



Administration on Aging 2003 annual report

what we do
makes a difference



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2003 annual report
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introduction

what we do makes a difference



“My Administration is coordinating with State and Area Agencies on Aging, and faith-based and community organizations to better provide essential services, such as meals, nutrition, counseling, and health screening, to our seniors.”

—From President George W. Bush’s 2003
Older Americans Month Proclamation

MESSAGE FROM THE ASSISTANT SECRETARY

I am pleased to bring you the 2003 annual report of the Administration on Aging (AoA). This report provides us the opportunity to highlight the positive results that AoA, the states, Indian Tribes and the communities across the nation continue to produce for older Americans. It also addresses the many activities we performed in fiscal year (FY) 2003 that will support improved results for elders in future years.

We are in the midst of one of the most profound changes in the history of the United States. Our population is growing older at an increasingly rapid pace. Eight years from now the first of the baby boomers will begin turning 65, and the number of Americans age 65 and older will more than double to over 70 million by 2030. When we plan for our future and the type of system we would like to see in the United States, we envision a system that provides people of all ages with more choices and opportunities for receiving support in their own homes and communities.

The Aging Network is prepared to meet this challenge; it has been at the forefront of building consumer-responsive systems of care at the state and local level for almost 40 years. Through the combined efforts of State and Area Agencies on Aging, Indian Tribal Organizations, our local community service providers, national aging organizations, and thousands of dedicated volunteers and advocates, we have literally built the foundation of this nation’s formal system of home and community-based care.

And, we’ve done it in partnership with older Americans and their families. Together, we have put in place a national infrastructure that serves over 7 million seniors each year, 3 million of whom have intensive care needs.

Through our new National Family Caregiver Support Program, we are reaching nearly 440,000 family caregivers each year with supports that are vital to them and to the elderly they serve. We are strengthening America's families and we are keeping impaired older people out of nursing homes. We are also keeping older people healthy and engaged in community life. The Network is making a real difference in the lives of people all across this nation.

AOA'S COMMITMENT

The Administration on Aging (AoA) is committed to strengthening the leadership role of the entire Aging Network in developing a more balanced, consumer-oriented system of care. We must continue to pledge our support for older Americans by improving their health and well being through accessible and quality health care and affordable prescription drug coverage, and through support for community-based programs such as those provided by the AoA.

I would like to take this opportunity to recognize the efforts of our National Aging Services Network partners. State Agencies on Aging, Tribal Organizations, area agencies on aging, and local service providers help make OAA programs and services possible and we are thankful for their hard work. Together, we make it easier for older people to access an integrated array of health and social supports, help older people stay active and healthy, support families in their efforts to care for their loved ones at home and in the community, and ensure the rights of older people. Together, we make a difference in the lives of older Americans.



Josefina G. Carbonell

"I support programs and activities that prevent disease, teach healthy living, prevent unintentional injuries, and provide for an active and healthy life, long into the golden years."

—Message from Tommy G. Thompson, HHS Secretary at the Steps to a HealthierUS Summit



mission

who we are and what we do



AoA administers various grant programs in conjunction with state, tribal and local efforts that include a comprehensive and coordinated system of care for older people and their family caregivers.

The Administration on Aging (AoA), an agency of the U.S. Department of Health and Human Services (HHS) was established by the Older Americans Act (OAA) in 1965. AoA was created to serve as the federal focal point and advocacy agency for older persons and their concerns. In this role, we work to heighten awareness among other federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the nation and alert them to the needs of vulnerable older people. AoA also administers various grant programs in conjunction with state, tribal, and local efforts that include a comprehensive and coordinated system of care for older people and their family caregivers. We carry out our grant programs and advocacy in collaboration with the National Aging Services Network that includes 56 State Units on Aging, 655 Area Agencies on Aging, 243 Tribal Organizations, over 29,000 local community service organizations, 500,000 volunteers, and a wide variety of national organizations.

OUR MISSION

By administering our advocacy and grant programs, we carry out the mission of the AoA. Our mission, as embodied in the OAA, is to promote the dignity and independence of older people, and to help society prepare for an aging population.

OUR VISION FOR OLDER PEOPLE

Our vision for older people is based on the American value that dignity is inherent to all individuals in our democratic society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.

OUR STRATEGIES

AoA has developed a 5-Year Strategic Plan that establishes five strategies we are using to advance our mission and our vision for older people.

- First - We will listen to our customers, at the state and local level, especially our older citizens and their families. We want to make sure we understand their needs and respond to what they are asking us to do.
- Second – We will continue our commitment to educating policymakers and the public about the long-term care needs of older people, and the actions our nation should take to respond to those needs.
- Third – We will help others to understand the extraordinary value and assets of the Aging Network. We want policy-makers and the major funders to see the benefits of investing in the Network.
- Fourth – We will expand our technical assistance program to help the Network keep up-to-date on the latest research and best practices.
- Finally – We will work with other agencies and private sector organizations on initiatives to strengthen the Aging Network’s role in health and long-term care.

OUR PRIORITIES

AoA’s Strategic Plan establishes five programmatic priorities to guide and focus our investment of effort and resources over a five year period. The following priorities support the HHS Strategic Plan which include:

1. Make it easier for older people to access an integrated array of health and social supports.
2. Help older people to stay active and healthy.
3. Support families in their efforts to care for their loved ones at home and in the community.
4. Ensure the rights of older people and prevent their abuse, neglect, and exploitation.
5. Promote effective and responsive management.

“We must marshall our creative energy and diverse resources to translate the challenges of an aging population into opportunities to reach a new vision for aging. We all have a critical role to play.”

— Josefina G. Carbonell
Remarks at the AoA Summit

facilitating access

making it easier for older people to access an integrated array of health and s



Better use of technology has expanded and enhanced our ability to communicate and share information with our customers. AoA has formed a partnership with the Centers for Medicare & Medicaid Services (CMS) to improve access to home and community-based services.

Improving access to services for older Americans is a critical priority of AoA and the National Aging Services Network. One major effort used to improve public awareness and communication is listening to our consumers and providing information to our stakeholders. AoA continued to hear from its customers through listening sessions, conferences, and consumer assessment surveys. Better use of technology has expanded and enhanced our ability to communicate and share information with our customers. We have also formed a partnership with the Centers for Medicare & Medicaid Services (CMS) to improve access to home and community-based services.

LISTENING TO OUR CUSTOMERS

In an effort to obtain necessary feedback and be responsive to our customers on services and programs provided by AoA and the Aging Network, we conducted a series of six local Town Hall Listening Sessions in 2003. We heard from older people, their families and caregivers, along with members of the Aging Services Network on the following critical issues:

- What can the Aging Services Network do to empower older people and their families to make informed decisions about their care options?
- How can we build upon the initial success of the National Family Caregiver Support Program and expand access to information, make services more consumer-friendly, and allow caregivers more choices?
- What innovations are occurring at the state and local level related to access and service delivery that could serve as models for other states and communities across the country?

Sessions were held in Miami, FL; Chicago, IL; Orange County, CA; Tempe, AZ; Baltimore, MD; and Charlotte, NC.

Supportive services

TRIBAL LISTENING SESSION

AoA held the first of three Regional Tribal Listening Sessions in Reno, NV in October. There were approximately 150 participants representing American Indian, Alaska Natives and Native Hawaiians. Tribal governments and AoA share the common belief that elders are to be respected and honored. We also recognize the growing needs of our elders as greater numbers of American Indians, Alaska Natives, and Native Hawaiians are living well into their eighties and nineties. The Tribal Listening Sessions present opportunities for Tribal leaders and AoA to engage in discussion and consultation to address issues and facilitate action in carrying out the objectives of the OAA.

Grants to Native Americans Program Increasing Access to Services
FY 2002
<ul style="list-style-type: none">• 715,000 rides to doctors office and other critical daily activities• 659,000 hours of information and assistance• 3.0 million meals to over 69,000 Native American elders• 961,000 hours of in-home services

AGING AND DISABILITY RESOURCE CENTERS

In communities across America, individuals in need of long term care support, and their family caregivers are frequently overwhelmed as they try to navigate fragmented and duplicative systems. This can often lead to making an uninformed decision, such as unnecessary institutionalization. AoA recognizes that families need

“These new centers will serve as visible and trusted places where people can turn for information on the full range of long-term support options, as well as assistance in accessing those options. The centers will offer consumers reliable information to help them make appropriate choices for themselves and their families.”

Statement from Health and Human Services Secretary Tommy G. Thompson statement announcing the Aging and Disability Resource Center grants

facilitating access (cont.)

access to reliable and accurate information about long-term support services. The Aging and Disability Resource Center Grant Program (the Resource Center Program), a cooperative effort of AoA and CMS, was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long-term support. The goal of this effort is to minimize confusion, enhance individual choice, and support informed decision-making. The Resource Center Program is part of President George W. Bush's New Freedom Initiative, which aims to overcome barriers to community living for people with disabilities of all ages.

The Resource Center Program has made several strides toward meeting AoA's vision for long-term care:

- Affordable choices and options that promote independence and dignity for individuals;
- Consumer control and meaningful involvement in the design and delivery of the programs and services that affect their lives;
- Information that empowers people to make informed decisions;
- Easy access to a range of health, long-term care and environmental supports;
- Support for family caregivers; and
- Helps ensure that people get the highest quality care available.

Grants were awarded to state agencies in Louisiana, Maine, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Jersey, Pennsylvania, Rhode Island, South Carolina and West Virginia. Additional grants will be funded in 2004.

SUMMIT ON CREATING HEALTHY & CARING COMMUNITIES

AoA hosted a national summit on long-term care systems development, health promotion initiatives, and innova-

tive caregiver support models in Orlando, Florida in September 2003. Over 1,000 representatives from aging, health, and long-term care providers and practitioners; consumer organizations; educators; and policymakers attended. The Summit provided practical information and tools based on the best available science and most promising practices. The 3-day event was designed to help participants:

- Promote policy and program changes at the state, tribal and local level that will rebalance the long-term care system from institutional care to more community and home-based care to be more responsive to the needs and preferences of older people and their family caregivers;
- Develop and operate innovative programs that will help people remain healthy and active as they age, and help older people with chronic conditions remain living in their own homes and communities; and
- Implement strategies to better position organizations in the changing health and long-term care environment.

ELECTRONIC NEWSLETTER LAUNCHED

In March 2003, the *AoA eNews* was launched. The *eNews* provides up-to-date information on news and events on aging, AoA updates, new research and innovations, funding opportunities, and legislative developments. The newsletter is distributed monthly to members of the Aging Network, national aging organizations, and other professionals in the field of aging. The *AoA eNews* has been well received and subscriptions have increased substantially since inception. To subscribe to *AoA eNews* go to: www.aoa.gov/press/enewsletter/subscribe.asp

AOA WEB SITE CONTINUES TO IMPROVE AND EXPAND

AoA continues to improve its Web site to enhance the



The percentage of seniors who access the internet rose 47 percent between 2000 and 2004," according to a recent survey by Pew Internet & American Life Project.

ability of professionals and consumers to access valuable aging information. The Web site is updated daily to ensure that important aging information is made available to the public in a timely manner. Resource Rooms have been added on key topics such as Alzheimer's disease and caregiving to make it easier to access topic specific information and resources. Over 2.8 million users visited www.aoa.gov in 2003.

PUBLIC AWARENESS CAMPAIGN FOR ELDERCARE LOCATOR

Six new posters and ads were developed, one in Spanish, to increase public awareness about the Eldercare Locator. The poster concepts were developed to appeal to diverse older adults and their caregivers (both near and long distance). Over 3000 Eldercare Locator posters were mailed to aging network partners and to target audiences that included senior centers, federal and municipal employee assistance

Eldercare Locator Public Awareness Campaign

"Mom?
She's still living in the house, doing fine."

The first step is recognizing your parents need a hand. The second is knowing where to look for help and answers. That's where we come in. Talk to a real person at our toll-free number or visit our Web site, www.eldercare.gov.

There's a way for older Americans and Caregivers to find help. **1-800-677-1116**

A public service of the U.S. Administration on Aging

A public service ad for the Eldercare Locator.

facilitating access (cont.)

programs, Hispanic groups, military base's family liaison officers, physicians and faith-based organizations. Thirty-four ads were placed in a variety of government, business, non-profit associations, and other targeted publications.

ALZHEIMER'S DISEASE INFORMATION & ASSISTANCE 24/7

The Alzheimer's Disease Demonstration Grants to States (ADDGS) Program's mission is to expand the availability of diagnostic and community-based support services for persons with Alzheimer's disease, their families, and their caregivers, as well as to improve the responsiveness of the home and community-based care system to persons with dementia. The program focuses on serving hard-to-reach and underserved people with Alzheimer's disease or related disorders.

In Fiscal Year (FY) 2003, 7 new states were funded under the ADDGS Program. In FY 2003, there are more than 400 communities, in a total of 39 states, involved in the ADDGS program. States must compete for ADDGS grants and successful applicants receive 3-years of grant funding, in which 50% of all funds (federal and nonfederal) must be used to deliver direct services, such as home health care, personal care, day care, companion care, and other respite services.

FY 2003 saw the publication of 10-years of longitudinal data gathered from the initial ADDGS grantees. The publication, available from Haworth Press, is titled, "A New Look at Community-Based Respite Programs: Utilization, Satisfaction and Development." The report findings were also printed in a double special issue of *Home Health Care Services Quarterly*.

The longitudinal data indicates six (6) overarching keys to successfully developing services and systems of care for persons with Alzheimer's disease in diverse communities:

- Establish trust and credibility within local community
- Build community awareness of Alzheimer's disease & available services;
- Build or expand local service capacity;
- Create and provide new services;
- Develop local resources and ownership in program; and
- Stabilize projects and services before starting new ventures.

The data further indicates that when elders in managed care health plans receive the type of home and community based services provided by AoA, they are more satisfied with their health care plans and appear to use less hospital and emergency room care than when they do not receive AoA services. Read the full evaluation report released in 2003 at: www.aoa.gov/alz

Alzheimer's Disease in the United States

- An estimated 4.5 million Americans have Alzheimer's disease. The number of Americans with Alzheimer's has more than doubled since 1980.
- The number of Americans with Alzheimer's disease will continue to grow – by 2050 the number of individuals with Alzheimer's could range from 11.3 million to 16 million.

Source: Alzheimer's Disease Statistics Fact Sheet, Alzheimer's Association 2004.

LONG TERM CARE TOOLKIT PROJECT

The AoA funded North Dakota National Resource Center on Native American Aging developed a tool kit for use by tribes in the planning and development of their long-term care services. The purpose of the tool kit is to describe the many options available for home, community based, and institutional long-term care. The intent

is to assist American Indian and Alaska Native groups with planning, developing, and implementing their long-term care services.

TRANSPORTATION

Coordination helps to make the most efficient use of limited transportation resources. In communities where coordination is a priority, citizens benefit from improved service, lower costs and easier access to transportation. Coordinated transportation involves a major shift in perspective - away from providing rides to managing mobility. The Department of Transportation in partnership with the Departments of Health and Human Services, Labor and Education recognizes that the key to using transportation services more effectively is to break down the barriers between programs and set the stage for local partnerships that generate common sense solutions and deliver A-plus performance for everyone who needs transportation. Created by a panel of experts from around the country, "A Framework for Action" was developed in August 2003. This publication is a self-assessment tool that States and communities can use to identify areas of success and highlight the actions still needed to improve the coordination of human service transportation. For more information, "A Framework for Action" can be found at the following web site: <http://www.fta.dot.gov/CCAM/framework.html>.

AoA and the U.S. Federal Transit Administration (FTA) signed a Memorandum of Understanding (MOU) in 2003 to assist their respective networks in the coordination of transportation services for older adults and to facilitate access to these services by older adults. The two organizations held strategy sessions that culminated in an action plan. The action plan includes:

- Leveraging available resources at the local, state, and federal levels;
- Conducting regional workshops and providing technical assistance to help state and local agencies increase collaboration and partnerships;

- Implementing technologies that can provide opportunities to coordinate services, scheduling, and billing processes; and
- Helping older adults and their families understand how to use and access their transportation options.

AoA and FTA are implementing the MOU with a special focus on helping states and communities assess their level of coordination and develop action plans to move forward in this area, issuing a road map for coordinated planning across programs, and providing up-to-date research to inform program development. Accomplishments include:

- Conducted four regional transportation coordination meetings to provide intensive technical assistance to state teams on barriers and strategies to successful coordination of human services transportation;
- Launched AoA Web page on older adult transportation and effective coordination strategies; and
- Developed joint FTA/AoA communication strategy on older adult transportation and the importance of coordination.



The Assistant Secretary for Aging Josefin G. Carbonell and Federal Transit Administrator Jennifer Dorn signed a Memorandum of Understanding to increase coordination of transportation services for older adults.

health and active engagement

helping older people to stay active and healthy



In September 2003, AoA announced the funding of community grants to develop evidence-based disease prevention demonstration projects.

AoA continues support of programs and services provided by the National Aging Services Network that help keep older people active and healthy. Consumer assessment surveys indicate that the Network is providing home and community-based services that older people value in helping them to lead healthy and independent lives.

EVIDENCE BASED DISEASE PREVENTION GRANTS PROGRAM

Chronic diseases and conditions affect most older people at some point in their lives. There is substantial and growing evidence of the effectiveness of proactive management of chronic diseases and conditions with special attention to risk factors, health promotion, and preventing or delaying the progression of disability.

In September 2003, AoA announced the funding of community grants to develop Evidence-Based Disease Prevention Demonstration Projects. Twelve grants, totaling over \$2 million per year for a three year period were awarded as part of a public/private partnership to increase access for older people to programs that have proven to be effective in reducing the risk of disease, injury, and disability. The Evidence-Based Disease Prevention Grants Program will demonstrate how the National Aging Services Network can implement evidence-based prevention programs through aging services providers at the community level.

The local grant projects focus on interventions in disease self-management, falls prevention, nutrition, physical activity and medication management. Each project involves a partnership among local aging service providers, area agencies on aging, health entities and a research organization.

The twelve grants were awarded to the following local organizations:

- Philadelphia Corporation for the Aging, Philadelphia, PA
- Senior Services of Albany, Albany, NY
- North Central Area Agency on Aging, Hartford, CT
- Southern Main Area Agency on Aging, Scarborough, ME
- Alamo Area Council of Governments, San Antonio, TX
- Little Havana Activity and Nutrition Center, Miami, FL
- Partners in Care, Burbank, CA
- Los Angeles City Department on Aging, Los Angeles, CA
- Neighborhood Centers, Harris County, TX
- Elders in Action, Portland, OR
- Sheltering Arms Senior Services, Houston, TX
- Area Agency on Aging of Western Michigan, Grand Rapids, MI

In addition to the local projects, AoA awarded a grant to The National Council on the Aging to establish a National Technical Assistance Center on Prevention for the Elderly to assist local organizations in developing evidence-based prevention activities.

The initiative uses the results from research by the Department of Health and Human Service's National Institute on Aging, the Centers for Disease Control and Prevention, and the Agency for Healthcare Research and Quality to design and deliver prevention programs at the community level. Other partners involved in the initiative are the John A. Hartford Foundation, the Robert Wood Johnson Foundation, and the Horizon Foundation.

“Older Americans, more than any other age group, want health information and are willing to make changes to maintain their health and independence. Yet, they often need a little extra help in improving self-care behaviors.”

—Josefina G. Carbonell

health and active engagement (cont.)

PHYSICAL ACTIVITY AND NUTRITION: KEYS TO HEALTHY AGING

Physical activity and proper nutrition can help older adults prolong their independence and improve their quality of life. AoA supports a variety of programs and initiatives that help keep older people active and healthy.

YOU CAN! STEPS TO HEALTHIER AGING CAMPAIGN

Public health officials and medical professionals point to strong medical evidence that poor nutrition and physical inactivity can increase a person's risk for serious health conditions, including diabetes, heart disease, stroke, high blood pressure, and some types of cancer. They also note that most older adults who make even modest improvements in diet and activity are more likely to stay healthy, improve their strength and flexibility and generally feel better.

AoA has embarked on a national campaign aimed at helping older adults be more active and healthy. *You Can! Steps to Healthier Aging* (previously named *USA On the Move*) uses a partnership approach to mobilize communities. Together, AoA and partners will create public awareness and make programs available to help older Americans improve their nutrition and increase their physical activity. The *You Can!* outreach campaign is the aging component of the Department of Health and Human Services' *Steps to a HealthierUS* Initiative.

The *You Can!* Campaign will provide local partners with ready-to-use material to educate older adults about the benefits of nutrition and physical activity, and a range of activities to get them started. The campaign will sponsor national activities – such as a proposed national challenge event in the Fall – in which local partners can participate and reward older adults in the community for their personal achievements.



Growing old doesn't mean slowing down. Older Americans increase their physical activities, by being more active.

NATIONAL RESOURCE CENTER ON NUTRITION AND PHYSICAL ACTIVITY

In 2003, AoA continued its support for the National Resource Center on Nutrition and Physical Activity. The Center will enhance both consumer knowledge about health promotion/disease prevention aspects of nutrition and physical activity for older adults.

The Center is helping the National Aging Services Network develop and implement comprehensive, coordinated systems to increase the quality and years of healthy life for older Americans. Its mission is to increase food and nutrition services in home and community-based social, health, and long-term care systems serving older adults. The Center aims to support quality of life, improve functionality, promote independence, and decrease early nursing home admissions and hospitalizations, through better nutrition.

The Center is working cooperatively with AoA in the development of the *You Can! Steps to Healthier Aging*

campaign by making mini-grants available to locally implement the initiative. In addition, the Center developed the *Steps to Healthy Aging: Eating Better & Moving More Guidebook* for Older Americans Act Nutrition Programs.

The Center has developed and continues to enhance an *Older Americans Nutrition Program Toolkit* to help Older Americans Act Nutrition Programs and the Aging Network enhance programs serving older adults. While the *Toolkit* provides a form of technical assistance and guidance to all levels within the Aging Network, the *Toolkit* will be primarily of interest to State Agencies on Aging.

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

Good nutrition is essential for health, independence and quality of life for older adults and is one of the major components of health promotion/disease prevention as well as chronic disease and disability risk reduction and management.

The OAA provides funding for nutrition services that include healthy, nutritious meals, nutrition screening, education, and counseling, and health promotion/disease prevention activities. These services are funded through the primary sources, Congregate Nutrition Services, Home Delivered Nutrition Services as well as the additional funding source of the Nutrition Services Incentive Program (NSIP).

Information on outcomes from the entire OAA Nutrition Program is detailed in a later section. However, changes to the NSIP occurred this year.

In 2002, the Bush Administration proposed and Congress passed the Consolidated Appropriations Resolution of 2003, Public Law 108-7, which amended the OAA to transfer the NSIP, as authorized in Section 311 of the OAA

Four Out of Five Older Adults Have a Chronic Health Condition

Most Common Chronic Conditions

Arthritis	48%
Hypertension	37%
Hearing Impairments	32%
Heart Disease	15%
Diabetes	10%
Major Depression	5-10%

“People are really surprised when they learn that it just takes a few simple steps. The *You Can!* campaign is designed to help them take the first step and keep them moving in the right direction.”

— **Josefina G. Carbonell**

health and active engagement (cont.)

from the United States Department of Agriculture (USDA) to AoA. Its purpose, to encourage and reward the effective performance by States and Tribal Organizations in the efficient delivery of nutritious meals, remained unchanged. NSIP allocates funding for the food and/or commodities only in addition to Congregate, Home-delivered, and Title VI funds.

In 2002, the Bush Administration proposed and Congress passed the Consolidated Appropriations Resolution of 2003, Public Law 108-7, which amended the OAA to transfer the Nutrition Services Incentive Program (NSIP) as authorized in Section 311 of the OAA from the United States Department Of Agriculture (USDA) to AoA.

The AoA is now administering the NSIP, including finalizing meal numbers, allocating funding, coordinating with USDA for commodity usage by some states and tribes, and finalizing payments to State Agencies on Aging and Tribal Organizations. The AoA provides cash assistance to State Agencies on Aging and Tribal Organizations under the NSIP, and is responsible for participation procedures, meal and financial reports, and compliance with the requirements of the OAA. The AoA contracts with USDA to administer the election, and ordering of commodities and the purchase and delivery of commodities to State Agencies on Aging and Tribal Organizations that use them. During the transition year, the AoA coordinated with the USDA, signed agreements with State Agencies on Aging and Tribal Organizations, provided guidance, and distributed funding.

HEALTH DISPARITIES

AoA awarded four grants to National Minority Aging Organizations to establish Technical Assistance Centers that will assist communities in eliminating health disparities among minority elderly individuals. The projects represent each of the four major minority populations: African-American, Hispanic American, Asian American/Pacific Islander (AAPI), and American Indians/

Alaska Natives.

Each of the four projects identify health promotion and disease prevention strategies that can be used to reach the minority older individuals they serve or can be tailored to reach minority and/or limited English speaking older individuals.

Grants were issued to:

- Asociacion Nacional Pro Personas Mayores of Los Angeles, California using the ‘Fotonovela’ format, will design two health interventions for recently arrived monolingual immigrant older individuals of Hispanic descent: 1) Prostate cancer among older Hispanic men, 2) cardiovascular disease among older Hispanic women; and 3) the health benefits of immunization;
- National Asian Pacific Center on Aging, Seattle, Washington with assistance from its network of 1000 community and faith-based organizations and the Senior Community Service Employment Programs, will disseminate information about: Cancer, diabetes and cardiovascular disease in the AAPI community;
- National Caucus and Center on the Black Aged, Inc. of Washington, D.C. will establish church-based aging and health advocacy committees to deliver information about reducing obesity as a risk leading to chronic conditions and diseases such as cardiovascular disease, hypertension, kidney failure and diabetes in the African American community; and
- National Indian Council on Aging of Albuquerque, New Mexico will publish 12 issues of Elder Visions, each featuring an intervention for Healthy Living that has resulted in changed elder behaviors in the management of Diabetes among older Native American and Alaska Natives.

TAKE A LOVED ONE TO THE DOCTOR DAY

“Take a Loved One to the Doctor Day” is a national effort, promoted by the Department of Health and Human Services for the past two years. Events planned on this day (the third Tuesday in September) tap the energy of local communities to organize events around the theme of taking loved ones to

their health provider, as well as providing a focus for national and local media attention to health gaps and prevention issues. This day is in the process of being expanded into a series of events that bring attention to health disparities and promote prevention and access to services in racial and ethnic minority communities.

Last year, AoA celebrated “Take a Loved One to the Doctor Day” by conducting an information and education session in Washington, D.C., with the goal of increasing awareness of medication management and safety. We partnered with the National Caucus and Center on Black Aged (NCBA) the National Council on Patient Information and Education (NCPIE) and several NCPIE member organizations. This event proved to be a well-attended and very successful outreach effort for seniors in the D.C. metropolitan area.

PARTNERSHIPS

AoA is also participating in a series of National Cancer Institute (NCI) Progress Review meetings to design health promotion materials for minority communities. NCI plans to issue a final report early next year.

In addition, AoA has continued to partner with the CDC to co-manage Project REACH for the Elderly 2010 (Racial, Ethnic Approaches to Community Health). In 2003, this partnership supported four projects that have developed unique health promotion and disease prevention strategies to reach older individuals of color.

HEALTHY AGING INITIATIVE

AoA continues to partner with the CDC on The Aging States Project: Promoting Opportunities for Collaboration between the Public Health and Aging Services Networks. Initiated in 2001, its goal is to bring together the strengths and expertise of state public health and aging networks to better meet their shared responsibility for ensuring optimal health for our nation’s older residents.

The Aging States Project also seeks to address significant health problems affecting older Americans, such as diabetes, cardiovascular disease, and the need for immunization.

In 2003, AoA in conjunction with CDC issued mini-grants to states to support community collaborative efforts between health departments and aging service network providers around fall prevention, nutrition, physical activity and to encourage caregivers to use preventive health benefits under Medicare. States who received mini-grants are: Arizona, Arkansas, Florida, Idaho, Kansas, Maine, Maryland, Montana, Nebraska, New Jersey, Texas, Virginia, West Virginia, and Washington.

Two distinct networks—public health and aging services—share similar goals in addressing the health needs of older adults but reach this population through different mechanisms. Developing an integrated system of health promotion and disease prevention programs and services for older adults will require stronger collaboration and cooperation between these two essential networks.

supporting caregivers

supporting families in their efforts to care for their loved ones at home and in



"Caregivers today have a lot of resources to turn to... The National Family Caregiver Support Program ensures that caregivers in every state can get information, counseling, caregiver training, respite care and other services they need to help take care of their loved ones."

—Bill Kays, Family Caregiver

FAMILY CAREGIVING FOR OLDER AMERICANS

The aging of the U.S population has heightened interest in designing efficient and effective systems for delivering health and related services to older people. Developing service networks to provide older people and their caregivers with a continuum of home and community-based long-term care has become especially important, in order to better meet their support needs and preferences for independence.

Family caregivers provide the vast majority of the assistance that enables older people to live independently in their homes and communities.

Caregivers include grandparents raising grandchildren. Parents caring for disabled children, spouses caring for their partner with early onset of chronic diseases, as well as those who help older Americans. In many cases, both the caregivers and care recipients are aging adults. The majority of caregivers are women, but the number of male caregivers is increasing. Family caregivers face substantial stresses and burdens as a consequence of their caregiving obligations.

Prolonged caregiving can adversely affect one's physical and psychological health, current and future employment status and earning capability, ability to balance the needs of older parents and younger family members, and the ability to meet personal needs. Because caregivers play such an important role, services that sustain a caregiver's role and maintain their emotional and physical health are an important component of any home and community-based care system.

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

The National Family Caregiver Support Program

(NFCSP) was authorized by the Older American's Act (OAA) of 2000, and is based in large part on successful programs and the needs expressed by family caregivers in discussions AoA held across the country. In fiscal year 2003, NFCSP was funded at \$155.2 million. Of that amount, \$6.2 million is for the Native American Caregiver Support Program, established within the NFCSP to address the special needs of caregivers of Native American elders.

Implemented through the AoA and the National Aging Services Network, the NSCSP is an integral part of our nation's long-term care system.

NFCSP offers grant flexibility to allow States and Tribal Organizations to provide a continuum of caregiver services that best meet caregivers' and individual needs. These may include information, assistance, support groups, respite and supplemental services. These services support family caregivers of persons age 60 and over and grandparent and relative caregivers of children not more than 18 years of age.

CAREGIVER DEMOS AND NATIONAL PROJECTS

Innovation Grants and Projects of National Significance were awarded to 39 national, state and local organizations to develop and test model caregiving approaches. These grants focus on systems development, service components, linkages to special populations and communities, testing new approaches and national projects that enhance the development of caregiver programs.

"Promising Practices in the Field of Caregiving" is a booklet created and published by the AoA that describes the 28 National Innovations Programs and 11 Projects of National Significance. A project description, primary contact person, goals, objectives and the target audience

Did You Know?

Families, not social service agencies, nursing homes or government programs, are the mainstay of long-term care (LTC) for older person in the United States.

More than 22.4 million U.S. Households are serving in family caregiving roles for persons over the age of 50, and that number will increase rapidly as the population ages, and as medical science continues to extend life.

supporting caregivers (cont.)

are described for each of the 39 grants. During November, National Caregivers Month, “Promising Practices in the Field of Caregiving” was downloaded from AoA’s website more than 570 times in just one week. This booklet is a useful tool throughout the Aging Network for purposes of networking and replicating projects that work for our nation’s family caregivers.

The following are some of the NFCSP, Innovative Programs and Projects of National Significance grants the Administration on Aging is funding:

- Kansas’ 10 County Aging Board received an AoA grant for “Circle of Caregiving,” a statewide Caregiver Marketing and Information Campaign consisting of a paid media campaign that provides caregiver tips and resources. It utilizes television (shows, commercials and news segments), radio and billboards. A 1-800 Caregiver Information and Assistance line is advertised in all campaign components.
- Senior Service Centers of the Albany Area, Incorporate “Telephone Support Groups for Caregivers” consists of developing, running and evaluating telephone support groups for family caregivers of the frail elderly. Support group members attend 12 weekly semi-structured meetings lasting approximately one hour from their home via conference call technology. Meetings focus on emotional support, problem-solving, taking care of yourself, stress reduction, coping strategies and community resources.
- Pennsylvania’s “Elderly Caregivers of Adults with Disabilities” is an innovative project that serves caregivers 60 and older of relatives aged 19 to 59 with mental retardation and/or developmental disabilities.
- Maine’s Primary Partners in Caregiving Project was designed to demonstrate that: 1) primary health care is an effective point of intervention; 2) caregivers will accept services when the need is validated by health care staff; 3) services will reduce risks of rural caregiving and 4) an effective partnership among primary care practices, Area Agencies on Aging and a university center on aging can be established.
- The New Jersey Department of Health and Senior

Services’ “NJ EASE for Caregivers” will broaden the focus of the existing NJ EASE single entry system for senior services to include the needs of caregivers. This will be achieved through development of uniform caregiver screening, assessment, and care planning tools; piloting staff caregiving training; modification and creation of state policies to integrate federal and state-funded caregiver services; development of critical pathways for caregiver decision making and service coordination protocols to guide worker actions; establishment of caregiver service standards; and development of a caregiver website. The development of culturally and linguistically competent staff will be emphasized in all program components.

NATIONAL FAMILY CAREGIVERS MONTH

In support of 2003 National Family Caregivers month we unveiled our new logo with the tagline “Creating Communities of Care”.

The purpose of National Family Caregivers Month is to increase public awareness about the availability of caregiver support services and to alert caregivers about how to find much-needed services. Packages were produced and mailed out nationally to the Aging Services Network that included fact sheets, caregiver tips and brochures, a poster, print advertisements, a CD-ROM with all of the materials electronically and an overview of National Family Caregiver Support Program accomplishments.

BROADCAST ANNOUNCEMENTS FOR THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Both radio and television public service announcements in Spanish and English were developed and aired across the United States. The messages were designed to reach out to the public about the services provided by the National Family Caregiver Support Program. These broadcasts highlight the Eldercare Locator toll-free telephone number for caregivers who need to be connected with local re-

sources. These PSAs were distributed for broadcasting to 2,000 radio stations and 1,233 television stations nationwide. All of the announcements can be viewed and heard on AoA's website, where they are also available to be downloaded.

OLDER AMERICANS ACT SERVICES SUPPORT THE ROLE OF FAMILY CAREGIVER

The following findings are based on a random survey of 413 individuals who provide caregiver support to older people who received OAA services in 2002.

- 86 percent reported that OAA services helped them provide care longer than they would have been able to without the service;
- 69 percent reported that the services help a lot in their efforts to provide care; and
- 96 percent were very or somewhat satisfied with the OAA services provided to the older person they served.

The vast majority of individuals who need long-term care prefer to receive that care in their homes and by family members or friends. As our nation strives to provide more meaningful home and community-based options to these individuals, we must strengthen and maintain our support of the main resource upon which these options rely—family caregivers.

Caregivers Are Receiving Services Through the NFCSP

- Reached out to over 4.0 million individuals with information about caregiver programs and services;
- Provided assistance in accessing services to approximately 440,000 caregivers—significantly exceeding AoA's target of 250,000 caregivers;
- Served almost 182,000 caregivers with counseling and training services;
- Provided respite to over 76,000 caregivers; and
- Provided supplemental services to over 56,000 caregivers.

ensuring elder rights

ensuring the rights of older people and preventing their exploitation, abuse, a



Long-term care ombudsmen are trained to resolve problems and provide information. Similarly, if someone has been the victim of fraud or abuse and needs legal assistance, AoA's legal services may be able to provide support.

Protecting the rights of older people and preventing their exploitation, abuse, and neglect continues to be a priority of the Aging Services Network. Predatory lending, home repair scams, and other types of financial exploitation undermine our efforts to promote autonomy and independence for older persons. AoA provides critical consumer information, training, technical assistance, and funding for programs that protect the rights of vulnerable, at-risk older persons.

Programs are in place to assist older persons and their families if they are in trouble. If older persons or their family members are having a problem with a nursing home or other long-term care facility, the long-term care ombudsman program can help. Long-term care ombudsmen are trained to resolve problems and provide information. Similarly, if someone has been the victim of fraud or abuse and needs legal assistance, AoA's legal services may be able to provide support. The AoA Pension Counseling and Information Program assists older Americans in accessing information about their retirement benefits and negotiating with former employers for due compensation, where appropriate. Additionally, AoA's Senior Medicare Patrol projects train people to detect and report Medicare and Medicaid fraud, and abuse.

Preventing abuse through education is also critical. We have produced consumer education materials and public service announcements to help older persons protect themselves. We also have provided training to caregivers and elder abuse programs.

LONG-TERM CARE OMBUDSMAN PROGRAM

The commitment of AoA and the Network to protect older Americans is reflected in the untiring efforts of the Long Term Care Ombudsman Program. Long-term care ombudsman programs are located in every state and

and neglect

almost 600 regions of the country. These programs provide information to residents of long-term care facilities and to those in need of long-term care, help residents and their families resolve problems, and advocate for systemic changes to improve care and protect residents' rights. Thousands of trained volunteer ombudsmen provide an on-going presence in long-term care facilities, monitoring care and conditions and providing a voice for residents and their families.

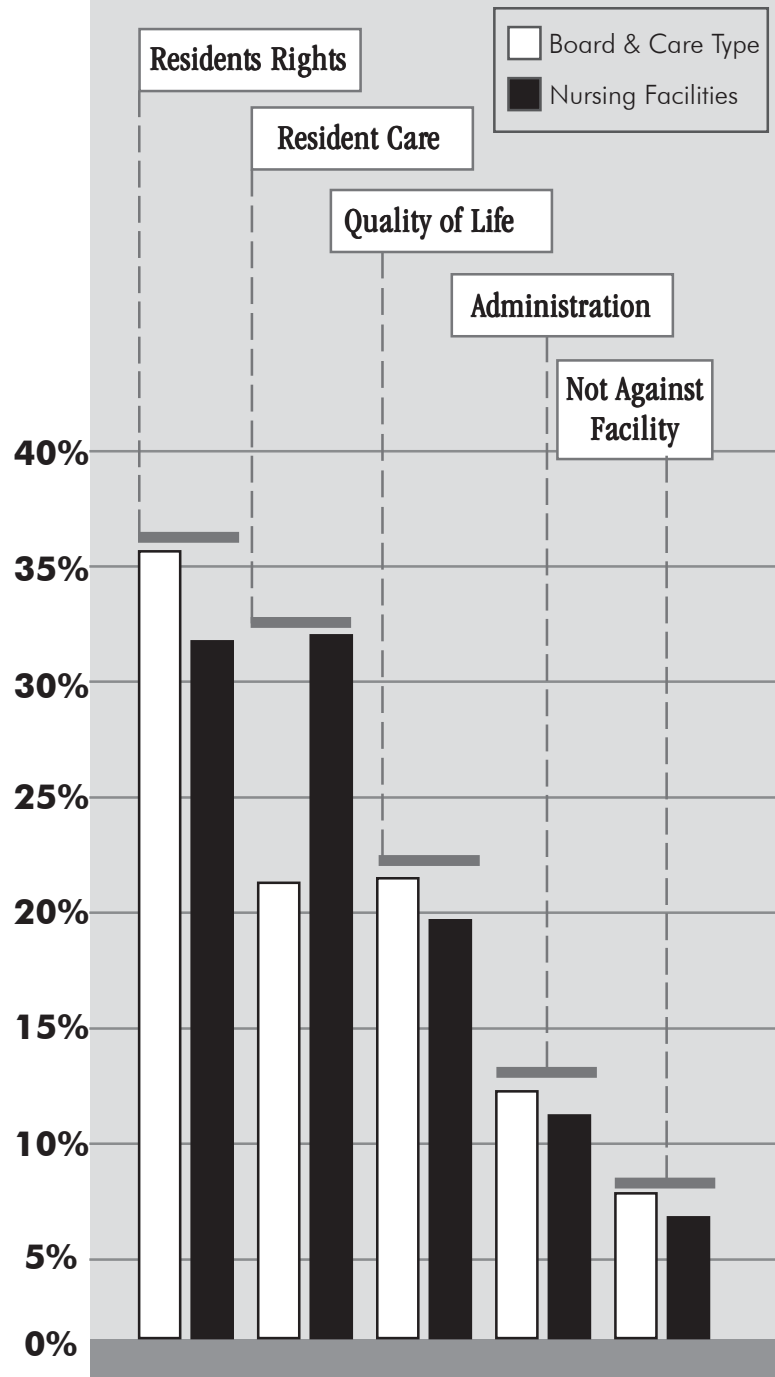
In February 2003, AoA issued a memorandum explaining that the Privacy Rule of the Health Insurance Portability and Accountability Act (HIPAA) does not preclude access to residents' clinical records by long-term care ombudsmen and residents' representatives.

The success of our nation's ombudsman programs is evident. In 2002 (the most recent year for which national data has been compiled), ombudsman programs around the country investigated over 261,000 complaints made by approximately 158,500 people. About 77 percent of the complaints were resolved or partially resolved to the satisfaction of the complainant or resident. Ombudsmen provided information to more than 297,000 people on a variety of topics, including how to select and pay for a long-term care facility, residents' rights, and state and federal rules for facilities.

The AoA-funded National Long-Term Care Ombudsman Resource Center is operated by the National Citizens' Coalition for Nursing Home Reform in conjunction with the National Association of State Units on Aging. This resource center provides national and regional training and technical assistance to enhance the skills and knowledge of state and local ombudsmen.

Complaints to LTC Ombudsman By Group 2002

For Nursing Homes and Board & Care Type Facilities



SENIOR LEGAL SERVICES

The OAA is one of the top funding sources for low-income senior legal services. There are approximately 1,000 OAA legal services providers nationwide that provide over one million hours of legal assistance each year. AoA also funds 13 Grants to Enhance Access to Senior Legal Services, which provide states with a cost-effective way to increase the number of seniors who receive legal assistance.

AoA's legal programs help older Americans and their caregivers to carry out health and financial advance planning, obtain needed guardianships and public benefits, and address threats to home ownership and independence such as predatory lending and consumer scams.

Examples of how AoA legal services help seniors include:

- A Georgia legal services provider used OAA funds to help an elderly couple cancel an \$11,000 contract for minor home repairs; and
- In 2003, the DC senior legal help-line served close to 2,800 seniors who called for information on advance directives and other elder law issues, and assisted over 300 seniors who visited one of their four community-based self-help offices.

AoA funds five national legal resource centers that provide elder law attorneys and aging service providers with training, fact sheets and other written materials, case consultations, and help with service delivery issues.

In 2003 these resource centers carried out the following activities:

- Developed and disseminated a consumer education brochure on predatory lending and translated it into Spanish and Chinese;
- Created a Spanish language video/DVD and consumer guide on health care advance planning;

- Conducted 28 training events with a total of 42 training days in 21 different states for over 1,000 participants on “train-the-trainer” and elder law topics such as guardianship, Supplemental Security Income (SSI), elder abuse, and coalition building;
- Responded to over 2,000 requests for technical assistance and in-depth case consultation; and
- Helped state offices on aging to develop legal services standards and reporting systems.

PREVENTING ELDER ABUSE

AoA is committed to protecting seniors from elder abuse, neglect and exploitation. Our community-based long-term care programs funded under the Older Americans Act (OAA), allow millions of seniors to age in place with dignity. Researchers tell us that risk factors for elder abuse can include isolation, depression and untrained caregivers. The critical in-home and supportive services that AoA provides to vulnerable seniors and their caregivers can help to limit these risk factors and prevent victimization.

OAA funding supports state and local elder abuse prevention public awareness campaigns, training programs and multi-disciplinary teams. For example, in 2003 this funding helped to support Orange County, California's Fiduciary Abuse Specialist Team. This team of 50 multi-disciplinary public and private professionals met monthly to discuss exploitation cases, and the program coordinator provided 32 community and law enforcement education sessions to nearly 1,650 people.

To support and enhance these activities, AoA funds the National Center on Elder Abuse (NCEA). Through its Web site (www.elderabusecenter.org) and other means, NCEA disseminates information to professionals and the public, and provides technical assistance and training to states and to community-based organizations. NCEA produces a monthly newsletter that is mailed to 1,700 aging

network and law enforcement professionals, and it operates a 1,000+ member elder abuse list serve.

NCEA accomplishments in 2003 include:

- Completing a report on elder abuse prevention multi-disciplinary teams;
- Developing a Web-based, searchable database of existing state and community-based initiatives;
- Conducting a faith-based initiative designed to enhance community awareness of elder abuse; and
- Creating brochures designed to facilitate court and aging network collaboration on guardianship monitoring.

At the federal level, AoA is working in partnership with the HHS Office of the Assistant Secretary for Planning and Evaluation to carry out a national study on elder financial exploitation, which is expected to be completed in 2004. In an effort to foster information exchange and collaboration, AoA and the U.S. Department of Justice (DOJ) co-chair the Elder Justice Interagency Working Group, a group of officials responsible for carrying out elder justice activities within the federal government.

AoA is working in partnership with the HHS Office of Women's Health to support an effort by the Wisconsin Coalition Against Domestic Violence/National Clearinghouse on Abuse in Later Life and the AARP Foundation to develop a Web-based curriculum that will promote collaboration and information sharing between domestic violence and elder abuse prevention advocates and practitioners.

PENSION COUNSELING AND INFORMATION PROGRAM

The world of pensions is extraordinarily complex for workers, retirees, and their spouses and survivors. The average individual finds it difficult if not impossible to navigate this complicated environment, especially given

Elder financial exploitation has been described as the fastest growing form of elder abuse. A National Center on Elder Abuse study in 1998 found that financial exploitation appeared in 30 % of substantiated reports of elder abuse, placing financial abuse as the 3rd largest category of reports. Although older Americans have sometimes been swindled by telemarketing or mail frauds, or in institutional settings, over 80% of financial abuse has been estimated to occur among older adults living at home.

ensuring elder rights (cont.)

the recent trends involving cash-balance conversions, corporate merger and acquisition activity, workforce mobility, and plan underfunding and termination.

Since 1993, AoA has supported pension counseling projects to meet consumer need, as well as a technical assistance grant that serves the projects, state and area agencies on aging, legal services programs, and other agencies and individuals who need assistance with pension issues. The program currently serves 16 states and, to-date has helped tens of thousands of clients to recover nearly \$50 million in pension and retirement income benefits.

For example, in FY 2002, the New England Pension Assistance Project:

- Closed 404 cases and obtained benefits for 83 clients.
- Recovered \$1,811,162 in benefits (\$226,174 in lump-sum benefits and \$12,875 in monthly benefits, with an actuarial value of \$ 1,544,988).
- Published and distributed 8700 brochures in English and Spanish as part of an intensive outreach and education campaign.



The Pension Counseling Program now serves 16 states and, to-date has helped tens of thousands of clients to recover nearly \$50 million in pension and retirement income benefits.

Pension counseling projects require ongoing training and technical support to ensure currency of knowledge on complex pension laws and variations among retirement systems. This need is met by the Pension Rights Center, an AoA-funded Technical Assistance Project (TAP) which strengthens pension counseling skills and capacities of the AoA Pension Counseling Projects, state and area agencies on aging, legal services providers, and other agencies and individuals who need assistance with pension issues. In addition to providing technical support services through training events, onsite consultations, newsletters, and telephone and e-mail communications. In 2003 the TAP developed a comprehensive, nationwide database of pension-related information and resources.

SENIOR MEDICARE PATROL PROJECTS

Since the mid 1990's, AoA has been a partner with CMS, the HHS Office of Inspector General (OIG) and the Department of Justice to fight fraud, error and abuse in the Medicare and Medicaid programs.

AoA established Senior Medicare Patrol (SMP) projects to recruit retired professionals to become part of a volunteer army to combat fraud in communities across America.

As the number of SMP projects expanded from initial demonstrations to the current 57 projects at the end of FY2003, the program extended its capacity to reach Medicare beneficiaries through the efforts of over 42,000 senior volunteers.

AoA provides technical assistance and support to 57 Senior Medicare Patrol (SMP) projects in 50 states, the District of Columbia, and Puerto Rico. The SMP projects provide direct and widespread education to older Americans, through an extensive network of senior volunteers, trained to increase recognition and reporting of potential errors or fraudulent situations in the Medicare and Medicaid programs.

- National Technical Assistance Resource Centers: In FY

2003, AoA supported four national resource centers that provided SMP grantees with materials, training, and other forms of technical assistance to enhance their efforts to educate hard-to-reach older Americans. The Centers focused on outreach strategies for educating minority, rural, low-literacy, and non-English-speaking individuals in health care fraud issues.

- **Regional Health Care Fraud and Abuse Control Program Conferences:** AoA convened three regional conferences to provide guidance and technical assistance to SMP grantees. Conferences offered opportunities to network with other HHS partners, including the Centers for Medicare and Medicaid Services and the Office of Inspector General, and facilitated information exchange on best practices and other innovative activities.
- **Senior Medicare Patrol Projects:** In 2003, the projects trained over 7,500 senior volunteers who educated over 467,000 Medicare beneficiaries. Training included such topics as how to read their Medicare Summary Notices, fraud awareness, and working with their medical providers when potential errors are discovered.
- **Consumer Awareness:** AoA maintained a Web site dedicated to providing information about Medicare and Medicaid error, fraud and abuse targeted to older Americans and community-based professionals who serve aging adults and their families. In addition, educational brochures and videos in English, Spanish, and Mandarin Chinese and personal health care journals were designed and distributed.
- **Beneficiary Complaints and Resulting Recoupments:** Over the 12-month reporting period, ending December 30, 2003, beneficiaries reported over 14,000 complaints to the SMP projects. The OIG reports documentation of over \$223,000 in Medicare funds recouped during this period as a direct result of complaints referred to CMS contractors by SMP projects. Self-reported savings to other payers (primarily Medicaid) totaled almost \$22 million during this period. While it is not possible to directly track all of the cases reported and dollars recovered through these community education activities, a total of nearly \$103 million, primarily in Medicaid funds, has been recouped by the program from its inception in 1997 through December 30, 2003, as a result of

documented complaints.

- **SMP National Outcome Measurement:** The SMP program seeks to influence both awareness and actions of Medicare beneficiaries, and in 2003 began to measure these program outcomes. In programs where outcome measures were piloted, it was found that through beneficiary educational efforts, the percent of beneficiaries familiar with efforts to reduce health care fraud, error and abuse has increased by 35% since 1997. In addition, the number of beneficiaries who will read their Medicare Summary Notices (MSN) increased by 21.4% as a result of SMP education on the importance of doing so. After SMP training, over 90% of beneficiaries indicated they would now be willing to call their provider to discuss an error on their MSN.

Over the past six years, the Administration on Aging's initiative in this area have combined to:

- Train over than 40,000 senior volunteers to serve as community resources and educators
- These volunteers in turn conducted more than 22,000 community education events and over 300,000 one-on-one counseling sessions, directly educating more than 1.5 million beneficiaries
- The projects also held more than 92,000 media events.
- During this same time period, more than 8,300 complaints were referred to providers, Medicare contractors, the Office of Inspector General, or other appropriate entities for follow-up.

global aging

assisting the international community prepare for an aging world



The 21st century has experienced a revolution in the quest for longevity. Advances in technology, medicine, and nutrition have dramatically increased longevity for millions across the globe. Aging people living well and achieving longer lives has become a reality for a growing number of men and women—both in the U.S. and abroad.

As the federal focal point for older Americans and their caregivers, the AoA plays a vital role in information exchange on aging issues with other countries, and in collaborating with international organizations to enhance aging programs and policies worldwide.

INTERNATIONAL DAY OF OLDER PERSONS

On October 1, 2003, the AoA joined communities around the world in observing the International Day of Older Persons, declared by the United Nations General Assembly.

Activities included:

- The Assistant Secretary for Aging sent a letter to the Aging Network, inviting them to participate in the international day dedicated to honoring older people.
- The International Day of Older Persons was highlighted on the AoA Web site.
- The Assistant Secretary for Aging spoke about aging issues in an interview with Voice of America's program "Hablemos con Washington." This program was broadcast to Latin American countries on October 1st.

International Visitors

Throughout the year, AoA hosted visitors from Australia, Nepal, Pakistan, Israel, Korea, India, Scotland, Japan, and Spain. In partnership with the Pan American Health Organization and the HHS Office of Global Health Affairs, AoA sponsored officials from El Salvador, Singapore, Chile, Jamaica and Mexico to the AoA Summit in Orlando, Florida.

AOA WEB SITE

As part of our continued effort to use the latest technology to increase efficiency and effectiveness, the AoA continues to provide current and consumer friendly information in the international section of its Web site about worldwide aging related topics.

In May 2003, AoA's column, "Did You Know," featured an article entitled "The Number of Centenarians is Growing Worldwide." http://www.aoa.gov/press/did_you_know/2003/2003/may.asp. According to the article, "Although the proportion of people who live beyond the age of 100 is still very small, the worldwide number is rapidly growing, especially in more-developed nations. In the United States, the 2001 Census Bureau estimated that there were over 48,427 individuals over 100. The United Nations estimates

that in 2000, there were 180,000 centenarians throughout the world. By 2050, this number is projected to number 3.2 million, an increase of about eighteen times. 68% projected in the developed world.”

IN THE REGION

Aging in the Americas Conference. The Assistant Secretary for Aging participated in the “Aging in the Americas: Challenges to Health” conference held in Miami, Florida on September 19-20, 2003. This ministerial level conference, co-sponsored by the University of Miami and the Pan American Health Organization, focused on the health and social issues emerging from the significant increase in our hemispheric aging population. Participants included governmental health and aging officials from 17 countries in the Caribbean, Central and South America.

Regional Intergovernmental Conference on Ageing.

The Assistant Secretary for Aging represented the United States at the Regional Intergovernmental Conference on Ageing held in Santiago, Chile on November 19 through 21, 2003. The Conference was the regional follow-up to the Second World Assembly on Ageing, and was hosted by the Government of Chile and the UN Economic Commission for Latin America and the Caribbean (ECLAC). The conference resulted in the adoption of a regional plan of action for Latin America and the Caribbean.

ProMover: Un Estilo de Vida para Mayores. AoA participated in the development of “ProMover: Un Estilo de Vida para Mayores.” This is a regional guide for promotion of physical activities. AoA also widely distributed the Guide to the Aging Network.

Aging Core Group of the Health Working Group, U.S./ Mexico Binational Commission. The AoA continues to lead the U.S. side of the Aging Core Group. In 2003, The AoA exchanged information with the Mexican Ministry of

Health on its physical activity and nutrition programs. It also hosted the Ministry of Health’s participation in an “Aging in Americas” conference and the AoA Summit on Creating Healthy and Caring Communities. At a December meeting in Saltillo, Mexico, the Aging Core Group decided that its 2004 activities will focus on:

- Developing a pilot program on the Mexican National Health Card for Older Adults in border cities;
- Conducting a Binational Health Week along the US/ Mexico border;
- Sharing experiences in the implementation of evidence-based prevention programs in community-based settings; and
- Developing a joint pilot Family Caregiver Support Program on both sides of the border.



Assistant Secretary for Aging, Josefina G. Carbonell, with dancers in a senior center, Quilicura, Santiago, Chile.

effective management and evaluation

promoting effective management and ensuring quality OAA programs



Believing that electronic processes offered a significant opportunity for improved efficiency for AoA and its grantees, AoA developed information technology (E-Grants) that allow grantees to apply for AoA funding electronically, including by way of the Internet.

E-GRANTS

The grants application process is one of AoA's most significant workload processes, and involves significant staff and related resources on our part and potential grantees. Believing that electronic processes offered a significant opportunity for improved efficiency for AoA and its grantees, AoA developed information technology (E-Grants) that allow grantees to apply for AoA funding electronically, including by way of the Internet.

To ensure the continued expansion of these electronic process improvements, AoA included a performance goal in its annual Government Performance Results Act performance plan that calls for the agency to increase the percentage of discretionary applications that are submitted and processed electronically in the first year of operation to 10 percent from its FY2002 baseline; actual performance established that AoA slightly exceeded this goal in FY2003, with 12 % of its discretionary grants processed electronically.

EFFECTIVENESS OF OAA SERVICES

AoA is sponsoring an on-going demonstration project, the Performance Outcome Measures Project (POMP). States and AAAs across the country have worked together to develop and field test performance outcome measurement surveys in such areas as nutrition, transportation, information and assistance and homemaker services. In addition, a survey was developed for caregivers of OAA service recipients, which asks the caregivers to rate the services and assess their impact.

After the performance measurement surveys demonstrated utility at the State and local level, AoA sponsored the first national pilot survey to determine the feasibility of employing the POMP performance measurement

methodology at the national level. The survey results show that services provided by the National Aging Services Network:

- Are highly rated by recipients;
- Are effectively targeted to vulnerable individuals and those who need services; and
- Provide assistance to individuals and caregivers, which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.

The following presents highlights of the survey findings for each service.

Transportation Services:

Transportation services are highly rated.

- 99% of respondents rated services good to excellent.
- 91% of respondents reported that the drivers were always polite.
- 97% of respondents would recommend the service to a friend.

Transportation services are targeted to vulnerable individuals.

- 80% of respondents reporting income had annual income under \$20,000; 52% had annual income under \$10,000.
- 61% of respondents live alone.
- 65% of respondents are 75 or older.

Transportation services are provided to individuals needing services.

- 38% of respondents rely on OAA transportation services for all or nearly all their local transportation. An additional 25% rely on these services for at least half of

After the performance measurement surveys demonstrated utility at the state and local level, AoA sponsored the first national pilot survey to determine the feasibility of employing the POMP performance measurement methodology at the national level.

their local transportation.

- 80% of respondents are either unable to drive or have no vehicle available.

Transportation services are both reliable and accessible.

- 92% of respondents reported they usually or always arrived at their destination on time.
- 96% of respondents reported the vehicle comes to their home; of these 50% reported that the driver comes to the door.
- 96% of respondents reported the drivers always or usually pick them up when they are supposed to.

Transportation services help individuals get to important destinations, assisting them in maintaining their independence.

- 82% of respondents reported they always got the rides they needed; an additional 12% said they usually got the needed rides.
- 70% of respondents reported using the service to get to a doctor or health care provider; 43% of respondents report using the service to go shopping.

Information and Referral/ Assistance Services:

I&R/A services are highly rated.

- 93% of respondents were satisfied with the way the call was handled (58% very satisfied; 25% satisfied; 9% somewhat satisfied)
- 89% of respondents would recommend the service to a friend.

I&R/A services serve as a gateway to OAA programs for vulnerable individuals and their caretakers.

- 58% of respondents reported the purpose of their call was to obtain help or services for themselves; an additional 42% reported they were calling seeking help or assistance for a relative or friend.
- 70% of the respondents wanted to obtain services.

- 76% of the callers surveyed reported that this was the first time they used the service.
- 65% of survey respondents reported family income under \$15,000.

I&R/A services are accessible.

- 98% of callers surveyed reported they got through to the service after three or fewer attempts.
- 95% of respondents said their call was answered within five rings.
- 85% of respondents reported their call was answered by a person rather than voice mail.

Persons providing I&R/A services are communicating effectively.

- 97% of the survey respondents reported that the person they spoke to understood what they were saying.
- 94% of respondents reported that the person they talked to explained things so that the caller could understand them.

Information provided through I&R/A services is useful to the caller.

- 88% of respondents reported that information received was helpful in resolving their issues (63% said the information was definitely helpful and 25% thought the information was helpful).

Homemaker Services

Homemaker services are effectively targeted to vulnerable populations.

- 69% of respondents reported they are living alone.
- 85% of respondents reported annual incomes under \$15,000.
- 72% of respondents were age 75 and over.

Homemaker services are successfully targeted to the socially isolated.

- 47% of the respondents to this survey reported they would like to be doing more with respect to their social activities. In contrast, results from the National Health Interview Survey's Second Supplement on Aging for the total elderly population, defined as age 70 or over, reported that 24% of respondents would like to be doing more.

Homemaker services provided are high quality in the perception of the service recipient.

- 87% of respondents reported that their service provider is thorough.
- 88% of respondents reported that their service provider does things the way they should be done.
- 92% of respondents reported that their service provider listens to instructions.

Homemaker services provide assistance needed by individuals to maintain their independence.

- 84% of respondents reported difficulty in doing housework; 99% of these people reported they needed assistance.

Recipients of homemaker service are more impaired and frail than the entire 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.

- 43% of respondents reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.
- 65% of respondents reported needing assistance with one or more ADLs. In contrast, the Census Bureau's Survey of Income and Program Participation shows that the need for assistance with one or more ADLs in the total age 60+ population is 6%. Personal assistance needs for recipients of OAA homemaker services are ten times higher than in the elderly population overall.
- 90% of respondents reported needing assistance with one or more IADLs. In contrast, the Survey of Income and Program Participation shows that only 14% of the total age 60+ population needed such assistance.

Recipients of homemaker service are more impaired and frail than the entire 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.



Home Delivered Nutrition Program:

Home Delivered Nutrition services are effectively targeted to vulnerable populations.

- 59% of respondents reported they are living alone.
- 84% of respondents reported annual family incomes under \$15,000.
- 69% of respondents were age 75 and over; the mean age is 78.5.
- Only 52% of respondents were high school graduates and 7% were college graduates compared to results from the 2002 Current Population Survey that show 78.3% of the non-institutionalized age 60+ population are high school graduates and 22.7% are college graduates.
- 79% of respondents reported difficulty with at least one Activity of Daily Living (ADL) – such activities as eating, dressing or walking.

Home Delivered Nutrition services are successfully targeted to the socially isolated.

- 47% of the respondents to this survey reported they would like to be doing more with respect to their social activities. Results from the National Health Interview Survey's Second Supplement on Aging for the total elderly population, defined as age 70 or over, reported that 24% of respondents would like to be doing more.

Home Delivered Nutrition services provided are high quality and reliable in the perception of the service recipient.

- 94% of respondents reported that they liked the meal.
- 91% of respondents reported that meals always or almost always arrive when expected.

Home Delivered meals are provided to individuals who need them.

- 73% of respondents were at high nutritional risk; 25% were at moderate risk.

- 62% of respondents reported that home delivered meals provided one half or more of their daily food intake.
- 25% of respondents reported they did not always have enough money or food stamps to buy food.

Home Delivered meal recipients exhibit much greater levels of impairment or frailty than the entire 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.

- 30% of AoA respondents reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.
- 52% of AoA respondents reported needing assistance with one or more ADLs, the Census Bureau's Survey of Income and Program Participation shows that the need for assistance with one or more ADLs in the total 60+ population is only 6%. Personal assistance needs for recipients of OAA home delivered meals are more than 8 times higher than in the elderly population overall.
- 74% of AoA respondents reported needing assistance with one or more IADLs, the Survey of Income and Program Participation shows that only 14% of the total 60+ population needed such assistance.

Dietary intake for Home Delivered meal recipients is as good as or better than the dietary intake for the general population aged 60+, suggesting that Home Delivered meals improve dietary intake.¹

- 24% of AoA respondents reported eating an adequate number of servings (3+) of milk, cheese or soy; only 15% of the participants in the 1999-2000 National Health and Nutrition Examination Survey (NHANES) who were age 60 or older reported eating an adequate number of servings.²
- 68% of AoA respondents reported eating an adequate number of servings of (2+) of lean meat equivalents; only 55% of the participants in the 1999-2000 National Health and Nutrition Examination Survey who were age 60 or older reported eating an adequate number of servings.

- Fruit intake information showed equivalent intake adequacy levels (2+) for both populations; 46% +/- 4.6% for AoA survey respondents and 48% +/- 4.6% for NHANES respondents.
- Comparable data for grains and vegetables is not available.

Congregate Nutrition Program:

Congregate nutrition services are effectively targeted to vulnerable populations.

- 64% of respondents are age 75 or older.
- 65% of respondents reported annual family incomes under \$15,000.
- 56% of respondents are living alone.
- 73.3% of respondents were high school graduates and 13% were college graduates; results from the 2002 Current Population Survey show 78.3% of the non-institutionalized age 60+ population are high school graduates and 22.7% are college graduates.

The Congregate Nutrition Program is highly rated by respondents.

- 92% of respondents reported they were satisfied with the taste of the food.
- 97% of respondents reported they were satisfied with the food temperature.
- 99% of respondents believe the meal site is a safe place.

The Congregate Nutrition Program provides opportunities for socialization.

- 96% of respondents reported they like to visit with friends at the site.
- 73% of respondents like to participate in activities at the meal site.
- 60% of respondents report their social opportunities have increased since they started receiving congregate nutrition services.

93% of respondents are satisfied with the services provided to the elderly they care for, and 65% are very satisfied.

86% of respondents said that OAA services allow them to care longer for the elderly than they could without the services; 48% said the OAA services definitely produced that result; 38% “think” the services produced that result.

2% of respondents said they needed a stipend, tax break or other financial help.

effective management and evaluation (cont.)

Congregate meals are provided to people who need them.

- 43% of respondents are at high nutritional risk; 48% are at moderate nutritional risk.
- 58% of respondents reported that congregate meals provided one half or more of their daily food intake.
- 11% of respondents reported they do not always have enough money or food stamps to buy food.

Nutritional intake for congregate meal recipients is as good as or better than nutritional intake for the age 60+ population, suggesting that congregate meals improve nutritional intake.³

- Milk, cheese and soy intake information showed equivalent intake adequacy levels (3+) for both populations; 22% +/-5.7% for AoA survey respondents and 15% +/-2.8% for NHANES respondents.⁴
- 68% of respondents reported eating an adequate number of servings of (2+) of lean meat equivalents; the 1999 National Health and Nutrition Examination Survey shows that 55% of the age 60+ population ate an adequate number of servings.
- 59% of respondents reported eating an adequate number of servings (2+) of fruit; the 1999 National Health and Nutrition Examination Survey (NHANES) shows that 48% of the age 60+ population ate an adequate number of servings.
- Comparable data for grains and vegetables is not available.

Caregivers:

Caregiving duties are undertaken primarily by female family members, and many are elderly themselves.

- 95% of respondents were relatives of an elderly OAA client.
- 70% of respondents are women, primarily daughters.
- 46% of respondents are aged 60 and over themselves.
- 27% of respondents reported they have a condition, which limits the care they can provide as caregivers.



Caregiving duties are undertaken by female family members.

These caregivers perform a wide variety of activities for the elders they serve.

- 85% of respondents take them to the doctor and shopping.
- 78% of respondents prepare meals and do the laundry.
- 70% of respondents keep track of bills and finances.
- 56% of respondents help with medicine and bandages.

OAA services to the elderly are valued by and help caregivers.

- 93% of respondents are satisfied with the services provided to the elderly they care for, and 65% are very satisfied.
- 69% of respondents said that OAA services made them a better caregiver.
- 86% of respondents said that OAA services allow them to care longer for the elderly than they could without the services; 48% said the OAA services definitely produced that result; 38% “think” the services produced that result.

Caregivers have significant needs of their own.

- 76% of respondents said they wanted one place to call for help.
- 64% of respondents said they needed help in dealing with service organizations.
- 52% of respondents said they needed a stipend, tax break or other financial help.
- 49% of respondents said they needed help with housekeeping; significant percentages also said they needed help with transportation (38%), personal care (33%) and other activities.

Footnotes:

1. The AoA survey collected dietary data by telephone using a diet history methodology. Respondents were asked “How many servings of (food group) do you usually eat?” If asked, the telephone interviewer provided examples of typical servings sizes. The NHANES 1999-2000 collected dietary data in-person using the 24-hour recall methodology. Respondents were asked to recall everything they ate and drank the day before the interview. Interviewers then asked a series of follow-up questions to collect descriptive and amount information for each food reported. The NHANES dietary data were converted to USDA Food Guide Pyramid servings using the USDA Community Nutrition Research Group Pyramid Servings Database.
2. Adequate diet as determined by the U.S. Department of Agriculture Food Guide Pyramid
3. The AoA survey collected dietary data by telephone using a diet history methodology. Respondents were asked “How many servings of (food group) do you usually eat?” If asked, the telephone interviewer provided examples of typical servings sizes. The NHANES 1999-2000 collected dietary data in-person using the 24-hour recall methodology. Respondents were asked to recall everything they ate and drank the day before the interview. Interviewers then asked a series of follow-up questions to collect descriptive and amount information for each food reported. The NHANES dietary data were converted to USDA Food Guide Pyramid servings using the USDA Community Nutrition Research Group Pyramid Servings Database.
4. Adequate diet as determined by the U.S. Department of Agriculture Food Guide Pyramid

FY 2003 financial report

The AoA budget totaled approximately \$1.4 billion in fiscal year (FY) 2003, an increase of almost +\$17 million (+1.3%) over the prior year. Over the last five years, the AoA budget has increased by almost +\$347 million, a compound annual growth rate of approximately +7.58%.

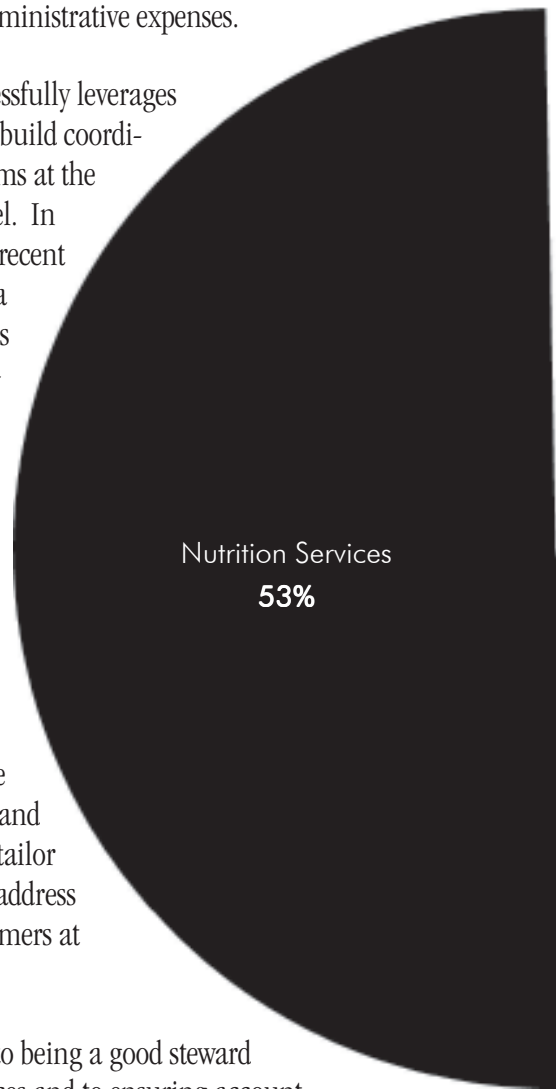
Of the FY 2003 total, \$1.3 billion provided formula grants to states to support a wide range of home and community-based services, including supportive services, caregiver services, nutrition, health promotion, and elder rights activities. Included in this total is \$150 million for the Nutrition Services Incentive Program (NSIP), which in 2003 was transferred from the Department of Agriculture to the AoA. These funds are dedicated exclusively to the provision of meals and reduce the cost to States of providing meals. Another \$34 million provided grants to Indian Tribes and Native Hawaiian organizations for nutrition and supportive services, including caregiver services.

Approximately \$67 million in discretionary grants supported projects that provide information and technical assistance to older Americans and the National Aging

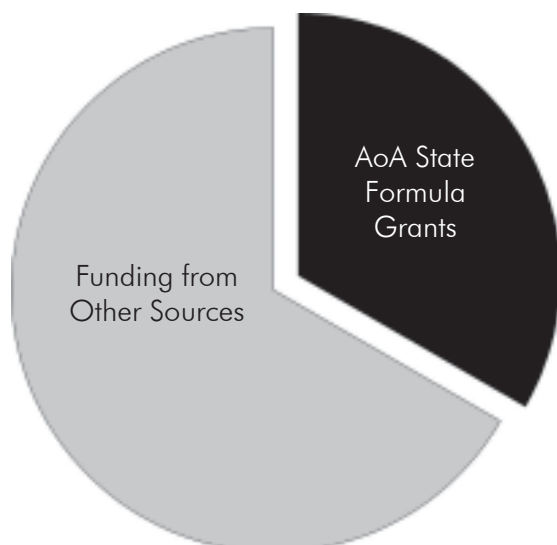
Services Network, which develop new and innovative approaches to meeting the needs of older persons. AoA also utilized \$18 million for program support, which paid for the salaries of approximately 120 federal staff as well as other administrative expenses.

The Network successfully leverages federal funding to build coordinated service systems at the state and local level. In FY 2002, the most recent year for which data are available, states and local communities leveraged approximately \$2 from other sources for every \$1 of federal funding; for intensive in-home services, the ratio was closer to \$3 to \$1. Funds are flexible and states and communities can tailor their programs to address the needs of consumers at the local level.

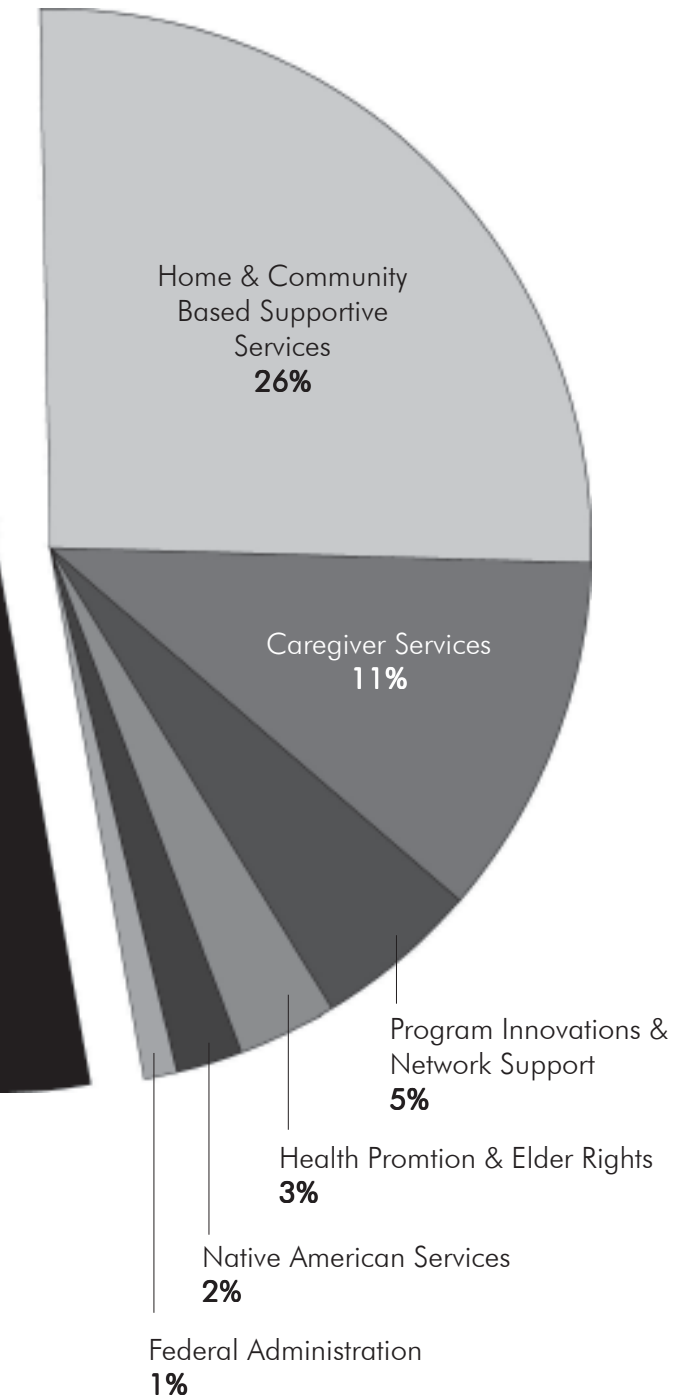
AoA is committed to being a good steward of taxpayer resources and to ensuring accountability in the use of its resources. Although not required to do so by the Chief Financial Officers Act, we subjected our financial statements to audits in both FY 2000 and FY 2001 (as part of a three-year cycle, no audit was planned for FY 2002). In both years, we received a clean opinion and no material weaknesses were identified. In FY 2003, AoA participated in the HHS-wide “top-down” audit- for which the Department received a clean opinion- rather than conducting its own individual audit.



Leveraged Funding - Total Expenditures: \$2.3 Billion



FY 2003 BUDGET



“AoA is committed to being a good steward of taxpayer resources and to ensuring accountability in the use of its resources. Although not required to do so by the Chief Financial Officers Act, we subjected our financial statements to audits in both FY 2000 and FY 2001 (as part of a three-year cycle, no audit was planned for FY 2002).”

Notes

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