

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION ON AGING

**FINAL GPRA ANNUAL PERFORMANCE PLAN
FISCAL YEAR 2002**

**REVISED FINAL
GPRA ANNUAL PERFORMANCE PLAN
FISCAL YEAR 2001**

**GPRA PERFORMANCE REPORT
FISCAL YEAR 2000**

April 2001

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INTRODUCTION

With the Government Performance and Results Act (GPRA), the Congress has established a management tool that compels Federal agencies and programs to focus on results. Since the passage of GPRA in 1993, program managers of the Administration on Aging (AoA) have accepted GPRA as an opportunity to document each year the results that are produced through the programs they administer under the authority of the Older Americans Act (OAA). It is the intent and commitment of AoA, in concert with State and local program partners, to use the performance measurement tools of GPRA to continuously improve OAA programs and services for the elderly.

AoA is the Federal advocacy agency for the elderly and the lead Federal partner of the "Aging Network," which administers programs established under the OAA to support the well being, health and independence of older Americans. In addition to program partners within HHS, AoA works with other Federal Departments and agencies in support of the elderly, including the Departments of Agriculture and Labor and the Social Security Administration. The heart of the Aging Network, however, is the 56 State Units on Aging, the 661 Area Agencies on Aging, and the approximately 29,000 paid and volunteer service providers, which deliver program services to older individuals throughout the U.S.

In fact, the documentation of results, which is initially illustrated for OAA programs with the new "developmental" performance measures included in this plan and report, indicates that the "Network" itself is a prime factor in the past success and the future potential for these support programs for the elderly. The Aging Network of Federal, State and local program managers and service providers is effectively reaching out to vulnerable older Americans and coordinating services from a variety of sources to ensure that their needs are met.

Through extensive partnerships at the Federal, State and local levels, the Network is producing the results that the Congress has sought through the OAA. The Network is targeting services to the most vulnerable elderly individuals in the country. Very high proportions of service clients are poor and disabled. Many are minorities, and a significant proportion resides in rural areas. The Network improves the lives of people served; the nutritional status of OAA clients is improved through the meals provided, and support services allow elderly individuals to stay in their homes. The Network leverages funds from other sources in amounts that are higher than the OAA grants provided by AoA; the program income generated by the Network is one-third of the amount provided by AoA. Approximately half of the employees, who work for Area Agencies on Aging to coordinate services for the elderly, are volunteers. The additional services provided because of funding leveraged by the Network support personal care and other services that help the most vulnerable elderly individuals remain independent in their homes. More than half of the senior centers that serve elderly individuals in communities are also community "focal points" responsible for service coordination. Government entities and volunteers pursue excellence and the protection of the rights and well being of individuals in nursing homes. Through the Network, the elderly themselves work to improve the integrity of the governmental health-care financing programs that support them. The Network now is focusing on the assessment of quality through the consumer, where it counts the most, at the community level.

This presentation of AoA's GPRA performance plan and report reflects a significant improvement over previous plans and reports because of the efforts of the Network to improve the availability of data from the National Aging Program Information System (NAPIS) and the Performance Outcome Measures Project (POMP). These two data initiatives, which rely totally on the contributions of State and Area Agencies on Aging and service providers, have allowed AoA to identify far more relevant program performance measures than were included in previous AoA plans, and provide initial evidence of the effectiveness of the coordination activity and programs of the Aging Network. Nevertheless, as this plan will also demonstrate, significant improvement is needed before we can achieve a level of data reliability that will best serve to assess OAA program outcomes. Because of the "distributed" nature of program service delivery for OAA programs, the Network often relies on very small entities for the maintenance and reporting of the data needed to demonstrate the continuous effectiveness of OAA programs. Many of these entities simply lack the capacity to manage data in a way that will allow for consistency and reliability across the Network. The data limitations that AoA and the Network must address are presented in more detail below and in Appendix 1.

Because of the value of performance information for demonstrating the Network's effectiveness, AoA and its program partners will actively pursue support to modernize information generating capacity across the Network, to expand performance outcome measurement, which is now required under the OAA, and to refocus the NAPIS data series toward a more limited and less burdensome data set that will generate the type of GPRA program assessment that is introduced in this plan.

The presentation of this plan and report is organized in accordance with the standardized presentation format established by and for the agencies of the Department of Health and Human Services (HHS). AoA fully supports HHS's efforts to present performance measurement data under GPRA in a manner that is meaningful for Federal executive and legislative branch decision makers. Since the enactment of GPRA in 1993, the Office of Management and Budget (OMB), the General Accounting Office (GAO), and HHS have provided leadership that will allow Federal program components to continue the development of meaningful, realistic and effective performance measurement programs.

Data Challenges

It is important in the introduction to this performance plan and report to disclose the significant challenge that AoA and the Aging Network face in obtaining data to measure performance for programs of this kind. A more detailed presentation of data issues is included in Appendix 1. All levels of the Aging Network, from AoA through the state and area agencies on aging to local centers and service providers, know well the challenge of producing client and service counts by critical program and client characteristics for a program which ***coordinates*** service delivery through approximately 29,000 local providers. For example, many OAA program services do not require a one-time registration for service on the part of clients; eligible clients may obtain services on an ad hoc and irregular basis. This makes the tracking of services to individuals and the generation of "unduplicated" counts of clients a very difficult task at the local level, particularly if local entities lack information technology that simplifies client and service record-keeping and information management. Extensive and repeated Federal and

State efforts to provide technical assistance and to isolate and correct common data problems have been helpful for local areas in the majority of States and for most data elements required by the OAA through National Aging Program Information System (NAPIS). Nevertheless, much remains to be done to ensure that local service providers and area agencies have the capacity to reliably provide important data without excessive burden.

Because of the data challenge that the Network is addressing, the FY 1999 data cited in this report must be classified as “preliminary” data. This means that AoA and the States are still reviewing a significant number of individual data items, which were generated from data reported by local components, for accuracy and validity. Agencies in two small States have not yet been able to generate program data for FY 1999, and so we have used FY 1998 data for those States to allow us to provide preliminary national estimates for this performance report. It should be noted that potential error for all national data elements caused by the use of FY 1998 data for these two States is less than one tenth of one percent, so it is not a significant limitation. Still, it reflects that the data are not complete. In the body of this plan and report, we cite data limitations in instances where we believe that known data errors may have affected the totals shown for selected performance measures. While AoA and the Network must confront this data challenge, this expanded performance plan and report clearly indicates that data on client and service characteristics are very valuable to AoA and the Aging Network in the context of GPRA. Over time, the data that are collected will continuously document the value and effectiveness of OAA programs and the Network that coordinates services to elderly Americans. So, it is AoA’s intention to fix the data problems that exist.

The Administration on Aging is committed to using the tools offered by the Government Performance and Results Act to improve its service to the Aging Network and improve the service of AoA and the Network to elderly Americans. AoA is equally committed to accelerating progress toward the development of a rich and comprehensive set of measures that will inform program decision-making in the years to come.

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## **PART I – AGENCY CONTEXT FOR PERFORMANCE MEASUREMENT**

### **1.1 Agency Mission and Long-Term Goals**

The Administration on Aging (AoA) was established in 1965 through the enactment of the Older Americans Act, in response to the growing number of elders and their diverse needs, in particular those at risk of losing their independence, especially older women, and low-income minority and rural elders. AoA seeks continuously to improve the quality of life for all older Americans, primarily by assisting them to remain independent, actively engaged, and productive. Through the Older Americans Act, AoA works closely with its nationwide network of State, tribal and area agencies on aging to plan, coordinate and develop home and community-based systems of services that meet the unique needs of older persons and their families.

The agency's mission is reflected in statute. The Older Americans Act provides a broad organizing set of core national values and objectives for AoA's programs in language that articulates a vision as well as transcendent, fundamental aspirations for America's older population. Since 1965, the Older Americans Act has been re-authorized six times. The latest was in November 2000 when the Older Americans Act Amendments of 2000 were signed as Public Law 106 – 501, which extends the Act's programs through FY 2005.

Since the Older Americans Act was first enacted over 35 years ago, it has enabled AoA to be the federal focal point for older persons, their many contributions and their concerns. AoA has the Congressionally mandated role of providing essential home and community-based programs in communities all across the country which keep America's rapidly growing older population healthy, secure and independent.

#### Strategic Goals of the Administration on Aging

The Older Americans Act (OAA) is also effective in defining for AoA and the Aging Network a compelling set of long-term goals focused on the quality of life of elderly individuals throughout the Nation. For AoA, these are prominent among the strategic goals of the Agency and the Network. The following are OAA and agency-generated goals and objectives, which provide the foundation for the activities and performance objectives of AoA and the Aging Network.

- ❑ Provide a comprehensive array of community-based, long-term care adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.
- ❑ Support efficient community services, including access to low-cost transportation, which provide a choice in supported emphasis living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.
- ❑ Support freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and

operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

- ❑ Provide opportunities for better nutrition and improved health.
- ❑ Develop comprehensive and coordinated service systems based on local needs.
- ❑ Provide the best possible physical and mental health services which science can make available without regard to economic status.
- ❑ Support activities which foster the participation of elders in the widest range of civic, cultural, educational and training and recreational opportunities.
- ❑ Provide opportunities for immediate benefit from proven research knowledge, which can sustain and improve health and happiness.

#### Linkage with the HHS Strategic Plan

AoA participated actively in the development of the revised strategic goals and objectives of the Department of Health and Human Services (HHS), as published September 30, 2000. AoA program activities and strategies will continue to support HHS in the achievement of HHS goals and objectives, and AoA program performance measurement efforts will support HHS in its efforts to assess the progress of the Department in achieving the goals and objectives of the new HHS Strategic Plan. AoA will work with the HHS Office of the Assistant Secretary for Management and Budget (ASMB) to ensure continued presentation of AoA program strategies and performance measures that support HHS goals in the HHS Annual Performance Plan and Performance Report Summary. AoA programs, activities and performance measures will be particularly relevant to HHS efforts to meet the following HHS strategic goals and objectives:

Goal 1 -- Reduce the Major Threats to the Health and Productivity of All Americans.

Strategic Objective 1.3: Improve the Diet and Level of Physical Activity of Americans.

Goal 2 -- Improve the Economic and Social Well-being of Individuals, Families and Communities in the United States

Strategic Objective 2.5: Increase the Proportion of Older Americans Who Stay Active and Healthy

Strategic Objective 2.6: Increase the Independence and Quality of Life of Persons with Long-term Care Needs

Goal 3 -- Improve Access to Health Services and Ensure the Integrity of the Nation's Health Entitlement and Safety Net Programs

Strategic Objective 3.5: Enhance the Fiscal Integrity of HCFA Programs and Purchase the Best Value for Health Care Beneficiaries

Strategic Objective 3.6: Improve the Health Status of American Indians and Alaska Natives

#### Goal 4 — Improve the Quality of Health Care and Human Services

Strategic Objective 4.1: Enhance the Appropriate Use of Effective Health Services

Strategic Objective 4.4: Develop Knowledge That Improves the Quality and Effectiveness of Human Services Practices

Along with statutory responsibilities and HHS objectives, the agency's mission is shaped by the agency's strategic vision. The Administration on Aging's goals and priorities respond to the phenomenon of dramatic longevity, which has become ever more evident over the last decade. America's social practices, institutions and individuals will be required to respond to a fundamental demographic shift because human life expectancy has increased more during the last century than over the last four millennia.

We value the knowledge we have gained from previous generations of older Americans. AoA will build on this base of knowledge to address pressing issues arising as a result of the longevity revolution. We expect that advances in science, ubiquitous technology, and a heightened demand for accountability will be significant factors that will also shape new policy and program directions in the coming years.

## **1.2 Organization, Programs, Operations, Strategies and Resources**

### The Administration on Aging

The Administration on Aging provides leadership, coordination and support to the Aging Network on behalf of older Americans. AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the Nation and alerts them to the needs of vulnerable older people.

AoA provides Federal administration of community-services programs that are mandated under the Older Americans Act. Primarily, these programs seek to ensure the coordination and enhancement of services that help vulnerable older persons to remain in their own homes. The programs provide meals and various supportive services to help vulnerable older persons remain in their own homes. They also offer older Americans opportunities to enhance their health and to be active contributors to their families, communities, and the nation. Funding by AoA supports in-home and community-based services including nutrition, transportation, health promotion, nursing home ombudsmen, outreach, and elder abuse prevention efforts.

Also under the authority of the Older Americans Act, AoA awards funds to support research, demonstration, and training programs. Research projects collect information about the status and needs of subgroups of the elderly, which is used to plan services and identify opportunities that will assist them. Demonstration projects test new program initiatives that better serve the elderly, especially those who are vulnerable.



## The Aging Network

Just as AoA coordinates federal activity to ensure the well-being of older Americans, State and area agencies on aging ensure State and local coordination and enhancement of services that help vulnerable older persons to remain in their own homes. Fifty-six State agencies on aging are allocated funds for support services based on a formula that reflects the number of older residents in their State. Funds are used to plan, develop, and coordinate in-home and community-based service systems in their States. All but nine States are divided into planning and service areas (PSAs). Each PSA is served by an area agency on aging. The 661 area agencies on aging (AAAs) receive OAA funds from their State unit on aging (SUA). In turn, AAAs contract with public or private providers for services. While there are approximately 27,000 service provider agencies nationwide, some AAAs deliver services directly when no local contractor is available. The State, local and tribal entities to which AoA awards grants under the authority of the Older Americans Act, and the service providers they support, comprise the Aging Network.

The Act was never intended, in and of itself, to establish a discrete, independent services program. Rather, the Act put into place a nationwide advocacy and service delivery system -- the Aging Network -- which identifies service needs and necessary service system modifications, offers State and local plans to remedy needs, coordinates other funding streams, and then weaves the services funded by these into a comprehensive services system. Services funded under the Act frequently are used to "fill program gaps," for example, by providing services to people in need who are ineligible for help through other programs.

The Aging Network is responsive to the diverse population of older Americans, meeting a wide range of needs, as determined by State and local agencies through needs assessment processes. Meals are served in congregate settings such as senior centers, mostly to people who are poor and socially isolated. Many older people with mild functional impairments also need such supportive services as transportation. For older people with more severe limitations, the Aging Network provides home and community-based long-term care services through a system which it began to develop in the 1970's. In communities throughout the nation, the home and community-based service systems led by the Aging Network provide a preferred alternative to nursing home care, enabling people to live as independently as possible for as long as possible.

### **1.3 Partnerships and Coordination**

In addition to the fundamental partnership with State and local agencies, which comprises the basic operating structure of the Aging Network, AoA works closely with many Federal agencies on a wide range of issues.

In the area of nutrition, AoA works with the U.S. Department of Agriculture (USDA) on such issues as food security measurement and dietary guidelines used as standards for our programs. This is in addition to USDA's participation as a partial funding agent for meals provided through the Aging Network. HHS work with USDA supports and enhances AoA and HHS objectives to improve the nutritional status of program participants and the elderly as a whole. Within HHS, we work with the Office of Public Health and Science on Dietary Reference Intakes (DRIs), formerly known as Recommended Dietary Allowances and on nutrition performance measures related to the Healthy People 2010 Initiative. We also are a participant in the Federal Food Safety Coalition chaired by the Center for Food Safety and Applied Nutrition within the Food and Drug Administration. AoA is also represented on such bodies as the HHS Nutrition Policy Board; the HHS Dietary Guidance committee; the HHS/USDA Food Security committee; and the HHS Dietary Reference Intake Working Group.

In the pursuit of improved transportation services provided through the Aging Network, we work closely with officials of our Department and the U.S. Department of Transportation on the Coordinating Council on Access and Mobility – which works to reduce barriers by coordinating approaches to specialized and human services transportation.

AoA is working with the Centers for Disease Control and Prevention (CDC) to expand CDC's Racial and Ethnic Approaches to Community Health (REACH 2010) to four additional communities that develop science-based, community demonstration projects for elderly populations. The purpose of these projects is to eliminate health disparities among older racial and ethnic minority populations, including African-American, Asian American and Pacific Islander, Hispanic American and American Indian or Alaskan native populations. The initiative will target disparities in cardiovascular disease, diabetes, and immunizations among older racial and ethnic minority populations.

In the area of consumer protection and elder abuse, AoA and the Department of Justice (DOJ) are disseminating information on promising Federal, State and local approaches that empower older people to live healthy and safe lives. Featured approaches also address the coordination of public safety, health and social services that provide effective prevention and intervention strategies and reduce victimization. Specific areas of emphasis by AoA and DOJ include: (1) domestic elder abuse; (2) institutional elder abuse; and (3) fraud and exploitation, including consumer fraud issues such as telemarketing. Our shared objective is to foster enhanced collaboration between the justice, health, aging and human services networks.

AoA is developing a partnership with HRSA's (Health Resources and Services Administration) Bureau of Health Professions, Division of Nursing, to initiate a demonstration program to train nurses specifically to work with, educate and mentor caregivers. Although nurses are well trained in acute care for older persons, there is

little or no preparatory training for follow-up care and continuing care of chronic conditions.

During FY 2000, AoA and HCFA joined forces to improve the quality of care in Nursing Homes. Funding was provided to the National Long-Term Care Ombudsman Resource Center, the National Center on Elder Abuse, the National Policy and Resource Center on Nutrition and Aging and the National Association of Area Agencies on Aging. The activities of these grantees have resulted in the identification, development, and demonstration of effective methods to assure that nursing home staff, residents, family members and communities at-large understand the types and causes of malnutrition, dehydration and abuse as well as actions they can take to prevent them.

#### **1.4 Performance Report Summary**

Because of the availability of preliminary data for FY 1999 for the performance measures included in AoA's FY 1999 Annual Performance Plan and for the new measures that AoA will utilize in the future, this submission constitutes AoA's first significant GPRA Annual Performance Report. The following chart illustrates the status of AoA reporting of performance measures included in its FY 1999 GPRA performance plan. The time needed for the collection of data from State and local entities does not allow AoA to report on the performance measures included in its FY 2000 performance plan. However, whereas AoA had indicated last year that FY 2000 data would not be available until FY 2003, AoA commits to report the data in the next GPRA performance report to Congress in February 2002.

|             | <u>Measures in Plan</u> | <u>Results Reported</u> | <u>Results Met</u> | <u>Unreported</u> |
|-------------|-------------------------|-------------------------|--------------------|-------------------|
| <b>1999</b> | <b>18</b>               | <b>18</b>               | <b>14</b>          | <b>0</b>          |
| <b>2000</b> | <b>18</b>               | <b>3</b>                | <b>3</b>           | <b>15</b>         |
| <b>2001</b> | <b>26</b>               | <b>NA</b>               | <b>NA</b>          | <b>NA</b>         |
| <b>2002</b> | <b>26</b>               | <b>NA</b>               | <b>NA</b>          | <b>NA</b>         |

Even before FY 1999 data were available for reporting against the FY 1999 performance plan, AoA became aware that the measures utilized in the original FY 1999 plan would not satisfactorily reflect the program results produced by the Aging Network. For example, the four FY 1999 performance targets which AoA did not meet were related to counts of clients served and selected service units. In analyzing data from FY 1997 and FY 1998, AoA determined that not meeting these targets reflected an inability to project these numbers accurately, and was not a matter of program performance. In fact, performance overall for all of the output measures reflect consistent, stable service performance across the service areas. The major changes in the performance measures AoA has added to the performance plans for FY 2001 and 2002 correct the serious limitation that the service output measures alone are not indicative of the results produced on an ongoing basis through the Aging Network.

The data for the new performance measures identified throughout this plan, which were tabulated from the National Aging Program Information System (NAPIS) for FY 1997, FY 1998 and FY 1999 (preliminary), present a story of performance by the components of the Aging Network that indicates that the Network produces the results intended by the Older Americans Act (OAA). The data for each of the three years show that the Aging Network successfully identified vulnerable elderly individuals, including the poor, minorities, and individuals from rural areas. Each year, the Network leveraged funding from other sources in amounts that were 50% higher than the funding provided by AoA. The data presented throughout this plan and report show that the services financed with the funds leveraged from other sources are those services which allow vulnerable older individuals to remain in the community, in their homes. The data show a Network that fosters extensive participation of volunteers, even in the local entities that help to administer the OAA programs. The data reflect that the Aging Network works systematically to improve service coordination, as demonstrated particularly by the high percentage of senior centers, which are "focal points" for community services.

Beginning with this submission, AoA has begun to identify developmental measures, which better address the results generated each year by the activities of AoA and the Aging Network. The table above includes counts of those measures for which we have provided performance targets for FY 2001 and 2002. As we move forward with fuller implementation of the Performance Outcomes Measures Project, the count of measures will be expanded to include targets for all of the 36 measures identified for FY 2002. Although outcome, client and service measures must remain the center of AoA's performance measurement efforts, other relevant measures such as targeting measures, systems measures and program management measures are proposed for the first time, and will be made available each year. AoA will continue to enhance the coverage of its programs and activities to increase the body of data available for performance measurement annually.

## **PART II – PROGRAM PLANNING AND ASSESSMENT**

### **Introduction**

The core of GPRA planning and reporting is the presentation of performance measures that address the results that AoA and Aging Network produce for the program activities entrusted to them. This Program Planning and Assessment presentation focuses on the performance story that emerges from the performance measures AoA uses for the assessment of each of the program activities included in the AoA budget. Accordingly, AoA organizes the Annual Performance Plan and Performance Report to reflect the overall program structure of the agency. For each major program activity listed below, AoA presents performance targets and results in the context of program objectives and strategies. There is a strong and intentional linkage between the presentation of program activities in this plan and the presentation of the AoA budget request. The performance results of the Aging Network reflect the financial support of programs for the elderly administered under the OAA. Similarly, the strategies that are supported annually in AoA budget requests will contribute to the continued success of the Aging Network in producing results for older Americans. The AoA program categories identified for GPRA presentation purposes, with the budget line items that comprise them, are:

- ❑ Community-Based Services  
Budget line items:
  - Supportive Services and Centers
  - Congregate Meals
  - Home-Delivered Meals
  - Preventive Health Services
  - Caregivers (NFCSP)
  
- ❑ Vulnerable Older Americans  
Budget line item:
  - Ombudsman Services
  - Prevention of Elder Abuse
  
- ❑ Native American Services  
Budget line item:
  - Grants to Indian Tribes
  
- ❑ Research and Development  
Budget line items:
  - Research and Development
  - Alzheimer’s Disease Demonstration Grants to States
  - Aging Network Support Activities
  
- ❑ Senior Medicare Patrols
  - Operation Restore Trust (HCFAC)
  
- ❑ Program Management  
Budget line item:
  - Program Administration

## 2.1 COMMUNITY-BASED SERVICES

### Program Description and Context

| (numbers in thousands)   | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|--------------------------|-----------------|-----------------|-----------------|----------------------------|
| Community Based Services | \$812,616       | \$847,446       | \$1,001,610     | \$1,011,610                |

AoA's GPRA program category, Community-Based Services, comprises the agency's State and Community budget line items with the exception of the Protection of Vulnerable Americans line, which we have elected to show separately for GPRA purposes. Beginning in FY 2001, this line item also includes a new program created under the OAA: the National Family Caregiver Support Program. As indicated above in section 1.2, State Agencies on Aging are allocated funds for State and Community programs based on formulas that reflect the number of older residents in their State. These and other Federal funds and funds from other sources are used by State and area agencies on aging and service providers to coordinate and to provide services for elderly individuals.

The services provided under this program activity are extensive and address the multiple needs of elderly individuals. The program addresses "access" services, which include information and assistance, outreach, case-management and transportation. The program covers direct "community" services, which include congregate meals, senior-center activities, adult day care, pension counseling, and health promotion and fitness programs. This program activity also covers "in-home" services, which include home-delivered meals, chores, home maintenance assistance, home-health, and personal care. With the reauthorization of the OAA, this program also includes "caregiver" support, such as respite services and information and assistance to caregivers for the coordination of health and social services.

## **Goal-by-Goal Presentation of Performance**

The Community-Based Services Programs cover the vast majority of the resources, services and activities of AoA and the Aging Network. To improve our communication of the potential and the effectiveness of these programs in this performance plan and report, AoA has developed an expanded and mixed set of performance measures for its Community-Based Services Programs. This performance plan commits for the first time to the development of performance measures associated with targeting services to vulnerable elderly individuals. The plan retains the important and fundamental service output measures that have appeared in previous performance plans for nutrition, transportation, and information services, and includes measures that track federal and other contributions to the services provided through the Aging Network. This plan also presents more prominently the developmental performance outcome measures that AoA and the Aging Network are testing under the Performance Outcome Measures Project. Finally, the plan introduces selected developmental “systems” measures that reflect the importance of tracking the capacity of the Aging Network to support the service activities of the program.

For ease of analysis of performance measures and data in this section of the plan, AoA provides a summary table for each category of performance measure for its community services programs, followed by an analysis of the performance measures and data. The performance measure categories for this program are 1) targeting measures, 2) system measures, 3) the measures for the traditional units-of-service, and 4) client and program outcome measures. The narrative analysis of FY 2000 program accomplishments is provided under the “service measures” section where the major program activities under community services are addressed.

**Performance Measures Summary Table—Targeting Measures**

| Performance Goals                                                                                                                                                                                   | Targets                                        | Actual Performance                                                                           | Notes |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------|-------|
| <b>TARGETING MEASURES</b>                                                                                                                                                                           |                                                |                                                                                              |       |
| Provide OAA Title III services to a significant percentage of U.S. poor elderly individuals. <b>(Developmental)</b>                                                                                 | FY 02: 45%<br>FY 01: 45%<br>FY 00: (New in 01) | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 48.1%<br>FY 98: 53.1%<br>FY 97: 59.8% |       |
| A significant percentage of OAA Title III service recipients are poor. <b>(Developmental)</b><br><b>Norm:</b> Percent of U.S. elderly population who are poor:<br>1998: 9.7%<br>1999: 10.4%         | FY 02: 25%<br>FY 01: 25%<br>FY 00: (New in 01) | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 29.9%<br>FY 98: 36.2%<br>FY 97: 39.1% |       |
| A significant percentage of OAA Title III service recipients are minorities. <b>(Developmental)</b><br><b>Norm:</b> Percent of U.S. elderly population who are minorities:<br>1997: 16.4%           | FY 02: 17%<br>FY 01: 17%<br>FY 00: (New in 01) | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 17.7%<br>FY 98: 19.6%<br>FY 97: 21.8% |       |
| A significant percentage of OAA Title III service recipients live in rural areas. <b>(Developmental)</b><br><b>Norm:</b> Percent of U.S. elderly population who live in rural areas:<br>1998: 24.4% | FY 02: 25%<br>FY 01: 25%<br>FY 00: (New in 01) | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 30.7%<br>FY 98: 33.5%<br>FY 97: 32.6% |       |

**Performance Measures Analysis—Targeting Measures**

The OAA seeks to ensure and to support the well-being of elderly Americans, and particularly those who are most vulnerable: the poor, minorities, disabled, and the elderly in rural areas. AoA has identified an initial set of targeting measures to track the effectiveness of AoA and the Network in meeting the intent of the OAA to serve vulnerable elderly individuals. Because the measures are new, and AoA and the Network have not had significant opportunity to analyze trends associated with these measures and, more significantly, the data on which they are based, we classify these measures as developmental. Nevertheless, we believe that ongoing analysis of the

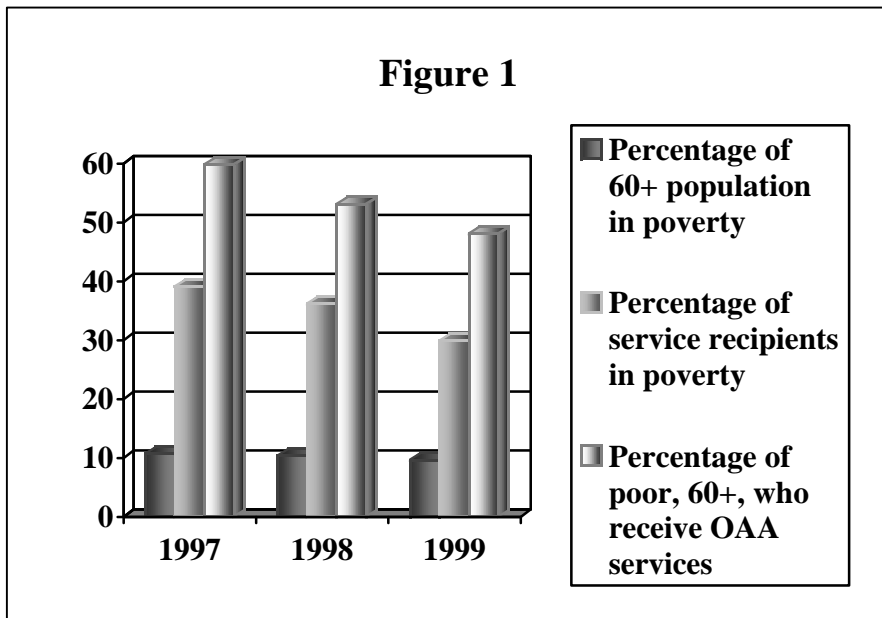


targeting of services to vulnerable individuals is a fundamental requirement for the Network.

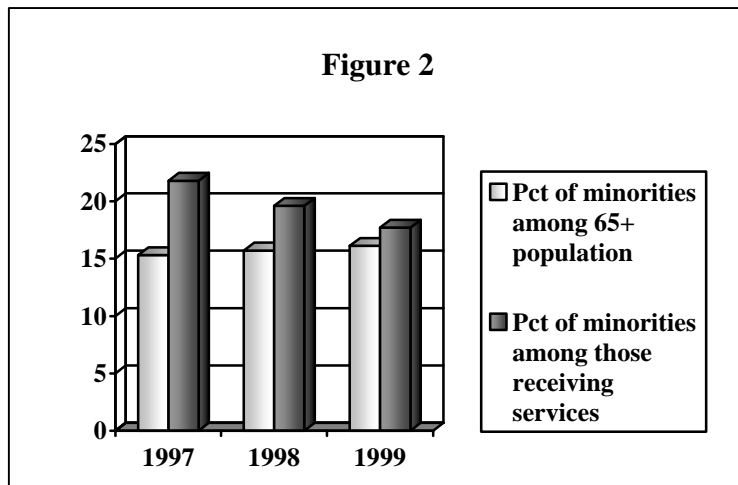
### **Performance Results for Targeting Measures**

Even though the targeting measures are new and developmental, the data associated with these measures for FY 1997 and FY 1998, as well as preliminary data for FY 1999, reflect that the AoA and the Aging Network have produced results by targeting services to vulnerable elderly individuals. The new AoA targeting measures presented above provide evidence that the Aging Network of Federal, State, and community agencies and providers have developed program strategies and mechanisms that allow them to identify and provide services to the individuals who are most vulnerable.

- For all three years, over 30% or more of Aging Network clients had incomes below the poverty level. As figure 1 indicates, the percent poor among OAA clients substantially exceeds the percent poor for all elderly individuals (60 and over) in the U.S. For the three years, the Aging Network served nearly 50% of the poor elderly individuals in the nation. Although it appears in the chart that the poor among service clients are declining, we have identified likely errors in preliminary FY 1999 data, which when corrected are likely to demonstrate that the percent of clients in poverty is stable.



- For minority individuals, the percent minority among OAA clients in all three years (FY 1997 through FY 1999) was higher than the percent minority of all elderly individuals. Figure 2 illustrates this characteristic of the OAA client population for fiscal years 1997 through 1999. We should note that the percent minority shown for FY 1999 is preliminary and is likely to be understated. We have identified likely reporting errors which are likely to have understated elderly minorities for FY 1999.



- Nearly one-third of OAA program participants in FY 1999 lived in rural areas, compared to less than one-quarter for the total population age 60 and above for 1998, the most recent year for which national estimates are available.

As the performance targets for FY 2001 and 2002 reflect, AoA will not attempt to “force” annual changes in these indicators; the stability of program funding argues against predicting annual changes in such broad indicators. We have selected conservative “developmental” targets based on past performance to allow the Network to observe changes over time and to determine how best to establish ongoing performance targets.

It is AoA’s intention to use these measures for planning purposes as they mature. AoA believes that failure to maintain defined target levels would necessarily generate greater scrutiny and corrective action. For now, we believe that the target levels selected are indicative of effective performance by the Aging Network, and it is AoA’s objective to support the Network to ensure that this performance is maintained. For example, the data above indicate that the percent of OAA clients who are minorities is not significantly higher than the percent of all individuals 65 and over who are minorities, even though the preliminary data for FY 1999 are subject to known errors. This indicator warrants that AoA conduct a more thorough evaluation of the data on which the indicator is based to determine whether the circumstance is true.

AoA will seek to add additional targeting measures to this set. At the present time, available data on the “disability” characteristics of the OAA service population are not adequate for analysis on a national basis. As improvements in administrative data systems are implemented, AoA will develop performance measures and targets related to the levels of disability of the client population.

**Performance Measures Summary Table—System Measures (Part 1)**

| <b>Performance Goals</b>                                                                                                                                                                                                                      | <b>Targets</b>                                                           | <b>Actual Performance</b>                                                                                                     | <b>Reference</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------|
| <b>SYSTEM MEASURES (Part 1)</b>                                                                                                                                                                                                               |                                                                          |                                                                                                                               |                  |
| Maintain a high ratio of Leveraged funds to AoA funds.<br><b>(Developmental)</b>                                                                                                                                                              | FY 02: \$1.50 to \$1.00<br>FY 01: \$1.50 to \$1.00<br>FY 00: (New in 01) | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: \$1.90 to \$1.00<br>FY 98: \$1.90 to \$1.00<br>FY 97: \$1.80 to \$1.00 |                  |
| Maintain a high ratio of Network program income to AoA funding.<br><b>(Developmental)</b>                                                                                                                                                     | FY 02: \$.30 to \$1.00<br>FY 01: \$.30 to \$1.00<br>(New in 01)          | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: \$.33 to \$1.00<br>FY 98: \$.37 to \$1.00<br>FY 97: \$.37 to \$1.00    |                  |
| A high percentage of funding for the following services will come from leveraged funds:<br><ul style="list-style-type: none"> <li>■ Personal Care</li> <li>■ Home-Delivered Meals</li> <li>■ Adult Day Care</li> </ul> <b>(Developmental)</b> | FY 02: 70%<br>FY 01: 70%<br>FY 00 (New in 01)                            | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 04/02<br>FY 99: 75%<br>FY 98: 75%<br>FY 97: 74%                                        |                  |
| Maintain high percentage of senior centers that are community focal points.<br><b>(Developmental)</b>                                                                                                                                         | FY 02: 50%<br>FY 01: 50%<br>FY 00 (New in 01)                            | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 59.8%<br>FY 98: 58.8%<br>FY 97: 57.9%                                  |                  |
| Maintain high presence (pct.) of volunteer staff among area agencies on aging. <b>(Developmental)</b>                                                                                                                                         | FY 02: 40%<br>FY 01: 40%<br>FY 00: (New in 01)                           | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02<br>FY 99: 45.8%<br>FY 98: 43.8%<br>FY 97: 50.7%                                  |                  |
| Increase internet connectivity for area agencies on aging<br><b>(Developmental)</b>                                                                                                                                                           | FY 02:<br>FY 01: (New in 02)<br>FY 00:                                   | FY 02: 02/04<br>FY 01: 02/03<br>FY 00: 02/02                                                                                  |                  |

**Performance Measures Summary Table—System Measures (Part 2)**

| <b>Performance Goals</b>                                                        | <b>Targets</b>                            | <b>Actual Performance</b>                   | <b>Reference</b> |
|---------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|------------------|
| <b>SYSTEM MEASURES<br/>(Part 2)</b>                                             |                                           |                                             |                  |
| <b>Measures Replaced</b>                                                        | (dollars in millions)                     | (dollars in millions)                       |                  |
| Increase the amount of funds leveraged for transportation services.             | FY00: \$97.3<br>FY99: \$96.4              | FY00: 02/02<br>FY99: \$97.0<br>FY95: \$95.3 |                  |
| Increase the amount of funds leveraged for information and assistance services. | FY00: \$38.9<br>FY99: \$38.5              | FY00: 02/02<br>FY99: \$59.8<br>FY95: \$38.1 |                  |
| Increase the amount of funds leveraged for case management services.            | FY00: <i>Discontinued</i><br>FY99: \$65.3 | FY00: N.A.<br>FY99: \$58.7<br>FY95: \$64.6  |                  |

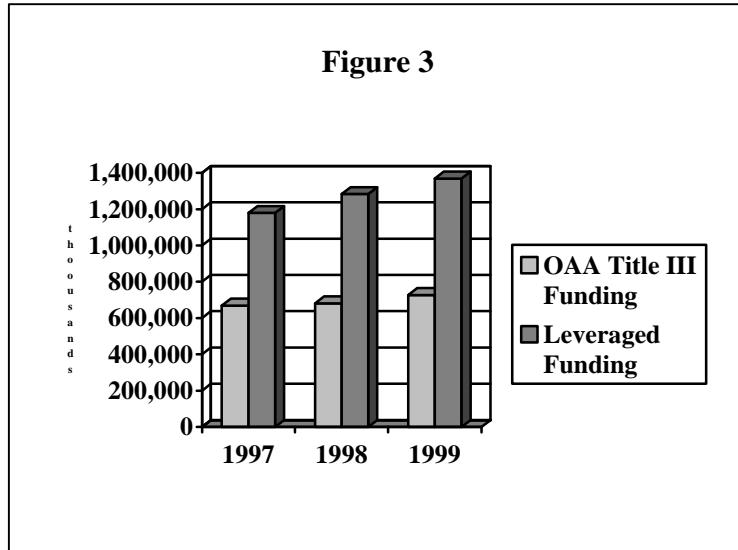
**Performance Measures Analysis—System Measures**

One of the most significant factors in the effectiveness of the Aging Network is its capacity to coordinate support, advocacy, and services from multiple sources for elderly individuals in communities across the nation. In previous performance plans, AoA has utilized total dollars leveraged by the Aging Network as an indicator of performance, and this plan includes the first results for that indicator. With this plan, however, AoA modifies and expands the “system” measures that illustrate the effectiveness of Federal, State and area agencies on aging and community-service-providers in serving, and advocating for, vulnerable elderly individuals across the nation.

**Performance Results for Leveraged Funding Measures**

The data reported above for AoA’s expanded system measures (Part 1) demonstrate not only that the funds “leveraged” by the Aging Network are significant in their total, but they exceed the funding provided by AoA for home and community services to the elderly. In addition, the measures indicate that the funding leveraged by the Network supports the vast majority of services to the most vulnerable individuals, services that allow the weakest to remain at home, services such as: personal care, home-delivered meals, and adult day care. Finally, the Network does not rely solely on funds provided by other sources, but every year generates a significant amount of revenue, which is put back into the program for services. The following are financial performance highlights for fiscal years 1997 through 1999.

- For all three years reported, FY 1997 through FY 1999, funds leveraged by State and local agencies exceeded funds provided by AoA by more than 50%.



- In each of the three fiscal years from 1997 to 1999, approximately three-quarters of the funding that supported personal care, home-delivered meals, and adult day care combined, came from sources other than AoA.
- Data for all three fiscal years indicate that revenue generated by the Aging Network (e.g., voluntary contributions for meals) is a significant funding source, representing approximately one-third of the amount provided by AoA each year.

AoA has selected these developmental measures because they are indicative of the results that the State and local entities of the Aging Network produce on an annual basis in coordinating services and financing in support of elderly individuals and in serving as advocates for the elderly. Service coordination is a fundamental necessity for programs that serve individuals. It is reflective of the need to avoid duplication of effort and wasteful spending. The activities of the Aging Network, including those of Federal, State and local entities, are represented in these measures. For example, the vast majority of the funds that are counted under leveraged funding were generated through the coordination of other Federal and State programs. The funding covers services supported by Medicaid waivers, Social Services block grants and USDA funding for meals. Funds from AoA support services, but they also support the Network, which is responsible for the coordination that has enhanced service support for elderly individuals. AoA's initial performance targets for these developmental measures reflect the view that the past performance of the Network that has been observed for FYs 1997 through 1999, reflects effective systems performance that should be maintained.

### **Performance Results for Other New Systems Measures**

Other measures that AoA has selected as system measures represent the strong community orientation of the program. Senior centers are not only places where elderly individuals receive selected services. Reflecting the importance of service coordination

to OAA program managers throughout the Network, over half of the senior centers participating in the program are community “focal points” for the coordination of a full range of services to elderly individuals. Also reflecting community responsibility in the management of the Aging Network are data that show that almost 50% of the staff that serve area agencies on aging directly are volunteer staff.

- For all three years, from FY 1997 through FY 1999, over half of all senior centers participating in the program were community-service “focal points.”
- The percentage of the staff of area agencies on aging that is made up of volunteers was between 40 and 50 percent in FYs 1997, 1998 and 1999.

AoA seeks to maintain the level of performance observed for these two measures to demonstrate on an ongoing basis that OAA programs are community based and are organized to ensure service coordination. The “focal point” measure in particular demonstrates the intent of the Network to coordinate services. The volunteer staff measure for area agencies on aging demonstrates that these critical entities of the Network are more than a governmental presence at the local level. The significant level of volunteer staff working in area agencies on aging indicates that these entities are also community organizations committed to the service of individuals in need.

Consistent with its conviction of the effectiveness of the Network, AoA is committed to provide infrastructure support to the local components of the Network. As a measure of AoA support of the local components of the Network over the coming years, AoA will establish a performance measure to increase the Internet connectivity and capacity of area agencies on aging. This measure will serve not only as a service capacity indicator, but also as an indicator of improved capability to address the complex data and record-keeping requirements associated with generating reliable data on the characteristics of the clients and services of the Aging Network.

### **Performance Results for Original Systems Measures**

AoA has modified its measures related to leveraged funding, but recognizes the importance of reporting on the performance targets, which were included in the FY 1999 performance plan. The data provided in Part 2 of the systems measures table serve that purpose. The level of leveraged funds for these community-based service programs is significant, and the funds taken as a whole enhance the total level of services that the Aging Network is able to provide to elderly Americans. The variations in the data from year to year reflect the developmental nature of performance measurement, and demonstrate that the “absolute value” of dollars leveraged was not indicative of program effectiveness. In our view the data illustrate the limitation of the measure itself. Absolute dollars of leveraged funds do not reflect a story of performance that is relevant for the Network. As explained above, AoA will utilize the measures presented in Part 1 of the systems table and discontinue those in Part 2.

**Performance Measures Summary Table—Service Measures**

| <b>Performance Goals</b>                                          | <b>Targets</b>                                           | <b>Actual Performance</b>                                                                                                | <b>Ref.</b> |
|-------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>SERVICE MEASURES</b>                                           |                                                          |                                                                                                                          |             |
|                                                                   | (numbers in millions)                                    | (numbers in millions)                                                                                                    |             |
| <b>Nutrition</b>                                                  |                                                          |                                                                                                                          |             |
| Maintain the number of home-delivered meals provided.             | FY02: 183.0<br>FY01: 176.0<br>FY00: 155.0<br>FY99: 119.0 | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 132.1<br>FY98: 129.7<br>FY97: 123.4<br>FY96: 119.1<br>FY95: 119.0     |             |
| Maintain the number of congregate meals provided.                 | FY02: 115.2<br>FY01: 115.2<br>FY00: 113.1<br>FY99: 123.4 | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 113.3<br>FY98: 114.1<br>FY97: 113.1<br>FY96: 118.6<br>FY95: 123.4     |             |
| <b>Transportation</b>                                             |                                                          |                                                                                                                          |             |
| Maintain the number of units of service provided.                 | FY02: 50.7<br>FY01: 50.7<br>FY00: 46.6<br>FY99: 39.5     | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 42.9<br>FY98: 45.7<br>FY97: 46.6<br>FY96: 36.9<br>FY95: 39.5          |             |
| <b>Information and Assistance</b>                                 |                                                          |                                                                                                                          |             |
| Maintain the number of units of service provided.                 | FY02: 15.2<br>FY01: 15.2<br>FY00: 14.0<br>FY99: 12.5     | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 12.2<br>FY98: 13.1<br>FY97: 14.0<br>FY96: 13.7<br>FY95: 12.5 Contacts |             |
| <b>Case Management</b>                                            |                                                          |                                                                                                                          |             |
| Maintain the number of units of service.<br>(Discontinued in '00) | FY00: <b>Discontinued in 00</b><br>FY99: 3.0             | FY99: 3.4<br>FY98: 2.9<br>FY97: 2.7<br>FY96: 3.4                                                                         |             |

## **Performance Measures Analysis—Service Measures**

For this plan, AoA has retained the same service measures that it has employed in performance plans for previous years. The measures in this section of the plan are output measures that reflect the intention of the agency to meet the requirements of GPRA to provide a mix of performance measures that are relevant to program results. These measures also provide a basis for the fundamental tracking of the level of services that we provide. Rather than encumber the plan with extensive counts for a variety of services, AoA will continue to report on major service categories identified in the table above, with the view that they are representative of AoA funded activity. The following descriptions of these service activities provide important context to this set of measures and to the nature of the basic services the Aging Network provides. It is followed by an analysis of the data, particularly for FY 1999, and by an explanation of planned performance for FY 2002.

### **Nutrition Services**

AoA provides congregate and home-delivered nutrition services to older adults at risk of poor nutrition, poor health, social isolation and loss of independence. Although these services often include nutrition assessment, education, and counseling, the primary service provided is meals. The purpose of both nutrition services programs is to improve the dietary intake of participants, offer them opportunities for social participation and engagement and for the development and maintenance of informal support networks, and to link participants to other health and social services, as needed and as appropriate. Nutrition services improve nutritional status, decrease the risk of disease and disease-related disability, help maintain cognitive and physical functioning and decrease food insecurity.

Scientific evidence supports the relationship between good nutrition, health, and functionality. Four of the ten leading causes of death and disability (heart disease, cancer, stroke, and diabetes) among older adults are tied to poor nutrition. Prevention of decline in cognitive functioning and a reduction of the risk of coronary artery disease are linked to adequate intake of vitamins B6, B12, and folic acid. The prevention and treatment of osteoporosis and the maintenance of mobility are tied to the consumption of adequate amounts of calcium and vitamin D. Evidence indicates that the development of blindness due to cataracts or age-related macular degeneration may be retarded if there are adequate amounts of the antioxidants -- vitamin E, beta-carotene and other carotenoids, and ascorbic acid -- in diets. Research has also found that antioxidants may play a role in the prevention of central nervous system disorders such as Alzheimer's, Parkinson's Disease and arteriosclerosis. Obesity caused by the interaction of poor nutrition and lack of physical activity decreases mobility, increases the risk of chronic diseases and disability and ultimately decreases the life span.

OAA funded nutrition services are targeted to those in greatest economic and social need, with particular attention given to low-income minorities. Compared to the general U.S. population, meal program participants are older, poorer, more likely to live alone; are more often minorities; are at higher nutritional, and health risk; and experience greater functional impairment. These programs are often the primary, daily food source for many participants, who are typically economically disadvantaged. The meals provided to program participants generally supply a significant proportion of the daily



nutrients -- 40 to 50 percent – needed to maintain health and functionality. As a result of this, the level of meal service provided is used to indicate the impact of the nutrition program.

### **Transportation Services**

As America's population ages and experiences longevity in record numbers, the issue of mobility rises in importance. Since 1900, the percentage of Americans age 65 and older has more than tripled. By 2030, there will be about 70 million older persons, more than twice their number in 1997. According to a 1997 study, one-fourth of the 75-and-older age group does not drive. This number is expected to increase as our population ages, creating an even greater need for alternative transportation services, including public transportation systems or specialized transportation services.

AoA supports the development of more options for access to transportation by:

- providing grants to States and territories to maintain service levels and, where possible, to leverage funding to increase these services;
- advocating for the coordination of transportation services;
- offering technical advice and guidance; and,
- funding demonstrations of promising alternatives.

Formula grants to 57 States and territories maintain service provision levels for supportive services assessed as needed and deemed most appropriate within each community. Supportive services include transportation services which offer older persons access to senior centers, adult day care, doctor's offices, hospitals, clinics, grocery stores, congregate meal sites, and other programs and destinations. Besides helping older persons to meet the obligations and responsibilities which are part of daily life, transportation services make possible social engagement and participation, important components of quality of life. National studies show that, for older persons, the greatest problem caused by the lack of transportation is a sense of loneliness and uselessness. A person overcome with these feelings is more likely to be a candidate for depression, declines in physical health, and early institutionalization, a costly and preventable fate.

The Supportive Services funds allocated to the 57 State and territories are distributed, following a needs assessment based State plan, to 655 area agencies on aging, that in turn award grants or contracts to local service providers in keeping with a comparable area plan. Services are targeted to persons 60 years of age and over, with a focus upon those individuals with the greatest economic and social needs. Particular attention is given to low-income minorities.

### **Information and Assistance Services**

Social and demographic trends are making the need for information services increasingly important to the average American family. Today, older Americans and caregivers face a complicated array of choices and decisions about services and programs available to assist them. Many need support and assistance to navigate the complex environment of public and private sector benefits and services. Information and Assistance (I&A), established by the 1973 Amendments to the OAA, is a federally

required service intended to inform, guide, and link older adults to available, appropriate, and acceptable services to meet their needs. Currently, there are I&A programs operated by each State and area agency on aging, covering all geographic areas of the country.

Often the first point of contact for assistance, I&A programs receive the broadest range of inquiries for older persons. I&A programs assist older persons and caregivers by assessing their needs, identifying the most suitable services, given these needs, and linking them to service providers. Knowing that I&A services are the key to keeping older adults and their caregivers connected to other essential services, AoA remains actively involved in stimulating improvements to the operation of I&A systems.

### **Performance Results for Service Measures**

The preliminary data for FY 1999 indicate that AoA met service performance targets for three of the five measures included in the FY 1999 annual performance plan. AoA did not meet the performance target for congregate meals, and provides two observations related to that phenomenon. First, AoA has noted in performance plans for FY 2000 and 2001 that States have the flexibility, and have been encouraged, to transfer funding from congregate to home-delivered meals to ensure that vulnerable home-bound individuals can remain in their homes if they choose. Second, after AoA obtained data for FY 1997, which more accurately reflected the extent to which congregate meals would be reduced because of this phenomenon, the Agency lowered its performance targets for FY 2000 and 2001 accordingly. AoA will utilize the same service target for FY 2002 as well.

Corresponding to the actions that lowered the level of congregate meals, preliminary data for FY 1999 indicate that AoA substantially exceeded its performance target for home-delivered meals. AoA will retain the higher performance targets for home-delivered meals, which were established for the FY 2000 and 2001 plans.

AoA will closely follow up on the preliminary FY 1999 data, which indicate that units of transportation services were above our FY 1999 performance targets, but below the levels reported for both FY 1997 and FY 1998. Because the data are preliminary, we must first determine if reporting problems are the cause of the discrepancy. Nevertheless, because it is not the intention of the Agency to reduce transportation services, AoA will retain the higher level performance targets identified for FY 2000 and 2001 in the FY 2002 performance plan, and will seek to explain and reverse declines if they have occurred. AoA does not consider the preliminary FY 1999 data for Information and Assistance services to be significantly below the performance target in the FY 1999 performance plan, and will retain the higher performance targets for FY 2001 and 2002.

### **FY 2000 Accomplishments—Community Service Activities**

Because service activity is so fundamental to OAA program results, it is important for AoA to also describe the recent achievements of the Aging Network while data systems and GPRA performance measures mature. Therefore, we have provided the following narrative summary of FY 2000 accomplishments for each of the significant community

services program activities. These accomplishments delineate the contribution of AoA and the agency's performance partners, and communicate more clearly than summary measures the ongoing program performance results that the Aging Network produces on an ongoing basis. It is not the intention of AoA to minimize the importance of meaningful quantitative performance measures. Rather, the information enhances the performance story of the Aging Network for important program constituents.

## **Nutrition Services**

### **National Nutrition Standards**

The Older Americans Act prescribes National Nutrition Standards that must be met in meals for older adults. These standards require that the meals served through the ENP promote health, are culturally appropriate, and meet the special health needs of older adults. Each meal must contain 1/3 of the Recommended Dietary Allowances (RDAs) as established by the Food and Nutrition Board, Institute of Medicine, National Academy of Sciences. Also, each meal must meet the Dietary Guidelines for Americans from the Department of Health and Human Services (HHS) and the United States Department of Agriculture (USDA). Moreover, the standards require that meals programs comply with State, tribal, and local food service laws to ensure meals served are safe to eat.

AoA's monitoring of nutrition service providers' compliance with the National Nutrition Standards and other service activities provides assurance that the meals delivered through the ENP contribute to improved nutritional intake and promote the improved health of recipients.

### **Partnerships to Help Ensure the Needs of Older Adults Are Met**

AoA officials have participated on the following interagency committees that addressed issues related to nutrition and health issues:

- The Nutrition Objective Sub-committee for the HHS Healthy People 2000/2010
- HHS Nutrition Policy Board
- HHS Dietary Guidance Committee
- HHS/USDA Food Security Committee
- Federal Food Safety Coalition
- HHS Dietary Reference Intake Working Group to insure the needs and special concerns of the older population are addressed
- HHS/USDA Working Group for the National Nutrition Summit
- USDA/ Center for Nutrition Policy and Promotion (CNPP) 2000 Millennium Symposium Lecture Series, Nutrition and Aging: leading a Healthy, Active Life
- USDA/Food Safety and Inspection Service and HHS/Food and Drug Administration review of materials for food safety for seniors
- HHS Health Care Financing Administration (HCFA) Nutrition and Hydration Campaign
- HHS/IHS Congressionally-mandated paper on obesity in American Indians

### Efforts to Target Specific Recipient Groups

During FY 2000, AoA continued to target nutrition services to high-risk groups including those at high economic risk, nutritional risk and those who are minorities who have significantly higher rates of health disparities. The old-old and those with functional impairments are also at high risk. Data from selected states for home-delivered meals indicate that participants demonstrate particular risk. This data indicate that 72 percent of all home-delivered participants are older women and about 25 percent of the older women are over the age of 85. Of all home-delivered participants, 70 percent indicate that they have three or more impairments in instrumental activities of daily living that includes the ability to shop for food as well as the ability to prepare simple meals. In addition, 31 percent are even more significantly impaired and have three or more impairments in activities of daily living which is a severe level of disability and includes such activities as being able to feed oneself, bathe, dress, etc.

In addition under Title III, States collect data on the nutritional risk of participants. This is done to help target nutrition services to the most “nutritionally needy.” The States are requested to use check-listed criteria from the Nutrition Screening Initiative (NSI) to identify older adults at risk of malnutrition or in need of other nutrition-related services to maintain a healthy life-style. The information collected by the SUAs and reported to AoA is used by AoA to assist the National Aging Service Network to target ENP nutrition services such as congregate and home-delivered meals, nutritional counseling, and case management services to older adults with the greatest needs.

To help end health disparities among older racial and ethnic minority populations, the AoA awarded \$1 million in demonstration grants to four community coalitions that serve older members of racial and ethnic minority groups. The grants are intended to develop initiatives that eliminate the high rates of diabetes and cardiovascular disease—diseases in which appropriate nutrition plays both a prevention and treatment role-- in the African-American, Latino, American Indian and Asian communities. These grants will address these two chronic diseases through culturally appropriate prevention activities and the adoption of healthy lifestyles that acknowledge and integrate appropriate cultural practices and diets.

### Promotion of Service Needs Awareness

In order to encourage collaborative planning and service activities that produce the most beneficial outcomes, AoA has identified opportunities and resources for the Network through which greater awareness of older Americans’ service needs can be realized.

- During FY 2000, AoA participated in HHS Healthy People 2010, a national prevention initiative that has established national health targets and that calls for community collaboration in their achievement. In order to expedite efforts to promote health and prevent illnesses among older persons, AoA has encouraged the national Aging Network to participate in the Healthy People initiative and to strive to meet national health targets.
- AoA is also actively engaged in the deliberations of the HHS Dietary Reference Intake (DRI) Working Group that provides funding and direction to Food and

Nutrition Board of the Institute of Medicine of the National Academy of Sciences to determine the quantifiable amounts of nutrients necessary for health. It also recommends experts for discussion panels and provides assurance that the informational needs of the Federal government and other recipients are met. These values, known as the Dietary Reference Intakes, include the Recommended Daily Allowances (RDAs) as a category. The OAA requires that a meal contain one-third of the RDA. In addition, these values provide the basis for dietary recommendations for both health promotion/disease prevention for federal policy as well as the basis for modifying diets for both acute and chronic disease management.

- AoA actively participated in review of the text for the 5<sup>th</sup> edition of the Dietary Guidelines for Americans, released in May 2000, and reviewed materials developed for implementation related to its release. During FY2000, AoA helped plan the National Nutrition Summit, held in May, and will be participating in follow-up activities including the Surgeon General's Call to Action on Obesity.
- AoA worked with the Health Care Financing Administration (HCFA), Center for Beneficiary Services, to fund a project by the National Policy and Resource Center on Nutrition and Aging (Center) that studied the use of the Nutrition Care Alerts with certified nursing assistants, family and friends as well as professional staff and the actions that needed to be taken to reduce dehydration and malnutrition in a nursing home in Florida. The study, which is part of a Federal initiative to address dehydration and malnutrition in nursing homes, found that although an heightened awareness was essential to decreasing malnutrition and dehydration in nursing homes, it was insufficient to improve nutritional and hydration status. The resolution of these problems required changes at multiple levels and within several departments in a nursing home. The final report is available on the website for the National Policy and Resource Center on Nutrition and Aging, <http://www.fiu.edu/~nutreldr>.

#### Direct Technical Assistance

AoA provides direct technical assistance to the Aging Network via telephone; on-site assistance; presentations at national, regional, state, and tribal conferences; and through professional meetings. During FY 2000, AoA provided more than 15 presentations on nutrition at national meetings. Technical assistance was directly provided via telephone as well as on site at least 2,500 times to States, tribes, area agencies on aging, service providers and individuals on issues that relate to the operations of programs and service provision under Titles III and VI. For example, guidance was provided on food service and safety, menu planning, menu planning for special needs, particularly for individuals with diabetes and hypertension, provision of culturally appropriate meals, application of the Dietary Reference Intakes to programs, role of nutrition in health and disease, nutrient needs of older adults, inclusion of nutrition services in Medicaid waivers, and interpretation of the Older Americans Act.

AoA provided training at national meetings on the Title VI Resource Manual developed to provide basic information on program requirements and to assist on program management and service delivery.

As part of its information dissemination function, AoA supports the National Policy and

Resource Center on Nutrition and Aging (Center). The Center maintains a website with bibliographies on 45 topics related to nutrition and aging. The site is connected electronically to related publication abstracts. The bibliographies include a wide range of topics including articles on service provision, innovations, minority issues, caregiver issues, and others. On a quarterly basis, the Center publishes an article in the general nutrition newsletter read by approximately 2,500 nutritionists who work with programs that serve older adults. The Center provided at least 20 presentations to various groups.

During the course of a year, the Center produced a grassroots survey of nutrition service provider, area agency and State staff that prioritized needs in the areas of program development, operation, and training and technical assistance. White papers on "Measuring Outcomes", "Technology" and "Lessons from Other Federal Nutrition Assistance Programs" were also produced. The Center held two meetings of experts including an Expert Advisory Council Strategic Planning Meeting and an outcomes workshop that paired local nutrition service providers with universities to do outcomes-based research.

## **Transportation Services**

### **Coordinated Services**

When the Older Americans Act (OAA) was reauthorized in year 2000, two legislative provisions were included that addressed long-standing barriers to coordination. Cost sharing is now an option for States in certain services such as transportation. States, with safeguards and conditions, may use a sliding fee scale based on income and the cost of delivering services. Additionally, a provision was added to clarify that nothing in Title III shall be construed as prohibiting the provision of services to non-elderly persons by using funds from other sources.

To create and improve transportation options, organizations collaborate and coordinate to: pool their resources, avoid inefficiencies, and reduce operating costs. According to an October 1999 GAO report, coordinated services reduce federal transportation program costs by clustering passengers, using fewer one-way trips and sharing transportation personnel, equipment and facilitation. Another report by the Community Transportation Assistance Program (CTAP) based on five case studies, showed significant reductions in average cost per passenger trip (a decrease from \$7.92 to \$4.06) and vehicle hours (a decline from \$12.83 to \$6.89) as a result of coordination. An increase in the number of trips per month and total trips per passenger hour were also documented.

To generate more coordinated transportation options and resources for older Americans, AoA is a participating partner in the Department of Health and Human Services (HHS)/Department of Transportation (DOT) Coordinating Council on Access and Mobility (CCAM). The Council is a policy and planning group pledged to work together to improve the efficiency and effectiveness of transportation services to clients and to eliminate any federal barriers to coordination. Council members jointly developed guidance to assist States and localities to improve and coordinate DHHS- and DOT-funded transportation services. These planning guidelines were published for public comment and finalized in year 2000. Council members also developed a comprehensive strategic plan with overarching goals and performance measures. For

example, goal 1 is to encourage the most cost-effective use of Federal, State and local resources for transportation and the CCAM will work with the National Governor's Association, Center for Best Practices to develop a measure on assessing state coordination practices.

As a Council member, AoA contributed to the development of "Planning Guidelines for Coordinated State and Local Specialized Transportation Services," in year 2000. This guide addresses the information and actions necessary to coordinate the transportation resources of various programs of DOT and HHS. While each community's needs, skills, and resources will differ, leading to unique transportation service designs for each community, coordinating the resources of human service and transit agencies will usually create substantial benefits. In this guide, there is program information, advice and encouragement for persons and agencies interested in increasing the amount and quality of transportation services provided to persons who have special transportation needs. Additionally, the strategic plan and accompanying performance outcome measures set a direction and focus for Council activities and assure its accountability.

### Technical Assistance and Guidance

The Department recognizes the important role of community transportation in the removal of barriers to services and in increasing the likelihood of social engagement and participation among otherwise-isolated elderly persons. HHS therefore funds the Community Transportation Assistance Program (CTAP) through the Community Transportation Association of America (CTAA). AoA is a member of CTAP's National Leadership Council, comprised of representatives from several national organizations of local human service providers. AoA's focus is on ensuring that multidisciplinary, multi-agency technical assistance is available for local aging transportation service providers. For example, AoA's efforts resulted in technical assistance for Maine's Bureau of Elder Affairs regarding their development of a pamphlet on available transportation services for seniors. AoA also sponsored a national symposium on "Building the Network on Aging Toolkit" in which an access track was part of this national symposium in which the resources of the CTAA, CTAP program and the National Transit Resource Center were made available to the Aging Network.

AoA regularly provides technical assistance and guidance on transportation issues that pertain to older persons. As an example, AoA was represented on a technical committee for a DOT and the Transportation Research Board contract to identify ways to improve transit options for older adults. AoA is also working with the DOT agencies (National Highway and Traffic Safety Administration, Federal Transit Administration, Federal Highway Administration) Transportation Research Board and Eno Transportation Foundation and others in developing a document on "Safe Mobility for a Maturing Society: A Strategic Plan and National Agenda."

### Information and Assistance Services

#### Funding to the Eldercare Locator

In the early 1990s, AoA launched the National I&A Initiative to improve access to Aging Network services. The initiative created the Eldercare Locator, a national toll free

telephone directory assistance service designed to link callers to I&A services. The Locator provides information on a wide variety of services such as meals, home care, transportation, housing, home repair, legal and community services.

AoA supports the Locator through a cooperative, on-going partnership with the National Association of Area Agencies on Aging (NAAAA) and the National Association of State Units on Aging (NASUA). AoA provides ongoing oversight and examines the performance of the Locator from a customer-service perspective. For example, in an attempt to help defray some of the telephone expenses for long distance caregivers, AoA initiated a pilot project to patch through calls to referral agencies if the call would result in long distance charges to the caller. Four States participated in the initial pilot: Kentucky, Oklahoma, North Carolina, and Pennsylvania. Over 600 people were saved toll charges during the pilot project. A second pilot will be initiated in 2001 to further test the viability of national implementation of the patch through program.

AoA increased funding to the Locator in fiscal year 2000, which allowed for an increase in the number of information specialists from 4 to 4.75. The number of persons served per month has increased from 7,533 in fiscal year 1999 to 9,043 in fiscal year 2000.

#### Outreach to Minority and Women's Organizations

The Locator's statistics indicate that most callers are women. A series of focus groups with African-American, Asian, Caucasian, Hispanic, and Native American women identified their perceptions about long-term care and the need to plan for one's older years. AoA's has also reached out to the American Indian Advisory Group (AIAG), composed of representatives from various American Indian organizations across the country who help make the Locator culturally responsive to American Indians. AIAG was established when it became evident that American Indians did not feel well-served by the Locator.

The results of the focus groups were released at a press briefing in February 2000. Women representing various minority groups spoke about the need for more information and assistance regarding long-term care. The focus group report is being widely distributed to women's and minority organizations to heighten awareness about long-term care issues.

The AIAG has been meeting on a regular basis to discuss outreach to the American Indian population. It has agreed to initiate a pilot program to test whether Indian elders and their families use the Locator in response to specialized promotional and outreach efforts. Pilot sites for the program are the Chickasaw Nation Health System in Oklahoma and the Blue Lake Rancheria tribe in California. The pilot will begin in early 2001. AoA made funds available for the development of a culturally sensitive poster to promote the Locator among elderly Indians. The poster will be distributed widely to the pilot sites and other appropriate locations.

AoA, in partnership with NASUA and NAAAA, took the initiative to reach and alert minority and women's organizations to the Locator and the services of the National Aging Network and to discuss ways to reduce barriers to accessing these services. Outreach activities included meetings with minority organizations, workshops at minority



conferences, exhibits at conferences, distribution of culturally specific promotional materials, and work with minority media.

#### Support of National Aging Information & Referral Center

AoA continued support of the National Aging Information and Referral (I&R) Support Center. The Center provides assistance to I&A providers to enhance the quality and professionalism of the I&A system. The Center also promotes improvements in information and referral systems design, management, operations, and staff development. In May the National Aging I&R Symposium and State I&R Liaison Retreat was co-sponsored by the Center and AoA. I&A professionals from all sections of the country participated in information exchanges, tackled barriers to service delivery, and discussed best practices in service delivery. This year's symposium focused on reforming the aging I&A system.

As a result of the Center, States such as Minnesota, New Jersey, Wisconsin, North Carolina, Georgia, Maryland, Mississippi, North Dakota, and Florida have begun to assess their I&A systems and initiate reforms.

#### Partnership with HCFA

AoA has partnered with HCFA to increase the availability of information for older persons about their health care choices under Medicare+Choice. Funds transferred from HCFA to AoA were awarded to States to enable them to conduct specialized training for the enhancement of the capacity of I&A programs to effectively advise and refer Medicare beneficiaries for information about Medicare+Choice. Additional funds will be used to enhance the technological capacity of the Aging Network to access Medicare+Choice information via the Internet.

To support State and local programs, AoA collaborated with HCFA on two national video teleconferences entitled Medicare & You. The first teleconference was held on November 15, 1999 and the second was convened on November 2, 2000. The telecast was broadcast to 130 downlink sites in 39 States.

Since the program began, over 15,000 network on aging staff have received Medicare+Choice training. The State of Minnesota alone has trained over 3000 Aging Network staff.

**Performance Measures Summary Table—Client and Program Outcome Measures**

| Performance Goals                                                                                                                          | Targets                                | Actual Performance                  | Ref. |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|------|
| <b>CLIENT AND PROGRAM OUTCOME MEASURES</b><br>(Pilot States and Areas only)                                                                |                                        |                                     |      |
| Improve nutritional status scores<br><i>(developmental/illustrative)</i>                                                                   | FY 02:<br>FY 01:<br>FY 00: (New in 01) | FY 02:<br>FY 01:<br>FY 00: TBD 6/01 |      |
| A high percentage of new clients for home-delivered meals have high nutritional risk scores.                                               | FY 02:<br>FY 01:<br>FY 00: (New in 01) | FY 02:<br>FY 01:<br>FY 00: 77%      |      |
| A high percentage of clients rate transportation service as very good or better.<br><i>(developmental/illustrative)</i>                    | FY 02:<br>FY 01:<br>FY 00 (New in 01)  | FY 02:<br>FY 01:<br>FY 00: 82%      |      |
| A high percentage of clients report that calls for information and assistance are answered quickly.<br><i>(developmental/illustrative)</i> | FY 02:<br>FY 01:<br>FY 00: (New in 01) | FY 02:<br>FY 01:<br>FY 00: 95%      |      |
| Improve home care services satisfaction scores.<br><i>(developmental/illustrative)</i>                                                     | FY 02:<br>FY 01:<br>FY 00: (New in 01) | FY 02:<br>FY 01:<br>FY 00: TBD 6/01 |      |
| Improve caregiver support services satisfaction scores:<br><i>(developmental/illustrative)</i>                                             | FY 02:<br>FY 01:<br>FY 00 (New in 01)  | FY 02:<br>FY 01:<br>FY 00: TBD 6/01 |      |

**Performance Measures Analysis—Client and Program Outcome Measures**

In partnership with the National Association of State Units on Aging and the National Association of Area Agencies on Aging, AoA has undertaken the Performance Outcome Measures Project (POMP) to develop and field-test performance outcome measures suitable for ongoing use in assessing community-based services in support of elderly individuals. The Aging Network participants in the POMP, with technical guidance and financial support provided by AoA, have adopted a consumer-based, quality assessment approach, which is focused on local service-delivery activities, to measure performance outcomes for Aging Network programs. This approach is consistent with the consumer-assessment efforts, which other HHS components, such as the Agency for Healthcare Research and Quality (AHRQ) and the Health Care Financing Administration (HCFA), have employed for health services provided to elderly and other individuals under Medicare and Medicaid. The POMP measurement areas also track closely with indicators identified in “Older Americans 2000: Key Indicators of Well-Being,” published by the Federal Interagency Forum on Aging. To foster maximum consistency with

significant approaches used by researchers in the field of quality assessment in human service programs, AoA, through a contract with WESTAT, Inc., has arranged for known researchers from the Scripps Gerontology Center, Boston University, and Florida International University, to participate extensively in the design and application of measurement instruments, and in the analysis of performance data.

In the past year, the State and area participants in the POMP, the technical contractors and researchers, and AoA staff have developed survey instruments, developed and implemented sampling procedures, and completed surveys in the following program domains, which the POMP participants decided were most appropriate for performance measurement:

- ❑ nutritional status and risk (along with physical and social functioning and emotional well-being),
- ❑ transportation services satisfaction,
- ❑ home-care services satisfaction,
- ❑ caregiver support and satisfaction, and
- ❑ information and assistance satisfaction.

Area agencies in 12 States participated in the first-year activities of the POMP, and initial data are available and presented here for three of the domains cited above. A significant aspect of the POMP, as it relates to the long-term potential of the Aging Network to assess program results through performance measures, is that local entities have taken the lead in developing the performance measurement instruments, in selecting the statistical samples for information gathering, and in administering the survey instruments to obtain the assessment data for their areas.

Because the initial focus of the POMP is on the usefulness of outcome measures for local program assessment, it should be noted at the outset of this presentation, that the data collected and the findings summarized here cannot be generalized beyond the program entities, which participated in the pilots. The data referenced here are “test” data, and should not be viewed as definitive of program conditions, even for the areas for which data were gathered. We do believe that the results of these pilots will assist the Network in selecting measures to be used on a more regular basis in the near future. The data collection instruments, sampling procedures and methods, and information collection processes and procedures were all new and untested. As a result, the data presented as measures in the table above are illustrative of the types of measures that AoA and its partners are testing under the POMP. The measures that are finally selected for measurement purposes may be different, and will be influenced by a full analysis by AoA and its POMP partners. Nevertheless, AoA summarizes the findings of the activity conducted to demonstrate the progress which has been made by the participating program entities, and to illustrate the potential long-term significance of these measurement domains for the assessment of community-based services for the elderly.

## **Performance Results for Outcome Measures (Illustrative)**

With the understanding that we cannot make definitive conclusions about service results on the basis of these data, we do believe that the initial findings of the pilots are informative for purposes of moving forward in selecting more permanent measures, and seek to share results relative to that objective.

### **Nutrition**

Test data for new OAA clients for home-delivered meals (HDM) indicate that these clients are at high nutritional risk. Fully 77% of the new HDM clients surveyed were at high nutritional risk. We believe that this measure will serve the Network as another strong indicator of the extent to which the Network targets services to needy, vulnerable individuals. New clients for congregate meals were less likely to be at high nutritional risk, but at 37%, the rate is not insignificant.

### **Transportation**

Respondents to the pilot surveys on transportation services reported a high degree of satisfaction with the services (82% rated them very good or better), and 90% reported that they felt safe and that the drivers were always polite. Other information from the transportation surveys, which will support program improvements, include the following:

- major trip purposes include doctor and other medical appointments, shopping, and visits to senior centers;
- the most recommended improvement was longer hours of service to better accommodate medical appointments; and
- one-fifth of the respondents depended entirely on the service for their transportation needs, and 60% reported they were able to move about more than before.

### **Information and Assistance**

As the table above indicates, 95% of information and assistance clients surveyed reported their call was answered quickly, and 90% reported that they spoke to a person, and not a machine. A large percentage of the clients interviewed (75%) were first-time callers. The same percentage reported that they were provided the names of other places to call, and follow-up interviews indicated that two-thirds of these individuals made the necessary follow-up calls. Eighty-percent of the individuals interviewed said they would recommend the service to their friends.

### **Family Caregiver Support**

An important element of performance outcome measurement for AoA is addressing early on AoA's intent to measure the performance of programs that will be devoted to services to caregivers of elderly individuals. As part of the Performance Outcomes Measures Project, AoA has initiated testing of satisfaction measures of individuals who care for disabled older Americans with the caregiver support services that are available to them. Preliminary data are available for only two sites, and reflect primarily that

services for caregivers are in fact very limited at this time. Nevertheless, even the early pilot-test surveys promise to identify who the caregivers are, their satisfaction with services to them and to the elderly they serve, and the burden associated with care. In the two sites tested, data indicated that caregiving tasks often fall primarily on one individual, that caregivers are generally very satisfied with the care their charges are receiving through the Network, that stress and time away from their own families are significant among caregiver burdens, and that there are positive rewards to them for the care they provide.

### Next Steps

AoA will continue to sponsor the development of State and local performance outcome measurement projects, and will respond constructively to the new requirements of the OAA for the identification of performance outcome measures by December 31, 2001. As AoA has with the development of GPRA measures as a whole, decisions on outcome measures will be iterative, and the Agency, with input and guidance from the Network, will continue to improve outcome measures over time. It is important to note also, that AoA does not intend to impose outcome measurement requirements on State and Area agencies in the process of complying with the new requirements of the OAA. AoA is working with statistical consultants to determine how statistical tools can be employed to derive national data for the performance outcome measures that are approved for use for the Aging Network. Because State participation was based on capacity and willingness to participate and not as part of a statistical sampling process, additional data collection would almost certainly be required to derive a statistically valid national sample. Direct application of tested performance measures to all States can not be projected until the results of the test are completed and the Aging Network develops consensus on measures that have the potential to be applied on a wider scale. AoA and the Aging Network will assess the correlation of results for these measures with administrative data that may more readily serve as proxy measures. The results of the outcome measures project will be used to improve performance measures for AoA administered programs as soon as possible, and the status of project implementation and findings will be provided in all updates of AoA's performance plan submissions.

## 2.2 OMBUDSMAN SERVICES

### Program Description and Context

| (numbers in thousands)     | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|----------------------------|-----------------|-----------------|-----------------|----------------------------|
| Vulnerable Older Americans | \$12,181        | \$13,179        | \$14,181        | \$14,181                   |

For the near future, AoA will use its measurement activity for the Ombudsman program to represent the broader budget activity "Vulnerable Older Americans," which also includes funding for other activities associated with the protection of the rights of elder individuals. In future plans, AoA will address performance measurement for related program activities as appropriate. Long-term care ombudsmen are necessary advocates for residents of nursing homes, board and care homes, and adult care facilities. Since the Long-term Care Ombudsman Program began 25 years ago, thousands of paid and volunteer ombudsmen working in every State have made a dramatic difference in the lives of long-term care residents. Long-term Care Ombudsmen advocate on behalf of individuals and groups of residents and work to effect systems changes at a local, State and national level.

Ombudsman responsibilities outlined in Title VII of the Older Americans Act include:

- Identifying, investigating and resolving complaints made by or on behalf of residents;
- Providing information to residents about long-term care services;
- Representing the interests of residents before governmental agencies and seeking administrative, legal and other remedies to protect residents;
- Analyzing, commenting on and recommending changes in laws and regulations pertaining to the health, safety, welfare and rights of residents;
- Educating and informing consumers and the general public regarding issues and concerns related to long-term care and facilitating public comment on laws, regulations, policies and actions; and
- Promoting the development of citizen organizations to participate in the program; and providing technical support for the development of resident and family councils to protect the well being and rights of residents.

AoA provides national leadership to the States in carrying out their ombudsman programs. AoA funds the National Long-Term Care Ombudsman Resource Center which provides training and technical assistance to ombudsmen throughout the country. Located in Washington, D.C., the Center is operated by the National Citizens' Coalition for Nursing Home Reform in conjunction with the National Association of State Units on Aging. The Center provides essential support for the ombudsman network in its efforts to provide assistance to and empower long-term care residents, their families and other representatives of residents' interests. Some of the major Center objectives include:

- generating on-going communication with State and regional (local) ombudsman programs;

- providing training and training materials directed at expanding ombudsman professional advocacy and management skills; and
- promoting public awareness of the ombudsman program.

## Goal-by-Goal Presentation of Performance

### Performance Measures Summary Table—Ombudsman Services Measures

| Performance Goals                                                                                        | Targets                                                     | Actual Performance                                                                                       | Ref. |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------|
| <b>OMBUDSMAN MEASURE</b>                                                                                 |                                                             |                                                                                                          |      |
| Maintain the combined resolution / partial resolution rate of 70 percent of complaints in nursing homes. | FY02: 70%<br>FY01: 70%<br>FY00: 70%<br>FY99: 71.48%         | FY02:<br>FY01:<br>FY00: 11/01<br>FY99: 74.3%<br>FY98: 70.6%<br>FY97: 72.1%<br>FY96: 74.0%<br>FY95: 71.5% |      |
| <b>HCFA Nursing-Home Outcome Measures</b>                                                                |                                                             |                                                                                                          |      |
| Decrease the prevalence of restraints in nursing homes                                                   | FY02: 10%<br>FY01: 10%<br>FY00: 10%<br>FY99: 14%            | FY02:<br>FY01:<br>FY00: 9.8%<br>FY99: 11.9%<br>FY96: 17.2% (baseline)                                    |      |
| Decrease the prevalence of pressure ulcers in nursing homes.<br><b>(HCFA developmental measure.)</b>     | FY02: 9.5%<br>FY01: 9.6%<br>FY00: N.A.<br>FY99: New in 2000 | FY02:<br>FY01:<br>FY00: 9.8% (baseline)<br>FY99: N.A.                                                    |      |

### Performance Measures Analysis—Ombudsman Service Measure

A major goal of the Ombudsman Program is to enable residents of long-term care facilities and their families to be informed “long-term care consumers” and to facilitate the resolution of problems regarding care and conditions in long-term care facilities. Our target is to maintain the 70 percent resolution / partial resolution rate for complaints involving nursing homes. AoA and the Aging network will achieve its objectives by assisting residents, families, friends and others to resolve problems related to care and conditions in nursing homes. Until we have greater experience with the use of the complaint-resolution data, we will use a general performance target of resolving or partially resolving 70% of complaints. Performance thus far has been generally consistent with this goal.

The Ombudsman activities of AoA and the Aging Network are directly relevant to and support HCFA and HHS's performance goals related to improving the quality of care in Nursing Homes. To indicate AoA's support of these performance goals, we have incorporated HCFA's nursing-home outcome measures into this plan as relevant to the activities of AoA and the Network. Information supporting the Ombudsman program activities of the Network, indicate that the top five nursing home complaints have consistently been in categories involving poor resident care, lack of respect for residents and physical abuse. Just as HCFA's measures to reduce the use of restraints and the incidence of pressure ulcers can indicate quality improvements, they also serve as indicators of results of the responsiveness of the Ombudsman program to the most serious complaints raised on behalf of nursing home residents.

### **Performance Results for the Ombudsman Program**

AoA will use the resolution rate as an ongoing representative indicator, which will serve to track performance and provide a trigger for program decision-making. However, maintenance of an acceptable resolution rate is only part of the performance story for the protection activities of the Aging Network. The following information is provided to summarize additional program characteristic associated with Ombudsman services that are relevant to and supportive of AoA's representative outcome indicator for these activities.

- The top five nursing home complaints have consistently been in categories involving poor resident care, lack of respect for residents and physical abuse.
- In FY 1998, ombudsmen nationwide opened 136,424 cases and closed 121,686 cases involving 201,053 individual complaints.
- Most complaints were filed by residents or by friends and relatives of residents.
- Eight-two percent of cases were in nursing home settings; 17 percent involved board and care, assisted living and similar facilities; and one percent were in non-facility settings.
- A three-year comparison of the top-twenty nursing home complaints indicates that the greatest increases were for complaints about physical abuse, toileting, personal hygiene and unheeded requests for assistance. The analysis suggests persistent problems with lack of care for residents and the need for increased numbers of trained staff to assist residents.
- The top-five board and care complaints were about menu quality, medication management, discharge/eviction, lack of respect for residents and physical abuse; the greatest increases over a three-year period were in the first three of these categories.
- Seventy-two percent of nursing home complaints and 67 percent of board and care complaints were resolved or partially resolved to the resident's or complainant's satisfaction.



- Ombudsmen reported that there were 18,227 nursing homes and 1.83 million beds in FY 1998, a slight decrease in the number of facilities but not of beds from previous years.
- Ombudsmen reported that 41,292 licensed board and care, assisted living and similar homes, with 797,036 beds, were operating nationwide; this is a *20% increase* over the number of this type of facilities reported in FY 1997.
- The ratio of paid ombudsman FTE to long-term care facility beds was one to 2,832 in FY 1998.
- Ombudsman staff and volunteers visited almost 80 percent of nursing homes and 45 percent of board and care homes on a regular basis, not in response to a complaint.

## 2.3 SERVICES FOR NATIVE AMERICANS

### Program Description and Context

| (numbers in thousands)   | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|--------------------------|-----------------|-----------------|-----------------|----------------------------|
| Native American Programs | \$18,457        | \$18,457        | \$23,457        | \$25,457                   |

The 1990 Census counted almost 166,000 American Indians and Alaska Natives over the age of 60. Although older adults represent only about eight percent of the total American Indian and Alaska Native population, their numbers are increasing rapidly. This increase is due to better health and living conditions. Today, older American Indians, Alaska Natives and Native Hawaiians can expect to live well into their eighties and nineties. This recent, but welcome trend will place even greater demands on home and community-based service delivery systems.

AoA's American Indian, Alaska Native, and Native Hawaiian Program--Title VI of the OAA — is responsible for serving as the federal advocate on behalf of older Native Americans, coordinating activities with other Federal departments and agencies, administering grants to Native Americans, and collecting and disseminating information related to the problems of older Native Americans.

Under Title VI of the OAA, AoA annually awards grants to provide supportive and nutrition services for American Indian, Alaska Native and Native Hawaiian older adults living in the Title VI service area. In 2000, grants were awarded to 225 American Indian and Alaska Native tribal organizations representing nearly 300 tribes, and two organization serving Native Hawaiian older adults.

In addition to nutrition services, the Title VI program funds supportive services such as information and assistance, transportation, chore services, homemaker services, health aide services, outreach, family support, legal assistance, and caregiver support services. Training and technical assistance in these areas is made available to Title VI grantees in a variety of ways, including on-site, telephone and written consultation, national meetings, newsletters, and electronically, by AoA staff and the Native American Resource Centers. Training and technical assistance are designed to further the development and strengthen the capacity of Title VI program directors and staff to manage comprehensive and coordinated systems of nutritional and supportive services for American Indian, Alaska Native and Native Hawaiian older adults.

## Performance Measures Summary Table—Native Americans Program

| Performance Goals                                                                  | Targets                                                  | Actual Performance                                                                                    | Ref. |
|------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------|
| Initially increase and then maintain units of service in the following categories: | (numbers in thousands)                                   | (numbers in thousands; '99 data are preliminary)                                                      |      |
| ➤ home-delivered meals.                                                            | FY02: 1,850<br>FY01: 1,795<br>FY00: 1,632<br>FY99: 1,456 | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 1,698<br>FY98: 1,624<br>FY97: 1,525<br>FY96: 1,400 |      |
| ➤ congregate meals                                                                 | FY02: 1,650<br>FY01: 1,583<br>FY00: 1,439<br>FY99: 1,322 | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 1,327<br>FY98: 1,354<br>FY97: 1,386<br>FY96: 1,313 |      |
| ➤ transportation service units                                                     | FY02: 732<br>FY01: 732<br>FY00: 665<br>FY99: 763         | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 739<br>FY98: 719<br>FY97: 680<br>FY96: 756         |      |
| ➤ Information/referral service units                                               | FY02: 747<br>FY01: 747<br>FY00: 679<br>FY99: 632         | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 647<br>FY98: 715<br>FY97: 705<br>FY96: 703         |      |
| ➤ In-home service units                                                            | FY02: 953<br>FY01: 953<br>FY00: 866<br>FY99: 742         | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 944<br>FY98: 1,032<br>FY97: 882<br>FY96: 507       |      |
| ➤ Other services                                                                   | FY02: 650<br>FY01: 650<br>FY00: 591<br>FY99: 512         | FY02: 02/04<br>FY01: 02/03<br>FY00: 02/02<br>FY99: 1,085<br>FY98: 756<br>FY97: 583<br>FY96: 507       |      |

## **Performance Measures Analysis—Native Americans Program**

At the present time, a limited array of performance output measures is available for the analysis of AoA's Native American programs under GPRA. Nevertheless the measures will be useful for analysis of the stability of program support and services for the programs. For future performance plans, AoA will pursue additional measures for Native American programs, possibly including the establishment of performance outcome measures pilots for these programs. For now, AoA will continue to supplement its basic measurement data with the following narrative description of additional program accomplishments.

## **Performance Results for Native Americans Programs**

For the most part, Native American programs have maintained service levels, adjusted for inflation, in the face of level funding. The preliminary FY 1999 data indicate successful results for all performance targets except for transportation services. Effectively, we believe that the overall indicator of stable service levels is confirmed for virtually all services. Even though it appears that "other services" category was substantially exceeded, we will first confirm the reliability of those data and the significance of the change from FY 1998 before drawing conclusions for expectations for future years. Although we did not achieve the target for transportation services, AoA will retain higher targets for FY 2001 and 2002. AoA's increasing targets for both home-delivered and congregate meals are consistent with the agency's budget request for these service activities.

### **Providing Home, Transportation, Information and Assistance Support Services to Indian Communities**

Locally administered home and community-based programs and services are an important component of the long-term care delivery system necessary to meet the needs of functionally-impaired older adults. In recent years, Indian tribes have pursued the development of appropriate home and community-based long-term care services to enable their elders to remain as independent as possible in community settings of their choice. Through 227 grants provided by AoA, a variety of in-home support services were provided to tribes, tribal organizations and Native Hawaiian organizations during FY 1999:

- More than 53,000 older American Indians, Alaska Natives and Native Hawaiians received a variety of in-home services including personal care services, homemaker services, health aide services, case management assistance, and family support.
- Over 700,000 rides were provided to older Native American adults to meal sites, medical appointments, grocery stores and other destinations.
- Nearly a million units of individual and family support services, such as visitation and respite, were provided to elders and their families. More than 600,000 units of information and assistance on issues dealing with Social Security, food stamps, and other topics were provided to elders and their families.

In-home services are permitting Native American older adults to remain in their homes for as long as possible. Costs associated with the premature institutionalization of older adults are, accordingly, somewhat contained. Recipients of rides were able to increase their access to programs and services and maintain greater independence within their communities. Recipients of information and assistance have increased information about their right to receive Social Security, food stamps and other services aimed at improving their health and standard of living.

### **FY 2000 Accomplishments—Native American Program Services**

As AoA continues to develop performance measures that are relevant indicators for AoA programs in support of Native Americans, the agency will provide supplementary narrative that is relevant to the continuous improvement of services to this important group of elderly Americans.

#### Providing Outreach, Training, and Expansion of Awareness of the Aging Process

With funding from AoA's program for State and Local Innovations and Projects of National Significance, the University of Colorado and the University of North Dakota National Resource Centers on Native American Aging have provided outreach, training and heightened public awareness of the aging process as it relates to American Indians. The University of Colorado disseminates information through a successful website. The University of North Dakota offered more than 12 Geriatric Leadership Seminars nationally in FY 2000, focusing on the empowerment of older Native Indian adults through enhanced services.

During FY 2000, the University of Colorado website was contacted by 3500 individuals who subsequently accessed available training and outreach services aimed at improving quality of life in Indian communities. More than 250 individuals participated in the University of North Dakota's Geriatric Leadership Seminars. Information obtained by seminar participants has enabled them to implement program enhancements in numerous Indian communities.

#### The identification of Home and Community Based Long-Term Care (HCBLTC) needs in Indian communities and barriers to addressing these needs.

The design and development of strategies for HCBLTC in Indian communities have proceeded with limited involvement of Federal and State agencies. Among various tribes, historical differences in the availability and use of Federal, tribal and State programs have resulted in an erratic or nonexistent infrastructure for HCBLTC. AoA is addressing this in two ways:

- 1) To better identify HCBLTC needs, AoA and two resource centers funded by AoA -- the Native Elder Health Care Resource Center at the University of Colorado and the National Resource Center on Native American Aging at the University of North Dakota -- surveyed key tribal program administrators from 108 federally recognized tribes. During FY 1999, information was collected about the availability of home and community-based long-term care programs and resources in American Indian and Alaska Native communities. Information was also collected about how the programs and services are funded and about

barriers to establishing such programs and services in Indian communities.

- 2) Also, under a cooperative agreement funded by AoA, the National Resource Center on Native American Aging has developed a "Health and Social Needs Assessment" for Native Elders for use at the community level. It is currently being pilot-tested at various sites. Workshops are also being conducted on its use. Barriers to addressing HCBLTC needs were identified in the survey by tribal officials. They include fragmented and insufficient funds, minimal appreciation of local need, limited access to decision-makers, and excessive regulations.

During FY 2000 AoA, the Native Elder Health Care Resource Center, and the National Resource Center on Native American Aging used survey-generated information to improve the capacity of tribes to develop responsive home and community based programs. Many tribes have since demonstrated increased understanding of the issues and of potential resources. Accordingly, they have begun to tap into available funding sources and to identify and pursue training opportunities to help in developing and improving HCBLTC services in their communities. AoA will work with tribes to use data from needs assessments to plan necessary HCBLTC programs and services.

Coordinate with Other Federal Agencies and Private Organizations to Assist Tribes in Overcoming Barriers and Facilitating the Establishment of Home and Community Based Long-Term Care Programs and Services.

AoA's American Indian, Alaskan Native, and Native Hawaiian Program, Title VI of the OAA, is responsible for serving as an advocate on behalf of older Native Americans. Under Title VI, activities of other Federal departments and agencies are coordinated, grants to Native Americans are administered, and information related to the problems of older Native Americans is collected and disseminated. A permanent Interagency Task Force comprised of representatives of Federal departments and agencies with "an interest in older Indians and their welfare" is mandated legislatively to improve services to older Indians. The Director of the Office of American Indian, Alaska Native and Native Hawaiian Programs chairs this Task Force. Task Force members focus on three areas of concern: health, transportation, and data. As an outgrowth of the discussions of the Interagency Task Force for Older Indians chaired by AoA, a subcommittee was formed to address the need for the development and dissemination of culturally appropriate material to the tribes. Participating members of the subcommittees include the Veterans Administration (VA) and the Health Care Financing Administration (HCFA). The FY 2000 Interagency Task Force on Older Indians Subcommittee's efforts will lead to the dissemination of culturally appropriate materials to Indian tribes to heighten their sensitivity to the needs of elders and to increase understanding of changes in Medicare/Medicaid services. Training and certification of family caregivers will empower them to offer more culturally sensitive and appropriate care to their elderly relatives. The AoA-VA partnership has led to increased efforts to reach and assist elderly Indian veterans and to increase their knowledge of and access to services.

## 2.4 AOA RESEARCH AND DEVELOPMENT

| (numbers in thousands)   | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|--------------------------|-----------------|-----------------|-----------------|----------------------------|
| Research and Development | \$23,970        | \$37,124        | \$46,626        | \$28,348                   |

With the FY 2002 budget, AoA has changed the title of the budget activity “State and Local Innovations and Projects of National Significance” to “Research and Development.” Accordingly, the title change is reflected in this GPRA presentation. AoA’s Research and Development projects are intended to establish programs for model demonstrations, applied research and national resource centers to produce best practices, useful knowledge and systems improvements that point policy makers and program administrators to well-reasoned courses of action in the field of aging. Because these projects and other evaluation activities support the fundamental program characteristics of the Aging Network programs, AoA will not establish a separate set of performance measures for these activities. The ability of AoA and the Network to achieve the service, outcome and systems performance goals of the OAA programs relies in part on the projects and activities carried out under this program category. Significant new program activity and program improvements have their roots in such research and development projects, including nutrition programs for the elderly, the new caregiver program, and the long-term care Ombudsman program.

## 2.5 SENIOR MEDICARE PATROLS & TECHNICAL ASSISTANCE CENTERS

### Program Description and Context

| (numbers in thousands)                                   | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|----------------------------------------------------------|-----------------|-----------------|-----------------|----------------------------|
| Senior Medicare Patrols and Technical Assistance Centers | \$1,400         | \$1,450         | \$1,500         | \$2,000                    |

At the outset of this presentation, it should be noted that AoA has modified the title for this program activity. In previous versions of the plan, AoA referred to this program activity as: "Operation Restore Trust." That title did reflect the initiation of activity to involve seniors in fighting Medicare fraud and abuse, but it no longer reflects the generic scope of the activity that AoA has formalized in response to legislative initiatives. AoA has played an active role in addressing this national problem through two legislative sources.

#### Health Insurance Portability and Accountability Act of 1996

Under the Health Insurance Portability and Accountability Act of 1996, AoA works in partnership with the Health Care Financing Administration (HCFA), the Office of Inspector General (OIG), the Department of Justice, and other federal, state, and local partners in a coordinated effort to educate and inform older Americans how they can play an important role in protecting the benefit integrity of the Medicare and Medicaid programs. AoA's primary efforts under this initiative have been to: 1) fund state and local projects to train aging network professionals to recognize and report potential instances of waste, fraud, and abuse; 2) develop and disseminate consumer education materials to beneficiaries; and 3) support technical assistance efforts designed to share and replicate common strategies and successful practices among federal, state and local officials, health care professionals, community service providers who serve older Americans, and beneficiaries and their families.

#### Omnibus Consolidated Appropriations Act of 1997

Beginning with the Omnibus Consolidated Appropriations Act of 1997 (P.L. 104-209), AoA has been charged with establishing innovative community-based projects that seek to utilize the skills and expertise of retired professionals in educating older Americans regarding how to help protect the benefit integrity of the Medicare and Medicaid programs. During FY 2000, AoA funded 48 such community-based projects, known as "Senior Medicare Patrol Projects," in 43 states, plus the District of Columbia and Puerto Rico. These Senior Medicare Patrol Projects recruit and train retired professionals, such as doctors, nurses, teachers, lawyers, accountants, and others to work in their communities, teaching beneficiaries how to take an active role in protecting their Medicare numbers and their health care.



## Goal-by-Goal Presentation of Performance

### Performance Measures Summary Table— Senior Medicare Patrol Measures

| Performance Goals                                                                                                                | Targets                                                                                      | Actual Performance                                                                                      | Ref. |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|
| <b>SENIOR MEDICARE PATROL MEASURES</b>                                                                                           |                                                                                              |                                                                                                         |      |
| Increase the number of trainers who educate beneficiaries                                                                        | FY02: 100% increase<br>FY01: 100% increase<br>FY00: 125% increase<br><br>FY99: (new in 2000) | FY02: 02/03<br>FY01: 02/02<br>FY00: 187% increase<br>(39,300 trained)<br>FY99: 13,700 <b>(baseline)</b> |      |
| Increase the number of substantiated complaints generated through AoA's activities (ie: complaint results in some action taken). | FY02: 75%<br>FY01: 60%<br>FY00: 200<br>FY99: (new in 2000)                                   | FY02: 02/03<br>FY01: 02/02<br>FY00: 1241<br>FY99: 133 <b>(baseline)</b>                                 |      |
| <b>Discontinued Measure</b>                                                                                                      |                                                                                              |                                                                                                         |      |
| Increase the recouped Medicare and Medicaid funds that are directly attributable to AoA's program activities.                    | FY01: Discontinued<br>FY00: \$2.70 million<br>FY99: (new in 2000)                            | FY00: \$46.65 million<br>FY99: \$1.34 million<br><b>(baseline)</b>                                      |      |

### Performance Measures Analysis—Senior Medicare Patrol Program

AoA has elected to employ a set of fundamental results measures that reflect the agency's commitment of educating and informing older Americans how to take an active role in their health care, thereby helping to maintain the benefit integrity of the Medicare and Medicaid programs. The DHHS OIG gathers performance measure data from AoA's Senior Medicare Patrol Projects semi-annually.

### Performance Results for the Senior Medicare Patrol Program

The first measurement involves increasing the number of volunteers trained by AoA's grantees, who in turn educate an increasing number of beneficiaries regarding how to take an active role in protecting their health care. In FY 1999, the Senior Medicare Patrol Projects were just beginning to develop their training activities and materials, and trained 13,700 community volunteers. The target in FY 2000 was to increase the number of volunteers trained by 125%, once materials and effective training strategies were more widely utilized by the grantees. The performance for FY 2000 exceeded this target, reaching nearly a 200% increase in the number of volunteers trained (25,600) from the previous year. During FY 2000, these additional 25,600 volunteers directly educated more than 500,000 beneficiaries through community education and one-on-one sessions. We do not anticipate that the grantees will train as many new volunteers

during FY2001 and FY2002 because the large pool of experienced volunteers will continue to conduct sessions during those years.

The second measurement consists of the number of inquiries submitted by AoA's projects and volunteers to health care providers, HCFA, the OIG, and other appropriate sources that result in some action being taken. In FY 1999, this system of reporting was just beginning to be developed and AoA's projects started with a baseline of 133 cases that resulted in some sort of corrective action being taken. In FY2000, the projects exceeded this target, with more than 1,200 cases that were reported by AoA's grantees resulting in some action being taken. Much of this increase over the previous year was due to the fact that a large number of new projects were added during FY2000. We do not project as large an increase in these types of cases between FY2000 and FY2001 because the number of projects in operation will remain relatively the same. A target has been set in 2001 for a 60% increase in the number of reported cases that result in some action, based on the fact that the Senior Medicare Patrol Projects and volunteers will become more experienced about the types of quality cases they should submit for follow-up examination by health care providers or other appropriate sources.

During FY 1999 and FY 2000, AoA worked with HCFA and the OIG to try to track funds recouped by the Medicare and Medicaid programs that could be directly attributable to the activities of AoA's program efforts. Due to confidentiality issues and other factors, this effort proved to not be feasible. In its semi-annual report to AoA, the OIG wrote, "It should be noted that the most substantial savings which are expected to arise from projects under the programs will be derived from a sentinel effect whereby fraud and error are reduced in light of Medicare beneficiaries' scrutiny of their bills. Savings will also result from reports of fraud and error made to the Medicare contractors and to the OIG fraud hotline. It is not feasible, however, to track these effects entirely." Despite these limitations, documented savings of \$46.65 million were attributable to the efforts of AoA's grantees in FY 2000. Given the infeasibility of tracking individual case outcomes, and the fact that AoA's efforts and programs are contributing to the Department's achievement of exceeding the goal under the Health Insurance Portability and Accountability Act to return more than \$7 for every \$1 spent, AoA will no longer attempt to gather and report this performance outcome measure.

## **Fiscal Year 2000 Accomplishments**

### Delivery of Grant Funded Technical Assistance and Training

Based on input from volunteers, partners and stakeholders, in FY 2000, AoA worked to develop numerous technical resource activities. These activities included:

- a compilation of best practice strategies, products, and recommendations;
- a limited access internet communication system for sharing information and answering questions among AoA's grantees and partners;
- a web page with training manuals, pamphlets, brochures, and other consumer information; and
- regional and national technical assistance conferences which brought together experts from the OIG, HCFA, Medicare carriers, health care providers, senior volunteers and others to develop and institutionalize strategies for protecting the benefit integrity of Medicare and Medicaid.

Following the implementation of these technical assistance activities, AoA's grantees reported in their semi-annual progress reports that they spent less time developing training manuals and informational brochures, testing various methods for recruiting and maintaining volunteers, and seeking to establish new partnerships. The Senior Medicare Patrol Projects reported that they instead spent more time and energy in FY 2000 training new volunteers, disseminating consumer information and public service announcements, developing better quality cases and inquiries, and conducting outreach to hard-to-reach and vulnerable beneficiaries. Evidence of this increased productivity in FY 2000 as a result of AoA's technical assistance efforts can be seen through the substantial increases in the numbers of beneficiaries educated, the more than 30 million individuals reached through media events, an increase by more than 500% in the number of cases reported by AoA's grantees that resulted in some action being taken, and reports by grantees of their increased efforts to conduct outreach and education to rural, isolated, and non-English-speaking beneficiaries.

### Delivery of Consumer Information

AoA provided consumer information to the public designed to: 1) increase awareness and empower individuals to take greater personal responsibility for monitoring their own health care; 2) prevent the serious consequences associated with the small number of unscrupulous individuals who seek to exploit the Medicare and Medicaid programs through fraudulent or abusive practices; and 3) provide advice and guidance on preventive techniques and methods that can help reduce victimization of older Americans. Examples of major presentations in FY 2000 included:

- The development, production, and dissemination of more than 2,500 videos and 65,000 brochures in English, Spanish, and Mandarin Chinese.
- Another major activity was the distribution of more than 75,000 health care journals to Medicare/Medicaid beneficiaries, which AoA developed in partnership with doctors, other health care professionals, and its Senior Medicare Patrol Projects.

The journal was a particularly useful tool used for several purposes. It was used by beneficiaries to record information such as, the date and purpose of their health care visits, medications prescribed, services received, instructions given, and other patient information. The journal helped to facilitate communication and understanding between health care providers and patients, and served as a record for beneficiaries to use in reconciling their Medicare statements. This information ultimately helped them to better understand their legitimate health care financial obligations, as well as to recognize questionable health care charges. This increased understanding is, to a degree, evidenced in the growing number of consumer inquiries to health care providers and to the Senior Medicare Patrol Projects regarding the nature of the health care services received by beneficiaries.

Since the implementation of these consumer information activities, calls from senior citizen groups, community service organizations, health care personnel, and older Americans and their families for additional materials and speakers have more than tripled. There have also been noticeable increases in newspaper articles and a groundswell of invitations from senior centers for speakers and experts to present information on ways beneficiaries can take an active role in understanding their health care services and bills under Medicare and Medicaid. These trends highlight an increasing awareness among these groups to obtain a better understanding of the health care services they receive, and the need to protect their Medicare and Medicaid numbers as they would their credit card.

## 2.6 PROGRAM MANAGEMENT

### Program Description and Context

| (numbers in thousands) | FY 1999 Enacted | FY 2000 Enacted | FY 2001 Enacted | FY 2002 President's Budget |
|------------------------|-----------------|-----------------|-----------------|----------------------------|
| Program Direction      | \$14,795        | \$16,458        | \$17,219        | \$18,122                   |

AoA agrees with the HHS principle that management challenges should be addressed in the GPRA context, and included two primitive process measures in its original FY 1999 annual performance plan. With the FY 2002 plan, AoA initiates efforts to reestablish its commitment to include management measures in the annual performance plan. The initial developmental measures identified below are ones associated with fundamental management challenges which the Agency faces: financial management, human resources management, and information management. AoA is undergoing an audit of its financial statements for the first time for FY 2000. Consistent with the HHS approach to addressing this activity in its GPRA performance plans, AoA will establish as an ongoing measure the achievement of a clean financial opinion on its financial statements. For human services programs, AoA faces the same challenges that confront other Federal agencies, ensuring that it meets challenges caused by retiring employees and streamlining administration. AoA believes that both must be addressed through workforce planning, and that it is appropriate to measure performance through the extent that hiring is consistent with a workforce plan. The agency will identify performance targets when new leadership has the opportunity to participate in that process. AoA's most significant challenge in the area of information management is associated with the timely collection and processing of program data. In previous GPRA performance plans, it appeared that the Agency would be unable to use program data for GPRA reporting purposes for up to two years after the end of the fiscal year. Agency management has found this to be unacceptable and unnecessary and has initiated work to improve the timeliness of data, and has included a new performance measure in this GPRA plan to ensure tracking of that objective.

## Goal-by-Goal Presentation of Performance

### Performance Measures Summary Table—Program Management Measures

| Performance Goals                                                                                                                | Targets                                                                                                     | Actual Performance                                   | Ref. |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------|
| <b>PROGRAM MANAGEMENT MEASURES</b>                                                                                               |                                                                                                             |                                                      |      |
| Results of audits of AoA financial statements.                                                                                   | FY02: Clean Opinion for 2001<br>FY01: Clean Opinion for 2000<br>FY00: (New in 2001)<br>FY99: Not applicable | FY02: 2/02<br>FY01: 5/01<br>FY00: N.A<br>FY99: 11/00 |      |
| A high percentage of AoA hires will be based on a formal AoA Workforce Plan.<br><b>(Developmental)</b>                           | FY02: To be determined<br>FY01: New in 2002                                                                 | FY02:<br>FY01:                                       |      |
| Reduce the time lag (in months) for making NAPIS data available for GPRA purposes and for publication.<br><b>(Developmental)</b> | FY02:<br>FY01: To be determined                                                                             | FY02:<br>FY01:<br>FY00:<br>FY99: 24 months           |      |
| <b>Discontinued Measures</b>                                                                                                     |                                                                                                             |                                                      |      |
| Achieve Y2K Compliance in FY 1999                                                                                                | FY00: discontinued<br>FY99: meet compliance                                                                 | FY99: goal met                                       |      |
| Complete implementation of new computer systems (process measure)                                                                | FY00: discontinued<br>FY99: completed implementation of systems                                             | FY99: system implemented throughout AoA              |      |
| Maintain grants operation performance (process measure)                                                                          | FY00: discontinued<br>FY99: continue operation                                                              | FY99: operation continued.                           |      |

### Performance Results for Program Management Measures

AoA engaged in the management improvement processes for both grants management and information systems improvement that allow the Agency to declare that the process measures in the original FY 1999 performance plan have been completed. However, the agency does not believe that such activity measures are appropriate in the GPRA context, and has discontinued both measures. Interestingly, the measure of a “clean financial opinion” is also a form of process measure, but it also reflects a result and not an activity. This form of process measure is appropriate in the GPRA context because it reflects a performance result, and so will be retained in future AoA plans. The other

new measures that AoA has identified, and any future measures which are established for important management activities will be results measures.

To initiate the identification and tracking of significant, ongoing management challenges in the GPRA context, this plan includes three developmental performance measures for program management activities.

- The first, to obtain clean financial opinions from financial statement audits is consistent with measures that HHS as a whole and other OPDIVs have included in agency performance plans for several years.
- AoA has engaged in a significant workforce planning effort, and so proposes initially to assess performance with a measure that represents maintenance and use of the planning effort. This measure is clearly developmental because the agency must determine if the measure is useful and must identify an appropriate level of performance for the indicator.
- Reflecting the firm commitment of the agency to improve the quality, reliability, and timeliness of data from the NAPIS system, and to reduce the burden that it imposes on the Network, the plan includes AoA's commitment for a developmental measure that reflects a necessary system outcome. For AoA to successfully reduce the time lag for making NAPIS data available for GPRA purposes, it must address and achieve the objectives of reducing burden and improving data quality.

# APPENDICES



## APPENDIX 1

### Approach to Performance Measurement

#### Methodology and Rationale

The fundamental elements of AoA's approach to performance measurement are consistent with the guidelines established by the Department of Health and Human Services because AoA shares many of the same measurement challenges that other HHS components face. AoA is the lead HHS component for support programs for elderly individuals, which are administered day-to-day by State and local governmental entities and numerous business and non-profit service providers. This fundamental program partnership dictates that AoA approach performance measurement mindful of the needs and constraints of the non-Federal partners which share program authority and responsibility.

AoA has instituted performance measurement with the approach of utilizing existing information resources to the full extent possible, and reducing new and potentially burdensome information gathering to that which is important to program assessment and which is consistent with views of the partnership. AoA was limited in its first performance plans by the lack of mature, reliable data because of the status of implementation of a new information management system: The National Aging Program Information System (NAPIS). As a result, performance measures in the early GPRA plans were limited for the most part to output measures associated with service unit counts. With the FY 2002 Annual Performance Plan, reflecting the increasing maturity of the NAPIS system and AoA's developing Performance Outcome Measures Project, AoA has completely restructured its performance plan, particularly for its large State and Community-Based programs, and defined performance measures that reflect the achievement of the Aging Network in: **targeting** services to elderly individuals in need, establishing an effective **system** of services utilizing funding from multiple sources, maintaining **service** outputs across a variety of domains, and producing **outcomes** that are relevant to the network and focus on consumer assessment.

AoA continues to face a number of performance measurement constraints that are common to HHS programs.

- AoA relies on State and local governmental entities and service providers for the data required to measure performance. Because of the complex relationships, AoA cannot expect to have data available for GPRA purposes within six months of the end of a fiscal year. In previous years, AoA did not anticipate having data available for two years after the end of the fiscal year, but our work within AoA and with the cooperation of State and local agency representatives, we have already reduced those time frames.
- Like other HHS components, AoA is one of many providers of services to individuals, and can neither reasonably attribute broad changes in the characteristics and conditions of large population groups to its program activities,

nor reasonably project measurable changes in significant population groups over short periods of time. These factors limit both the choice of measures available to AoA for GPRA purposes and the performance targets the agency can reasonably expect to achieve.

- Over the years, AoA has represented a relatively stable source of service support to elderly individuals across the country, and so cannot expect on an annual basis to produce broad based changes, increases or improvements in the results that are produced through the Aging Network. As a result, AoA and the Aging Network are in the process of defining levels of performance that reflect significant performance year in and year out, and which, if not met would result in the need for evaluation and enhanced program support.

These constraints do not hinder AoA action to use GPRA and performance measurement as important tools for program assessment, but they force the Agency to recognize the limits and the proper uses of this assessment tool. GPRA must be used in combination with other assessment mechanisms and information sources to “inform” program assessment and planning. With reasoned use and realistic expectations for this assessment tool, program managers throughout AoA and the Aging Network will increasingly realize the value of ongoing performance measurement. By facing and addressing these performance measurement challenges directly, AoA is developing a performance measurement program that has the potential to be useful to program managers and decision makers for years to come. HHS has correctly fostered an “iterative” approach to the implementation of GPRA and performance measurement. As AoA’s GPRA performance measures mature and performance trends emerge, program executives and managers throughout AoA and HHS, and decision makers outside the Department, can expect to use trend data to seek the coordinated improvement of AoA and related HHS programs on an ongoing basis. The data will support agency efforts for: 1) assessing program activity and results, 2) engaging in program evaluation where deeper assessment is required, 3) redefining program strategies to produce improved results, and 4) modifying future performance targets to be consistent with available resources and up-to-date priorities and policy decisions.

### **Data Verification, Validation and Other Data Issues**

As indicated in the introduction to this performance plan and report, AoA and the Aging Network face a significant challenge in obtaining data to measure performance for programs of this kind. For the sake of context, it is important to reiterate those challenges here while addressing the extensive processes that AoA and the States utilize to improve the validity and reliability of the NAPIS data. All levels of the Aging Network, from AoA through the state and area agencies on aging to local centers and service providers, know well the challenge of producing client and service counts by critical program and client characteristics for a program which **coordinates** service delivery through approximately 29,000 local providers. Many OAA program services do not require a one-time registration for service on the part of clients; eligible clients may obtain services on an ad hoc and irregular basis. This makes the tracking of services to individuals and the generation of “unduplicated” counts of clients a very difficult task at the local level, particularly if local entities lack information technology that simplifies client and service record-keeping and information management. Federal and State reviews of data provided for FY 1997, 1998 and 1999 under NAPIS suggest that

significant limitations in the adequacy of information infrastructure at the local level inhibit their ability to routinely and consistently produce the data that are required by law for the Older Americans Act programs and form the basis for many of AoA's GPRA performance measures. Extensive and repeated Federal and State efforts to provide technical assistance and to isolate and correct common data problems have been helpful for local areas in the majority of States and for most data elements required by the OAA through NAPIS. Nevertheless, much remains to be done to ensure that local service providers and area agencies have the capacity to reliably provide important data without excessive burden.

#### Technical Assistance, Standard Software Packages, Electronic Edits

AoA and the State Units on Aging have long recognized the effects that local capacity limitations could have on the generation of reliable data for programs and services of this type, and have taken significant steps to support local entities in producing the NAPIS data. There are at least two commercial packages now available to States and local entities to assist them in the preparation of the NAPIS data. These packages have fostered far greater consistency in the data generated for NAPIS than was possible in the early years of implementation. AoA developed an extensive set of electronic edits for all data elements, which are applied to the electronic submissions of State entities. AoA contractors work with State data administrators to correct data elements that fail electronic edits to ensure that data meet standard logic checks. Following standard electronic checks, knowledgeable AoA regional and central office staff conduct extensive reviews of edited data for "reasonableness," to ensure that significant value changes from one year to another reflect program circumstances and not the limitations of the program data. These processes have been extremely slow, burdensome and time consuming, and they must be modified. AoA and State agency representatives are investigating ways to streamline the data verification and validation process without compromising data quality.

Because of the data challenges that the Network is addressing and the time-consuming validation processes that remain in place at the present time, the FY 1999 data cited in this report must be classified as "preliminary" data. This means that AoA and the States are still reviewing a significant number of individual data items, which were generated from data reported by local components, for accuracy and validity. Agencies in two small States have not yet been able to generate program data for FY 1999, and so we have used FY 1998 data for those States to allow us to provide preliminary national estimates for this performance report. It should be noted that potential error for all national data elements caused by the use of FY 1998 data for these two States is less than one tenth of one percent, so it is not a significant limitation. In addition, AoA has reviewed the data elements used in this report for all other States, and believes that data are reasonable. The known errors that remain with the data for a significant number of States will not significantly change the totals reported here, when the errors are detected and the data corrected.

Over the next year, AoA and its program partners will review the data requirements of the OAA and consider alternatives to the collection of the most complicated data that cause most of the burden and validity problems. This will be done in conjunction with agency efforts to renew approval of NAPIS data collection efforts under the Paperwork Reduction Act. AoA will pursue efforts to support local information technology

improvements, particularly Internet and web-based solutions to data reporting and accessibility. AoA will work with State and local program representatives to improve their understanding of HHS's performance measurement principles, and better demonstrate the constructive uses of performance information to improve programs. AoA and State and local representatives will together assess the potential linkages of the performance outcome and service data that AoA will use for GPRA performance measurement purposes. Together we will seek to identify the correlation between service measures and program outcomes to demonstrate the value of collecting data on client and service characteristics on an ongoing basis.

AoA and the Aging Network face a similar challenge with the measurement of outcomes. Although we have made significant progress with the initial development and testing of outcome measures, we do not have national baselines for outcomes to set targets for FY 2002. AoA's Performance Outcome Measures Project, which was expanded to approximately 30 area agencies in 16 pilot States in FY 2000, is a promising endeavor, and we will pursue statistical methods to obtain national estimates for the outcome measures that will be tested in the pilot States over the next year. Nevertheless, the routine, annual and program-wide measurement of performance outcomes will not be initiated within the next year.

Because of the data limitations addressed in this Appendix, AoA classifies most of its GPRA performance measures as "developmental." This classification means that although AoA will immediately make use of available data in the context of the GPRA performance plan and report, the measures and the data on which they are based lack the maturity to directly support decision-making immediately. In fact, this is not unusual for the assessment of performance for health and human service programs. As the Department has observed in previous HHS performance plan and report summaries, performance measurement data will become more useful over time as performance measures mature and trends in performance can be observed.

## APPENDIX 2

### Changes and Improvements over the Previous Year

AoA has made significant modifications to its GPRA performance plan over the past, nearly doubling the number of measures included in the original plan, deleting measures that did not focus on results, and reorganizing the structure of the plan to more effectively present performance information and to make it more consistent with the budget presentation of which it is a part. The following chart identifies all of the changes to performance measures that are reflected in this submission of the AoA GPRA performance plan.

| Original FY 2001 | Revised FY 2002                                                                                                 | Rationale for Change                                                                                                                                   |
|------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A              | Targeting Measure: Provide OAA Title III services to a significant percentage of U.S. poor elderly individuals. | While similar information was presented in the text of the 2001 performance plan, it is included in the 2002 plan as a developmental performance goal. |
| N/A              | Targeting Measure: A significant percentage of OAA Title III service recipients are poor.                       | While this information was presented in the text of the 2001 performance plan, it is included in the 2002 plan as a developmental performance goal.    |
| N/A              | Targeting Measure: A significant percentage of OAA Title III service recipients are minorities.                 | While this information was presented in the text of the 2001 performance plan, it is included in the 2002 plan as a developmental performance goal.    |
| N/A              | Targeting Measure: A significant percentage of OAA Title III service recipients live in rural areas.            | New developmental performance goal.                                                                                                                    |

| Original FY 2001                                                    | Revised FY 2002                                                                                                                                                                                                                     | Rationale for Change                                                                                                                                                                                                                    |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| N/A                                                                 | System Measure: Maintain a high ratio of Leveraged funds to AoA funds.                                                                                                                                                              | AoA previously reported dollar amounts for leveraged funding for several specific services. We believe the ratio of Older Americans Act dollars to leveraged dollars is more informative. This is a new developmental performance goal. |
| N/A                                                                 | System Measure: Maintain a high ratio of Network program income to AoA funding.                                                                                                                                                     | New developmental performance goal.                                                                                                                                                                                                     |
| N/A                                                                 | System Measure: A high percentage of funding for the following services will come from leveraged funds: <ul style="list-style-type: none"> <li>■ Personal Care</li> <li>■ Home-Delivered Meals</li> <li>■ Adult Day Care</li> </ul> | New developmental performance goal.                                                                                                                                                                                                     |
| N/A                                                                 | System Measure: Maintain high percentage of senior centers that are community focal points.                                                                                                                                         | New developmental performance goal.                                                                                                                                                                                                     |
| N/A                                                                 | System Measure: Maintain high presence (pct.) of volunteer staff among area agencies on aging.                                                                                                                                      | New developmental performance goal.                                                                                                                                                                                                     |
| N/A                                                                 | System Measure: Increase internet connectivity for area agencies on aging                                                                                                                                                           | New developmental performance goal.                                                                                                                                                                                                     |
| Increase the amount of funds leveraged for transportation services. | Performance goal discontinued.                                                                                                                                                                                                      | Replaced with different measures relying on ratios of appropriated funds to leveraged funds.                                                                                                                                            |

| Original FY 2001                                                                   | Revised FY 2002                                                                                                                         | Rationale for Change                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase the amount of funds leveraged for information and assistance services.    | Performance goal discontinued.                                                                                                          | Replaced with different measures relying on ratios of appropriated funds to leveraged funds.                                                                                                                                                                                                                                 |
| N/A                                                                                | Client and Program Outcome Measures: Improve nutritional status scores                                                                  | The client and program outcome measures have been developed with a pilot group of states and area agencies under AoA's performance outcomes measures project. While previous versions of this plan have described this project, this is the first time these measures are being included as developmental performance goals. |
| N/A                                                                                | Client and Program Outcome Measures: A high percentage of new clients for home-delivered meals have high nutritional risk scores.       |                                                                                                                                                                                                                                                                                                                              |
| N/A                                                                                | Client and Program Outcome Measures: A high percentage of clients rate transportation service as very good or better.                   |                                                                                                                                                                                                                                                                                                                              |
| N/A                                                                                | Client and Program Outcome Measures: A high percentage of clients report that calls for information and assistance are answered quickly |                                                                                                                                                                                                                                                                                                                              |
| N/A                                                                                | Client and Program Outcome Measures: Improve caregiver support services satisfaction scores.                                            |                                                                                                                                                                                                                                                                                                                              |
| N/A                                                                                | Ombudsman Services Measures: Decrease the prevalence of restraints in nursing homes.                                                    |                                                                                                                                                                                                                                                                                                                              |
|                                                                                    | Ombudsman Services Measures: Decrease the prevalence of pressure ulcers in nursing homes.                                               | HCFA's measures to reduce the use of restraints and the incidence of pressure ulcers can indicate quality improvements and also serve as indicators of results the of the responsiveness of the Ombudsman program.                                                                                                           |
| Name of Section: State and Local Innovations and Projects of National Significance | Name of Section: Research and Demonstration                                                                                             | With the FY 2002 budget, AoA has changed the title of the budget activity "State and Local Innovations and Projects of National Significance" to "Research and Development."                                                                                                                                                 |

| Original FY 2001                        | Revised FY 2002                                                                                                 | Rationale for Change                                                                                                                                                                                                                                                        |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name of Section: Health Care Anti-Fraud | Name of Section: Senior Medicare Patrols and Technical Assistance Centers                                       | The earlier title reflected the initiation of activity to involve seniors in fighting Medicare fraud and abuse. However, it no longer reflects the generic scope of the activity that AoA has formalized in response to legislative initiatives, and has thus been changed. |
| N/A                                     | Program Management Measures: Results of audits of AoA financial statements.                                     | New developmental performance goal.                                                                                                                                                                                                                                         |
| N/A                                     | Program Management Measures: A high percentage of AoA hires will be based on a formal AoA Workforce Plan.       | New developmental performance goal.                                                                                                                                                                                                                                         |
| N/A                                     | Program Management Measures: Reduce the time lag (in months) for making NAPIS data available for GPRA purposes. | New developmental performance goal.                                                                                                                                                                                                                                         |



## APPENDIX 3

### Linkage to the HHS Strategic Plan

Part 1 of this performance plan provides a summary presentation of the linkage between the AoA GPRA performance plan and the HHS Strategic Plan. The following chart is intended to provide a more descriptive and definitive illustration of the detailed links between individual AoA program activities and the detailed goals and objectives in the FY 2000 HHS Strategic Plan.

#### HHS Strategic Goal 1: Reduce the Major Threats to Health and Productivity of All Americans

| HHS Strategic Objective 1.3: Improve the Diet and Level of Physical Activity of Americans |                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AoA Program                                                                               | Performance Goal                                                                                                                                                                                     |
| Home Delivered Meals                                                                      | Increase the number of home-delivered meals provided.                                                                                                                                                |
| Congregate Meals                                                                          | Maintain the number of congregate meals served.                                                                                                                                                      |
| Programs for American Indians, Alaska Natives, and Native Hawaiians                       | Improve the health and well-being, and reduce social isolation, among older American Indians, Alaska Natives and Native Hawaiians by maintaining the level of provision of community-based services. |

#### HHS Strategic Goal 2: Improve the Economic and Social Well-Being of Individuals, Families and Communities in the United States

| HHS Strategic Objective 2.5: Increase the Proportion of Older Americans Who Stay Active and Healthy          |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| AoA Program                                                                                                  | Performance Goal                                                                                            |
| Community Based Services: Targeting Measures                                                                 | Assure that a large percentage of U.S. poor elderly receive OAA Title III services.                         |
| Community Based Services: Targeting Measures                                                                 | Maintain percentage of OAA Title III service recipients who are poor.                                       |
| Community Based Services: Targeting Measures                                                                 | Maintain percentage of OAA Title III service recipients who are minorities.                                 |
| Community Based Services: Service Measures -- Nutrition                                                      | Increase the number of home-delivered meals provided and maintain the number of congregate meals served.    |
| Community Based Services: Service Measures -- Transportation                                                 | Maintain the number of one-way rides provided.                                                              |
| Community Based Services: Service Measures -- Information and Assistance                                     | Maintain the number of information and assistance contacts.                                                 |
| Community Based Services: Client Outcome Measures -- Nutritional Risk (developmental)                        | Determine normative scores through administration of the Nutritional Risk survey instrument                 |
| Community Based Services: Client Outcome Measures -- Transportation Satisfaction (developmental)             | Determine normative scores through administration of the Transportation Satisfaction survey instrument      |
| Community Based Services: Client Outcome Measures -- Information and Assistance Satisfaction (developmental) | Determine normative scores through administration of the Information and Assistance Satisfaction instrument |

| HHS Strategic Objective 2.6: Increase the Independence and Quality of Life of Persons with Long-Term Care needs |                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AoA Program                                                                                                     | Performance Goal                                                                                                                                                                                 |
| Protection of Vulnerable Older Americans – Long Term Care Ombudsman Outcome Measures                            | Maintain the combined resolution / partial resolution rate of 70 percent of complaints in nursing homes.                                                                                         |
| Community Based Services: Home Care Satisfaction Measure                                                        | Determine normative scores in the areas of homemaker, home health aide, case management, home-delivered meals and grocery service through administration of the satisfaction survey instruments. |
| Community Based Services: Caregiver Support Services Satisfaction Measure                                       | Determine normative scores through administration of the Caregiver Support Satisfaction survey instrument.                                                                                       |

**HHS Strategic Goal 3: Improve Access to Health Services and Ensure the Integrity of the Nation’s Health Entitlement and Safety Net Programs**

| HHS Strategic Objective 3.5: Enhance the Fiscal Integrity of HCFA Programs and Ensure the Best Value for Health Care Beneficiaries |                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| AoA Program                                                                                                                        | Performance Goal                                                                |
| Senior Medicare Patrol Measures                                                                                                    | Increase the number of trainers who conduct activities to educate beneficiaries |
| Senior Medicare Patrol Measures                                                                                                    | Increase the number of substantiated complaints generated.                      |
| Senior Medicare Patrol Measures                                                                                                    | Increase the amount of Medicare funds recouped. (Discontinued)                  |

| HHS Strategic Objective 3.6: Improve the Health Status of American Indians and Alaska Natives |                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AoA Program                                                                                   | Performance Goal                                                                                                                                                                                     |
| Programs for American Indians, Alaska Natives, and Native Hawaiians                           | Improve the health and well-being, and reduce social isolation, among older American Indians, Alaska Natives and Native Hawaiians by maintaining the level of provision of community-based services. |

**HHS Strategic Goal 4: Improve the Quality of Health Care and Human Services**

| HHS Strategic Objective 4.1: Enhance the Appropriate Use of Effective Health Services |                                                                                                                                       |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>AoA Program</b>                                                                    | <b>Performance Goal</b>                                                                                                               |
| Community Based Services: System Measures                                             | Maintain a high ratio of leveraged funds to AoA funds.                                                                                |
| Community Based Services: System Outcome Measures                                     | Maintain a high ratio of network program income to AoA funding.                                                                       |
| Community Based Services: System Outcome Measures                                     | A high percentage of funding for personal care, home-delivered meals and adult day care will come from leveraged funds.               |
| Community Based Services: System Outcome Measures                                     | Maintain a high percentage of senior centers that are community focal points.                                                         |
| Community Based Services: System Outcome Measures                                     | Maintain high presence of volunteer staff among area agencies on aging.                                                               |
| Community Based Services: System Outcome Measures                                     | Increase the amount of funds leveraged for transportation services (Discontinued).                                                    |
| Community Based Services: System Outcome Measures                                     | Increase the amount of funds leveraged for information and assistance services (Discontinued).                                        |
| Community Based Services: System Outcome Measures                                     | Capacity Building Outcome Measure – determine method to develop normative score from area agency director interview guide             |
| Community Based Services: System Outcome Measures                                     | Reducing Barriers to Services Outcome Measure – determine method to develop normative score from area agency director interview guide |
| Community Based Services: System Outcome Measures                                     | Support greater internet connectivity among the Aging Network and Older Americans                                                     |

| HHS Strategic Objective 4.2: Reduce Disparities in the Receipt of Quality Health Care Services |                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AoA Program</b>                                                                             | <b>Performance Goal</b>                                                                                                                                                                              |
| Programs for American Indians, Alaska Natives, and Native Hawaiians                            | Improve the health and well-being, and reduce social isolation, among older American Indians, Alaska Natives and Native Hawaiians by maintaining the level of provision of community-based services. |

| HHS Strategic Objective 4.4: Improve Consumer Protection                             |                                                                                                          |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>AoA Program</b>                                                                   | <b>Performance Goal</b>                                                                                  |
| Protection of Vulnerable Older Americans – Long Term Care Ombudsman Outcome Measures | Maintain the combined resolution / partial resolution rate of 70 percent of complaints in nursing homes. |

## **APPENDIX 4**

### **Performance Measurement Linkage with the Budget and Other Management Functions**

For AoA at the present time, the relevant linkages for GPRA are with the AoA budget and AoA's program evaluation function. The linkages with the budget are briefly defined in Part 2 of the plan, and are illustrated in more detail in the chart below. The linkages between AoA's GPRA and program evaluation activities are better presented in narrative form. To foster consistency between the two program assessment methodologies, AoA has located responsibility for both GPRA and program evaluation in the same program component. In addition, to ensure the development of outcome measurement as a tool that assists with directing program evaluation activity, some program evaluation funding is being devoted to the development of performance outcome measures for the Aging Network. For the foreseeable future, AoA will continue to support a limited set local performance outcome measures projects with program evaluation funds, and will meet the requirements of the OAA for defining outcome measures by December 31, 2001, and developing initial national measures in the same manner.

The AoA budget linkage table is shown in its entirety on the following page.

**Budget Linkage Table**  
(\$ Amounts in 000's)

| <b>AoA FY 2002 Performance Plan Areas</b>                | <b>Program/Budget Line Items</b>                   | <b>FY 2000 Appropriation</b> | <b>FY 2001 Appropriation</b> | <b>FY 2002 Proposed</b> |
|----------------------------------------------------------|----------------------------------------------------|------------------------------|------------------------------|-------------------------|
| Community-Based Services:                                | Supportive Services and Centers                    | \$847,446                    | \$1,001,610                  | \$1,011,610             |
| Targeting Measures                                       | Congregate Meals                                   |                              |                              |                         |
| System Measures                                          | Home-Delivered Meals                               |                              |                              |                         |
| Service Measures                                         | Preventive Health Services                         |                              |                              |                         |
| Client and Program Outcome Measures                      | Caregivers (NFCSP)                                 |                              |                              |                         |
| Ombudsman Services                                       | Vulnerable Older Americans                         | \$13,179                     | \$14,181                     | \$14,181                |
| Services for Native Americans                            | Grants to Indian Tribes                            | \$18,457                     | \$23,457                     | \$25,457                |
| Research and Development                                 | Research and Development                           | \$37,124                     | \$46,626                     | \$28,348                |
|                                                          | Alzheimer's Disease Demonstration Grants to States |                              |                              |                         |
|                                                          | Aging Network Support Activities                   |                              |                              |                         |
| Senior Medicare Patrols and Technical Assistance Centers | Operation Restore Trust (HCFAC)                    | \$1,450                      | \$1,500                      | \$2,000                 |
| Program Administration                                   | Program Direction                                  | \$16,458                     | \$17,219                     | \$18,122                |
|                                                          | <b>Total Budget</b>                                | <b>\$934,114</b>             | <b>\$1,104,593</b>           | <b>\$1,099,718</b>      |