity, transportation needs), or other characteristics that require the provision of services by formal service providers or family caregivers. Case Management includes assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

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

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

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

Information and assistance: A service that provides individuals with information on services available within the communities and links individuals to those services and opportunities, establishing adequate follow-up procedures to the greatest extent possible.

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

Transportation: Transportation from one location to another.



National Family Caregiver Support Program (NFCSP): A program of ACL that provides grants to states and territories to fund various services designed to support the needs of family or other informal caregivers as they lend assistance to aging adults, as well as grandparents and older relatives caring for minor children or adults with disabilities (Administration of Community Living, 2026b). The overarching goal of the NFCSP is to assist family and informal caregivers to help their loved ones remain in their homes and communities as long as possible. Services include

- **Access assistance.** A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the greatest extent possible, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.
- **Counseling.** Counseling to caregivers that assists them in making decisions and solving problems relating to their caregiver roles. This service includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).
- **Information services.** A service for caregivers that provides the public and individuals with information on resources and services available to individuals within their communities.
- **Respite care.** Services that offer temporary, substitute supports or living arrangements for care receivers that provide a brief period of relief or rest for caregivers. Respite care includes in-home respite (personal care, homemaker, and other in-home supports); respite provided by having the care receiver attend a senior center or other nonresidential program; and respite provided by placing the care receiver in an institutional setting, such as a nursing home, for a short period of time.
- **Supplemental services.** Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include home modifications, assistive technologies, emergency response systems, and incontinence supplies.



Appendix B

2024 NSOAAP Survey Instruments

18th ACL National Survey of Older Americans Act Participants Caregiver Questionnaire

This is the U.S. Department of Health and Human Services' Administration for Community Living (ACL) National Survey of Older Americans Act Participants (NSOAAP) for people receiving services from the National Family Caregiver Support Program (NFCSP).

It is very important that the questions in this booklet be answered by the person addressed in the letter. That person may receive assistance filling out the questionnaire, if needed, but the questions should be answered from his or her point of view.

You may skip any question that you do not want to answer, but we would really appreciate your answering all the questions you can.

MAILING INSTRUCTIONS: Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-855-519-7052.

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0023). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is voluntary under the GPRA Modernization Act of 2010 (GPRAMA), and the Older Americans Act (OAA) Section 202(f). This collection of information gathers data through an annual cross-sectional survey of OAA participants. ACL uses collected data to assess among OAA program participants the following issues associated with aging in place: importance of staying safely in the home; available assistance and informal support; the use of home features or modifications; and the need for and consideration of home features or modifications. Data will be kept private to the extent allowed by law. The survey instrument and collection of data, takes the following precautions: All project staff, including recruitment specialists, telephone interviewers, research analysts, and systems analysts, receive training in the disclosure requirements of the survey and are required to sign statements affirming their obligation to maintain privacy. Only staff who are authorized to work on the National Survey have access to client contact information, completed survey instruments, and data files. Data files that are delivered contain no personal identifiers for program participants. Analysis and publication of survey findings are in terms of aggregated statistics only. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Center for Policy and Evaluation, Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201 or Email evaluation@acl.hhs.gov.



A. Caregiver Support Services

A1. Are you taking care of another adult person aged 60 years or older?

- a. Yes
- b. Unsure
- c. No

If you marked No:

THANK YOU. The focus of this survey is on informal caregivers who are currently providing care to a family member or loved one. If you are not currently a caregiver for another adult person aged 60 years or older, please stop here and go to mailing information on page 21. Thank you for your interest in participating.

In this survey, we refer to the person who is being cared for as the “Care Receiver” and the person providing care as the “Caregiver”.

A2. Do you help your care receiver with...?

	Yes	No
a. Activities like dressing, eating, bathing, or getting to the bathroom	☐	☐
b. Medical needs such as taking medicine or changing bandages	☐	☐
c. Keeping track of bills, checks, or other financial matters	☐	☐
d. Preparing meals, doing laundry, or cleaning the house	☐	☐
e. Local trips, such as going shopping or to the doctor’s office	☐	☐
f. Arranging for care or services provided by others	☐	☐

A3. Did you mark "Yes" to any of the activities above (items a-f)?

- a. Yes (go to A4)
- b. No

If you marked No:

THANK YOU. The focus of this survey is on informal caregivers who are currently providing care to a family member or loved one. If you are not currently a caregiver for another adult person aged 60 years or older, please stop here and go to mailing information on page 21. Thank you for your interest in participating.

A4. What prompted you to contact the Area Agency for Aging?

- a. Medical or health issue or hospitalization
- b. Spouse, son/daughter, sibling, friend no longer able to help
- c. Paid caregiver quit
- d. Recently moved to the area
- e. Needed transportation
- f. Just wanted information
- g. Waiting list



- h. Needed assistance locating or accessing services
- i. Don't remember

A5 How long have you been receiving caregiver support services?

- a. 6 months or less
- b. More than 6 months, but less than 1 year
- c. At least 1 year, but less than 2 years
- d. 2 to 5 years
- e. 5 to 10 years
- f. 11 to 20 years
- g. More than 20 years
- h. Never received caregiver support services

If you marked "Never received caregiver support services":

THANK YOU. The focus of this survey is on informal caregivers who are currently providing care to a family member or loved one and receiving services from the National Family Caregiver Support Program provided through an Area Agency on Aging. If you have not received any caregiver support from this program, please stop here and go to mailing information on page 21. Thank you for your interest in participating.

A6. We're interested in understanding your relationship with the person you take care of (your care receiver). For example, if the care receiver is your husband, mark "Wife".

You are your care receiver's...

- a. Husband
- b. Wife
- c. Partner
- d. Son or Step-son
- e. Son-in-law
- f. Daughter or Step-daughter
- g. Daughter-in-law
- h. Father
- i. Mother
- j. Mother-in-law or father-in-law
- k. Brother
- l. Sister
- m. Sister-in-law or brother-in-law
- n. Granddaughter
- o. Grandson
- p. Niece
- q. Nephew
- r. Cousin
- s. Other relative
- t. A friend or a neighbor or another person



The next few questions are about caregiving experiences.

- A7. If your care receiver needed a greater amount of care, would you be able to increase your caregiving responsibilities?
- a. Yes
 - b. No
- A8. Do you know where to go to ask for respite care? Respite care allows you a brief period of rest or relief while temporary care is provided to your care receiver in your home or your care receiver's home or someplace else.
- a. Yes
 - b. No
- A9. Have you attended caregiver education or training such as classroom or on-line courses?
- a. Yes (go to A11)
 - b. No
- A10. Do you have a need for caregiver education or training, such as classroom or on-line courses?
- a. Yes
 - b. No
- A11. Have you attended counseling to assist with your specific caregiving situation?
- a. Yes (go to A13)
 - b. No
- A12. Do you have a need for counseling to assist with your specific caregiving situation?
- a. Yes
 - b. No
- A13. Have you attended caregiver support groups?
- a. Yes (go to A15)
 - b. No
- A14. Do you have a need for attending caregiver support groups?
- a. Yes
 - b. No
- A15. In the last year, have you needed assistance with applying or accessing other programs or services for your care receiver or yourself?
- a. Yes
 - b. No



A16. Have the family caregiver services provided supplemental services such as...?

	Yes	No
a. Home modifications, such as a ramp or grab bar	☐	☐
b. Liquid nutritional supplements, such as Ensure, Boost, or Glucerna	☐	☐
c. Walkers, canes, crutches, Hoyer Lift, microwaves	☐	☐
d. Emergency response systems, CPAP or apnea machines, hospital bed, a device to monitor wandering	☐	☐
e. Consumable supplies such as wound care, catheter, or incontinence supplies (Consumable supplies are things that you use once and throw away.)	☐	☐
f. Money or stipend	☐	☐

A17. As a result of the caregiver services you have received, do you...?

	Yes	No
a. Have more time for personal activities	☐	☐
b. Feel less stress	☐	☐
c. Find it easier to care for your care receiver	☐	☐
d. Have a clearer understanding of how to get the services you and your care receiver need	☐	☐
e. Know more about your care receiver's condition or illness	☐	☐

A18. Have these caregiver services helped you to be a better caregiver?

- a. Yes
- b. No

A19. Have these caregiver services enabled you to provide care for your care receiver for a longer time than would have been possible without these services?

- a. Yes
- b. No

A20. Overall, how would you rate the caregiver support services you received?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

A21. Has it been difficult for you to get services from agencies for your care receiver?

- a. Yes
- b. No



B. Caregiving and Employment/Expenses

The next few questions are about your employment.

B1. Are you currently employed?

- a. Yes
- b. No (go to B5)

B2. Has providing care for your care receiver interfered with your job?

- a. Yes
- b. No (go to B5)

B3. Because of providing care for your care receiver, did you...?

	Yes	No
a. Take a less demanding job	☐	☐
b. Change from full-time to part-time work or reduce your official working hours	☐	☐
c. Lose some of your employment fringe benefits	☐	☐
d. Have time conflicts between working and caregiving	☐	☐
e. Use your vacation time to provide care	☐	☐
f. Take a leave of absence to provide care	☐	☐
g. Lose a promotion	☐	☐
h. Work less than your normal number of hours last month	☐	☐

B4. Did the caregiver support services help you deal with these work difficulties?

- a. Yes
- b. No

B5. Due to caregiving-related changes in your employment or expenses, have you had to...?

	Yes	No
a. Dip into your savings	☐	☐
b. Cut back on your own spending for vacations or travel, entertainment, going out, or other leisure activities	☐	☐
c. Cut down on your own spending for groceries or meals	☐	☐
d. Cut back on your own spending on health care, dental care, or prescription medicine	☐	☐
e. Cut back on your own spending for household expenses and maintenance	☐	☐
f. Quit your job	☐	☐



The following questions are about your situation as a caregiver.

B6. How much satisfaction do you gain from performing your care tasks?

- a. No satisfaction
- b. Some satisfaction
- c. A lot of satisfaction

B7. In the last year, have you used your own money to pay for your care receiver's...?

	Yes	No
a. Medications or medical care	☐	☐
b. Insurance premiums or copayments	☐	☐
c. Mobility devices, such as walkers, canes, or wheelchairs	☐	☐
d. Features that have made your care receiver's home safer, such as a railing or ramp, grab bars in the bathroom, a seat for the shower or tub or an emergency response system	☐	☐
e. Any other assistive devices that make it easier or safer to do activities or allow your care receiver to do them on their own	☐	☐

C. Well-Being and Health

C1. The following questions are about how you feel these days.

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. How much of the time during the past four weeks have you felt calm and peaceful?	☐	☐	☐	☐	☐
b. How much of the time during the past four weeks have you had a lot of energy?	☐	☐	☐	☐	☐
c. How much of the time during the past four weeks have you felt downhearted or depressed?	☐	☐	☐	☐	☐

C2. Regarding your present social activities, do you feel that you are doing...

- a. About enough
- b. Too much
- c. Would like to be doing more

C3. Have your social opportunities increased since you became involved with your Area Agency on Aging services?

- a. Yes
- b. No



C4. How often does.....?

	Always	Usually	Sometimes	Rarely	Never
a. Caregiving prevent you from having enough time for yourself	☐	☐	☐	☐	☐
b. Caregiving prevent you from having enough time for your family	☐	☐	☐	☐	☐
c. Caregiving conflict with your social life	☐	☐	☐	☐	☐
d. Being a caregiver for your care receiver give you the joy of spending time with someone you care about	☐	☐	☐	☐	☐
e. Being a caregiver provide you with a sense of accomplishment	☐	☐	☐	☐	☐

C5. How often do you feel that your care receiver appreciates the care that you are providing?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

C6. As a caregiver, how often do you feel you are fulfilling your duty by caring for your care receiver?

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

C7. For the next set of questions, please respond to how true the statement is for you.

	Not at all true	Hardly true	Moderately true	Exactly true
a. You are confident that you could deal efficiently with unexpected events.	☐	☐	☐	☐
b. You can remain calm when facing difficulties because you can rely on your coping abilities.	☐	☐	☐	☐
c. You can usually handle whatever comes your way.	☐	☐	☐	☐

C8. Compared to one year ago, how would you rate your health in general now? Would you say...

- a. Much better
- b. Somewhat better
- c. About the same
- d. Somewhat worse
- e. Much worse



- C9. In the past month, have you been bothered by pain?
- a. Yes
 - b. No (go to C11)
- C10. In the last month, how often has pain limited your activities?
- a. Every day
 - b. Most days
 - c. Some days
 - d. Rarely
 - e. Never
- C11. In the past 12 months, have you been to see a doctor or gone to an urgent care center? Do not include going to the hospital emergency department. Doctor includes Physician Assistant or Nurse Practitioner.
- a. Yes
 - b. No
- C12. In the past 12 months, have you ever missed or delayed routine doctor visits because of your caregiving situation?
- a. Yes
 - b. No
- C13. In the past 12 months, did you go to a hospital emergency department for a health problem of your own?
- a. Yes
 - b. No (go to C15)
- C14. In the past 12 months, how many times did you go to a hospital emergency department?
_____ Number of times at hospital emergency department
- C15. In the past 12 months, did you have to stay overnight in a hospital?
- a. Yes
 - b. No (go to D1)
- C16. In the past 12 months, how many times were you hospitalized for one night or longer?
_____ Number of times hospitalized overnight

D. Caregiving Situation

- D1. Thinking about all the family members or friends who provide help, care, or supervision for your care receiver, what proportion of the care do **you** provide during a typical week?
- a. Less than one-quarter
 - b. About one-quarter
 - c. About one-half
 - d. About three-quarters
 - e. All or almost all of the care



The next set of questions ask about any thoughts you have had about alternative types of care.

- D2. In the past 6 months, have you ever considered a nursing home, boarding home, or assisted living for your care receiver?
- a. Yes
 - b. No
- D3. In the past 6 months, have you felt that your care receiver would be better off in a nursing home, boarding home, or assisted living facility?
- a. Yes
 - b. No (go to D6)
- D4. In the past 6 months, have you discussed that possibility with your care receiver?
- a. Yes
 - b. No (go to D6)
- D5. In the past 6 months, have you taken any steps toward placement?
- a. Yes
 - b. No
- D6. Are you responsible for providing help or supervision to your care receiver on a 24-hour basis?
- a. Yes
 - b. No (go to D8)
- D7. On a scale from 1 to 5 where 1 is not very intense and 5 is very intense, how intense is the care you provide? _____
- D8. Would you recommend the caregiving support services to a friend?
- a. Yes
 - b. No
- D9. Do you have any recommendations to improve the caregiver support services?
- a. Yes
 - b. No (go to D11)
- D10. Choose **one** type of caregiver support service you have received that you think needs the most improvement?
- a. Information about available services
 - b. Assistance gaining access to services
 - c. Caregiver education/training, individual counseling, and support groups
 - d. Respite care
 - e. Other supplemental services
 - f. Something else
- D11. Overall, do you feel like you have enough support?
- a. Yes
 - b. No



E. Nutrition

- E1. In the past 12 months, have you tried to get meals, food, or groceries through your Area Agency on Aging (AAA)?
- a. Yes
 - b. No (go to E2)
- E1a. Were you unable to get food?
- a. Yes
 - b. No (go to E2)
- E1b. Were you unable to get meals, food, or groceries from your Area Agency on Aging for any of the following reasons? *Mark all that apply.*
- a. No response from AAA
 - b. I was put on a waiting list
 - c. I was told that I could not have more meals or food
 - d. I was told there was no more food available
 - e. I was told there was not enough staff
 - f. I was unable to pick up the meals or get to the meal pick-up place
- E2. Have you recently lost weight without trying? If you are unsure, some things that might indicate weight loss are clothes or rings fitting looser, or using a different belt notch.
- a. Yes
 - b. No (go to E3)
- E2a. How much weight have you lost?
- a. 2-13 lbs
 - b. 14-23 lbs
 - c. 24-33 lbs
 - d. 34 lbs or more
 - e. Unsure
- E3. Have you been eating poorly because of a decreased appetite? For example, eating less than 75% of your usual intake. Most often this is due to poor appetite, but there may be other reasons sometimes such as chewing or swallowing difficulties.
- a. Yes
 - b. No
- E4. Have you recently gained weight without trying?
- a. Yes (go to E4a)
 - b. No
 - c. Unsure



E4a. How much weight have you gained?
_____ Number of pounds

Below are several statements that people have made about their food situation. They use the terms "we" and "your household". A household includes everyone who lives with you. If you live alone, then you are a household of one.

- E5. "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?
- a. Often true
 - b. Sometimes true
 - c. Never true
- E6. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months?
- a. Often true
 - b. Sometimes true
 - c. Never true
- E7. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?
- a. Yes
 - b. No (go to E8)
- E7a. How often did this happen?
- a. Almost every month
 - b. Some months but not every month
 - c. Only 1 or 2 months
- E8. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
- a. Yes
 - b. No
- E9. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?
- a. Yes
 - b. No



F. Care Receiver Additional Services

F1. These next questions ask about additional help your care receiver (CR) may have received from your Area Agency on Aging (AAA).

	Yes	No
a. In the past year, has your CR attended a meals program at a senior center or other group setting?	☐	☐
b. In the past year, has your CR received meals or other food from the meals program?	☐	☐
c. In the past year, has your CR received Homemaker or Housekeeping services? <i>(These are services that may include help with doing light housework, laundry, preparing meals, shopping, or delivery of groceries or prescriptions.)</i>	☐	☐
d. In the past year, has your CR received case management services? <i>(When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.)</i>	☐	☐
e. In the past year, has your CR received transportation services?	☐	☐
f. In the past year, has your CR received adult daycare services? <i>(Adult Day Care or adult health is when people go to a place to spend the day.)</i>	☐	☐
g. In the past year, has your CR received personal care services? <i>(Personal care services are help with care like dressing or bathing.)</i>	☐	☐
h. In the past year, has your CR received heavy chore services, such as washing windows, yardwork, or shoveling snow? <i>(Chore Services help with heavier housecleaning and yard work.)</i>	☐	☐
i. In the past year, has your CR received legal assistance? <i>(Legal Assistance may help with making a will or understanding a bill and other legal matter.)</i>	☐	☐
j. In the past year, has your CR received information and assistance services? <i>(Information and Assistance helps people find out about services that are available to them.)</i>	☐	☐
k. Has your CR received flu shots, pneumonia shots, COVID vaccinations, or other immunizations from your AAA?	☐	☐

F2. Did you mark "Yes" to any of the additional services in the table above (items a-l)?

- a. Yes
- b. No (go to F4)

F3. Overall, how would you rate the **group** of services the person you care for receives?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor



F4. Is the person you care for receiving any other types of assistance, such as...

	Yes	No
a. Food stamps	☐	☐
b. Energy Assistance	☐	☐
c. Medicaid	☐	☐
d. Housing Assistance	☐	☐

F5. Does your care receiver's family or friends help arrange for the services your care receiver receives?

- a. Yes
- b. No

G. Preference and Needs Related to Community Living

Most older adults want to remain living in their homes and communities as they age. These next questions are about your care receiver's desire to remain living in their home and the types of home modifications and community supports that can help make this possible.

G1. How important is it for your care receiver to be able to stay in their current home for as long as possible?

- a. Very important
- b. Somewhat important
- c. Not important

G2. Is the following statement often, sometimes, or never true?

"My care receiver worries about being able to afford living where they currently live for another year."

- a. Often true
- b. Sometimes true
- c. Never true

G3. Is there a place or organization in your care receiver's community that feels welcoming for people their age to socialize, exercise, and/or participate in activities?

- a. Yes (Go to G3a.)
- b. No (Go to G4)
- c. Don't know (Go to G4)

G3a. If Yes, does your care receiver go there?

- a. Yes
- b. No



G4. Does your care receiver have any of the following in their home?

	Yes	No	If No, would this be helpful for your care receiver?
a. Grab bars in the bathroom	☐	☐	☐ Yes ☐ No ☐ Don't know
b. Shower bench/chair	☐	☐	☐ Yes ☐ No ☐ Don't know
c. Ramp into home/no stairs for entry	☐	☐	☐ Yes ☐ No ☐ Don't know
d. Door frames wide enough for a wheelchair (i.e., 36 inches)	☐	☐	☐ Yes ☐ No ☐ Don't know
e. Roll in shower (i.e., no step or barrier when using a wheelchair or walker)	☐	☐	☐ Yes ☐ No ☐ Don't know
f. Raised toilet seat height (i.e., chair height)	☐	☐	☐ Yes ☐ No ☐ Don't know
g. Lever door handles (i.e., can be opened with a simple pull-down motion)	☐	☐	☐ Yes ☐ No ☐ Don't know
h. Main floor bathroom	☐	☐	☐ Yes ☐ No ☐ Don't know
i. Main floor bedroom	☐	☐	☐ Yes ☐ No ☐ Don't know
j. Stair lift	☐	☐	☐ Yes ☐ No ☐ Don't know

G5. How much consideration has your care receiver given to what modifications may be necessary for their home for them to be able to stay there as they age?

- a. A lot
- b. Some
- c. Little
- d. None



H. Falls

The next few questions are about falling down (any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.)

- H1. In the last month, have you fallen down?
 - a. Yes
 - b. No
- H2. In the last month, did you worry about falling down?
 - a. Yes
 - b. No (go to section I)
- H3. In the last month, did this worry ever limit your activities?
 - a. Yes
 - b. No

I. Social Integration

The next few questions are about your contact with other people.

- I1. How often do you feel that you lack companionship?
 - a. Hardly ever
 - b. Some of the time
 - c. Often
- I2. How often do you feel left out?
 - a. Hardly ever
 - b. Some of the time
 - c. Often
- I3. How often do you feel isolated from others?
 - a. Hardly ever
 - b. Some of the time
 - c. Often
- I4. How often do you feel alone?
 - a. Never
 - b. Hardly ever
 - c. Some of the time
 - d. Often



J. Care Receiver Health Status and Medical Conditions

- J1. In your judgment, if the services that you and your care receiver have received had not been available, would your care receiver be able to continue to live in the same residence?
- Yes (go to J3)
 - No
- J2. Where would your care receiver be living? Mark only one.
- In caregiver's home
 - In the home of another family member or friend
 - In an assisted living facility
 - In a nursing home
 - Care receiver would have died
 - Other

The next few questions are about the health of your care receiver.

- J3. In general, how is your care receiver's health?

- Excellent
- Very good
- Good
- Fair
- Poor

- J4. Has a doctor ever said that your care receiver has....?

	Yes	No
a. Arthritis or rheumatism	☐	☐
b. High blood pressure or hypertension	☐	☐
c. A heart attack, coronary heart disease, angina, congestive heart failure, or other heart conditions	☐	☐
d. High cholesterol	☐	☐
e. Diabetes or high blood sugar	☐	☐
f. Allergies/asthma/emphysema/chronic bronchitis/other breathing or lung conditions	☐	☐
g. Cancer or a malignant tumor, excluding minor skin cancer	☐	☐
h. Stroke	☐	☐
i. Anemia (such as iron-deficiency)	☐	☐
j. Osteoporosis	☐	☐
k. Kidney disease	☐	☐
l. Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions (This does not include needing to wear glasses or contact lenses.)	☐	☐



	Yes	No
m. Hearing loss or other hearing conditions	☐	☐
n. An emotional or mental health condition	☐	☐
o. Memory related disease such as Alzheimer's or dementia	☐	☐
p. Seizures or epilepsy	☐	☐
q. Parkinson's disease	☐	☐
r. Multiple Sclerosis	☐	☐
s. Serious bladder or bowel incontinence	☐	☐
t. Thyroid disease	☐	☐
u. A digestive or colon-related condition	☐	☐

J5. Does your care receiver have access to public transportation such as a bus or rail?

- a. Yes
- b. No

Now we would like to ask about oral or dental health, that is, the health of your care receiver's teeth and gums.

J6. About how long has it been since your care receiver last visited a dentist? Include dental hygienists, orthodontists, oral surgeons, and other dental-related specialists.

- a. 6 months or less
- b. More than 6 months, but not more than 1 year ago
- c. More than 1 year, but not more than 2 years ago
- d. More than 2 years, but not more than 3 years ago
- e. More than 3 years, but not more than 5 years ago
- f. More than 5 years ago
- g. Never has been to a dentist
- h. I don't remember

J7. During the past 12 months, was there a time when your care receiver needed dental care but could not get it at that time?

- a. Yes
- b. No

J8. Overall, how would you rate the health of your care receiver's teeth and gums?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor



K. Care Receiver's Activities and Instrumental Activities of Daily Living (ADL/IADLs)

The next set of questions ask about your care receiver's ability to perform some common activities of everyday life and whether your care receiver needs assistance performing these activities. We are only interested in long-term conditions, not temporary conditions.

K1. Does your care receiver have difficulty.....?

	Yes	No
a. getting in or out of bed or a chair	☐	☐
b. when taking a bath or shower	☐	☐
c. when dressing	☐	☐
d. when walking or getting around inside the home	☐	☐
e. eating	☐	☐
f. using the toilet	☐	☐
g. going outside the home, for example to shop or visit a doctor's office	☐	☐
h. keeping track of money or bills	☐	☐
i. preparing meals	☐	☐
j. doing light housework, such as washing dishes or sweeping a floor	☐	☐
k. doing heavy housework, such as scrubbing floors or washing windows	☐	☐
l. taking the right amount of prescribed medicine at the right time	☐	☐
m. using the phone	☐	☐

K2. Is there a car or personal motor vehicle in working condition in your care receiver's household?

- a. Yes
- b. No

K3. Does your care receiver have difficulty driving a car or other personal motor vehicle?

- a. Yes
- b. No
- c. Not applicable (because CR does not want or need to drive)
- d. Not applicable (because household does not have a working vehicle)

K4. Does your care receiver have difficulty using public transportation such as a bus or rail?

- a. Yes
- b. No
- c. Never uses public transportation



K5. What is your care receiver's current age?
_____ Age

L. Caregiving for Others

L1. How many persons total are you caring for not counting this care receiver?
[If none, enter 0].
_____ Number of people

If you answered 0, go to section M.

L2. Not counting your care receiver, how are the other people you care for related to you?
Mark all that apply.

- a. Husband, wife, or partner
- b. Son(s) or daughter(s)
- c. Father
- d. Mother
- e. Brother(s) or sister(s)
- f. Grandson(s) or granddaughter(s)
- g. Cousin or other relative(s)
- h. Friend(s) or neighbor(s)
- i. Brother-in-law or sister-in-law
- j. Other persons not mentioned above

M. Demographics

The purpose of the following questions is to help ACL and its network of AAAs better understand the level of satisfaction and needs of all clients based on several types of demographic information. The goal is to provide equitable community-based programs and support services to all clients. Only ACL's contracted research team will have access to this information. Your responses will be kept confidential and secure. Any reports and studies resulting from this survey will summarize information and not identify any individuals. The information will not be used for any discriminatory purpose.

M1. What is your age? _____

M2. What is your highest level of education?

- a. Less than high school diploma
- b. High school diploma or GED
- c. Some college, including Associate's degree (includes business school and vocational or technical school)
- d. Bachelor's degree
- e. Some post-graduate work or advanced degree

M3. Are you Hispanic or Latino?

- a. Yes
- b. No



M4. Which one or more of the following best describes your race? *Mark all that apply.*

- a. White
- b. Black or African American
- c. Asian
- d. American Indian or Alaska Native
- e. Native Hawaiian or other Pacific
- f. Islander
- g. Some other race (specify) _____

M5. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training for the Reserves or National Guard.

- a. Yes
- b. No

M6. Is your home located in...

- a. The city
- b. The suburbs
- c. A rural area
- d. Don't know

M7. What is your current marital status?

- a. Married
- b. Living with a partner
- c. Widowed
- d. Divorced
- e. Separated
- f. Never Married

M8. We'd like to ask about the persons who live in your household. Does anyone else live with you?

- a. Yes
- b. No (go to M9)

M8a.If yes...

(Only complete the table below if someone else lives with you.)

	Yes	No
1. Do you live with your spouse or unmarried partner?	☐	☐
2. Do you live in the home of one of your children?	☐	☐
3. Do one or more of your children live in your home	☐	☐
4. Do you live with other relatives?	☐	☐
5. Do you live with non-relatives?	☐	☐



M8b. Including yourself, how many people live in your household?
_____ Number of household members

M9. What is your sex?

- a. Female
- b. Male

M10. Thinking about the total combined income from all sources for all persons in your household, including income from jobs, Social Security, retirement income, public assistance, and all other sources, which category best describes your total household annual income during the year 2023?

- a. \$5,000 or less (\$417 or less per month)
- b. \$5,001 - \$10,000 (\$418 to \$833 per month)
- c. \$10,001 - \$15,000 (\$834 to \$1,250 per month)
- d. \$15,001 - \$20,000 (\$1,251 to \$1,666 per month)
- e. \$20,001 - \$25,000 (\$1,667 to \$2,083 per month)
- f. \$25,001 - \$30,000 (\$2,084 to \$2,500 per month)
- g. \$30,001 - \$35,000 (\$2,501 to \$2,917 per month)
- h. \$35,001 - \$40,000 (\$2,918 to \$3,333 per month)
- i. \$40,001 - \$50,000 (\$3,334 to \$4,167 per month)
- j. Over \$50,000 (\$4,168 or more per month)
- k. Prefer not to answer

M11. Did someone else complete this survey for the person addressed in the letter?

- a. Yes
- b. No

THANK YOU!

Your answers will help us better evaluate the services funded by the Older Americans Act.

Please return your completed questionnaire in the pre-addressed postage paid envelope to:

Westat
1600 Research Blvd., Room # RCB16
Rockville, MD 20850



18th ACL National Survey of Older Americans Act Participants

This is the U.S. Department of Health and Human Services' Administration for Community Living (ACL) National Survey of Older Americans Act Participants (NSOAAP) for people receiving <transportation>⁷ services.

It is very important that the questions in this booklet be answered by the person addressed in the letter. That person may receive assistance filling out the questionnaire, if needed, but the questions should be answered from his or her point of view.

You may skip any question that you do not want to answer, but we would really appreciate your answering all the questions you can.

MAILING INSTRUCTIONS: Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-855-519-7052.

According to the Paperwork Reduction Act of 1995 5 CFR § 1320.8(b)(3), no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0023). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for gathering, maintaining the data needed, completing, and reviewing the collection of information. The obligation to respond to this collection is voluntary under the GPRA Modernization Act of 2010 (GPRAMA), and the Older Americans Act (OAA) Section 202(f). This collection of information gathers data through an annual cross-sectional survey of OAA participants. ACL uses collected data to assess among OAA program participants the following issues associated with aging in place: importance of staying safely in the home; available assistance and informal support; the use of home features or modifications; and the need for and consideration of home features or modifications. Data will be kept private to the extent allowed by law. The survey instrument and collection of data, takes the following precautions: All project staff, including recruitment specialists, telephone interviewers, research analysts, and systems analysts, receive training in the disclosure requirements of the survey and are required to sign statements affirming their obligation to maintain privacy. Only staff who are authorized to work on the National Survey have access to client contact information, completed survey instruments, and data files. Data files that are delivered contain no personal identifiers for program participants. Analysis and publication of survey findings are in terms of aggregated statistics only. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Center for Policy and Evaluation, Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201 or

⁷ The service stated here will vary depending on OAA program of interest, per NSOAAP respondent. The services are: Home-delivered meals, Congregate meals, Homemaker, Case Management, and Transportation. Clients who receive more than one service will only take the survey for one service, for which they were randomly selected.



A. Home-Delivered Meals Services*

**This section is only for people receiving home-delivered meals services.*

The first set of questions is about the food services you receive from a meals provider ("provider") through your Area Agency on Aging (AAA).

- A1. When was the last time you received food from the meals program such as a home-delivered meal, grocery/food delivery, or food that you picked up? This does not include a sit-down meal at the senior center or other group setting.
- Today or yesterday
 - More than 1 day to 1 week ago
 - More than 1 week to 1 month ago
 - More than 1 month ago
 - Only got 1 meal
 - Over 1 year ago
 - Never received

(If your response is e, f, or g):

THANK YOU. The focus of this survey is on people who have used the home-delivered meals service within the past year. **If it has been more than one year since you received a home delivered meal or food or you only received it one time, please stop here and go to mailing information on page 29.** Thank you for your interest in participating.

- A2. How long have you been participating in the meals program?

- 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
- More than 5 years

- A3. In the past 12 months, how have you been receiving meals or food from the provider?
Mark one in each row.

	Yes	No
a. Meals delivered to your home	☐	☐
b. Groceries or food boxes delivered to your home	☐	☐
c. A food box with random ingredients	☐	☐
d. A food box containing food items to make meals; that may come with instructions	☐	☐
e. Grab-n-go, such as pick-up, carry-out, or drive-through	☐	☐
f. A sit-down meal at a senior center or other place	☐	☐



- A4. In the past 12 months, which type of food or meals have you received from the provider?
Mark all that apply.
- a. A hot meal
 - b. A cold meal like a sandwich or submarine
 - c. A food box, groceries, or shelf-stable packaged food
 - d. A frozen meal that needs to be heated up or microwaved
- A5. If you marked that you have meals, groceries, or food boxes delivered to your home, has knowing that you will receive regular visits by the home-delivered meals volunteer or driver made you feel safer at home because they can check in on you?
- a. Yes
 - b. No
- A6. If you marked that you have meals, groceries, or food boxes delivered to your home, do the home-delivered meals or food arrive when expected?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Seldom
 - e. Never
- A7. Other than the person who delivers the meals, how many times a week do you have personal contact (face-to-face) with a friend, family member, or other visitor?
- a. None
 - b. One time
 - c. Two times
 - d. Three times
 - e. Four times
 - f. Five times
 - g. Six times
 - h. Every day
- A8. How many days each week do you receive home-delivered meals or pick up meals?
_____ (0 to 7 Days)
- A9. How many meals do you get on the days that you receive home-delivered meals?
_____ Number of meals
- A10. On the days you receive a home-delivered meal or pick up a meal, what portion of all the foods that you eat in a day does the meal represent?
- a. Less than one-third
 - b. Between one-third and one-half
 - c. About one-half
 - d. More than one-half
 - e. Other



- A11. How would you rate the meals program overall?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- A12. Think about all the foods that you receive from the meals program. How often are you satisfied with the way the food tastes?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Seldom
 - e. Never
- A13. Think about all the foods that you receive from the meals program. How often are you satisfied with the variety of the foods?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Seldom
 - e. Never
- A14. Would you recommend this service to a friend?
- a. Yes
 - b. No
- A15. Do you eat healthier foods as a result of the meals program?
- a. Yes
 - b. No
- A16. Does eating meals or food from the meals program improve your health?
- a. Yes
 - b. No
- A17. Do home-delivered meals or food help you to continue to live independently? By continue to live independently, we mean you are able to stay living where you desire such as in your current community and home.
- a. Yes
 - b. No



A. Congregate Meals Services*

**This section is only for people receiving congregate meals services.*

The first set of questions is about the food services you receive from a meals provider (“provider”) through your Area Agency on Aging (AAA).

A1. When was the last time you received a meal or other food from the meals program?

This includes a sit-down meal at the senior center or other group setting.

- a. Today or yesterday
- b. More than 1 day to 1 week ago
- c. More than 1 week to 1 month ago
- d. More than 1 month ago
- e. Only got 1 meal
- f. Over 1 year ago
- g. Never received

(If your response is e, f, or g):

THANK YOU. The focus of this survey is on people who had a meal in a group setting (called “congregate meals”) or used the grab-n-go service (such as pick-up, carry-out, or drive-through) within the past year.

If it has been more than one year since you received these type of food services or you only received it one time, please stop here and go to mailing information on page 29. Thank you for your interest in participating.

A2. How long have you been participating in the meals program?

- a. 6 months or less
- b. More than 6 months, but less than 1 year
- c. At least 1 year, but less than 2 years
- d. 2 to 5 years
- e. More than 5 years

A3. In the past 12 months, how have you been receiving meals or food from the provider?

Mark one in each row.

	Yes	No
a. Grab-n-go, such as pick-up, carry-out, or drive-through	☐	☐
b. Meals delivered to your home	☐	☐
c. Groceries or food boxes delivered to your home	☐	☐
d. A food box with random ingredients	☐	☐
e. A food box containing food items to make meals; that may come with instructions	☐	☐
f. A sit-down meal at a senior center or other place	☐	☐



- A4. In the past 12 months, which type of food or meals have you received from the provider?
Mark all that apply.
- a. A hot meal
 - b. A cold meal like a sandwich or submarine
 - c. A food box, groceries, or shelf-stable packaged food
 - d. A frozen meal that needs to be heated up or microwaved
- A5. How many days each week do you eat at the senior center or other group setting associated with the meals program?
_____ (0 to 7 Days)
- A6. On the days you eat a congregate meal, what portion of all the foods that you eat in a day does the meal represent?
- a. Less than one-third
 - b. Between one-third and one-half
 - c. About one-half
 - d. More than one-half
 - e. Other
- A7. How would you rate the meals program overall?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- A8. Think about all the foods that you receive from the meals program. How often are you satisfied with the way the food tastes?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Seldom
 - e. Never
- A9. Think about all the foods that you receive from the meals program. How often are you satisfied with the variety of the foods?
- a. Always
 - b. Usually
 - c. Sometimes
 - d. Seldom
 - e. Never
- A10. Would you recommend this service to a friend?
- a. Yes
 - b. No



- A11. Do you eat healthier foods as a result of the meals program?
- a. Yes
 - b. No
- A12. Does eating at the senior center or other group setting associated with the meals program improve your health?
- a. Yes
 - b. No
- A13. Does the meals program help you to continue to live independently? By continue to live independently, we mean you are able to stay living where you desire such as in your current community and home.
- a. Yes
 - b. No
- A14. As a result of receiving meals, do you see your friends more often?
- a. Yes
 - b. No



A. Case Management Service*

**This section is only for people receiving case management services.*

The first set of questions is about the case management service you receive from a case manager through your Area Agency on Aging (AAA). Your case manager is the person who sets up in-home services, such as homemaker or personal care services for you. The case manager also calls to check on how you are doing, or how you like your services.

A1. When was the last time you received case management service?

- a. Today or yesterday
- b. More than 1 day to 1 week ago
- c. More than 1 week to 1 month ago
- d. More than 1 month ago
- e. Only 1 time
- f. Over 1 year ago
- g. Never received

(If your response is e, f, or g):

THANK YOU. The focus of this survey is on people who used the case management service within the past year. **If it has been more than one year since you received assistance from a case manager or you only received assistance one time, please stop here and go to mailing information on page 29.** Thank you for your interest in participating.

A2. How long have you been receiving service from your case manager?

- a. 6 months or less
- b. More than 6 months, but less than 1 year
- c. At least 1 year, but less than 2 years
- d. 2 to 5 years
- e. More than 5 years

A3. Do you know how to contact your case manager when you need to?

- a. Yes
- b. No

A4. Does your case manager return your phone calls in a timely manner?

- a. Yes
- b. No

A5. Does your case manager explain your services in a way that you can understand?

- a. Yes
- b. No

A6. Do you and your case manager work together to decide what services you need?

- a. Yes
- b. No



- A7. Does your case manager treat you with respect?
- a. Yes
 - b. No
- A8. Does your case manager involve you in discussing and planning for your services?
- a. Yes
 - b. No
- A9. Does your case manager do a good job setting up care for you?
- a. Yes
 - b. No
- A10. Does your case manager help you get services that you did not have before?
- a. Yes
 - b. No
- A11. Has your situation improved because of the services your case manager arranges?
- a. Yes
 - b. No
- A12. Did your case manager develop a care plan for the service you need? A care plan is a document that contains information about who saw you, your needs, what kinds of services you receive and how you are doing once you receive the services.
- a. Yes
 - b. No (go to A14)
- A13. Did you get a copy of the plan?
- a. Yes
 - b. No
- A14. Are you able to select the services you receive?
- a. Yes
 - b. No
- A15. Are you able to select your service provider?
- a. Yes
 - b. No
- A16. How would you rate the overall quality of the case management service you receive?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor



- A17. Does the case management service help you to continue to live independently? By continue to live independently, we mean you are able to stay living where you desire such as in your current community and home.
- a. Yes
 - b. No
- A18. As a result of receiving the case management service, do you have a better idea of where to get information about other services?
- a. Yes
 - b. No



A. Transportation Services*

**This section is only for people receiving transportation services.*

The first set of questions is about the transportation service you receive from the transportation company (“provider”) through your Area Agency on Aging (AAA). Transportation is a bus or other vehicle that picks people up and takes them places such as to the doctor, the senior center, or shopping, and includes recreational trips.

- A1. When was the last time you used this service?
- a. Today or yesterday
 - b. More than 1 day to 1 week ago
 - c. More than 1 week to 1 month ago
 - d. More than 1 month ago
 - e. Only used it once (includes getting help for a short time, e.g., after a hospital stay)
 - f. Over 1 year ago
 - g. Never received

(If your response is e, f, or g):

THANK YOU. The focus of this survey is on people who have used the transportation service within the past year. **If it has been more than one year since you used the transportation service or you only received it one time, please stop here and go to mailing information on page 29.** Thank you for your interest in participating.

- A2. About how long ago did you start using this transportation service?
- a. 6 months or less
 - b. More than 6 months, but less than 1 year
 - c. At least 1 year, but less than 2 years
 - d. 2 to 5 years
 - e. More than 5 years
- A3. How often do you use the transportation service?
- a. 5 or more times per week
 - b. 2 to 4 times per week
 - c. Once per week
 - d. 1-3 times per month
 - e. Less than once per month
- A4. About how many local one-way trips per month do you make using this service? For example, if you go to the grocery store and then come back using this service, that counts as 2 one-way trips.
- _____ Number of trips
- A5. In an average month, would you say you rely on this transportation service for:
- a. Just a few of your local trips
 - b. About 1/4 of all your local trips
 - c. About 1/2 of all your local trips
 - d. About 3/4 of all your local trips
 - e. Nearly all of your local trips



A6. When receiving a ride from your transportation provider, where do you most often get on the vehicle? *Mark only one.*

- a. The driver comes to my door
- b. The vehicle stops in front of my home or in the driveway
- c. The vehicle stops down the block
- d. I have to walk several blocks to get on the vehicle
- e. I get on the vehicle at the senior center

A7. How frequently do these statements apply to your overall experience with your Area Agency on Aging (AAA) and transportation provider?

	Always	Usually	Sometimes	Seldom	Never
The drivers pick me up when they are supposed to.	☐	☐	☐	☐	☐
The drivers are polite.	☐	☐	☐	☐	☐
The vehicles are easy to get into and out of.	☐	☐	☐	☐	☐
The vehicles are comfortable.	☐	☐	☐	☐	☐
I arrive at my destination on time.	☐	☐	☐	☐	☐
I get rides at the times and on the days I need them.	☐	☐	☐	☐	☐

A8. Do you need help getting into and out of your home?

- a. Yes
- b. No (go to A9)

A8a. Does the driver or aide help you get into and out of your home?

- a. Yes
- b. No

A9. Do you need help getting into or out of the van or bus?

- a. Yes
- b. No (go to A10)

A9a. Does the driver or aide help you get into or out of the van or bus?

- a. Yes
- b. No



A10. Do you use the transportation service to get to...?

	Yes	No
a. Doctors and health care providers	☐	☐
b. Shopping	☐	☐
c. Volunteer activities	☐	☐
d. The Senior center	☐	☐
e. A location to pick up or have a meal	☐	☐
f. Friends, neighbors, and relatives	☐	☐
g. Social events and recreation activities	☐	☐
h. Religious services	☐	☐

A11. How would you rate the transportation service that you received?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

A12. Do you get around more than you did before you had this service?

- a. Yes
- b. No

A13. Would you recommend this transportation service to a friend?

- a. Yes
- b. No

A14. Do the services you receive help you to continue to live independently? By continue to live independently, we mean you are able to stay living where you desire such as in your current community and home.

- a. Yes
- b. No

A15. Is there a car or personal motor vehicle in working condition in your household?

- a. Yes
- b. No (go to B1)

A15a. Do you ever drive that car or personal motor vehicle?

- a. Yes
- b. No



A. Homemaker Services*

**This section is only for people receiving homemaker services.*

The first set of questions is about the homemaker or housekeeping service you receive through your Area Agency on Aging (AAA). These services include doing light housework, assistance with preparing meals, managing money, using the telephone, shopping for personal items, and delivery of groceries, prescriptions, or other supplies to your home.

A1. When was the last time you received the homemaker service?

- a. Today or yesterday
- b. More than 1 day to 1 week ago
- c. More than 1 week to 1 month ago
- d. More than 1 month ago
- e. Only got 1 meal
- f. Over 1 year ago
- g. Never received

(If your response is e, f, or g):

THANK YOU. The focus of this survey is on people who used the homemaker service within the past year. **If it has been more than one year since you received service from a homemaker or you only received homemaker service one time, please stop here and go to mailing information on page 29.** Thank you for your interest in participating.

A2. How long have you been receiving homemaker services?

- a. 6 months or less
- b. More than 6 months, but less than 1 year
- c. At least 1 year, but less than 2 years
- d. 2 to 5 years
- e. More than 5 years

A3. How many days per month does the homemaker help with housework?

_____ Number of days per month

A4. On average, how many hours of help do you receive from the homemaker each time?

_____ Number of hours of help

A5. Does your homemaker do things the way you want them done?

- a. Yes
- b. No

A6. Does your homemaker do what you ask them to do?

- a. Yes
- b. No



- A7. How would you rate the quality of your homemaker service?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- A8. Would you recommend the homemaker program to a friend?
- a. Yes
 - b. No
- A9. Does the homemaker service help you to continue to live independently? By continue to live independently, we mean you are able to stay living where you desire such as in your current community and home.
- a. Yes
 - b. No



Sections B – H are completed for all five service types.

B. Nutrition

- B1. In the past 12 months, have you tried to get meals, food, or groceries through your Area Agency on Aging (AAA)?
- a. Yes
 - b. No (go to B2)
- B1a. Were you unable to get food?
- a. Yes
 - b. No (go to B2)
- B1b. Were you unable to get meals, food, or groceries from your Area Agency on Aging for any of the following reasons? Mark all that apply.
- a. No response from <transportation provider>⁸ or AAA
 - b. I was put on a waiting list
 - c. I was told that I could not have more meals or food
 - d. I was told there was no more food available
 - e. I was told there was not enough staff
 - f. I was unable to pick up the meals or get to the meal pick-up place
- B2. Have you recently lost weight without trying? If you are unsure, some things that might indicate weight loss are clothes or rings fitting looser, or using a different belt notch.
- a. Yes
 - b. No (go to B3)
- B2a. How much weight have you lost?
- a. 2-13 lbs
 - b. 14-23 lbs
 - c. 24-33 lbs
 - d. 34 lbs or more
 - e. Unsure
- B3. Have you been eating poorly because of a decreased appetite? For example, eating less than 75% of your usual intake. Most often this is due to poor appetite, but there may be other reasons sometimes such as chewing or swallowing difficulties.
- a. Yes
 - b. No

⁸ The service stated here will vary depending on OAA program of interest, per NSOAAP respondent. The services are: Home-delivered meals, Congregate meals, Homemaker, Case Management, and Transportation.



B4. Have you recently gained weight without trying?

- a. Yes
- b. No (go to B5)
- c. Unsure (go to B5)

B4a. How much weight have you gained?

_____ Number of pounds

Below are several statements that people have made about their food situation. They use the terms "we" and "your household". A household includes everyone who lives with you. If you live alone, then you are a household of one.

B5. "The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?

- a. Often true
- b. Sometimes true
- c. Never true

B6. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months?

- a. Often true
- b. Sometimes true
- c. Never true

B7. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- a. Yes
- b. No (go to B8)

B7a. How often did this happen?

- a. Almost every month
- b. Some months but not every month
- c. Only 1 or 2 months

B8. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- a. Yes
- b. No

B9. In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- a. Yes
- b. No



B10 is only asked among Congregate Meals and Home-delivered Meals survey respondents.

B10. How much do you agree or disagree with this statement...

Since using the meals program through my Area Agency on Aging I have felt more secure about having enough food for myself.

1. Strongly Agree
2. Agree
3. Neutral
4. Disagree
5. Strongly Disagree



C. Additional Services

C1. These next questions ask about additional help you may have received from your Area Agency on Aging (AAA).

	Yes	No
a. In the past year, have you attended a meals program at a senior center or other group setting?	☐	☐
b. In the past year, have you received transportation services? <i>(not asked of Transportation survey respondents)</i>	☐	☐
c. In the past year, have you received meals or other food from the meals program? <i>(not asked of Congregate meals and Home-delivered meals survey respondents)</i>	☐	☐
d. In the past year, have you received Homemaker or Housekeeping services? <i>(These are services that may include help with doing light housework, laundry, preparing meals, shopping, or delivery of groceries or prescriptions.) (not asked of Homemaker survey respondents)</i>	☐	☐
e. In the past year, have you received case management services? <i>(When someone receives case management, they have a case manager who may set up in-home services, such as homemaker or personal care services for them. The case manager may also call to check on how they are doing, or how they like the services.) (not asked of Case management survey respondents)</i>	☐	☐
f. In the past year, have you received adult daycare services? <i>(Adult Day Care or adult health is when people go to a place to spend the day.)</i>	☐	☐
g. In the past year, have you received personal care services? <i>(Personal care services are help with care like dressing or bathing.)</i>	☐	☐
h. In the past year, have you received heavy chore services, such as washing windows, yardwork, or shoveling snow? <i>(Chore Services help with heavier housecleaning and yard work.)</i>	☐	☐
i. In the past year, have you received legal assistance? <i>(Legal Assistance may help with making a will or understanding a bill and other legal matter.)</i>	☐	☐
j. In the past year, have you received information and assistance services? <i>(Information and Assistance helps people find out about services that are available to them.)</i>	☐	☐
k. Have you received health screenings such as blood pressure checks from your AAA?	☐	☐
l. Have you received flu shots, pneumonia shots, COVID vaccinations, or other immunizations from your AAA?	☐	☐
m. Have you taken exercise or fitness classes or do you use the exercise equipment at a senior center or other program for older adults? <i>(Remember, we are asking about services received from your AAA).</i>	☐	☐
n. Have you received assistance in administering or monitoring the side effects of medicine from your AAA?	☐	☐
o. Have you received assistance in administering or monitoring the side effects of medicine from your AAA?	☐	☐



C2. Did you mark "Yes" to any of the additional services in the table above (items a-n)?

- a. Yes
- b. No (go to C6)

C3. Overall, how would you rate the **group** of services you receive?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

C4. Now we would like to ask about how these services help you. Please mark Yes or No for each item.

	Yes	No
a. As a result of the services you receive are you able to live independently? (By live independently, we mean to stay living where you desire such as in your current community and home.)	☐	☐
b. As a result of the services you receive do you feel more secure?	☐	☐
c. As a result of the services you receive are you better able to care for yourself?	☐	☐
d. Since you started receiving services, do you have a better idea of how to get any additional help that you need?	☐	☐

C5. Thinking about your services in general, do you agree or disagree with this statement?

	Agree	Disagree
a. The people who give these services are generally courteous.	☐	☐

C6. Are you receiving any other types of assistance, such as...?

	Yes	No
a. Food stamps	☐	☐
b. Energy Assistance	☐	☐
c. Medicaid	☐	☐
d. Housing Assistance	☐	☐

C7. Do your family or friends help arrange for the services you receive?

- a. Yes
- b. No



D. Preferences and Needs Related to Community Living

Most older adults want to remain living in their homes and communities as they age. These next questions are about your desire to remain living in your home and the types of home modifications and community supports that can help make this possible.

D1. How important is it for you to be able to stay in your current home for as long as possible?

- a. Very important
- b. Somewhat important
- c. Not important

D2. Is the following statement often, sometimes, or never true?

"I worry about being able to afford living where I currently live for another year."

- a. Often true
- b. Sometimes true
- c. Never true

D3. If you are or become unable to do these things on your own, do you have someone in your life who can help you with the following tasks?

	Definitely yes	Probably yes	Probably no	Definitely no
a. House chores	☐	☐	☐	☐
b. Grocery shopping	☐	☐	☐	☐
c. Personal care (such as bathing, helping to dress)	☐	☐	☐	☐
d. Managing your finances	☐	☐	☐	☐
e. Managing your medications	☐	☐	☐	☐

D4. Is there a place or organization in your community that feels welcoming for people your age to socialize, exercise, and/or participate in activities?

- a. Yes (Go to D4a.)
- b. No (Go to D5)
- c. Don't know (Go to D5)

D4a. If Yes, do you go there?

- a. Yes
- b. No



D5. Do you have any of the following in your home?

	Yes	No	If No, would this be helpful for you?
k. Grab bars in the bathroom	☐	☐	☐ Yes ☐ No ☐ Don't know
l. Shower bench/chair	☐	☐	☐ Yes ☐ No ☐ Don't know
m. Ramp into home/no stairs for entry	☐	☐	☐ Yes ☐ No ☐ Don't know
n. Door frames wide enough for a wheelchair (i.e., 36 inches)	☐	☐	☐ Yes ☐ No ☐ Don't know
o. Roll in shower (i.e., no step or barrier when using a wheelchair or walker)	☐	☐	☐ Yes ☐ No ☐ Don't know
p. Raised toilet seat height (i.e., chair height)	☐	☐	☐ Yes ☐ No ☐ Don't know
q. Lever door handles (i.e., can be opened with a simple pull-down motion)	☐	☐	☐ Yes ☐ No ☐ Don't know
r. Main floor bathroom	☐	☐	☐ Yes ☐ No ☐ Don't know
s. Main floor bedroom	☐	☐	☐ Yes ☐ No ☐ Don't know
t. Stair lift	☐	☐	☐ Yes ☐ No ☐ Don't know

D6. How much consideration have you given to what modifications may be necessary for your home for you to be able to stay there as you age?

- a. A lot
- b. Some
- c. Little
- d. None



E. Falls

The next few questions are about falling down (any fall, slip, or trip in which you lose your balance and land on the floor or ground or at a lower level.)

- E1. In the last month, have you fallen down?
 - a. Yes
 - b. No
- E2. In the last month, did you worry about falling down?
 - a. Yes
 - b. No (go to section F)
- E3. In the last month, did this worry ever limit your activities?
 - a. Yes
 - b. No

F. Life Changes

- F1. We are interested in why you initially sought services from your Area Agency on Aging (AAA). What was going on in your life that led you to seek services? *Mark all that apply.*
 - a. Illness or medical condition
 - b. Illness of a person close to you
 - c. Death of a spouse
 - d. Problems with mobility
 - e. Could no longer take care of myself
 - f. Could no longer take care of my home
 - g. Want socialization
 - h. Food and nutrition need
 - i. Transportation need
 - j. Accompanied friend/family or referred
 - k. Financial need
 - l. Other needs related to aging

G. Social Integration

The next few questions are about your contact with other people.

- G1. How often do you feel that you lack companionship?
 - a. Hardly ever
 - b. Some of the time
 - c. Often



- G2. How often do you feel left out?
- a. Hardly ever
 - b. Some of the time
 - c. Often
- G3. How often do you feel isolated from others?
- a. Hardly ever
 - b. Some of the time
 - c. Often

H. Physical, Social, and Emotional Well-Being

The next few questions are about your health. Please try to answer as accurately as you can.

- H1. In general, how is your health?
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- H2. During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
- H3. During the past four weeks, how much of the time have you accomplished less than you would like as a result of any mental health condition(s), such as feeling depressed or anxious?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
- H4. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework?
- a. Not at all
 - b. A little bit
 - c. Moderately
 - d. Quite a bit
 - e. Extremely



- H5. During the past four weeks, how much of the time has your physical or mental health conditions interfered with your social activities, like visiting friends, relatives, etc.?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. A little of the time
 - e. None of the time
- H6. Compared with your health one year ago, would you say your health is...
- a. Much better
 - b. A little better
 - c. About the same
 - d. A little worse
 - e. Worse
- H7. Regarding your present social activities, do you feel that you are doing...
- a. About enough
 - b. Too much
 - c. I would like to be doing more
- H8. Have your social opportunities increased since you became involved with your Area Agency on Aging (AAA)?
- a. Yes
 - b. No



H9. Now we would like to ask about medical conditions you may have. Has a doctor ever told you that you have...?

	Yes	No
Arthritis or rheumatism	☐	☐
High blood pressure or hypertension	☐	☐
A heart attack, coronary heart disease, angina, congestive heart failure, or other heart conditions	☐	☐
High cholesterol	☐	☐
Diabetes or high blood sugar	☐	☐
Allergies/asthma/emphysema/chronic bronchitis/other breathing or lung conditions	☐	☐
Cancer or a malignant tumor, excluding minor skin cancer	☐	☐
Stroke	☐	☐
Anemia (<i>such as iron-deficiency</i>)	☐	☐
Osteoporosis	☐	☐
Kidney disease	☐	☐
Eye or vision conditions such as glaucoma, cataracts, macular degeneration or other medical conditions (<i>This does not include needing to wear glasses or contact lenses.</i>)	☐	☐
Hearing loss or other hearing conditions	☐	☐
Emotional, nervous or psychiatric conditions	☐	☐
Memory related disease such as Alzheimer's or dementia	☐	☐
Seizures or epilepsy	☐	☐
Parkinson's disease	☐	☐
Multiple Sclerosis	☐	☐
Serious bladder or bowel incontinence	☐	☐
Thyroid disease	☐	☐
A digestive or colon-related condition	☐	☐
Something else	☐	☐

H10. Did you mark any of the medical conditions in the table above (items a-v)?

- a. Yes
- b. No (go to H14)



- H11. During the last 12 months, have you learned how to take care of any or all of your chronic illnesses or medical conditions?
- a. Yes
 - b. No
- H12. During the last 12 months, did you talk to a doctor/health professional within your primary care practice to learn about taking care of any or all of your chronic illnesses or medical conditions?
- a. Yes
 - b. No
- H13. Having one or more illnesses often means doing different tasks and activities to manage your conditions. How confident are you that you can do all the things necessary to manage your chronic illnesses or medical conditions on a regular basis?
- a. Not at all confident
 - b. A little confident
 - c. Moderately confident
 - d. Very confident
- H14. Because of a physical, mental or emotional condition lasting 6 months or more, do you have any difficulty learning, remembering, or concentrating?
- a. Yes
 - b. No
- H15. Do you use a walker, cane, or wheelchair for moving around?
- a. Yes
 - b. No
 - c. Not applicable – bedridden or bed-bound
- H16. About how many **different prescription medications** do you take every day?
_____ Number of prescription medicines taken per day (if none, enter 0)
- H17. In the past 12 months, did you have to stay overnight in a hospital?
- a. Yes
 - b. No
- H18. In the past 12 months, did you have to stay overnight in a nursing home or rehabilitation center?
- a. Yes
 - b. No
- H19. Do you have access to public transportation such as a bus or rail?
- a. Yes
 - b. No



H20 is not asked among Transportation survey respondents because it was asked earlier in their survey.

H20. Is there a car or personal motor vehicle in working condition in your household?

- a. Yes
- b. No

Now we would like to ask about your oral or dental health, that is, the health of your teeth and gums.

H21. About how long has it been since you last visited a dentist? Include dental hygienists, orthodontists, oral surgeons, and other dental-related specialists.

- a. 6 months or less
- b. More than 6 months, but not more than 1 year ago
- c. More than 1 year, but not more than 2 years ago
- d. More than 2 years, but not more than 3 years ago
- e. More than 3 years, but not more than 5 years ago
- f. More than 5 years ago
- g. Never have been
- h. Don't know

H22. During the past 12 months, was there a time when you needed dental care but could not get it at that time?

- a. Yes
- b. No

H23. Overall, how would you rate the health of your teeth and gums?

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

H24. This set of questions is about difficulties with some common activities of everyday life and whether you need assistance performing these activities. Please exclude the effects of temporary conditions.

	Yes	No
a. Do you have difficulty getting in or out of bed or a chair?	☐	☐
b. Do you have difficulty when taking a bath or shower?	☐	☐
c. Do you have difficulty when dressing?	☐	☐
d. Do you have difficulty when walking or getting around inside the home?	☐	☐
e. Do you have difficulty eating?	☐	☐
f. Do you have difficulty using the toilet?	☐	☐
g. Do you have difficulty going outside the home, for example to shop or visit a doctor's office?	☐	☐
h. Do you have difficulty keeping track of money or bills?	☐	☐



	Yes	No
i. Do you have difficulty preparing meals?	☐	☐
j. Do you have difficulty doing light housework, such as washing dishes or sweeping a floor?	☐	☐
k. Do you have difficulty doing heavy housework, such as scrubbing floors or washing windows?	☐	☐
l. Do you have difficulty taking the right amount of prescribed medicine at the right time?	☐	☐
m. Do you have difficulty using the phone?	☐	☐
n. Do you have difficulty driving a car or personal motor vehicle?	☐	☐
o. Do you have difficulty using public transportation such as a bus or rail?	☐	☐

H25. Did you mark "Yes" to having difficulty with any of the activities above (items a-o)?

- a. Yes
- b. No (Go to Section I)

H26. If you marked the "Yes" difficulty box of one or more of the activities in the table above, do you need the help of another person with any of them?

- a. Yes (Go to H27)
- b. No (Go to Section I)

H27. Who helps you the **most** with these activities? *Mark only one.*

- a. Husband
- b. Wife
- c. Partner
- d. Son
- e. Daughter
- f. Daughter-in-law / son-in-law
- g. Father / Mother
- h. Brother
- i. Sister
- j. Grandchild
- k. Nephew / Niece
- l. Other family
- m. Neighbor or friend
- n. Do not receive help from family or friends



I. Demographics

The purpose of the following questions is to help ACL and its network of AAAs better understand the level of satisfaction and needs of all clients based on several types of demographic information. The goal is to provide equitable community-based programs and support services to all clients. Only ACL's contracted research team will have access to this information. Your responses will be kept confidential and secure. Any reports and studies resulting from this survey will summarize information and not identify any individuals. The information will not be used for any discriminatory purpose.

11. What is your age? _____
12. What is your highest level of education?
 - a. Less than high school diploma
 - b. High school diploma or GED
 - c. Some college, including Associate's degree (includes business school and vocational or technical school)
 - d. Bachelor's degree
 - e. Some post-graduate work or advanced degree
13. Are you Hispanic or Latino?
 - a. Yes
 - b. No
14. Which one or more of the following best describes your race? *Mark all that apply.*
 - a. White
 - b. Black or African American
 - c. Asian
 - d. American Indian or Alaska Native
 - e. Native Hawaiian or other Pacific
 - f. Islander
 - g. Some other race (specify) _____
15. Have you ever served on active duty in the U.S. Armed Forces, military Reserves or National Guard? Active duty does not include training for the Reserves or National Guard.
 - a. Yes
 - b. No
16. Is your home located in...
 - a. The city
 - b. The suburbs
 - c. A rural area
 - d. Don't know



17. What is your current marital status?

- a. Married
- b. Living with a partner
- c. Widowed
- d. Divorced
- e. Separated
- f. Never Married

18. We'd like to ask about the persons who live in your household. Does anyone else live with you?

- a. Yes
- b. No (go to 19)

18a. If yes...

(Only complete the table below if someone else lives with you.)

	Yes	No
1. Do you live with your spouse or unmarried partner?	☐	☐
2. Do you live in the home of one of your children?	☐	☐
3. Do one or more of your children live in your home?	☐	☐
4. Do you live with other relatives?	☐	☐
5. Do you live with non-relatives?	☐	☐

18b. Including yourself, how many people live in your household?

_____ Number of household members

19. What is your sex?

- a. Female
- b. Male

10. Thinking about the total combined income from all sources for all persons in your household, including income from jobs, Social Security, retirement income, public assistance, and all other sources, which category best describes your total household annual income during the year 2023?

- a. \$5,000 or less (\$417 or less per month)
- b. \$5,001 - \$10,000 (\$418 to \$833 per month)
- c. \$10,001 - \$15,000 (\$834 to \$1,250 per month)
- d. \$15,001 - \$20,000 (\$1,251 to \$1,666 per month)
- e. \$20,001 - \$25,000 (\$1,667 to \$2,083 per month)
- f. \$25,001 - \$30,000 (\$2,084 to \$2,500 per month)
- g. \$30,001 - \$35,000 (\$2,501 to \$2,917 per month)
- h. \$35,001 - \$40,000 (\$2,918 to \$3,333 per month)
- i. \$40,001 - \$50,000 (\$3,334 to \$4,167 per month)
- j. Over \$50,000 (\$4,168 or more per month)
- k. Prefer not to answer



111. Did someone else complete this survey for the person addressed in the letter?

- a. Yes
- b. No

THANK YOU!

Your answers will help us better evaluate the services funded by the Older Americans Act.
Please return your completed questionnaire in the pre-addressed postage paid envelope to:

Westat
1600 Research Blvd., Room # RCB16
Rockville, MD 20850



Appendix C

2024 NSOAAP Methodology Report

National Survey of Older Americans Act Participants (NSOAAP) 18th National Survey (2024)

Methodology Report

January 2025

I. Sample Selection

The Administration for Community Living’s National Survey of Older Americans Act Participants (NSOAAP) is an annual, cross-sectional survey that covers six services – Home Delivered Meals, Homemaker Services, Transportation, the National Family Caregiver Support Program, Congregate Meals, and Case Management. The 18th NSOAAP employed a two-stage sample design, first selecting a sample of Area Agencies on Aging (AAAs) in stage one and, in the second stage, a random sample of clients for each service within each sampled AAA.

Agency Selection

At the first stage of the two-stage sample design, a stratified sample of 300 AAAs was selected from the frame of 622 agencies. The sampling frame included all AAAs in the fifty states and the District of Columbia. Each AAA’s relative “measure of size (MOS)” was its total client count. These client counts were taken from previous cycles of the NSOAAP as far back as 2014, although 86% of the client counts were from the most recent years of 2019-2023. As shown in Table 1, client counts were available for 593 of the 622 AAAs in the frame.

**Table 1.** AAAs with Total Client Volume Available for the 18th NSOAAP Measure of Size (MOS)

Most recent year that AAA client volume was provided*	# of AAAs
2023	273
2022	160
2021	52
2019	26
2018	30
2017	15
2016	15
2015	13
2014	9
Total AAAs	593

* NSOAAP was not performed in 2020 due to the COVID-19 pandemic.

For the remaining 29 AAAs with no available client counts, we used a regression model to predict client counts based on the square root of the AAAs' annual budget figures (which were previously used as the measures of size before switching to client counts) and HHS Region.

There were two strata for AAAs; the first stratum included AAAs with very large client counts. It comprised about 40% of the total client population, and these AAAs were selected with certainty. The remaining AAAs were in the second stratum and were selected with equal probability after being sorted by HHS Region and decreasing total client counts within HHS Region. AAAs in the second stratum were then systematically sampled. The total sample size was allocated to the two strata, as shown in Table 2.

Table 2. Measure of Size (MOS) and Allocation of AAAs into Strata for the National Sample

STRAT23	Sampling Strata	Selection probability	Frame N	Sum of MOS (total clients)	% of total MOS	Allocation of AAA Sample (TARGET)
1	Certainty AAAs	100%	45	865,931	40.1%	45
2	Non-certainty AAAs	44%	577	1,296,079	59.9%	255
Total			622	2,162,010	100.00%	300



Table 3 shows the HHS Regions and the number of AAAs that were systematically selected for the 18th NSOAAP's AAA sample. Please note that Total Clients and the % of Total Clients in Table 3 are included for information purposes only. The AAA sample was not selected by HHS Region stratification and was not a probability proportional to size (PPS) sample. HHS region was used as a sort variable; however, the noncertainty AAA sample distributed itself nicely and proportionally across the HHS regions.

Table 3. 2024 NSOAAP AAA Counts, Volume, and Selection Results at the HHS Region Level

HHS Region	States	# of AAAs in Frame	Total Clients	% of Total Clients	# of AAAs Selected
1	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	37	90653	4%	37
2	New Jersey, New York	80	234443	11%	80
3	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	102	244682	11%	102
4	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	96	307952	14%	96
5	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	66	376323	17%	66
6	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	83	281776	13%	83
7	Iowa, Kansas, Missouri, Nebraska	35	151774	7%	35
8	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	41	148101	7%	41
9	Arizona, California, Hawaii, Nevada	46	250913	12%	46
10	Alaska, Idaho, Oregon, Washington	36	75393	3%	36
TOTAL		622	2,162,010	100%	300

Client Selection

After AAA selection, each of the 300 AAAs was requested to upload a list of their clients who used each of the 6 services in the past 12 months and met eligibility criteria, including age ≥ 60 years (non-caregivers) and not working or volunteering for the AAA. After being provided a unique login and password, the AAAs (or State Units on Aging) uploaded the lists to Westat's secure section of <https://aoasurvey.org/>. Westat provided a detailed webinar, written instructions, and technical assistance (if needed) to the AAAs and their SUAs to assist with this process.



Westat used prior year survey metadata such as response rates, % of sample ineligible, and completion rates to set the service-level sample “net” needed to achieve the NSOAAP’s goal of 6,000 completes. We then divided the net by the number of AAAs expected to participate (e.g., 85% of 300) to develop a service-specific “mean client sample target.” Because the AAAs vary in size, we adjusted the mean client sample target to be relative to an AAA’s service-level measure of size (if available from NSOAAPs 2014-2023) or an AAA’s overall MOS in comparison to the entire frame of AAAs. The mean client sample target and the resulting range of targets across the AAAs are shown in Table 4.

Table 4. Target Number of Clients Sampled by Service per AAA

Service	Mean Client Sample Target	Range of Target
Family Caregiver	42	31 - 52
Home Delivered Meals	16	12 - 20
Homemaker Services	14	10 - 17
Transportation	19	13 - 25
Congregate Meals	15	11 - 20
Case Management	16	12 - 20
TOTAL	121	89 - 151

Per AAA, clients were drawn randomly within each service until their target number was selected. Note that there were instances when an AAA did not have enough clients per service to fill their service-specific target. In such cases, all clients for that particular service were selected for the survey. After the random selection of clients, Westat worked with the AAAs to review the clients’ information for accuracy and to determine if any sample clients had become ineligible (i.e., deceased, institutionalized, etc.).

Client Selection Probability

The probability of selection of a client within a service is the AAA probability of selection multiplied by the client probability of selection within the sampled AAA.



II. Data Collection Results

Data collection for the 18th NSOAAP occurred from May 13, 2024, to September 11, 2024. The total number of clients sampled was 24,536. The number of clients found to be ineligible before data collection was 2,140 (9%).

The survey was sent to 22,396 clients deemed eligible at the start of data collection. The collection design was sequential and multi-mode. The non-caregiver clients were first sent a paper survey, and if they did not mail back a completed survey, they were called to complete the survey via computer-assisted telephone interview (CATI). Caregivers were invited to take the survey on the web, then on paper, and then via CATI. Table 5 shows the completion of surveys by mode during the 17 weeks of data collection.

Table 5. Number of NSOAAP Completes by Mode and Service Category

Service Category	Web	Paper	Telephone	Total	Target	% of Target (rounded)
Home Delivered Meals	n/a	947	152	1,099	1,000	110%
Congregate Meals	n/a	1,015	67	1,082	1,000	108%
Homemaker Services	n/a	524	78	602	500	120%
Transportation	n/a	764	179	943	1,000	94%
Case Management	n/a	361	116	477	500	95%
Family Caregiver	669	802	222	1,693	2,000	85%
Total	669	4,413	814	5,896	6,000	98%

III. Weighting

Weighting of each service was done separately. Initially, base weights were computed by taking the inverse of the selection probability at each sampling stage. Then, the base weights were adjusted for nonresponse within the certainty/non-certainty strata for the AAAs and at the HHS region level to account for service-level client nonresponse, followed by trimming extreme weights by service. Finally, a poststratification adjustment was made using available totals from State Program Reports supplied by ACL.



Below, we describe the four steps of the weighting process: 1) calculation of base weights, 2) nonresponse adjustment, 3) trimming of extreme weights, and 4) poststratification adjustments to known population control totals.

Base Weights

The base weight is the inverse of the overall selection probability of a client. The base weight of a client can be obtained by calculating the base weight for an agency and multiplying that weight by the within-agency-level base weight of a client in a service within that agency.

Nonresponse Adjustment

Since not all sampled agencies and clients responded to the survey, the base weights had to be adjusted for nonresponse. The nonresponse adjustment was done in two steps by performing separate adjustments for agency-level and client-level nonresponse, with client nonresponse adjustments done at the service level. The nonresponse adjustments were applied specifically to each service group within HHS region.

The nonresponse adjustment factors shown in Table 6 were calculated as the sampled AAAs divided by the responding AAAs for the two strata (certainty and non-certainty). (Responding means that the AAA submitted their client lists for the sample population.)

Table 6. AAA Nonresponse Adjustment Factors

STRAT24	Description	Sampled AAAs	Responding AAAs	Nonresponse adjustment factor
1	Certainty AAAs	45	40	1.125
2	Non-certainty AAAs	255	231	2.4978
National Total		300	271	

These nonresponse adjustment factors were then applied to the weight for each AAA to obtain a non-response adjusted AAA weight. For example, NJ-0002 is a non-certainty AAA; thus, the nonresponse-adjusted AAA weight is equal to the AAA base weight of 2.27451 x the AAA nonresponse adjustment factor 1.13333, so the nonresponse-adjusted AAA weight is 2.57778. For example, Table 7 shows the client-level nonresponse adjustment factors for Homemaker Services.

**Table 7.** Client-level Nonresponse Adjustment for Homemaker Services

HHS Division	Number of Completes	Preliminary adjustment factor	Sum of weights for all clients	Sum of weights for responding clients
1	20	5.150	1,568	304
2	29	3.385	695	205
3	89	3.177	4,976	1,566
4	127	3.424	19,237	5,618
5	77	2.792	10,132	3,629
6	93	3.228	10,491	3,250
7	75	2.486	6,604	2,656
8	42	3.578	3,876	1,083
9	31	4.292	4,039	941
10	19	2.446	1,562	639
Total	602		63,180	19,891

Note that due to large preliminary adjustment factors, some non-response adjustment cells were collapsed to reduce the adjustment factor value. By combining a cell with a large adjustment factor with another cell with a smaller factor, the overall nonresponse adjustment factor for the combined set of cells was smaller. These nonresponse adjustment factors were then applied to the client-level base weights.

Trimming of Weights

Extreme weights were trimmed to keep the variance of the survey estimates within acceptable levels. The variability in weights was increased due to the adjustment of client nonresponse rates that varied substantially from agency to agency. In addition, since not all agencies provided all services, variability in sample size by service contributed to increased variability in the base weights. Since variability in the weights increases the variances of the survey estimates, those weights that were too high compared to the median base weight within a given service were trimmed to acceptable values to reduce the overall variance of the survey estimates. The acceptable upper limits were initially determined using the median base weight within a service group. Weights larger than 4 times the



median base weight were trimmed to 4 times the median base weight in the group. However, for all six services, this trimming rule was empirically shown to over-trim the weights with respect to the distribution of all weights for that service. Thus, the weights were trimmed at the 97th, 97.5th, and 98th percentiles for Congregate meals, Home Delivered Meals/Transportation, Case Management, and Homemaker, respectively. For Family Caregiver, the weights were not trimmed. One effect of trimming weights is that estimated totals are reduced from what they would have been had trimming not been applied to the weights. This loss in the sum of weights due to the trimming was adjusted in the final poststratification adjustment step described below.

Poststratification Adjustment

The final step of weighting involved the benchmarking of the estimated number of clients in a service (based on the trimmed, nonresponse-adjusted weights) to the known total number of clients (control total) obtained from the State Program Reports (SPR). The poststratification adjustment, or benchmarking, was done at the HHS region level (collapsed to 4 levels). In addition, controlling for collapsed HHS region in the adjustments effectively produces more precise survey estimates. We should note that the 18th NSOAAP was not designed to provide estimates at the HHS region level. Any estimates by HHS region would not be reliable because of small sample sizes within those regions.

The post-stratified weights for a service were calculated by multiplying the trimmed, nonresponse-adjusted weights by the ratio of the known control total to the estimated total. For the Transportation service category, control totals for the number of clients were not available. However, State Units on Aging (SUAs) did provide the number of one-way passenger trips in State Program Reports (SPR). These SPR regional-level trip counts were used to estimate control totals for the number of clients receiving transportation services by region. By dividing the total trip count by the per-person median annual number of trips (collected in the survey), Westat estimated the total number of persons who received transportation services by region.

IV. Variance Estimation

Westat routinely uses replication-based variance estimation methods to compute the sampling variances of survey estimates derived from complex multi-stage sample designs.

Replicate weights were formed by first creating variance strata and variance units. For non-certainty AAAs, variance strata were formed with two or three AAAs in each stratum, and each AAA was treated as a variance unit. For certainty AAAs, each AAA was treated as a variance stratum, and random



groups of clients were formed as variance units within the stratum. This difference in forming variance strata for certainty and non-certainty AAAs was necessary to account for the fact that there was no first-stage sampling variance for certainty AAAs. Under Balanced Repeated Replication (BRR), the replicates are formed in a balanced way by taking one variance unit from each variance stratum. However, a modified version of BRR called Fay's method was used for the NSOAAP. Under the modified approach, the full-sample weights are adjusted or "perturbed" using the Fay Factor ($\epsilon = 0.3$) to define the required replicate weights rather than taking one variance unit from each stratum. The confidence intervals (CI) for proportions are computed using the BRR replicate weights using the Modified Wilson method. The Wilson CIs are based on inverting the normal test that uses the null hypothesis proportion in the variance, where the upper and lower confidence limits are bounded within 0 and 1. WesVar, SUDAAN, STATA, SAS, SPSS, and other complex sample survey software packages can use replicate weights to compute variance estimates that fully account for the complex design used in the NSOAAP.



Appendix D

Table D-1. Reasons service recipients initially sought Title III services, by service type*

Reason	Home-Delivered Meals	Congregate Meals	Case Management	Transportation	Homemaker Services
Wanted socialization	12%	59%	9%	21%	11%
Problems with mobility	40%	16%	41%	30%	56%
Illness or medical condition	49%	18%	57%	43%	58%
Illness of person close to me	15%	6%	9%	5%	9%
Death of spouse	15%	10%	10%	8%	12%
Could no longer take care of myself	13%	5%	13%	3%	11%
Could no longer take care of my home	19%	7%	28%	9%	45%
Food and nutrition need	51%	39%	35%	17%	22%
Transportation need	26%	12%	22%	67%	24%
Accompanied friend/family or referred	11%	30%	9%	6%	9%
Financial need	15%	12%	21%	15%	12%
Other needs related to aging	29%	24%	26%	24%	31%

* Service recipients were asked to mark all that apply.



Appendix E

Publications Using NSOAAP Data*

Year	Citation	Abstract
2025	Okolie, T. J., & Menne, H. L. (2025). Research Studies Using Data from the National Survey of Older Americans Act Participants (NSOAAP): A Scoping Review. <i>Journal of Applied Gerontology: The Official Journal Of the Southern Gerontological Society</i> , 44(11), 1883–1894. https://doi.org/10.1177/07334648251318432	The National Survey of Older Americans Act Participants (NSOAAP) is collected for programs funded by Title III of the Older Americans Act (OAA; i.e., case management, congregate meals, home-delivered meals, homemaker, transportation, and family caregiver support). This scoping review mapped extant peer-reviewed empirical articles using NSOAAP data. Eight databases were searched and additional citations were identified through online searches and reference list review. The study findings are based on 12 peer-reviewed empirical studies. There is a dearth in overall empirical studies using the NSOAAP, and there is variation in waves analyzed, sub-populations investigated, and how often data for specific programs is studied. This scoping review highlights the need for more research to understand the impact of the OAA service as measured through the NSOAAP across time.
2025	Gahche JJ, McGrath L, Chao S, Simon J, Borth L, Arensberg MB, Dwyer JT (2025). Malnutrition Risk among the 2022 National Survey of Older Americans Act Program: A Cross-Sectional Study, <i>Journal of the Academy of Nutrition and Dietetics</i> , 125(9), 1231-1241. https://doi.org/10.1016/j.jand.2025.04.003	Inclusion of malnutrition risk screening information in the 2022 National Survey of Older Americans Act Participants (NSOAAP) provided a first-time opportunity to estimate malnutrition risk in a representative sample of Older Americans Act (OAA) program participants. Total malnutrition risk prevalence was 19.5%; by program type, it was 19.4% HDM, 16.7% CM, 22.5% homemaker, 22.1% case management, and 21.4% transportation, with no statistically significant differences between programs. Participants receiving HDMs for 2 to 5 years were 72% less likely to be at malnutrition risk compared with those receiving HDMs for ≤6 months (adjusted odds ratio [OR], 0.28; 95% confidence interval [CI], 0.19–0.44; $P < .05$). No association between malnutrition risk and length receiving meals among CM participants was observed. Associations between risk and percentage daily food intake from OAA meals or food insecurity were not observed for HDM or CM participants. Approximately one-fifth of OAA program participants were at malnutrition risk in 2022 across all programs, and evidence suggested that risk may decline with continued HDM OAA nutrition program participation.



Year	Citation	Abstract
2024	Menne, H. L., Osborne, J., & Pendergrast, C. (2024). Increases in loneliness among Older Americans Act participants during COVID-19. <i>Frontiers in public health</i>, 12, 1391841. https://doi.org/10.3389/fpubh.2024.1391841	Loneliness is increasingly understood as a public health crisis, and older adults are experiencing particularly severe impacts. Social distancing efforts during the COVID-19 pandemic may have increased loneliness among older adults. Guided by the Social Ecological Model, this study uses two cross-sectional waves of the National Survey of Older Americans Act Participants (NSOAAP) from 2019 and 2021 to expand understanding and identify possible points of intervention to increase social support for vulnerable older adults. Results reveal that while home-delivered meal participants have higher levels of loneliness than congregate meal participants, levels of loneliness did not increase during the COVID-19 pandemic and their loneliness levels did not differ significantly by age, geographic location, or living arrangement. Congregate meal participants' loneliness increased during the first year of the pandemic, particularly for participants aged 65–74, those living in suburban or rural areas, and those living alone. These findings suggest opportunities for policymakers and aging services providers who seek to increase social engagement among older adults who participate in Older Americans Act (OAA) nutrition programs. The evidence suggests a need for increased social engagement initiatives through OAA programs that prioritize social support for groups who are disproportionately burdened by loneliness.
2024	Menne, H. L., & Pendergrast, C. (2024). Examining predictors of loneliness among Older Americans Act National Family Caregiver Support Program participants. <i>Frontiers In Public Health</i>, 12, 1337838. https://doi.org/10.3389/fpubh.2024.1337838	Family caregivers may be at particular risk for social isolation and loneliness. Multiple factors can impact caregivers' health and well-being outcomes, including loneliness. Guided by an adaptation of the Stress Process Model of Caregiving, this study uses the 2019 National Survey of Older Americans Act Participants (NSOAAP)-Family Caregiver Support module to inform efforts to reduce loneliness through family caregiver support programs. A hierarchical multiple regression model reveals that caregivers who report more loneliness are more likely to be female, Hispanic, living alone, not a child or other caregiver of the care recipient, have a care recipient with 3+ ADL needs, experience more social life conflict related to caregiving, experience less joy in caregiving, feel less appreciated by the care recipient, feel less support in caregiving, and attend counseling. This study helps advance the goals of the National Strategy to Support Family Caregivers, and the findings underscore the importance of continuing and expanding efforts to address loneliness and related well-being outcomes among family caregivers.



Year	Citation	Abstract
2024	Palmer, L., Hayes, M., Gasdaska, A., Murray, M., Simon, J., Robinson, K., & Bercaw, L. (2024). What Drove Program Participants to Initially Attend Congregate Meals? Socialization, Health, and Other Reasons. <i>Journal of Nutrition in Gerontology and Geriatrics</i> , 43(1), 46–66. https://doi.org/10.1080/21551197.2023.2281427	The Congregate Nutrition Services support efforts to keep older Americans independent and engaged in their communities. We examined participants' self-reported reasons for initially attending the congregate meals program and whether reasons differed by participant characteristics. Descriptive statistics and tests of differences were used to compare participants ($n = 1,072$). Individuals attended congregate meals for several reasons, with the top two being socialization (36.3%) and age- or health-related reasons (18.7%). Those attending for socialization were less likely to be lower income, have food insecurity, or live with 3+ ADL limitations while participants who first attended due to age or health-related reasons were more likely to be low income, food insecure, and from historically marginalized populations. Health and social service professionals and community organizations could expand data collection on older adults in their communities and partner with congregate meal providers to encourage participation for individuals with unmet nutritional, health, and socialization needs.
2023	Campione, J., & Robinson, K. (2023). Emergency Preparedness Among Clients of Older Americans Act Programs. <i>Innovation in Aging</i> , 7(Suppl 1), 900. https://doi.org/10.1093/geroni/igad104.2895	Older adults who are clients of Older Americans Act (OAA) programs, such as home-delivered meals and transportation services, often have unique needs during an emergency or crisis. Many OAA clients have mobility challenges and/or chronic health conditions, making it difficult to access and respond to emergency directions. For these reasons, in 2022, the Administration for Community Living added to the annual National Survey of Older Americans Act Participants (NSOAAP) a one-time module of questions regarding emergency preparedness. Among 5,136 respondents of the 2022 NSOAAP, 67% said they have ready 3 days' worth of food and water, 69% have a way to charge their phone without electricity, and 51% have a battery-powered radio. Thirty-seven percent of the clients said their household has a medical device that requires electricity. While 74% said they have a list of family, friends, and community organizations, only 37% said their household has a specific plan for a disaster or emergency. Seven percent said they would not evacuate if public authorities announced a mandatory evacuation with the top three reasons for not evacuating being: 1) concern about leaving pets, 2) lack of transportation, and 3) could not be moved due to health problems. In summary, support services that an older adult relies on to live at home, such as help from family caregivers and in-home health care, may be unavailable due to a disaster thus increasing a person's vulnerability and possibly leading to nursing home care that may have been otherwise avoidable.



Year	Citation	Abstract
2022	Chen, Z., Xu, L., & Highfill, C. (2022). Respite Services Utilization and Self-Rated Health of Older Family Caregivers in the United States: Differences between Young-Old and Old-Old Caregivers. <i>Journal of Social Service Research</i> , 48(1), 63–72. https://doi.org/10.1080/01488376.2021.1952144	This study examined the associations between respite services use and self-rated health of older family caregivers who provided eldercare; and how the age of caregivers (i.e., young-old vs. old-old) moderated these relationships. Participants were asked when they used different respite services, namely, in-home respite, day care respite, and overnight respite. Using nationally representative data extracted from the 13th National Survey of Older Americans Act Participants ($N = 926$), results of multiple linear regressions indicated that caregivers who used in-home respite reported better self-rated health, as did those who used day care respite. The health benefit of day care respite was more prominent for old-old (75+) caregivers than their young-old (65–74) counterparts. These findings highlighted the heterogeneity among older family caregivers in different age groups in respite services utilization and subsequent health outcomes, which could inform relevant social work practice and policymaking to serve older adults with caregiving responsibilities and promote their general health conditions. Future research can further examine the impacts of family caregiver support services on different health indicators of older adults using longitudinal data.
2022	Xu, L., Chen, Z., & Zhang, A. Y. (2022). Impact of older adults' oral health on caregiving stress of their family caregivers in the United States: The mediating effect of functional ability. <i>Health & Social Care in the Community</i> , 30, e5470–e5481. https://doi.org/10.1111/hsc.13971	Extensive studies have explored the factors affecting caregiving stress, but how oral health of care recipients (CRs) associates with caregiving stress and the mechanism behind it are not well-known. Guided by Stress Process Theory, this study addressed such research gaps. Caregiver services dataset came from the 13th National Survey of Older Americans Act Participants in the United States ($N = 1289$). Caregiving stress included physical, emotional, and financial stress. The oral health of CRs was self-rated by a single item. The functional ability of CRs was assessed by activities of daily living (ADLs) and instrumental activities of daily living (IADLs). PROCESS 3.4 for SPSS 26.0 was used to conduct the mediation analyses. Results from the study showed that caregivers reported slightly high levels of physical ($M = 3.06$, $SD = 1.33$, $Range = 1–5$), emotional ($M = 3.43$, $SD = 1.28$, $Range = 1–5$), and financial ($M = 2.83$, $SD = 1.43$, $Range = 1–5$) stress. The results from hierarchical linear regression revealed that poor oral health of CRs was significantly associated with higher levels of physical ($B = 0.11$, $p < 0.001$), emotional ($B = 0.09$, $p < 0.01$), and financial ($B = 0.12$, $p < 0.001$) stress, respectively. The functional ability of CRs mediated such relationships between the oral health of CRs and the caregiving stress of their family caregivers. Findings from this study enrich our theoretical and practical understanding of caregiving stress in aged care and offer programs and policy implications of oral and physical healthcare for community-dwelling older adults.



Year	Citation	Abstract
2021	Chamut, S., Boroumand, S., Iafolla, T. J., Adesanya, M., Fazio, E. M., & Dye, B. A. (2021). Self-Reported Dental Visits Among Older Adults Receiving Home- and Community-Based Services. <i>Journal of Applied Gerontology: The Official Journal of the Southern Gerontological Society</i>, 40(8), 902–913. https://doi.org/10.1177/0733464820925320	This cross-sectional study analyzed responses from the 2014 National Survey of Older Americans Act participants who received home- and community-based services. Descriptive and multivariable analyses were conducted to examine the association between infrequent dental use and key sociodemographic and health indicators. Infrequent dental use was highest among adults participating in case management and home-delivered meals (63%); the lowest among those participating in congregate meals (41%). Participants who did not complete high school were 2 to 5 times more likely to be infrequent dental users compared to those with educational attainment beyond high school. Among older adults receiving home- and community-based services, improving oral health knowledge and health literacy may reduce infrequent dental use.
2020	Robinson, K., & Jenkins, S. (2020). Older Adults Seek Out Congregate Nutrition Programs for Socialization. <i>Innovation in Aging</i>, 4(Suppl 1), 18–19. https://doi.org/10.1093/geroni/igaa057.060	Social connectedness is vital for healthy aging. Older adults often have fewer opportunities to socialize due to reasons such as illness, death of spouse, and mobility limitations. The Older Americans Act Congregate Nutrition Program provides meals and related nutrition services in group settings to people age 60 and over. Until now, the contribution of congregate meals to the socialization of older adults has been primarily anecdotal. However, according to data from the 2019 National Survey of Older Americans Act Participants, over 40% of the 1.5 million people receiving congregate meals said that they started attending to socialize with other people. According to the data, two-thirds report their social opportunities have increased since becoming involved with these services. To measure the impact of program participation on socialization outcomes, an evaluation compared congregate program participants to non-participants. Findings from regression-adjusted socialization outcomes found that congregate meal participants were less likely to screen positively for depression (18% vs. 24% $p < .05$) and have greater satisfaction with their socialization opportunities (94% vs. 86% $p < .01$), yet there was no significant difference in a measure of perceived loneliness. Based on these results, we used weighted, bivariate tests to detect differences between congregate meal participants who were satisfied with the socialization opportunities to those who were not. Our findings suggest a significant relationship between number of days per week participants attended congregate meals and satisfaction with socialization, $X^2 (2, N = 1,072) = 7.5, p = < .05$.



Year	Citation	Abstract
2020	Alabama Lifespan Respite Coalition, the Alabama Department of Senior Services, and Alabama Lifespan Respite. (2020). <i>A Voice That Matters: The Impact of Family Caregiving in Alabama, Volume II</i> . https://archrespice.org/wp-content/uploads/2022/03/A-Voice-That-Matters-White-Paper-Volume-II.pdf	This paper offers recommendations and provides critical updates to ensure respite, education, assistance, and advocacy are available for Alabamians serving as caregivers.
2020	Chubb, R., & Wilmoth, J. (2020). Assessing the Impact of Older Americans Act–Funded Services on Caregiver Stress. <i>Innovation in Aging</i> , 4(Suppl 1), 356. https://doi.org/10.1093/geroni/igaa057.1145	Funding for OAA programs that support caregivers and care recipients has steeply declined since 2010. This is potentially problematic given these programs provide services that may reduce caregiver stress. To better understand what and for whom caregiving services reduces stress, we used data from the National Survey of Older Americans Act Participants (NSOAAP) to estimate logistic regression models predicting caregiver stress. These models include the following measures: services provided to the care recipient, services received by the caregiver, and caregiver satisfaction with services received; caregiver health, age, race, and gender; and care recipient health, age, gender, relationship to the caregiver, and coresidence with the caregiver. The results indicate that caregivers who were satisfied with services were less likely to be stressed compared to those who are not satisfied with services. Those who received respite care and counseling services were less likely to be stressed than those who attended classes and training. Consistent with the literature, caregivers who reported better health or cared for someone in better health were less likely to be stressed. Caregivers were also more likely to be stressed if they provided help with medical care compared to ADLs or if they lived with the care recipient. Overall, the results underscore the importance of continued, and possibly expanded, OAA funding for caregiver support services, especially those that provide respite and counseling to individuals who are providing care to frail and co-residential older adults.



Year	Citation	Abstract
2020	El Shatanofy, M., Chodosh, J., Seveck, M. A., Wylie-Rosett, J., DeLuca, L., & Beasley, J. M. (2020). Characterizing Intervention Opportunities among Home-Delivered Meals Program Participants: Results from the 2017 National Survey of Older Americans Act Participants and a New York City Survey. <i>The Journal of frailty & aging</i>, 9(3), 172–178. https://doi.org/10.14283/jfa.2020.25	The Home Delivered Meals Program (HDMP) serves a vulnerable population of adults aged 60 and older who may benefit from technological services to improve health and social connectedness. The objectives of this study were (a) to better understand the needs of HDMP participants, and (b) to characterize the technology-readiness and the utility of delivering information via the computer. We analyzed data from the 2017 NSOAAP to assess the health and functional status and demographic characteristics of HDMP participants. We also conducted a telephone survey to assess technology use and educational interests among NYC HDMP participants. Functional measures of the national sample included comorbidities, recent hospitalizations, and ADL/IADL limitations. Participants from our local NYC sample completed a modified version of the validated Computer Proficiency Questionnaire. Technology readiness was assessed by levels of technology use, desired methods for receiving health information, and interest in learning more about virtual senior centers. About one-third (32.4%) of national survey HDMP participants (n=902) reported insufficient resources to buy food and 17.1% chose between food or medications. Within the NYC HDMP participant survey sample (n=33), over half reported having access to the internet (54.5%), 48.5% used a desktop or laptop, and 30.3% used a tablet, iPad, or smartphone. The HDMP provides an opportunity to reach vulnerable older adults and offer additional resources that can enhance social support and improve nutrition and health outcomes. Research is warranted to compare technological readiness of HDMP participants across urban and rural areas in the United States.
2019	Pendergrast, C. (2021). Women Report Worse Employment Impacts from Family Caregiving. [Research Brief No. 57]. Learner Center for Public Health Promotion. https://surface.syr.edu/cgi/viewcontent.cgi?article=1157&context=lerner	Using a nationally representative sample of family caregivers participating in the National Family Caregiver Support Program from the 2019 National Survey of Older Americans Act Participants (NSOAAP), this brief describes gender differences in how providing care to a family member impacts caregiver employment experiences, and in the effectiveness of support programs for helping with work-related difficulties.



Year	Citation	Abstract
2018	Eendebak, R., Theou, O., van der Valk, A., Godin, J., Andrew, M., McNeil, S., & Rockwood, K. (2018). Defining Minimal Important Differences and Establishing Categories for the Frailty Index. <i>Innovation in Aging</i> , 2(Suppl 1), 715–716. https://doi.org/10.1093/geroni/igy023.2649	We aimed to define minimal clinically important differences (MID) in the Frailty Index (FI) and to establish FI categories (FIc) in two clinical and three population cohorts. Data came from the Survey of Health, Ageing, and Retirement in Europe (SHARE: n = 29851, median age in years [range]: 63.0 [50.0–104.0]), the Canadian Study of Health and Ageing (n = 5516, 80.0 [70.0–104.0]), the National Health and Nutrition Examination Survey [n = 3146, 66.0 [50.0–85.0]], the Older Patient Information Database [n = 912, 81.0 [56.0–103.0]], and the Canadian Immunization Research Network Serious Outcomes Surveillance Network (SOS: n = 6063, 80.0 [65.0–105.0]). FIs were constructed using the deficit accumulation approach. MIDs were defined by Cohen’s effect sizes and bootstrapping analysis. The FIc were determined by Clinical Frailty Scale (CFS) levels and validated by stratum-specific likelihood ratios (SSLRs) against adverse health outcomes. The most conservative MID in the FI across the cohorts was 0.03 [95% CI: 0.03, 0.03]. Results remained similar when stratified by age and sex. The FIc identified based on the CFS was <0.20, 0.20–0.30, 0.30–0.40, >0.40. The FIc displayed a dose-response relationship with ≥2 weeks of hospitalization (e.g. SHARE SSLRs: 0.491 [95% CI: 0.448, 0.536], 1.017 [0.908, 1.154], 1.746 [1.472, 2.035], 2.620 [2.276, 3.051]) and mortality (e.g. SOS SSLRs: 0.500 [95% CI: 0.442, 0.556], 0.924 [0.819, 1.033], 1.733 [1.486, 1.980], 3.264 [2.825, 3.722]). Identifying the MID in the FI and establishing the FIc can assist with using frailty as an outcome in interventional studies.
2018	Huffman, F. G., Vaccaro, J. A., Zarini, G. G., & Vieira, E. R. (2018). Osteoporosis, Activities of Daily Living Skills, Quality of Life, and Dietary Adequacy of Congregate Meal Participants. <i>Geriatrics</i> , 3(2), 24. https://doi.org/10.3390/geriatrics3020024	Osteoporosis, a chronic disease that results in low bone mass with an increased risk of fragility fractures, is prevalent in older adults. Diet can prevent or lessen the severity of osteoporosis. The purpose of this cross-sectional study was to assess differences in diet, quality of life, self-rated health, and physical function between congregate meal participants with and without osteoporosis. Data were from telephone survey, 10th Annual National Survey of Older American Act Participants, a representative sample of congregate meal attendees across the United States. (N = 888). Osteoporosis was present in 20% of this population. Participants with, as compared to without, osteoporosis reported that their physical health limited moderate activities (31.5% vs. 18.9%, $p = 0.026$), stair climbing (32.2% vs. 22.8%, $p = 0.032$), and shopping (27.4 vs. 15.3, $p = 0.018$). More than half of the participants consumed less than the recommended servings of dairy, meat, grains, and fruits/vegetables regardless of osteoporosis status. Participants with osteoporosis had lower self-rated health and more physical limitations than people without osteoporosis. Although congregate meals are a way to improve nutritional intake, additional methods to improve nutrition (including education) may be of benefit, since undernutrition is a concern in this population.



Year	Citation	Abstract
2017	Huffman, F. G., Vaccaro, J. A., Vieira, E. R., & Zarini, G. G. (2017). Health-Related Characteristics of Older Adults Who Attend Congregate Meal Sites in the United States. <i>Geriatrics (Basel, Switzerland)</i> , 2(3), 22. https://doi.org/10.3390/geriatrics2030022	The purpose of this study was to determine health-related characteristics of a representative sample of older adults who attend congregate meal sites in the United States, and compare races/ethnicities and sexes. Participants were adults, aged 60 years and older, ($N = 901$) of the <i>2015 Tenth Annual National Survey of Older American Act Participants (NSOAAP)</i> . Difficulties with mobility and Activities of Daily Living were common among older adults who attended congregate meals. Health-related characteristics differed by race/ethnicity and sex. Higher percentages of men reported eating more than half their calories from the site: 61.0% (53, 68), compared to women: 41.2% (33,50); while twice the number of women reported exercising at the site: 42.7% (36, 50), compared to 21.8% (16, 29) for men. Hispanics reported poor/fair health, food insecurity, diabetes, and poverty more often than White non-Hispanics. The odds of reporting that meals helped maintain independence were higher for persons with food insecurity: $OR = 2.67$ (1.05, 6.80) and those who reported eating half or more of their calories from the site: $OR = 5.78$ (2.36, 14.30). Strategies that consider preferences by sex and race/ethnicity are required at congregate meal sites to encourage mobility and healthy eating.
2017	Longacre, M.L., Valdmanis, V.G., Handorf, E.A., & Fang, C.Y. (2017). Work Impact and Emotional Stress Among Informal Caregivers for Older Adults. <i>The Journals of Gerontology: Series B</i> , 72(3). https://doi.org/10.1093/geronb/gbw027	With the growing aging population and reliance on informal caregivers in the United States, many individuals will take on the role of caregiver as an adult. We examined whether informal caregivers experience work interference or a change in work status (i.e., retiring/quitting) due to caregiving. We also explored whether experiencing work interference or a change in work status was associated with greater emotional stress. This secondary analysis is drawn from the Fifth National Survey of Older Americans Act (OAA) program participants, which included 1,793 family caregivers. The present analysis is on caregivers of working age (18–64 years) providing care to another adult, which included 922 caregivers. Ordinal logit models were used to assess associations between experiencing work interference or a change in work status and emotional stress. Study weights were applied for all analyses. At the time of the survey, more than half (52.9%) of caregivers were employed full- or part-time. Among nonworking caregivers (i.e., not working or retired) at the time of the survey, 39.8% responded that they had quit or retired early due to caregiving demands. Among employed caregivers, 52.4% reported that informal caregiving had interfered with their employment. Importantly, those respondents who reported work interference or a change in work status were more likely to report higher levels of emotional stress associated with caregiving demands. These findings suggest the need to further explore work among informal caregivers and associations with emotional stress, as well as consider work-based policy approaches, organizational and/or societal, to support informal caregivers.



Year	Citation	Abstract
2015	DiMaria-Ghalili, R. A., Laverty, N., Baron, K., & Nasser, J. A. (2015). Benchmarking a Home-Delivered Meal Program's Annual Satisfaction Survey: A Metropolitan Area Neighborhood Nutrition Alliance (MANNA) Initiative in Philadelphia. <i>Journal of Nutrition in Gerontology and Geriatrics</i> , 34(2), 189–206. https://doi.org/10.1080/21551197.2015.1035824	The Metropolitan Area Neighborhood Nutrition Alliance (MANNA) is a community-based organization providing home-delivered meals in Philadelphia, Pennsylvania to individuals at acute nutritional risk and experiencing a life-threatening illness, independent of age or income. The challenge MANNA faces, like other community-based organizations, is to demonstrate effective services by benchmarking with other organizations. This article reports how MANNA benchmarked results of their annual satisfaction survey against the 2013 National Survey of Older Americans Act Program. Overall, MANNA recipients were more often satisfied with the taste and variety of food, and more MANNA recipients rated the program as excellent. However, more MANNA recipients reported not having enough money to buy food, skipping meals because of money, needing to choose between food and medications or food and utilities. MANNA is using these findings as an impetus to better understand the needs of their clients, especially as they transition off the meal program, and to identify additional resources to support transitional programming.
2013	Herrera, A. P., George, R., Angel, J. L., Markides, K., & Torres-Gil, F. (2013). Variation in Older Americans Act Caregiver Service Use, Unmet Hours of Care, and Independence Among Hispanics, African Americans, and Whites. <i>Home Health Care Services Quarterly</i> , 32(1), 35–56. https://doi.org/10.1080/01621424.2012.755143	Home- and community-based services (HCBS) are underused by minority seniors and their caregivers, despite greater rates of disability. We examined racial/ethnic variation among 1,749 Hispanics, African Americans, and Whites receiving Older Americans Act Title III caregiver services in 2009. In addition, we identified the volume of services used by caregivers, their unmet hours of respite care, and the relationship between service use and seniors' ability to live independently. Minority caregivers cared for seniors in urban areas who had higher rates of disability, poverty, and Medicaid coverage. Hispanics had the highest rate of unmet hours of care, while caregiver services were less likely to help African Americans remain at home. Minorities sought services through community agencies and were more educated than demographically similar national cohorts. Greater efforts to reach minority caregivers of less educated, disabled seniors in urban areas and through community agencies may reduce unmet needs and support independent living.

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