

# Evaluation of the Select Consumer, Program, and System Characteristics under the Supportive Service Program (Title III-B) of the Older Americans Act

**Interim Quantitative Report**

**June 2006**

Prepared for

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\*RTI International is a trade name of Research Triangle Institute.

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## EXECUTIVE SUMMARY

### E.1 Introduction

The Older Americans Act (OAA) is an important federal program to support older Americans. The OAA was established in 1965 to help provide older Americans with the resources they need to remain independent and vital to communities across the nation. OAA provides funding to help older persons through the coordination and delivery of a wide range of home and community-based services, including meals, home care, transportation services, information and assistance, case management, senior centers, and respite services. As the nation's population ages, the programs sponsored by the OAA become increasingly critical. While Medicaid provides insurance coverage for long-term care services,<sup>1</sup> it only covers those in the lowest income groups. Yet, many Americans are living longer today with more chronic impairments and with incomes above the level qualifying them for Medicaid. The OAA is the linchpin in the community, providing older Americans of all income levels with supportive services and coordinating and channeling additional services funded by other federal, state, and local sources.

Title III-B is one of the largest components of the Older Americans Act. It directs state and area agencies to concentrate resources on fostering comprehensive and coordinated systems for providing supportive services and multipurpose senior centers. Title III-B funds, which helped to develop the infrastructure of State Units on Aging (SUA) and area agencies on aging (AAAs), collectively known as the "aging network," have enabled Area Agencies on Aging (AAAs) to develop systems and programs to support local communities throughout the United States. In addition, Title III-B funds provide SUAs and AAAs with the flexibility needed to deliver a wide range of home and community-based services for individuals age 60 and over.

This study focuses on SUA and AAA involvement with key services: case management, information and assistance, personal care, chore services, homemaker services, transportation, and assisted transportation services using a combination of quantitative and qualitative methods. The study addresses several policy issues related to Title III-B, and is designed to be of use to the Administration on Aging, the Aging Network, and the aging policy community at large.

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<sup>1</sup> Long-term care services provided by the Medicaid program for categorically eligible individuals include home health (including personal care) services, targeted case management, and other specific home and community-based waived services (which vary by state).

The overarching study question is: *How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?* This question is being addressed through three sub-questions:

1. What is the role/importance of providing information and assistance (I&A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?
2. What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?
3. What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?

This quantitative report summarizes the analyses conducted to date for the project. In addition to analyzing a number of quantitative data sets for AoA (most of which are reviewed here), Research Triangle Institute (RTI) also plans to collect and analyze qualitative data through a series of telephone-based interviews with national experts as well as a number of focus groups with AAA Directors, SUA directors, and Title III-B service providers. Administration on Aging (AoA) surveys have provided much of the data to address the study questions outlined above. The data sources used in this report include the 2003 National Survey of Older American Act participants (2003 national data), the 2004 National Survey of Older American Act Participants (2004 national data), and the 2001 through 2004 National Aging Program Information System State Program Performance Report (NAPIS SPR) data. RTI also relied on information from AARP and the Urban Institute to help determine the relative importance of OAA Title III services within the universe of home and community-based services.<sup>2</sup> In addition, AoA and RTI convened a Technical Advisory Group (TAG) meeting on April 27, 2006 in Washington, DC. This meeting, which was designed to allow TAG members to comment on, clarify, and interpret quantitative study findings, was instrumental in helping AoA and RTI to determine where additional qualitative research will be needed. Some of the findings/interpretations reported by TAG members during this meeting have been incorporated into this quantitative report.

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<sup>2</sup> RTI also plans to analyze the AAA Service Integration Survey, which is currently being fielded, at a later point in this project.

This report is an interim deliverable that was developed to help RTI and AoA to determine the nature and content of focus groups and expert interviews to be conducted in the summer/fall of 2006. A final set of quantitative data, including results from the AAA Service Integration Survey, will be forthcoming as part of RTI's Final Report to the Administration on Aging in 2007.

## E.2 Issue Areas and Relevant Data Sources

A number of issue areas have been identified to address each research question. *Table E-1* provides an overview of the key study questions and a summary of the types of data analyzed to address particular study issues.

**Table E-1. Key Study Questions, Issue Areas, and Data Sources**

Study Questions/Issues to Be Addressed with Quantitative Data	Quantitative Data Sources
<p><b>Overarching Study Question:</b> How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 national data</li> <li>▪ 2004 national data</li> </ul>
<p><b>Sub-Question 1:</b> What is the role/importance of providing information and assistance (I&amp;A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 national data</li> <li>▪ 2004 national data</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of network participants and access service activities (such as usage rates and client characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup> (case management and I&amp;A sections)</li> <li>▪ 2003 national data (I&amp;A)</li> <li>▪ 2004 national data (I&amp;A)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of access service activities delivered through the aging network (I&amp;A and case management) relative to access services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR (III expenditures versus total service expenditures)</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network access services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for access (I&amp;A and case management) service activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>

(continued)

**Table E-1. Key Study Questions, Issue Areas, and Data Sources (continued)**

Study Questions/Issues to Be Addressed with Quantitative Data	Quantitative Data Sources
<p><b>Sub-Question 2:</b> What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 national data</li> <li>▪ 2004 national data</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of network participants and home care and transportation services (such as usage rates and client demographic and functional status characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey data (limited home care data, more extensive transportation data)</li> <li>▪ 2004 national data (limited home care data, more extensive transportation data )</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of providers of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey*</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of home care and transportation service activities delivered through the aging network relative to home care and transportation services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR (III expenditures versus total service expenditures)</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup> (limited data)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for provision of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Satisfaction with network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2003 National Data (home care and transportation modules)</li> <li>▪ 2004 National Data (home care and transportation modules)</li> </ul>
<p><b>Sub-Question 3:</b> What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 national data</li> <li>▪ 2004 national data</li> <li>▪ Statistical tables from other national surveys</li> </ul>
<ul style="list-style-type: none"> <li>▪ Relative scope/importance of OAA Title III-B services within the universe of long-term care and other community-based services within the universe of services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ Statistical data provided from other national data sets</li> </ul>

(continued)

**Table E-1. Key Study Questions, Issue Areas, and Data Sources (continued)**

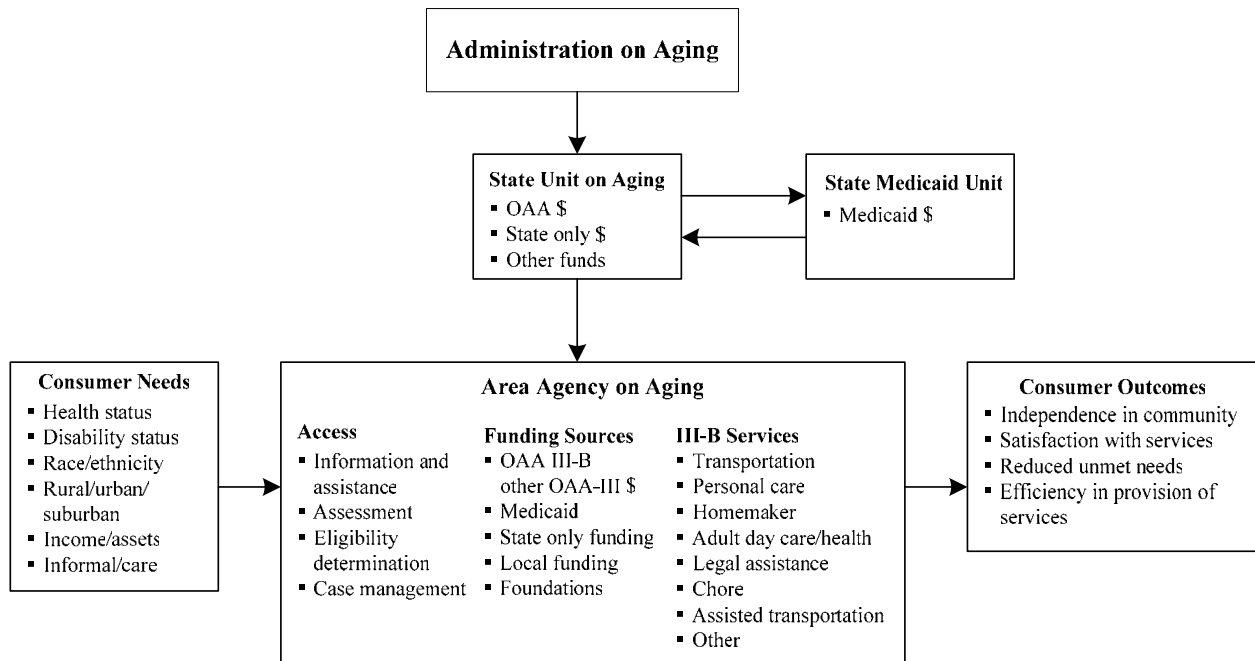
Study Questions/Issues to Be Addressed with Quantitative Data	Quantitative Data Sources
<ul style="list-style-type: none"> <li>▪ Methods used by AAAs and SUAs to acquire, leverage, and manage multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to the integration and management of multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup> (limited data)</li> </ul>

<sup>a</sup>AAA Service Integration Survey data were still being collected at the time that this report was issued.

### E.3 Conceptual Framework<sup>3</sup>

The following conceptual framework was developed to guide this study and help the study team identify the independent and dependent variables to be used in the analysis of quantitative data. The overarching study question and three sub-questions directly relate to the conceptual model shown in *Figure E-1*.

**Figure E-1. Conceptual Framework for Evaluating Older Americans Act Title III-B Services**



<sup>3</sup>While we have attempted to link our key research questions to elements from the conceptual framework in this quantitative report, we plan to more fully explicate the components of the conceptual framework once we have (a) obtained and analyzed AAA Service Integration Survey data (still being fielded) and (b) completed the qualitative component to the study.

**Consumer Needs.** Consumers are the focus of AoA programs. The need for services among older people is a function of many factors, including health status, disability status, race and ethnicity, whether the consumer lives in a rural or urban area, their income and assets, and the availability of their informal support network. OAA places a strong emphasis on meeting the supportive service needs of minority groups and elders in rural areas.

**Access.** One of the main functions of AAA is to provide a point of entry into the service system. It performs this function through information and assistance services, assessment, eligibility determination for publicly funded services, and care planning/case management. Increasingly, AAA are providing integrated access to a wide range of funding sources (including Medicaid, county levy funds, and other state programs) and are using integrated data systems to help manage clients, funding, and services.

**Funding Sources.** The availability of financing is a major determinant of the use of services. AAA receive OAA Title III-B services funding, but many agencies also receive money from a broad range of other sources. These other sources include Medicaid, AoA/Centers for Medicare and Medicaid Services (CMS) for Aging and Disability Resource Centers (ADRCs) state taxes, county and local funds, and support from foundations. Increasingly, AAA are using OAA funds to leverage other funding sources.

**III-B Services.** Title III-B of the OAA gives AAA broad flexibility in the provision of services. Among the services provided and reviewed in this evaluation are transportation, personal care, homemaker services, chore services, and assisted transportation. By providing this broad array of services, the AAA have the opportunity to tailor services to the needs of individuals and make them accessible.

**Consumer Outcomes.** OAA services have a number of goals; the overriding one is to maintain the independence of older people in the community. Increasing satisfaction with services, reducing unmet needs, and increasing the efficient provision of services are other favorable outcomes considered in this evaluation. Increasingly, the AoA is measuring consumer outcomes in order to improve performance and to ensure that the goals of the Act are being met. Measuring these outcomes is a way of assessing “value for money” and providing feedback on program performance to both federal officials and state and local administrators.

#### **E.4 Quantitative Methods**

For this component of the overall study, RTI analyzed the data sets identified in *Table E-1* to determine the characteristics of respondents and the various Title III-B services. In this

report, we summarize NAPIS SPR data at the national level based on input provided from each state. We also summarize 2003 and 2004 national data based on input provided from randomly selected respondents using three Title III-B services: information and assistance, homemaker services, and transportation services. For the sake of brevity, we present most of the tabulated results in Appendices A and B.

Analyses of 2003 and 2004 national data were weighted and adjusted for complex survey design effects resulting from the two-stage sampling strategy (i.e., sampling first by AAA and second by respondent). However, no weights or survey design corrections were needed for analyses of NAPIS SPR since a census of all states/AAAs was taken.

RTI also extended its analyses of the 2004 national data in order to more fully address elements of sub-study questions 1 and 2. For this one data source, we used multivariate modeling techniques to examine satisfaction with services, the likelihood of using Title III-B services, and key predictors of service use. We focused on the 2004 rather than 2003 national data because the 2004 data were more complete, were of higher quality, and included a larger sample size. For this one year, we modeled satisfaction with and the likelihood of using three Title III-B services—information and assistance, homemaker services, and transportation—after taking into account key background characteristics of study respondents. These analyses were designed to provide AoA with additional insight into the types of individuals who appeared to be more or less likely to benefit from and be satisfied with different Title III-B services.

Independent variables for all models included demographic characteristics such as age, gender, urban and rural residency, education, and minority status. Health and functional status variables included activities of daily living (ADL) and instrumental activities of daily living (IADL) impairment. In addition, we included indicator variables for living alone and being unmarried. Above all, we were interested in predictors that signaled vulnerability for older persons: being age 75 or older, being a minority, residing in a rural area, living alone, and having substantial ADL impairment.

For each outcome variable, we estimated a full and a final model. To further identify predictors of satisfaction (or lack of satisfaction) with homemaker services, we examined differences in characteristics for the subset of homemaker survey respondents whose satisfaction was in the lowest quartile (bottom 25 percent) relative to the full sample responding to this particular survey module. By conducting this supplementary analysis, we were able to determine key characteristics of those least satisfied with homemaker services relative to the general population served.

In order to fully address study sub-question 3, we supplemented our own analyses of AoA data by incorporating expenditure data to determine the relative role/contribution of Title III-B services in financing/providing long-term care services to older persons in the United States. To calculate the denominator for this analysis, we summed the following three types of supportive service expenditures: (a) total Title III-B funding (as reported through NAPIS SPR), (b) non-Medicaid state funding from AARP (Summer and Ihara, 2004), and (c) state Medicaid funding data that was analyzed and provided directly to RTI from the Urban Institute. The numerator for this analysis included NAPIS SPR-reported Title III-B funding only. The data needed to conduct this additional analysis was available for 2002 only.

Since some study issues could not be fully addressed with the available quantitative data, in the final section of this report we delineate the types of questions that will need to be addressed using qualitative data sources, including expert interviews and focus groups with SUA and AAA directors.

## **E.5 Description of Quantitative Findings To Date**

Based on RTI's analysis of 2001–2004 NAPIS SPR data and 2003 and 2004 national data, it is clear that the Title III-B program serves as a critical resource to the states and their frail and older populations. In this section of our quantitative report, we summarize what we have learned to date from the quantitative data. We also have incorporated some insights/interpretation of study findings from TAG members into this revised document. More detailed information on each of these topics is shown in *Appendices A* and *B*.<sup>4</sup>

### ***E.5.1 Access***

Information and assistance and case management are the two Title III-B access services considered in this report. I&A services provide individuals with current information on resources that are available in their communities; assess the problems and capabilities of individuals; link individuals to available community resources; and, to the extent possible, ensure that the individuals served receive needed services and are knowledgeable about the resources that are available to them in the community. Similarly, case management services provide access or care coordination in circumstances where the older persons and/or their caregivers are experiencing diminished functional capacities, personal conditions, or other characteristics that require the provision of services by formal service providers. These two access services help older adults

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<sup>4</sup> As noted previously, additional quantitative and qualitative data will be submitted as part of RTI's Final Report at the end of the study once RTI has conducted focus groups/expert interviews and analyzed results from the AAA Service Integration Survey, which is currently still in the field.



and their families make contact with and navigate the aging network and the broader long-term care system (AoA Web site, accessed March 8, 2006).

Title III-B is an important source of funding for the delivery of I&A services, supporting over 40 percent of all total expenditures reported through the NAPIS SPR system for this service. Stated differently, for every \$2 provided by the Title III-B program to support I&A services, an additional \$3 was leveraged from non-Title III-B funding sources. While contributing a smaller share, Title III-B is also an important source of funding to support the delivery of case management services, covering approximately 20 percent of total expenditures reported through NAPIS SPR to provide this service. In other words, for every \$1 provided by Title III-B to support case management services, an additional \$4 was leveraged from non-Title III-B sources. Highlights of RTI's analysis of participant, program, and system characteristics of these two access services are provided below.

#### *E.5.1.1 Information and Assistance*

Results from the analysis of 2001–2004 NAPIS SPR data and 2003 and 2004 national data on I&A services indicate that

- I&A service supports both seniors and their caregivers: While the majority of persons receiving I&A services are over age 60, a considerable proportion (20 to 30 percent) are under age 60.
- Most individuals who use I&A service call for themselves and tend to be older, to be male, to live alone, and to have less formal education. Those contacting I&A for relatives tend to be younger, to be married, and to live with others.
- Many are repeat users: A considerable proportion of users (about 25 percent) have used I&A service in the past.
- As a service, I&A is somewhat less familiar to minorities: Based on analysis of NAPIS SPR national data, a smaller proportion of minority persons have used I&A services relative to other Title III-B services (including homemaker and transportation services). Qualitative data from interviews with national experts and focus groups with AAA directors will provide additional information to help AoA and RTI understand why this finding has occurred.
- I&A service is efficient: Over 80 percent of calls are answered in fewer than five rings, the vast majority of I&A calls (80 percent) are answered directly by a person, and over 85 percent of callers receive information they were looking for.
- I&A service is highly valued: Over 78 percent of respondents have rated the service as excellent or very good and over 93 percent would recommend the service to a friend.

### *E.5.1.2 Case Management*

Results from the analysis of 2001–2004 NAPIS SPR data and 2003 and 2004 national data on case management indicate that

- Title III-B case management serves the targeted population: the oldest old (those aged 75 and over), frail individuals, women, and those living alone.
- Frailty of the population served increases over time: The proportion of case management participants with three or more ADL limitations increased between 2001 and 2004, as did the proportion living alone.
- Seniors receive about 10 hours of case management per person per year, consistent with Title III-B case management’s role as a brokerage service linking individuals to other supportive services rather than providing a direct service that is needed every week.

### *E.5.2 Title III-B Services*

Home care and transportation services are two direct services that can make an important difference to the quality of life of frail and older persons living at home. Title III-B home care services—which for this study included personal care, chore, and homemaker services—provide in-home assistance to individuals with functional limitations to help them manage basic and instrumental activities of daily living. Similarly, transportation services—which for this study include both general transportation and assisted transportation services—provide frail individuals and older persons with the means to get from one location to another (either assisted or unassisted), thereby helping them to remain active and independent in the community for as long as possible.

From 2001 through 2004, the Title III-B program was a significant source of funds to states to support the delivery of home care services, covering approximately 12 to 17 percent of total expenditures reported through the NAPIS SPR system for personal care, approximately 22 to 27 percent of total expenditures for homemaker services, and approximately 30 to 39 percent of total expenditures for chore services. In other words, every \$1 provided by the Title III-B program for home care services generated an additional \$2 to \$6 of non-Title III-B funds (depending on the service) to support this service for older persons. This program has also provided substantial support to the states for the delivery of general and assisted transportation services, covering approximately 36 to 42 percent of total expenditures through the NAPIS SPR system for general transportation services and between 21 and 24 percent of total expenditures for assisted transportation services between 2001 and 2004. This means that for every \$1 of Title III-B funds provided, an additional \$2 or \$3 came from other sources for general, and assisted transportation services, respectively.

### *E.5.2.1 Home Care*

Results from the analysis of 2001–2004 NAPIS SPR data and 2003 and 2004 national data indicate that

- Home care serves the targeted population: the oldest old, frail individuals, women, and those who live alone. While most home care users have considerable functional limitations, impairment levels vary by type of home care service.
- Frailty of the population served increases over time: The proportion of home care participants with three or more ADL limitations increased between 2001 and 2004, as did the proportion living alone.
- Home care services declined during the period 2001 to 2004: The total number of home care hours received declined slightly as did the total number of persons using home care. Information provided from qualitative interviews with national experts and focus groups with AAA directors, SUA directors, and providers should help us to determine why home care participation and utilization declined during this period.
- Home care usage is low given the frailty of this population: Between 2001 and 2003, approximately 1.3 hours of personal care and 1 hour of homemaker services were used per week, and about 1 hour of chore services are used every third week. In 2004, however, the average number of personal care hours per person per week increased to 1.5. TAG members felt that these relatively low home care utilization statistics were a reflection of the fact that the aging network typically referred older participants to other programs/providers of care (including state-provided home care, Medicaid home care services, etc) whenever possible (based on eligibility for such programs) to allow participants to obtain a fuller range of home care services elsewhere.
- Title III-B provides a considerable source of funding for home care, although the relative contribution of Title III-B varies by type of home care: It supports a larger proportion of total expenditures for homemaker and chore services relative to personal care services.
- Non-Title III-B expenditures for home care remained fairly stable between 2001 and 2003, but declined considerably in 2004 (particularly for homemaker services).
- Satisfaction with homemaker service is very high: Over 80 percent of survey respondents rated various aspects of homemaking service positively.
- Some unmet need for home making is present: 36 to 39 percent of respondents want more hours of homemaker services and 44 percent wish that the homemaker could do more for them.
- It would be worthwhile to devote additional attention to the needs of the most vulnerable service participants: Those who were least satisfied overall tend to be minority, to live in a rural/suburban area, and to report high ADL impairment. Having a combination of factors that increase personal vulnerability—such as

both living in a rural area and having a high degree of ADL impairment (three or more ADLs), being a minority and having three or more ADLs, or being a minority and being of advanced age—further compound the likelihood of being less satisfied overall with homemaker services.

#### *E.5.2.2 Transportation*

Results from the analysis of 2001–2004 NAPIS SPR data and 2003 and 2004 national data indicate that

- Title III-B assisted transportation serves the targeted population: the oldest old, women, and those living alone (no information was available on the health status of assisted transportation users from NAPIS SPR data).
- National survey data indicate that over 75 percent of general transportation users have at least some ADL and IADL impairment.
- The proportion of assisted transportation users living alone (many of whom may have relied exclusively on Title III-B transportation services) almost doubled between 2001 and 2004, increasing from 22.6 percent in 2001 to 42.9 percent in 2004.
- Total units of general and assisted transportation services declined slightly during the 4-year period, with the total number of persons being served declining considerably for assisted transportation. Information elicited by qualitative interviews with national experts and focus groups with AAA directors, SUA directors, and providers should help us to determine why use of assisted and general transportation services declined during this period.
- Between 2001 and 2003, the average number of one-way assisted transportation trips remained fairly constant (about one trip every 11 days) but in 2004, the average number of assisted transportation trips increased slightly (to about one trip every 9 days).
- Transportation service facilitates access to health care and social activities: Around 65 percent of respondents use it to get to their doctors and other health care providers and around 49 percent use it to get to senior centers.
- Service users rely on transportation a great deal: The average number of general transportation trips ranges from 8 to 13 per month (or about one trip every 3 to 4 days). Over 50 percent of general transportation users had used this Title III-B service less than 1 week prior to survey administration, and over 50 percent of all general transportation users relied on Title III-B transportation for at least three-quarters of their trips.
- While Title III-B transportation services are generally rated very highly by the majority of survey respondents, urban residents and highly impaired individuals are significantly more likely to rate this service positively.
- Transportation services have been particularly helpful in increasing mobility for individuals with less formal education.

### *E.5.3 Funding Sources*

Each year, AoA spends approximately \$300 million on supportive services for frail individuals and older persons. States provide an additional \$750 million to \$800 million annually to support these services using non-Title III-B dollars. In other words, for every \$1 funded directly by the Title III-B program, more than \$2 was generated by the aging network from other sources. During the period of RTI's analysis, total expenditures (from both Title III-B and other sources reported through the NAPIS SPR system) to support Title III-B services exceeded \$1 billion annually (unadjusted for inflation). Results from the analysis of 2001–2004 NAPIS SPR data, plus a review of AARP and Urban Institute data on state supportive service expenditures for the year 2002, indicate that

- The Title III-B program provides a significant proportion of total dollars spent on supportive services to frail individuals and older persons across the states. The proportion of funds provided to support Title III-B relative to non-Title III-B increased between 2001 and 2004 for most of the services; in particular, the relative contribution of Title III-B funds increased for chore services (from 32 percent to 39 percent of total expenditures in 2004) and homemaker services (from 22 percent to over 27 percent of total expenditures).
- Non-Title III-B funds are also considerable (especially for other supportive services,<sup>5</sup> general transportation, personal care, homemaker, and case management). These funds either remained stable during the period or declined slightly by 2004, with one notable exception: The relative contribution of non-Title III-B funds increased for case management services between 2001 and 2004.
- Total expenditures across all supportive services (unadjusted for inflation) remained stable between 2001 and 2004.
- Between 2001 and 2004, the services using the largest proportion of total expenditures, as reported through NAPIS SPR system, included other supportive services (including respite, home repair/modification, screening/assessment and counseling), general transportation services, and case management services, with I&A and personal care services following closely behind.
- For 2002, the one year for which expenditure data were available on other state-funded programs and Medicaid, Title III-B expenditures represented a approximately 4 percent of all funds spent on supportive services for individuals age 60 and above. Even so, TAG members reported that the aging network contributed substantially to the well-being of older persons in unmeasured ways by providing the leadership and infrastructure needed to help older persons to navigate the long-term care system and to serve as the entry and coordination point for older persons and their families.

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<sup>5</sup> Other supportive services that use considerable Title III-B resources include respite, home repair/modification, screening and assessment, counseling services, home- and community-based services, and visiting/phone reassurance (results available upon request).

## **E.6 Summary of Quantitative Findings To Date**

It is clear from the quantitative data that Title III-B has been and remains an important source of supportive care service programming and funding to the states and to frail individuals and their families. Based on the limited quantitative data that we have received to date, if we were asked to answer the overarching study question, namely—*How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act*, we would report the following:

- The aging network relies considerably on the Title III-B program to support and provide a large range of home- and community-based long-term care services to frail, older individuals and their families.
- The aging network has been successful in obtaining non-Title III-B funding to support older persons across the states.
- Generally, funding from the Title III-B program has remained stable or increased modestly across the years.
- The number of people using Title III-B services has remained stable or decreased somewhat over time (particularly for home care and transportation services).
- The frailty/vulnerability of the older population served by the Title III-B program has increased (particularly for case management, and home care services), as evidenced by increases in the proportion of older persons with 3 or more ADL limitations and/or living alone.
- Older persons served appear to be extremely satisfied with Title III-B services, in some cases wanting to receive even more of them (particularly homemaker services).
  - Additional research from this study (including interviews with national experts and focus groups with AAA directors, SUA directors, and service providers) should help us better understand why general declines in Title III-B service usage have been accompanied by overall stability in Title III-B expenditures for most supportive services during this 4-year period.

## **E.7 Next Steps/Areas Where Qualitative Data Are Needed**

As described above, results from the quantitative analyses provide insight into some of the issues of relevance to this study. However, a number of important issues cannot be addressed because these data do not include certain topics of relevance to the study and/or because additional information is needed to understand why certain quantitative findings have occurred. To address the need for more information, RTI will conduct a number of focus groups with AAA directors, SUA directors, and Title III-B service providers. We also plan to interview a number of experts in the field to obtain a national perspective on the Title III-B program. Based on information obtained (or not available) from our quantitative analyses, plus additional input from

TAG members, we now plan to consider the following topics during expert interviews/focus group sessions:

- the role/importance of Title III-B in providing the aging network with support for system and program development
- how states and local governments decide to allocate/apportion Title III-B funds to support particular supportive services
- perceived barriers to the use of Title III-B services
- best practices in the use of Title III-B services
- the role of volunteers in the delivery of Title III-B services
- methods to acquire/leverage non-Title III-B resources
- successful program management strategies
- use of community assessments to determine the need for program services
- variation in cost/pricing of Title III-B services inside versus outside the aging network

*Table E-2* summarizes the areas where qualitative data are needed to answer specific study questions/issue areas. An alternative grouping of these topics by key substantive area (Access Services, Title III-B Services, and Title III Expenditures) appears in *Appendix C*.

**Table E-2. Key Study Questions, Issue Areas, and Qualitative Data Sources**

Study Questions/Issues to Be Addressed with Qualitative Data	Qualitative Data Sources
<b>Overarching Study Question:</b> How, to what extent, and with what results has the aging network implemented Title III-B of the OAA?	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<b>Sub-Question 1:</b> What is the role/importance of providing information and assistance (I&A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Extent to which AAAs/SUAs conduct needs assessments to determine how AAA participants compare to the elderly population as a whole, what needs AAA participants have for assessment and care management services relative to the elderly population as a whole, best practices in the provision of access (I&amp;A and case management) services to AAA participants, and extent to which results have been achieved</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of access service activities delivered through the aging network (I&amp;A and case management) relative to access services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>

(continued)

**Table E-2. Key Study Questions, Issue Areas, and Qualitative Data Sources (continued)**

Study Questions/Issues to Be Addressed with Qualitative Data	Qualitative Data Sources
<ul style="list-style-type: none"> <li>▪ Role of volunteers in providing I&amp;A and case management services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network access services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment and program monitoring) by AAAs and SUAs for access (I&amp;A and case management) service activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Satisfaction with network access services (I&amp;A and case management)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<p><b>Sub-Question 2:</b> What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Extent to which AAAs/SUAs conduct needs assessments to determine what needs elderly participants have for home care and transportation services, best practices in the provision of home care and transportation services to AAA participants, and extent to which results have been achieved</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of providers of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of home care and transportation service activities delivered through the aging network relative to home care and transportation services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role of volunteers in providing home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for provision of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<p><b>Sub-Question 3:</b> What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> <li>▪ Statistical tables from other national surveys</li> <li>▪ Prior AoA research (RTI studies)</li> </ul>

(continued)



**Table E-2. Key Study Questions, Issue Areas, and Qualitative Data Sources (continued)**

<b>Study Questions/Issues to Be Addressed with Qualitative Data</b>	<b>Qualitative Data Sources</b>
<ul style="list-style-type: none"><li>▪ Methods used by AAAs and SUAs to acquire, leverage, and manage multiple funding streams by the aging network</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>
<ul style="list-style-type: none"><li>▪ Barriers to the integration and management of multiple funding streams by the aging network</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>
<ul style="list-style-type: none"><li>▪ Financial management best practices and results</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>
<ul style="list-style-type: none"><li>▪ Variation in pricing/costs of OAA versus non-OAA home- and community-based long-term care services</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>
<ul style="list-style-type: none"><li>▪ The role/importance of Title III B in providing the aging network with support for system and program development</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>
<ul style="list-style-type: none"><li>▪ How states and local governments decide to allocate/apportion Title III-B funds to support particular supportive services</li></ul>	<ul style="list-style-type: none"><li>▪ In-depth interviews</li><li>▪ Focus groups</li></ul>

## **SECTION 1**

### **INTRODUCTION**

The Older Americans Act (OAA) is an important federal program to support older Americans. The OAA was established in 1965 to help provide older Americans with the resources they need to remain independent and vital to communities across the nation. OAA provides funding to help older persons through the coordination and delivery of a wide range of home and community-based services, including meals, home care, transportation services, information and assistance, case management, senior centers, and respite services. As the nation’s population ages, the programs sponsored by the OAA become increasingly critical. While Medicaid provides insurance coverage for long-term care services,<sup>6</sup> it only covers those in the lowest income groups. Yet, many Americans are living longer today with more chronic impairments and with incomes above the level qualifying them for Medicaid. The OAA is the linchpin in the community, providing older Americans of all income levels with supportive services and coordinating and channeling additional services funded by other federal, state, and local sources.

Title III-B is one of the largest components of the Older Americans Act. It directs state and area agencies to concentrate resources on fostering comprehensive and coordinated systems for providing supportive services and multipurpose senior centers. Title III-B funds, which helped to develop the infrastructure of State Units on Aging (SUA) and area agencies on aging (AAAs), collectively known as the “aging network,” have enabled Area Agencies on Aging (AAAs) to develop systems and programs to support local communities throughout the United States. In addition, Title III-B funds provide SUAs and AAAs with the flexibility needed to deliver a wide range of home and community-based services for individuals age 60 and over.

This study focuses on SUA and AAA involvement with key services: case management, information and assistance, personal care, chore services, homemaker services, transportation, and assisted transportation services using a combination of quantitative and qualitative methods. The study addresses several policy issues related to Title III-B, and is designed to be of use to the Administration on Aging, the Aging Network, and the aging policy community at large.

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<sup>6</sup> Long-term care services provided by the Medicaid program for categorically eligible individuals include home health (including personal care) services, targeted case management, and other specific home and community-based waived services (which vary by state).

The overarching study question is: *How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?* This question is being addressed through three sub-questions:

1. What is the role/importance of providing information and assistance (I&A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?
2. What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?
3. What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?

This quantitative report summarizes the analyses conducted to date for the project. In addition to analyzing a number of quantitative data sets for AoA (most of which are reviewed here), Research Triangle Institute (RTI) also plans to collect and analyze qualitative data through a series of telephone-based interviews with national experts as well as a number of focus groups with AAA Directors, SUA directors, and Title III-B service providers. Administration on Aging (AoA) surveys have provided much of the data to address the study questions outlined above. The data sources used in this report include the 2003 National Survey of Older American Act participants (2003 national data), the 2004 National Survey of Older American Act Participants (2004 national data), and the 2001 through 2004 National Aging Program Information System State Program Performance Report (NAPIS SPR) data. RTI also relied on information from AARP and the Urban Institute to help determine the relative importance of OAA Title III services within the universe of home and community-based services.<sup>7</sup> AoA and RTI also convened a Technical Advisory Group (TAG) meeting on April 27, 2006 in Washington, DC. This meeting, which was designed to allow TAG members to comment on, clarify, and interpret quantitative study findings, was instrumental in helping AoA and RTI to determine where additional qualitative research will be needed.<sup>8</sup>

This report is an interim deliverable that was developed to help RTI and AoA to determine the nature and content of focus groups and expert interviews to be conducted in the

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<sup>7</sup> RTI also plans to analyze the AAA Service Integration Survey, which is currently being fielded, at a later point in this project.

<sup>8</sup> Some of the findings/interpretations reported by TAG members during meeting have been incorporated into revised version of the quantitative report.

summer/fall of 2006. A final set of quantitative data, including results from the AAA Service Integration Survey, will be forthcoming as part of RTI's Final Report to the Administration on Aging in 2007.

The remainder of this chapter provides a summary of key sub-questions used to address the main research questions, and our research methods. *Sections 2* through *4* provide a summary of results addressing the three key research questions. *Section 5* summarizes interim quantitative findings to date. Finally, since some of the information needed to respond to the study questions cannot be addressed with quantitative data, *Section 6* provides additional information on topics that we hope to address through the use of qualitative data.

## **1.1 Issue Areas and Relevant Data Sources**

A number of issue areas have been identified to address each research question. *Table 1-1* provides an overview of the key study questions and a summary of the types of data analyzed to address particular study issues. As noted previously, the main sources of AoA data used to address the research questions included the 2003 National Survey, 2004 National Survey, and the 2001–2004 NAPIS SPR data. We also relied on information from other sources, such as AARP and the Urban Institute, to help us determine the relative importance of OAA Title III services within the universe of home and community-based services (sub-question #3). We have noted in *Table 1-1* those study questions that will best be addressed using the yet-to-be available AAA Service Integration Survey.

## **1.2 Conceptual Framework<sup>9</sup>**

The following conceptual framework has been developed to guide this study and help the study team identify the independent and dependent variables to be used in the analysis of quantitative data. The overarching study question and three sub-questions directly relate to the conceptual model shown in *Figure 1-1*. Specifically, sub-question 1 relates to characteristics and utilization of Title III-B access services as well as the consumer outcomes resulting from these services; sub-question 2 relates to characteristics and utilization of other Title III-B services (namely home care and transportation) and the consumer outcomes resulting from use of these services, and sub-question 3 relates to the funding of all Title III-B services. The main overarching study question to be addressed in this project will incorporate data from both

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<sup>9</sup> While we have attempted to link our key research questions to elements from the conceptual framework in this quantitative report, we plan to more fully explicate the components of the conceptual framework once we have (a) obtained and analyzed AAA Service Integration Survey data (still being fielded) and (b) completed the qualitative component to the study.

**Table 1-1. Key Study Questions, Issue Areas, and Data Sources**

Study Questions/Issues to Be Addressed with Quantitative Data	Quantitative Data Sources
<p><b>Overarching Study Question:</b> How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey Data</li> <li>▪ 2004 National Survey Data</li> </ul>
<p><b>Sub-Question 1:</b> What is the role/importance of providing information and assistance (I&amp;A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey Data</li> <li>▪ 2004 National Survey Data</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of network participants and access service activities (such as usage rates and client characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup> (case management and I&amp;A sections)</li> <li>▪ 2003 National Survey Data (I&amp;A)</li> <li>▪ 2004 National Survey Data (I&amp;A)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of access service activities delivered through the aging network (I&amp;A and case management) relative to access services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR (III expenditures versus total service expenditures)</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network access services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for access (I&amp;A and case management) service activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<p><b>Sub-Question 2:</b> What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey Data</li> <li>▪ 2004 National Survey Data</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of network participants and home care and transportation services (such as usage rates and client demographic and functional status characteristics)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey Data (limited home care data, more extensive transportation data)</li> <li>▪ 2004 National Survey Data (limited home care data, more extensive transportation data )</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of providers of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>*</sup></li> </ul>

(continued)

**Table 1-1. Key Study Questions, Issue Areas, and Data Sources (continued)**

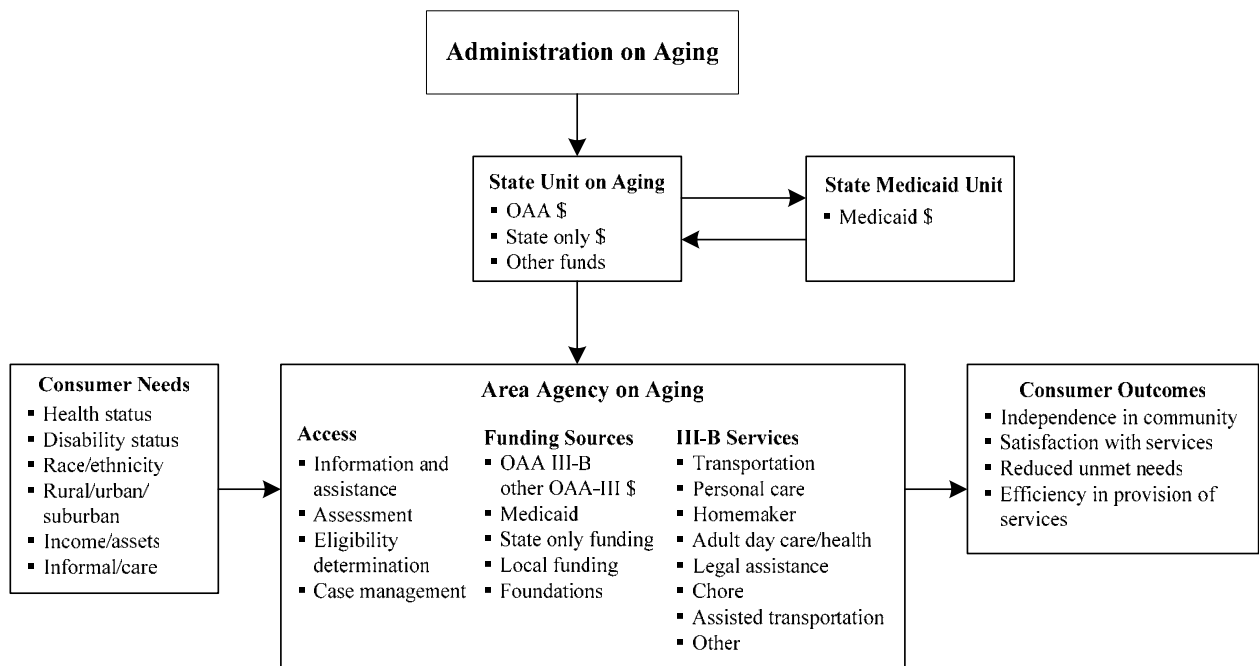
Study Questions/Issues to Be Addressed with Quantitative Data	Quantitative Data Sources
<ul style="list-style-type: none"> <li>▪ Role/importance of home care and transportation service activities delivered through the aging network relative to home care and transportation services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR (III expenditures versus total service expenditures)</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup> (limited data)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for provision of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Satisfaction with network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2003 National Survey Data (home care and transportation modules)</li> <li>▪ 2004 National Survey Data (home care and transportation modules)</li> </ul>
<p><b>Sub-Question 3:</b> What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ 2003 National Survey Data</li> <li>▪ 2004 National Survey Data</li> <li>▪ Statistical tables from other national surveys</li> </ul>
<ul style="list-style-type: none"> <li>▪ Relative scope/importance of OAA Title III-B services within the universe of long-term care and other community-based services within the universe of services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2001–2004 NAPIS SPR data</li> <li>▪ AAA Service Integration Survey<sup>a</sup></li> <li>▪ Statistical data provided from other national data sets</li> </ul>
<ul style="list-style-type: none"> <li>▪ Methods used by AAAs and SUAs to acquire, leverage, and manage multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup></li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to the integration and management of multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ AAA Service Integration Survey<sup>a</sup> (limited data)</li> </ul>

<sup>a</sup> AAA Service Integration Survey data were still being collected at the time that this report was issued.

quantitative and qualitative data (yet to be collected and analyzed) to address the key components outlined in this conceptual framework.

**Consumer Needs.** Consumers are the focus of AoA programs. The need for services among older people is a function of many factors, including health status, disability status, race and ethnicity, whether the consumer lives in a rural or urban area, their income and assets, and the availability of their informal support network. OAA places a strong emphasis on meeting the supportive service needs of minority groups and elders in rural areas. In this evaluation, we pay particular attention to consumer needs as a key determinant of subsequent consumer outputs/outcomes.

**Figure 1-1. Conceptual Framework for Evaluating Older Americans Act Title III-B Services**



**Access.** One of the main functions of AAA is to provide a point of entry into the service system. It performs this function through information and assistance services, assessment, eligibility determination for publicly funded services, and care planning/case management. Increasingly, AAA are providing integrated access to a wide range of funding sources (including Medicaid, county levy funds, and other state programs) and are using integrated data systems to help manage clients, funding, and services. For this study, we focus on information and assistance and case management services.

**Funding Sources.** The availability of financing is a major determinant of the use of services. AAA receive OAA Title III-B services funding, but many agencies also receive money from a broad range of other sources. These other sources include Medicaid, AoA/Centers for Medicare and Medicaid Services (CMS) for Aging and Disability Resource Centers (ADRCs) state taxes, county and local funds, and support from foundations. Increasingly, AAA are using OAA funds to leverage other funding sources. In this document, we include all Title III-B and non-Title III-B funding sources reported in the NAPIS SPR system.

**III-B Services.** Title III-B of the OAA gives AAA broad flexibility in the provision of services. Among the services provided and reviewed in this evaluation are transportation,

personal care, homemaker services, chore services, and assisted transportation. By providing this broad array of services, the AAA have the opportunity to tailor services to the needs of individuals and make them accessible.

***Consumer Outcomes.*** OAA services have a number of goals; the overriding one is to maintain the independence of older people in the community. Increasing satisfaction with services, reducing unmet needs, and increasing the efficient provision of services, are other favorable outcomes considered in this evaluation. Increasingly, the AoA is measuring consumer outcomes in order to improve performance and to ensure that the goals of the Act are being met. Measuring these outcomes is a way of assessing “value for money” and providing feedback on program performance to both federal officials and state and local administrators. In this evaluation, we focus on patient satisfaction and other consumer-reported measures of program effectiveness.

### **1.3 Quantitative Methods**

RTI analyzed each data set—NAPIS SPR and National Surveys—to determine the characteristics of both respondents and the various Title III-B Services. In this report, we summarize NAPIS SPR data at the national level based on input provided from each state. We also summarize 2003 and 2004 National Survey data based on input provided from randomly selected respondents using three Title III-B services: information and assistance, homemaker services, and transportation services.

Analyses of 2003 and 2004 National Surveys were weighted and adjusted for complex survey design effects resulting from the two-stage sampling strategy (i.e., sampling first by AAA and second by respondent). However, no weights or survey design corrections were needed for analyses of NAPIS SPR and since a census of all states/AAAs was taken for this data source.

RTI also extended its analyses of the 2004 National Survey in order to more fully address elements of sub-study questions 1 and 2. For this one data source, we used multivariate modeling techniques to examine satisfaction with services, the likelihood of using Title III-B services, and key predictors of service use. We focused on the 2004 rather than 2003 national data since the 2004 data were considered to be of higher quality and included a larger sample size. For this one year, we modeled satisfaction with and the likelihood of using three Title III-B services—information and assistance, homemaker services, and transportation—after taking into account key background characteristics of study respondents. These analyses were designed to provide AoA with additional insight into the types of individuals who appeared to be more and/or less likely to benefit from and be satisfied with different Title III-B services.



Independent variables for all models included demographic characteristics such as age, gender, urban vs. rural residency, education, and minority status. Health and functional status variables included high ADL and IADL impairment (i.e., three or more ADLs or IADLs). In addition, we included indicator variables for living alone and for not being married. Above all, we were interested in predictors that signaled vulnerability for older persons: being aged 75 or older, being a minority, being from a rural area, living alone, and having substantial ADL impairment.

For each outcome variable, we estimated a full and a final model. The full multivariate model consisted of the entire set of independent variables described above. For the final models, we tested the significance of each independent variable separately, and if the Wald test p-value was less than 0.1, we retained that variable in the final model; if the p-value was 0.1 or larger, the variable was excluded from the list of independent predictors. This approach allowed us both to improve the overall model fit and to eliminate multicollinearity problems inherent in the full model specifications. In describing the findings for the study in *Section 3.4.3*, we focus on the final models only, although we present both full and final models in the tables.

To further identify predictors of satisfaction (or lack of satisfaction) with homemaker services, we examined differences in characteristics for the subset of homemaker survey respondents whose satisfaction was in the lowest quartile (bottom 25 percent) relative to the full sample responding to this particular survey module. By conducting this supplementary analysis, we were able to determine key characteristics of the least satisfied homemaker service sample relative to the general population served. We created 95 percent confidence intervals around the predicted scores (proportions) for each group to identify statistically significant differences in demographic characteristics for the full versus least satisfied sub-sample. Results from this analysis are shown in *Section 3.4.3*.

In order to fully address study sub-question 3, we supplemented our own analyses of AoA data by incorporating expenditure data to determine the relative role/contribution of Title III-B services in financing/providing long-term care services to older persons in the United States.

Since some study issues cannot be fully addressed with the available quantitative data, in Section 5 we delineate the types of questions that will need to be addressed using qualitative data sources, including expert interviews and focus groups with State Unit on Aging and AAA directors.

## 1.4 Presentation of Data in this Report

In the sections that follow, we summarize large amounts of data from our two main secondary data sources. In many cases, the data within a given source have been reported over a number of years. Given the challenge of presenting findings from multiple sources over several years, we decided to limit the formal presentation of data in the text as follows. First, we focus predominantly on analyses of the 2001–2004 NAPIS SPR data in the body of the document since these data provide the most complete set of information available on all Title III-B services of interest to this study—namely, information and assistance, case management, home care services, and transportation services. Second, because we have only two data points for National Survey data—2003 and 2004—NAPIS SPR is the only data source that can be used to examine trends over time. Finally, the NAPIS SPR data have been collected by all states for almost 10 years and are known to be of consistent and very high quality for the period under review. While the 2003 and 2004 National Survey data and AAA Service Integration Survey data are also considered to be of high quality, these surveys have not been fielded as often, and thus, have not been tested and evaluated to the same extent as have the NAPIS SPR surveys. While the sections that follow do include descriptions of results from the National Surveys when these data provide information otherwise unavailable from NAPIS SPR, for ease in readability and understanding of key findings the tabular presentation of results from these surveys is generally presented in the Appendices.<sup>10</sup>

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<sup>10</sup> We felt that the lack of consistency in reporting similar information across the various surveys would make comparisons across data sets difficult and complicate interpretation of study findings. Therefore, rather than place tabular data from different surveys side by side, using inconsistent reporting formats, we have chosen to select one main data set in the body of the report and include a limited amount of supporting material on alternative data sources—when available—in the body as well. We present alternative tabular data and more extensive findings from other surveys in the Appendices.

## SECTION 2

### ROLE OF AGING NETWORK IN ASSESSMENT AND CARE PLANNING AND IMPORTANCE OF ASSESSMENT AND CARE PLANNING FOR AGING NETWORK

In this section, we address the following study sub-question:

*What is the role/importance of providing information and assistance (I&A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?*

For this study, Title III-B access services include information and assistance (I&A) and case management services. I&A services provide individuals with current information on resources that are available in their communities; assess the problems and capabilities of individuals; link individuals to available community resources; and, to the extent possible, ensure that the individuals served receive needed services and are knowledgeable about the resources that are available to them in the community (AoA, 2006). Similarly, case management services provide access or care coordination in circumstances where the older person and/or his or her caregiver are experiencing diminished functional capacities, personal conditions, or other characteristics that require the provision of services by formal service providers. Case management activities may include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, and follow-up and reassessment (AoA, 2006). These services help older adults and their families make contact with and navigate the aging network and broader long-term care system.

In this section, we highlight results from analyses of NAPIS SPR and 2003 and 2004 National Survey data. As noted in the prior section, given space limitations, we present results from the 2001–2004 NAPIS SPR data for access services in the body of the text, and highlight only key findings from 2003 and 2004 National Survey in the document, reporting supplementary data and complete sets of tables in *Appendices A and B*.

#### **2.1 Characteristics of Network Participants**

This section reports on the characteristics of network participants using Title III-B I&A and case management services. Results are presented separately for each service type.

##### **2.1.1 Information and Assistance Services**

NAPIS SPR data do not contain information on the characteristics of I&A network participants. However, demographic data from the 2003 and 2004 National Surveys of I&A users

(shown in *Table B-1* in *Appendix B*) indicate that, in contrast to participants for other Title III-B services (such as home care and transportation), over one-fifth of I&A participants are under age 60, and a small proportion of I&A participants are of minority descent. The considerable proportion of those using I&A services who are under age 60 is likely due to the fact that I&A services are available both to older persons and to their family members/caregivers, while other OAA services are typically available only to those over the age of 60. Given that national data indicate that only 5 percent of the population receiving I&A services is of Hispanic descent, between 9 and 14 percent is of African American descent, and 1.5 to 6 percent is Asian/Pacific Islander/Native American in 2003 or 2004, RTI and AoA will further examine this issue using qualitative methods (i.e., through the collection and analysis of data from focus groups and expert interviews) to gain additional insight into access to I&A services for minority populations in the United States.

### **2.1.2 Case Management Services**

Analyses of 2001–2004 NAPIS SPR data indicate that case management services are being targeted to the oldest old, those in frail health, those living alone, and women. Specifically, over 65 percent of all case management participants served by the Title III-B program are at least 75 years of age (see *Figure 2-1*). Similarly, approximately 50 percent of those receiving Title III-B case management services live alone (see *Table 2-1*). Approximately 70 percent of case management participants are female. The proportion of case management participants with three or more activity of daily living (ADL) impairments is considerable, increasing from 40 percent in 2001 to 46 percent in 2004 (see *Figure 2-2*). A relatively larger proportion of case management users needed help with IADL (versus ADL) activities during this period (see *Figure 2-3*).

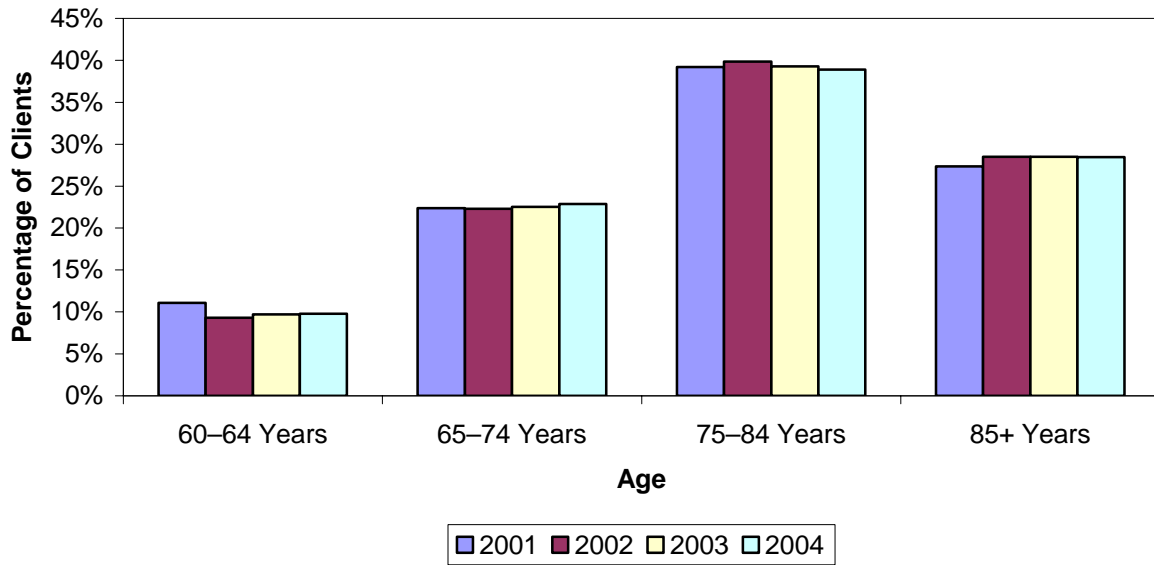
## **2.2 Characteristics of Access Services**

In this section, we provide information on characteristics of access services, including the overall numbers of people using I&A and case management services, and the average level of use per person served. Results are presented by service type.

### **2.2.1 Information and Assistance Services**

No information is available on characteristics of I&A services from the NAPIS SPR data. However, results from 2003 and 2004 National Survey data (shown in *Table B-2* in *Appendix B*) indicate that the majority of callers obtain help and/or services for themselves. An additional 40 percent receive help for relatives/someone else, while roughly 6 to 10 percent call from another agency to obtain information on behalf of a participant. The majority of callers want to obtain information or services. Approximately one-quarter of all of callers have previously used I&A

**Figure 2-1. Percentage of Case Management Clients by Age Group**

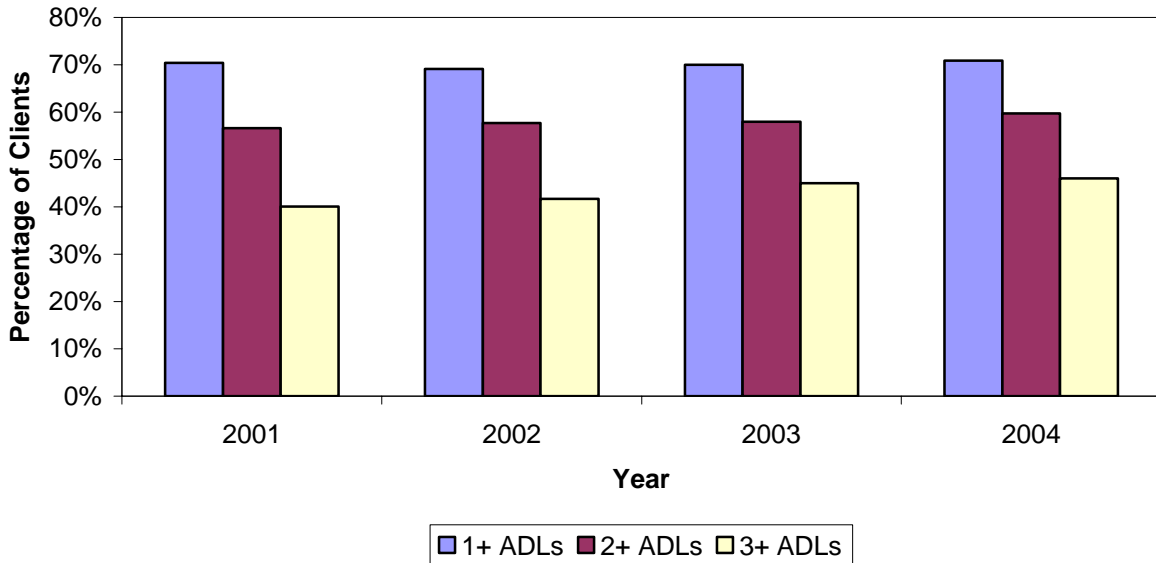


**Table 2-1. Living Alone Status and Gender of Case Management Clients**

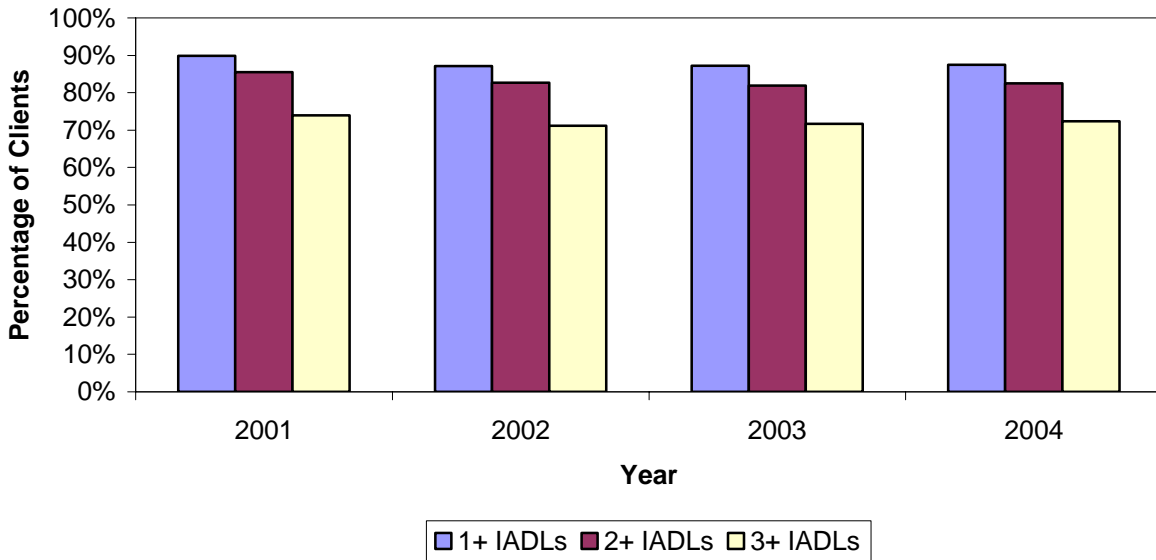
	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
Number served	255,187	252,931	253,296	243,007
Percentage living alone	47.3	48.6	48.8	50.3
Percentage male	31.8	31.7	31.1	31.5
Percentage female	68.2	68.3	68.9	68.5

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Figure 2-2. Percentage of Case Management Clients Needing Assistance with ADLs (Age 60+)**



**Figure 2-3. Percentage of Case Management Clients Needing Assistance with IADLs (Age 60+)**



services. I&A services are reported to be efficient, with over 80 percent of calls being answered in fewer than five rings and about 80 percent of calls being answered by a person (rather than a message machine).

We also used 2004 National Survey data to determine which demographic and health status factors predicted whether participants had contacted I&A service providers for (a) themselves or (b) their relatives. Two logistic regression models were estimated. As shown in *Table B-3* in *Appendix B*, several variables were significant predictors of the likelihood of calling the I&A service for him/herself: being **aged 75 and over**, being **male**, having **less formal education**, and **living alone**, perhaps due to the fact that no one else was available to call on his/her behalf. Conversely, those who were **younger**, were **married**, or **lived with others** (e.g., spouses or other family members) were more likely to contact I&A service providers for their relatives.

### 2.2.2 Case Management Services

The total hours of case management service provided during this period remained constant, while the number of persons using this service declined slightly (see *Table 2-2*). The average number of hours of case management services per person remained stable from 2001 to 2004, ranging from 10 to 11 per person per year. The general volume of case management services received per person is in line with AoA expectations since case management services are designed primarily to help participants obtain other direct services from the aging network.

**Table 2-2. Units of Case Management Service, Unduplicated Count of Persons, and Units of Service per Person**

	2001	2002	2003	2004
Units of service delivered (hours)	3,751,512	3,866,325	3,735,582	3,799,026
Unduplicated count of persons using service	433,546	412,099	412,564	402,254
Units per person (outliers removed)	10	11	10	10

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

## 2.3 Role/Importance of Access Services Delivered through Aging Network versus Elsewhere

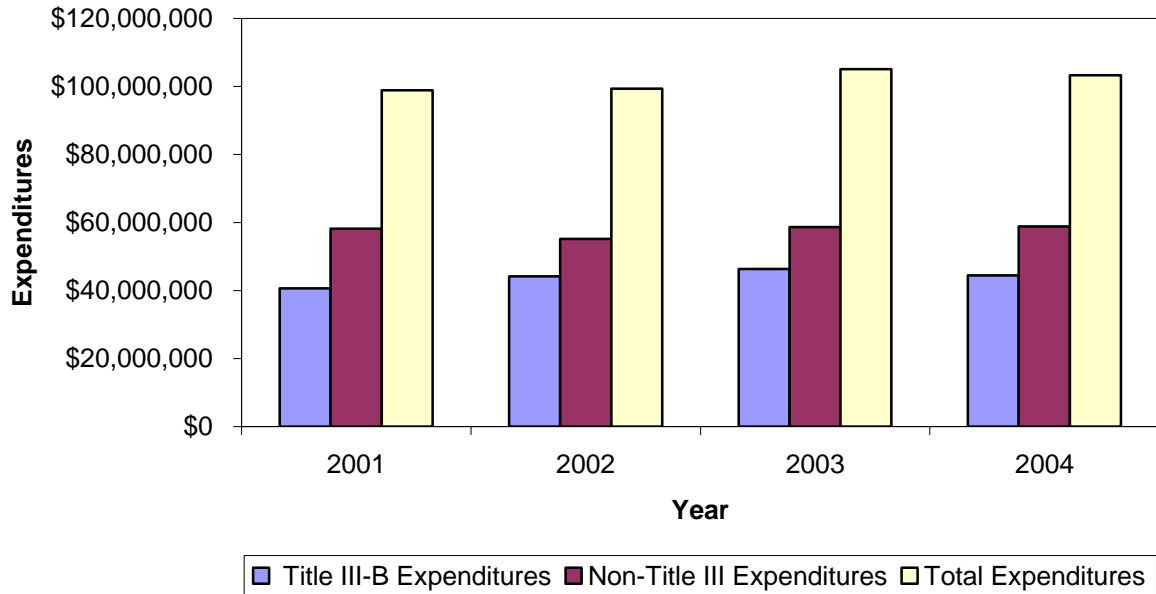
Information on Title III-B versus non-Title III-B access services was examined through the use of 2001–2004 NAPIS SPR expenditure data. Additional information on the relative importance of access services delivered through the aging network versus elsewhere was provided from the AAA Service Integration Survey. Results are provided by service type.

### 2.3.1 Information and Assistance Services

Based on NAPIS SPR expenditure data for 2001 to 2004 (as shown in *Figure 2-4*), it is clear that Title III-B represents an important and consistent funding source to support the

delivery of I&A services to older and disabled persons and their families. Specifically, over 40 percent of the total I&A expenditures reported by the states have been funded by the Title III-B program. Stated differently, for every \$2 provided by the Title III-B program to support I&A services, an additional \$3 was leveraged from non-Title III-B funding sources. The proportion of funds provided through Title III-B increased slightly between 2001 and 2004.

**Figure 2-4. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Information and Assistance Services**



During this same period, an additional \$55 million to \$60 million in non-Title III-B funds were used annually to support I&A services demonstrating states’ ability to leverage considerable resources to support the delivery of I&A services. A total of approximately \$100 million from all sources (unadjusted for inflation) was spent annually on I&A services.

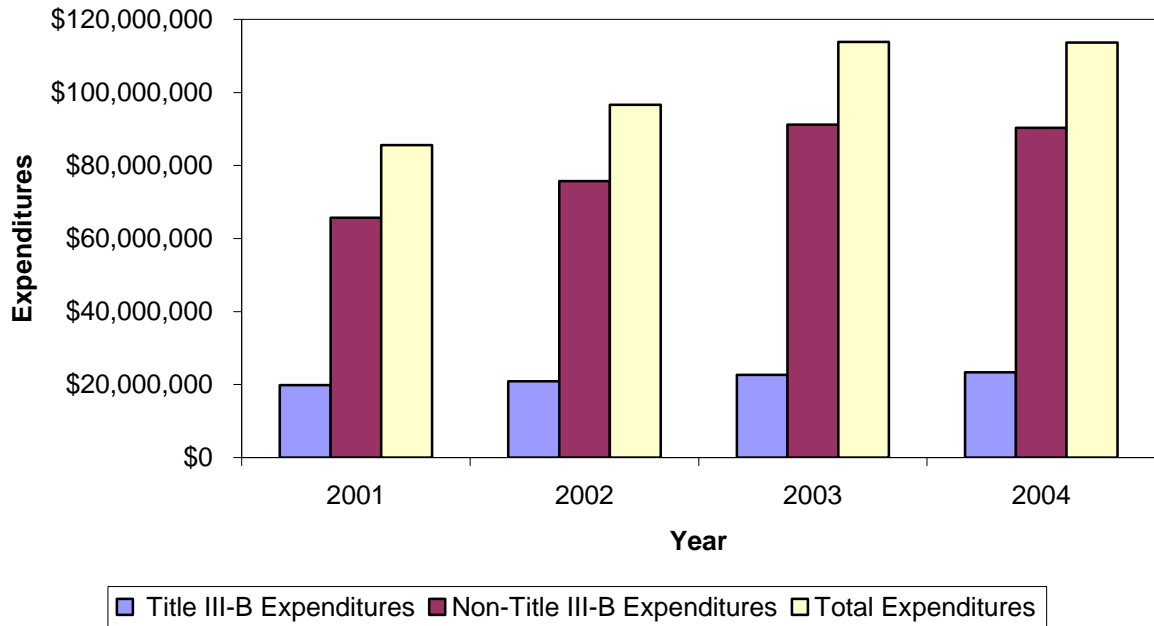
### 2.3.2 Case Management

Analyses of the 2001–2004 NAPIS SPR data (shown in *Figure 2-5*) indicate that Title III-B represents an important but relatively modest source of funds to support the delivery of case management services. The actual proportion of case management services supported directly from Title III-B funds declined somewhat during this 4-year period. While 23.2 percent of all case management services provided by the states were funded by the Title III-B program in 2001, by 2004, this percentage declined to 20.6 percent. Stated differently, for every \$1 provided by Title III-B to support case management services during this period, another \$4 was leveraged from non-Title III-B sources. An additional \$66 million to \$91 million was provided annually by



other sources to support these activities, with non-Title III-B funds to support case management increasing substantially during this 4-year period. Total funds used to support case management services increased considerably during this 4-year period, ranging from \$85.5 million in 2001 to almost \$114 million (unadjusted for inflation) in 2004.

**Figure 2-5. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Case Management Services**



**SECTION 3**  
**ROLE OF AGING NETWORK IN MANAGING HOME CARE AND**  
**TRANSPORTATION AND IMPORTANCE OF HOME CARE AND**  
**TRANSPORTATION FOR AGING NETWORK**

In this section, we address the following study sub-question:

*What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?*

For this study, Title III-B home care services include personal care, chore, and homemaker services. Home care and transportation services are two direct services that can make an important difference to the quality of life of frail and older persons living at home. Title III-B home care services—which for this study include personal care, chore, and homemaker services—provide in-home assistance to individuals with functional limitations to help them manage activities of daily living. Personal care provides in-home personal assistance, standby assistance, supervision, or cues for persons with the inability to perform with one or more of the following activities of daily living: eating, dressing, bathing, toileting, transferring in and out of bed/chair, and walking. Homemaker care provides assistance to persons unable to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, and doing light housework. Chore services assist persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or light housework (AoA, 2006).

Similarly, transportation services—which for this study include both general transportation and assisted transportation services—provide frail individuals and older persons with the means to get from one location to another (either assisted or unassisted), thereby helping them to remain active and independent in the community for as long as possible. Similarly, our analysis of transportation services includes both general transportation and assisted transportation services (when available).

In this section, we highlight results from analyses of NAPIS SPR and 2003 and 2004 National Survey data.

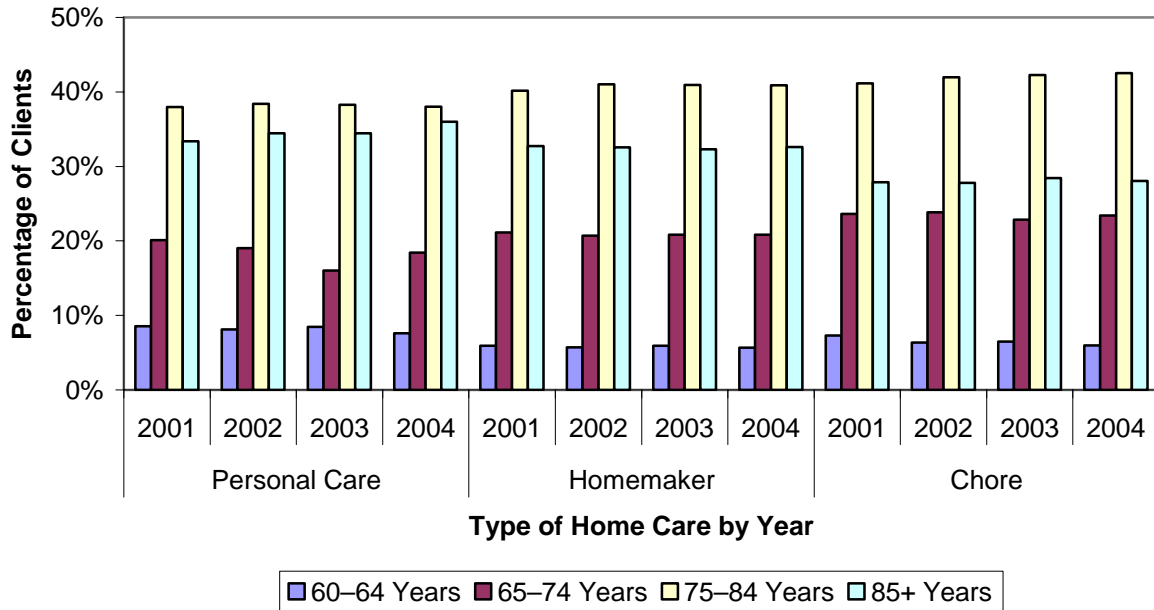
### **3.1 Characteristics of Network Participants**

This section reports on the characteristics of individuals using Title III-B home care and transportation services. Results are presented separately for each service type.

### 3.1.1 Home Care Services

Analyses of 2001–2004 NAPIS SPR data indicate that home care services were targeted to the oldest old, those in frail health, those living alone, and women. Specifically, over 70 percent of all home care participants served by the Title III-B program are at least 75 years of age (see *Figure 3-1*). Similarly, a large proportion of those receiving Title III-B home care services live alone, especially those needing homemaker services (over 60 percent) and chore services (over 50 percent in 2001 and over 60 percent in 2004) (see *Table 3-1*). A somewhat smaller proportion of personal care participants live alone (between 35 and 44 percent). This may be explained by the fact that Title III-B personal care users need more assistance with activities of daily living (see *Figures 3-2* and *3-3*), and thus, are less likely to be able to live alone. Approximately 75 percent of home care participants are female.

**Figure 3-1. Percentage of Home Care Clients by Age Group**

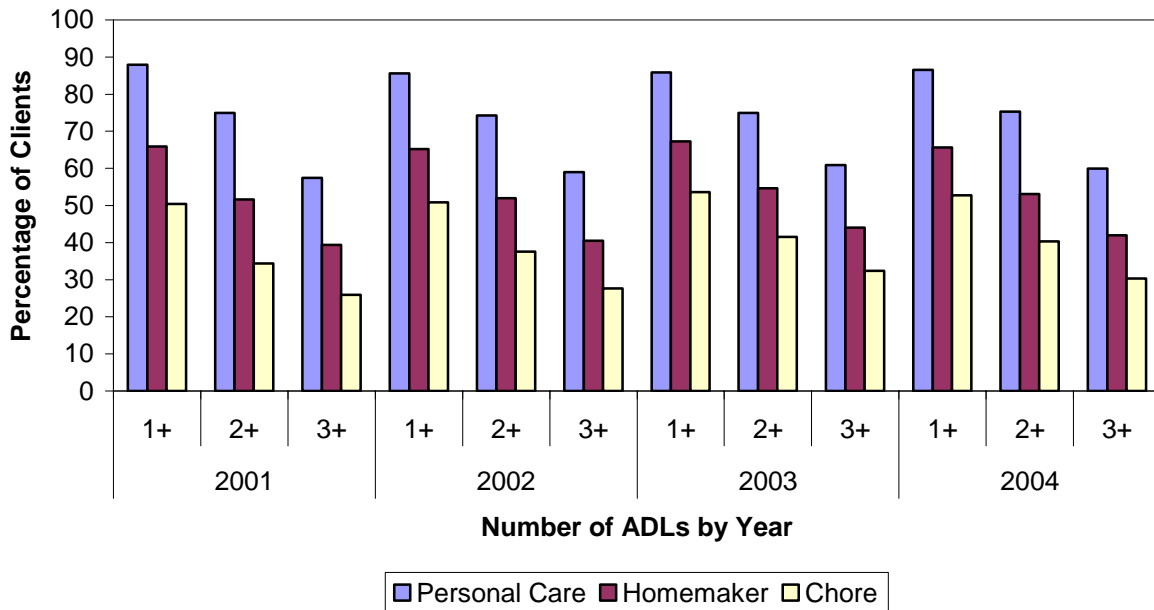


**Table 3-1. Living Alone Status and Gender of Home Care Clients**

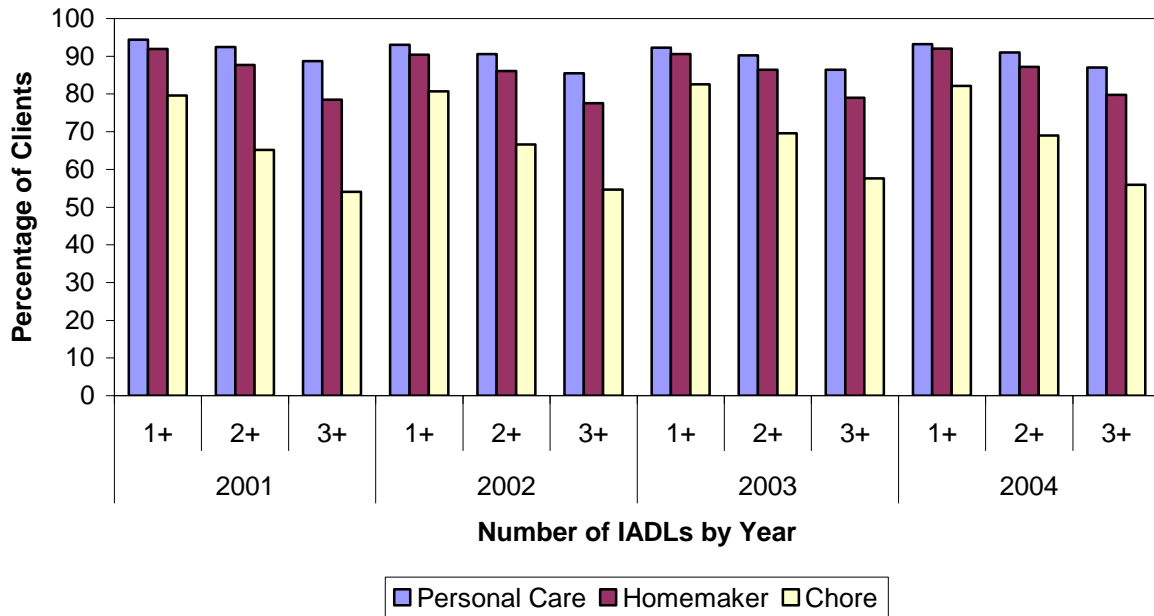
	2001	2002	2003	2004
<b>Personal Care</b>				
Number served	73,177	69,687	70,876	63,229
Percentage living alone	37.4	40.2	39.9	44.2
Percentage male	28.9	27.8	27.9	26.6
Percentage female	71.1	72.2	72.1	73.4
<b>Homemaker</b>				
Number served	119,553	118,575	114,240	107,897
Percentage living alone	63.1	62.3	63.7	66.8
Percentage male	22.5	22.3	22.5	21.8
Percentage female	77.5	77.7	77.5	78.2
<b>Chore</b>				
Number served	42,885	34,334	32,415	27,312
Percentage living alone	53.4	58.5	63.9	63.1
Percentage male	25.5	23.7	22.6	23.2
Percentage female	74.5	76.3	77.4	76.8

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Figure 3-2. Percentage of Home Care Clients Needing Assistance with ADLs (Age 60+)**



**Figure 3-3. Percentage of Home Care Clients Needing Assistance with IADLs (Age 60+)**



A significant proportion of home care participants need assistance with three or more activity of daily living (ADL) impairments, although the actual proportion requiring this level of assistance varies widely by home care service—ranging from a high of 60 percent for personal care services, to a low of 26 percent for chore services (see *Figure 3-2*).<sup>11</sup> The proportion of home care participants with three or more ADL impairments increased between 2001 and 2004; this change was particularly large for chore services, where the proportion with three or more ADL impairments increased from 25.9 percent to 30.3 percent (a 15 percent increase) during the 4-year period.

Between 2001 and 2004, IADL (versus ADL) dependency remained stable by type of home care service (see *Figure 3-3*). Over 85 percent of those using personal care service needed help with three or more IADL activities, about 80 percent of those receiving homemaker services needed help with three or more IADLs, and approximately 55 percent of those receiving chore services needed help with three or more IADLs during this 4-year period.

<sup>11</sup> Some of the reported differences in prevalence of functional limitations by type of home care may be due to variation in AoA’s functional limitation definitions/requirements to obtain different Title III-B home care services.

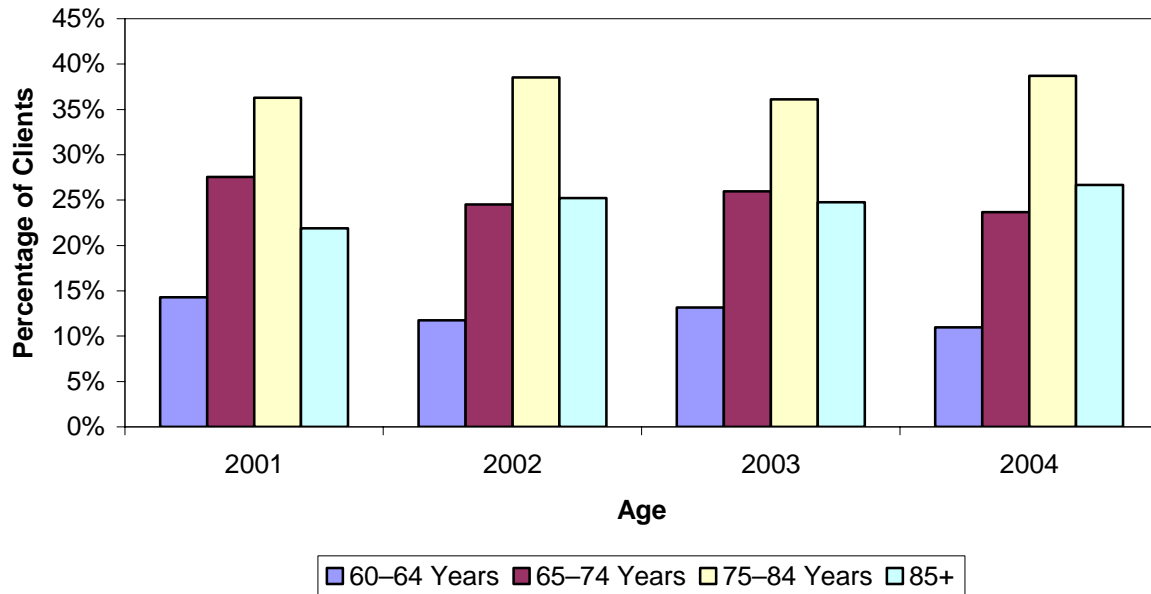
Comparable demographic and health status data on homemaker service users from the 2003 and 2004 National Surveys may be found in *Appendix B*. Overall, demographic/functional status data from the National Survey samples are consistent with those found in the NAPIS SPR data, indicating that Title III-B homemaker service users typically are female, are of advanced age, are in frail health, and live alone. The few differences reported by data source include the fact that (1) a relatively larger proportion of National Survey homemaker participants live alone, and (2) a relatively smaller proportion of National Survey members have significant functional limitations. More specifically, during the same comparable period (2003 and 2004), a larger proportion of National Sample members reported having lower levels of ADL and IADL impairments and a smaller proportion of National Survey members report having higher levels of ADL and IADL impairments when compared to NAPIS SPR participants. These reported differences by data source may be due, in part, to the fact that NAPIS SPR data are reported by AAAs to the states, while National Survey data are self-reported by individual respondents.

### **3.1.2 Transportation Services**

Analyses of the 2001–2004 NAPIS SPR data indicate that assisted transportation services are targeted to the oldest old, those living alone, and women. Specifically, about 60 percent all assisted transportation participants served by the Title III-B program are at least 75 years of age (see *Figure 3-4*). The proportion of assisted transportation service participants that lived alone increased substantially between 2001 and 2004. More specifically, 23 percent of those receiving Title III-B assisted transportation services lived alone in 2001 while 43 percent lived alone in 2004 (see *Table 3-2*). Approximately 70 percent of assisted transportation participants are female. No information on the health status (ADL, IADL) of assisted transportation participants is available from the NAPIS SPR data. Similarly, no information on the demographic or health status of general transportation users is available from the NAPIS SPR data.

Demographic and health status data of general (not assisted) transportation service users from the 2003 and 2004 National Surveys may be found in *Table B-7* in *Appendix B*. The demographic data reported on assisted transportation users in NAPIS SPR varies slightly from that reported on general transportation users in the National Surveys, which is expected given that assisted transportation users are typically more impaired than the population using general transportation services.

**Figure 3-4. Percentage of Assisted Transportation Clients by Age Group**



**Table 3-2. Living Alone Status and Gender of Assisted Transportation Clients**

	2001	2002	2003	2004
Number served	60,667	42,057	47,329	33,438
Percentage living alone	22.6	35.3	40.9	42.9
Percentage male	34.8	29.2	30.5	27.5
Percentage female	65.2	70.8	69.5	72.5

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

When comparing results in *Table 3-2* and *Table B-7* in *Appendix B*, we found that both types of transportation users typically are older (75 years of age and over) and female, though a relatively larger proportion of males use assisted versus general transportation services. In contrast, a relatively smaller proportion of assisted versus general transportation users live alone, perhaps due to the fact that they are in poorer health.

We were unable to compare functional status measures for both general and assisted transportation users across the two data sets since NAPIS SPR data did not provide information on the functional status of general or assisted transportation users. National Survey data, however (shown in *Tables B-8* and *B-9* in *Appendix B*) reveal that the majority of general transportation participants have one or two ADL and IADL impairments, documenting that these

individuals need at least some assistance with daily activities in order to remain independent in the community.

## **3.2 Characteristics of Home Care and Transportation Services**

In this section, we provide information on characteristics of network services, including the overall numbers of people using home care and transportation services, and average use per person served. Results are presented by service type.

### **3.2.1 Home Care Services**

The total number of hours of Title III-B home care services used by older and disabled persons declined somewhat over the 4-year period (see **Table 3-3**). The total (unduplicated) number of persons using home care services also declined during this period. Between 2001 and 2003, home care users typically received about 1.3 hours of personal care services per week (68 to 70 hours over 52 weeks), just over 1 hour of homemaker services per week (roughly 56 hours over 52 weeks), and about 1 hour of chore services every third week (18 to 20 hours over 52 weeks). However, in 2004, the average number of personal care hours increased from 68 to 77 hours per person per year, or approximately 1.5 services per person per week.<sup>12</sup>

No specific information on the characteristics of home care services is available from the National Survey data.

### **3.2.2 Transportation Services**

The total units of general transportation and assisted transportation services declined during the 4-year period (see **Table 3-4**). The number of persons using assisted transportation services declined considerably between 2001 and 2004. However, the intensity of assisted transportation service use varied, increasing from 32 one-way trips per person per year in 2001 (or roughly one trip every 11 days) to 38 one-way trips in 2004 (or roughly one trip every 9 days). Although these data do not fully explain the overall decline in both assisted and general transportation usage during this 4-year period, AoA has speculated that the total use of transportation services declined as the proportion of Title III-B nutrition service participants obtaining their meals at home (rather than at congregate meal sites) increased, reducing the need for at least some Title III-B transportation services. It also is possible that the increased intensity

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<sup>12</sup> TAG members felt that these relatively low home care utilization statistics reflected the fact that the aging network typically referred older participants to other programs/providers of care (including state-provided home care, Medicaid home care services, etc.) whenever possible, based on eligibility for such programs, to allow participants to obtain a fuller range of home care services elsewhere.



of service use per person served in 2004 was associated with at least some reduction in the total number of people having access to this service in 2004.<sup>13</sup>

**Table 3-3. Units of Home Care Service, Unduplicated Count of Persons, and Units of Service per Person**

	2001	2002	2003	2004
<b>Personal care</b>				
Units of service delivered (hour)	9,775,736	9,011,187	9,062,786	9,200,518
Unduplicated count of persons using service	98,190	96,563	79,728	82,838
Units per person (outliers removed)	70	71	68	77
<b>Homemaker</b>				
Units of service delivered (hour)	11,664,344	9,743,962	9,328,207	10,365,330
Unduplicated count of persons using service	163,848	161,693	128,359	143,178
Units per person (outliers removed)	63	56	55	63
<b>Chore</b>				
Units of service delivered (hour)	1,265,559	1,270,075	1,169,965	1,160,334
Unduplicated count of persons using service	56,499	49,191	45,545	39,897
Units per person (outliers removed)	18	20	21	21

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

Additional data on characteristics of general (but not assisted) transportation services is provided from the 2003 and 2004 National Surveys. As shown in *Table B-10* in *Appendix B*, over 50 percent of respondents had used transportation services less than 1 week earlier. Similarly, approximately half of all respondents used Title III-B transportation services for at least three-quarters of all trips. The average number of general transportation trips used varied by year, ranging from 8 to 13 per month, reflecting the fact that individuals used Title III-B transportation services about every 3 to 4 days.

<sup>13</sup> Qualitative data from interviews with national experts and focus groups with AAA directors will provide additional information to help AoA and RTI understand why this finding has occurred.

**Table 3-4. Units of Transportation and Assisted Transportation Service, Unduplicated Count of Persons, and Units of Service per Person**

	2001	2002	2003	2004
<b>Transportation</b>				
Units of service delivered (one-way trip)	39,412,134	37,094,425	36,019,342	34,014,788
Unduplicated count of persons using service	N/A	N/A	N/A	N/A
Units per person (outliers removed)	N/A	N/A	N/A	N/A
<b>Assisted Transportation</b>				
Units of service delivered (one-way trip)	2,810,510	2,412,748	2,189,407	1,962,268
Unduplicated count of persons using service	86,640	60,862	62,274	46,740
Units per person (outliers removed)	32	34	31	38

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

NOTE: No information is available on persons served from NAPIS SPR data for general transportation services.

The volume of activity for general transportation users as reported from the National Surveys is about three to five times that reported for assisted transportation users from NAPIS SPR, though this difference was to be expected because individuals needing assisted transportation use this service primarily for medical appointments while those using general transportation services rely on it for a variety of purposes ranging from attendance at senior centers, doctor’s appointments, lunch programs, shopping, social activities and recreation, and religious services (see *Table B-10* in *Appendix B* for the types of locations visited by Title III-B transportation users).

### **3.3 Role/Importance of Home Care and Transportation Services Delivered through Aging Network versus Elsewhere**

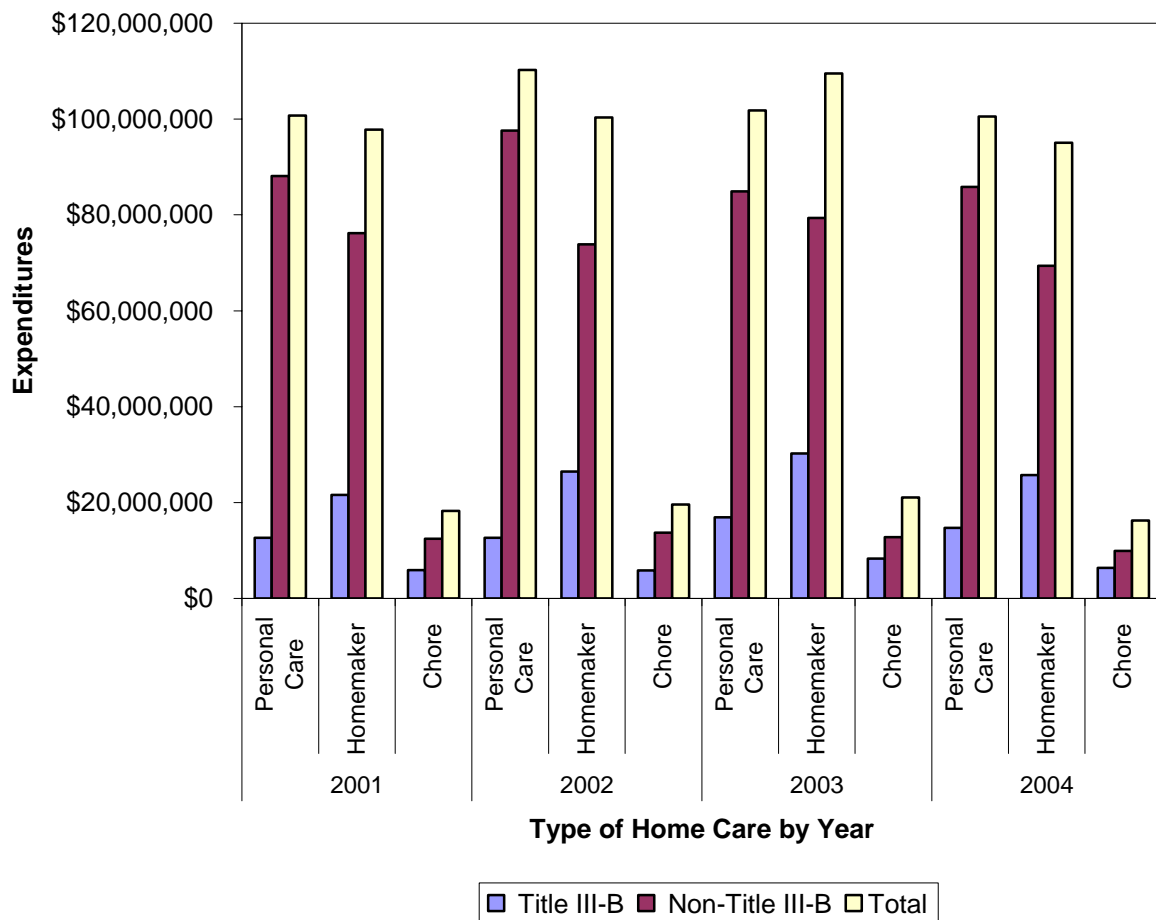
Information on Title III-B versus non-Title III-B home care and transportation service was examined through the use of 2001–2004 NAPIS SPR expenditure data. Results are provided by service type.

#### **3.3.1 Home Care Services**

NAPIS SPR expenditure data for 2001 to 2004 (as shown in *Figure 3-5*) indicate that the Title III-B program has represented a significant, albeit somewhat variable source of funding of home care services. Title III-B funds supported a larger proportion of homemaker and chore services relative to personal care services, most likely due to the availability of Medicaid dollars

to support personal care activities in the states. Between 11 and 17 percent of funds to support personal care services were provided from Title III-B funds. In contrast, between 22 and 27 percent of funds to support homemaker services and between 30 and 40 percent of funds to support chore services were from Title III-B. In other words, every \$1 provided by the Title III-B program for home care services generated an additional \$2 to \$6 of non-Title III-B funds (depending on service) to support this service for older persons. Between 2001 and 2003, the total amount of both Title III and non-Title III-B funds used to support home care services remained fairly stable across home care services; however, in 2004, both Title III-B and non-Title III-B expenditures for home care generally declined. Similarly, between 2001 and 2003, total expenditures (Title III-B plus non-Title III-B) for home care services remained relatively constant, but in 2004, total expenditures for home care services declined considerably for all but personal care services. In particular, total expenditures for chore services declined by 23 percent and total expenditures for homemaker services declined by 13 percent in 2004.

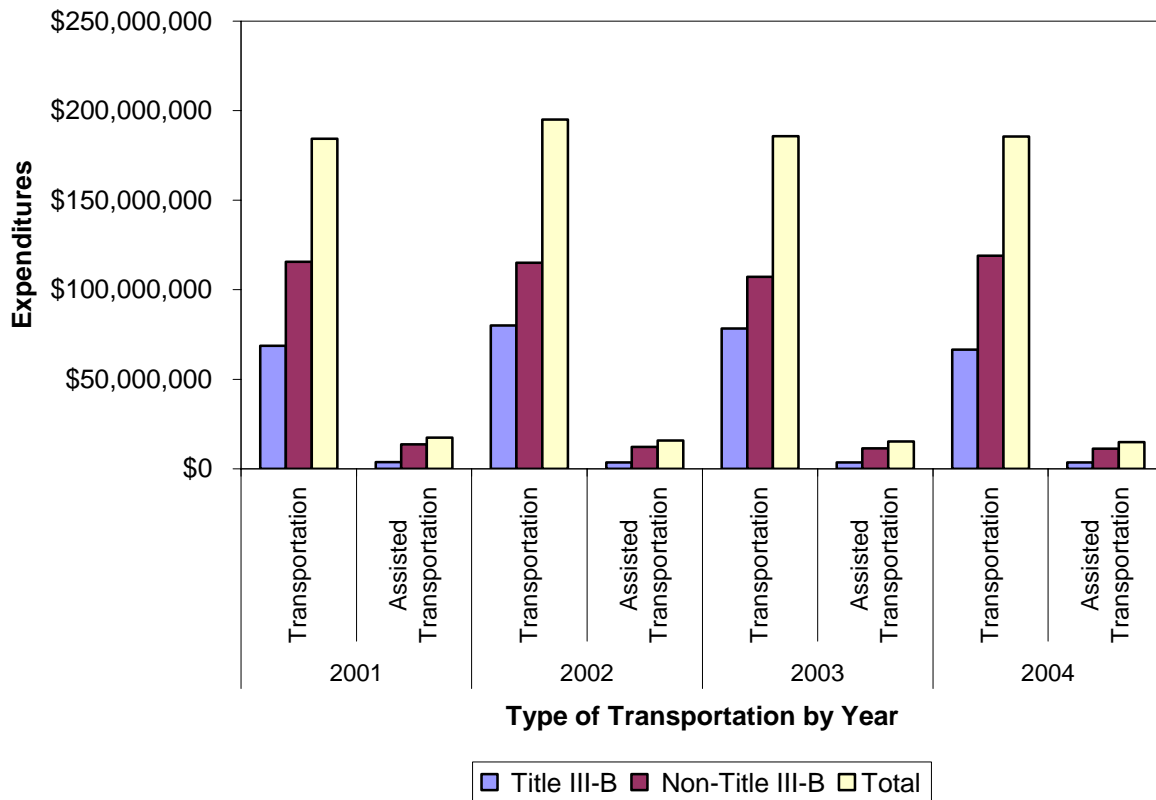
**Figure 3-5. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Home Care Services**



### 3.3.2 Transportation Services

Analyses of 2001–2004 NAPIS SPR expenditure (shown in *Figure 3-6*) indicate that Title III-B represents a substantial source of funds for the delivery of transportation services. Between 2001 and 2004, 36 to 42 percent of all general transportation services provided by the states were funded by the Title III-B program. Similarly, 22 to 24 percent of all assisted transportation services provided by the states were funded by the Title III-B program. This means that for every \$1 of Title III-B funds provided, an additional \$2 or \$3 came from other sources for general and assisted transportation services, respectively. Roughly \$110 million to \$120 million from non-Title III-B funds was used annually to support general transportation services, while approximately \$11 million to \$13 million (unadjusted for inflation) from

**Figure 3-6. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Transportation Services**



non-Title III-B funds annually supported assisted transportation services. Total expenditures for general transportation remained fairly constant, while total expenditures for assisted transportation services declined somewhat during this 4-year period. Overall, the total

expenditures for general transportation services exceeded that of assisted transportation services by a factor of 12 to 1.

### **3.4 Satisfaction with Homemaker Services**

In order to assess correlates of satisfaction with Title III-B homemaker services, we analyzed the 2003 and 2004 National Survey satisfaction data. We also examined the literature on satisfaction with home care. Satisfaction relates to how beneficiaries experience the care received compared to their standards or expectations (Linder-Peltz, 1982). Satisfaction measures can provide important information about interpersonal aspects of care, such as interactions and communication between providers and clients; clients' perceptions on how much providers respect, understand, and listen to them; and whether clients are treated with dignity (Aharony and Strasser, 1993; Keepnews, 2003).

Although satisfaction with care received at home is now recognized as an important outcome (Geron et al., 2000), little is known about what factors affect satisfaction with home care services. People who use home care typically report high levels of satisfaction, but previous research found that the social desirability effect—the tendency of respondents to provide an answer they think interviewer wants to hear—leads to reporting of high levels of satisfaction (Geron et al., 2000). In studying correlates of satisfaction with health care, researchers usually examine demographic characteristics and health status. Earlier research points to a strong negative relationship between self-reported health and functional status and satisfaction with care, with poorer health and higher impairment levels resulting in less satisfaction, and to mixed findings on the effects of race, ethnicity, and age (Haviland, Morales, Reise, and Hays, 2003; Coughlin, Long, and Kendall, 2002; Pascoe and Attkisson, 1983).

In the next section, we describe the methods we used and results of these analyses.

#### ***3.4.1 Results from Descriptive Analysis of Satisfaction with Homemaker Services***

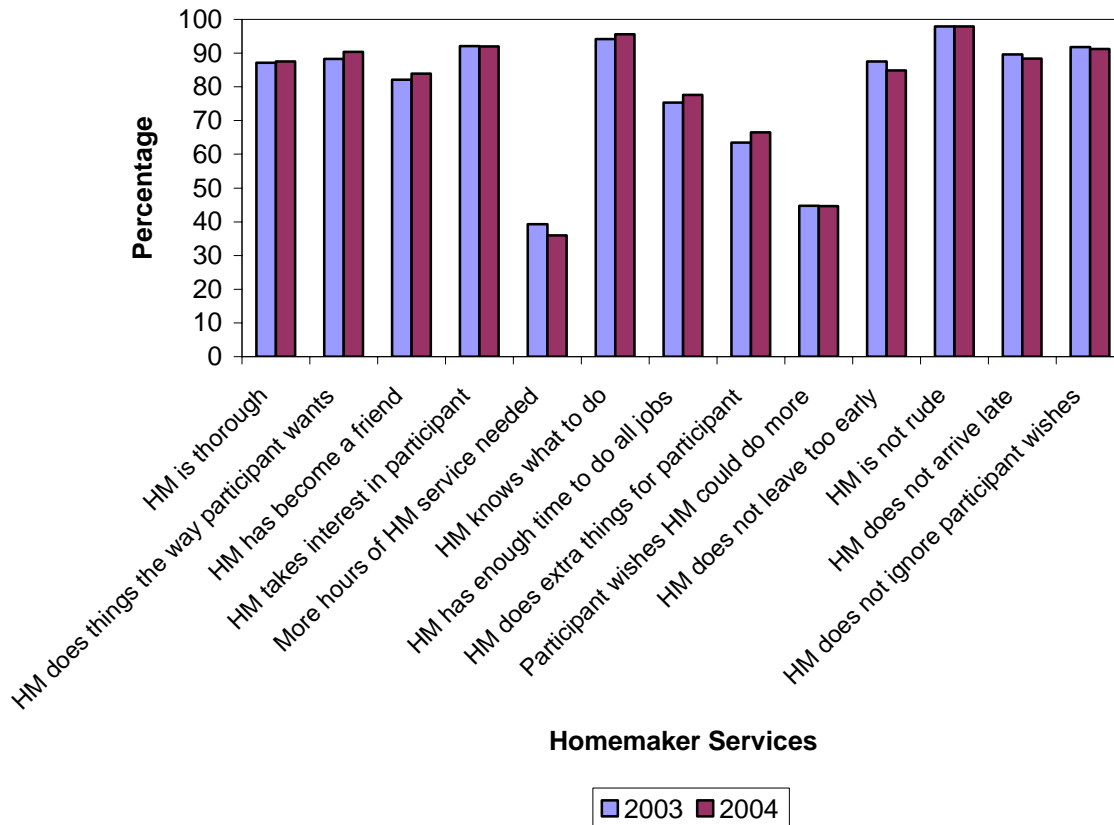
As shown in **Figure 3-7**, individuals responding to the 2003 and 2004 National Surveys were generally quite satisfied with homemaker services. Over 80 percent of those responding to most questions about homemaker thoroughness, comprehensiveness, willingness to do extra things, politeness, promptness, and competence responded “Yes, definitely/Yes, I think so” to the positively worded homemaker satisfaction items. In particular, over 90 percent of respondents said that the homemaker generally knows what to do, over 87 percent said that the homemaker is very thorough, and over 92 percent said that the homemaker takes an interest in the participant. Interestingly, 36 to 39 percent of respondents would have liked to receive more hours of homemaker services each week, and approximately 44 percent of respondents wished

that the homemaker could do more things for him/her. Satisfaction results were uniform across both years.

### 3.4.2 Approach to Multivariate Analysis of Homemaker Satisfaction

We relied on the 2004 National Survey data to estimate (a) a series of logistic regression models of satisfaction with specific components of homemaker care and (b) one ordinary least squares (OLS) model of overall satisfaction with homemaker services. Odds ratios and significance levels are presented for the logistic regression models (shown in *Table B-13* in

**Figure 3-7. Rating of Homemaker Services in 2003 and 2004**



*Appendix B*) and beta-coefficients and significance levels for the OLS model (shown in *Table B-12* in *Appendix B*).

For the logistic regression models, we examined satisfaction with the following specific aspects of homemaker care:

- Participant needs more hours of homemaking each week (yes/no)

- Participant reports that homemaker is assigned enough time (yes/no)
- Participant reports that homemaker arrives on time (yes/no)
- Participant wishes homemaker would do more (yes/no)
- Homemaking service increases social activities (yes/no)

We also examined overall satisfaction with homemaking services using the well-established Home Care Satisfaction Measure (HCSM) scale developed by Geron and colleagues (Geron et al., 2000). The HCSM scale is a 13-item composite measure, ranging from 0 to 100, with higher values indicating greater satisfaction with home care. The scale consists of items that rate the quality and quantity of the homemaker's work, as well as the relationship between the homemaker and client. The scale includes both positively worded and negatively worded items. Negatively worded items are scored in reverse order so that higher values on each item indicate greater satisfaction with care.

The scale may be used as a national benchmark against which states, AAAs, and individual programs can compare themselves when they collect their own satisfaction data. Many local agencies have used the HCSM to assess client satisfaction, using national benchmarks as a basis of comparison.

The 13 items comprising this scale are delineated below.

Positively worded items:

- Homemaker is very thorough.
- Homemaker does things the way participant wants.
- Homemaker has become a friend.
- Homemaker takes interest in participant.
- Homemaker generally knows what to do.
- Homemaker is assigned enough time to do all the jobs for a participant.
- Homemaker does extra things for participant.

Negatively worded items:

- Homemaker leaves too early.
- Participant wishes homemaker would do more things.
- Need more hours of homemaking service each week.
- Homemaker is rude.
- Homemaker arrives late.

- Homemaker ignores participant wishes.

To further explore the relationship between satisfaction with homemaker services and characteristics of vulnerability (such as minority status, rural residency, and living alone), we compared the distribution of demographic characteristics for the sub-group of the homemaker sample having the lowest quartile of predicted HCSM scores (i.e., the group of survey participants who are least satisfied with the service) relative to the entire homemaker study sample.

### ***3.4.3 Results from Multivariate Analysis of Homemaker Satisfaction***

We used OLS modeling to identify factors associated with global satisfaction with homemaker services. Results are shown in **Table B-12** in **Appendix B**. Overall, demographic characteristics were not strong predictors of satisfaction with this service. **Urban residents** were somewhat more satisfied with homemaker services, rating the service about 4 percentage points higher, on average, than those living in suburban or rural areas. **Having substantial functional impairment** (three or more ADL limitations) was a negative predictor of satisfaction, reducing the overall satisfaction score by about 5 percentage points. This finding is consistent with previous satisfaction studies (Haviland, Morales, Reise, and Hays, 2003; Coughlin, Long, and Kendall, 2002; Pascoe and Attkisson, 1983).

We performed a supplementary analysis of the 2004 homemaker satisfaction sample to compare the characteristics of those least satisfied with homemaker services versus the overall homemaker sample. **Table 3-5** compares the demographic characteristics of the overall study sample to those with the lowest predicted ratings for the HCSM score. The proportions that are highlighted in **Table 3-5** reflect statistically significant differences between the total sample and the lowest quartile (i.e., the sub-sample that is the least satisfied). Consistent with other findings, we found that those who were least satisfied with the homemaker service were more likely to **live in a non-urban (i.e., suburban or rural) area**, be **non-white**, and have a **high level of functional impairment** (three or more ADLs) relative to the overall homemaker sample. Furthermore, when examining interaction terms to incorporate the complex relationship among independent variables, we found that a larger proportion of rural residents with three or more ADLs, minorities with three or more ADLs, and older minority respondents were least satisfied with homemaking services relative to the total study sample.



**Table 3-5. Comparison of the “Least satisfied” Sample with the Overall Sample Receiving Homemaker Services**

	Total Sample (score range 70.1–85.1)			Lowest quartile (score range 70.1–76.9)		
	n=968			n=177		
	Mean	95% LCI	95% UCI	Mean	95% LCI	95% UCI
Age 75 and over	71.6	64.8	78.4	67.6	57.9	77.2
Male	19.1	14.7	23.5	18.7	9.2	28.2
Urban resident	56.5	47.0	66.0	20.5	10.0	31.0
Rural resident	20.2	14.6	25.8	37.8	25.2	50.3
Education: High school or less	75.0	70.1	80.0	83.4	77.4	89.4
Non-white race	21.3	13.6	28.9	51.6	34.9	68.3
Not married	84.3	80.8	87.8	82.1	74.1	90.0
Live alone	69.8	62.7	76.8	58.7	44.4	72.9
Three or more ADLs	32.3	25.3	39.3	79.4	68.7	90.0
Three or more IADLs	43.7	36.2	51.3	65.1	45.4	84.7
Rural*Non-white	4.2	1.2	7.2	16.2	6.5	25.9
Rural*3+ ADLs	7.2	3.6	10.7	28.2	16.0	40.5
Non-white*3+ ADLs	7.9	3.6	12.1	30.9	18.6	43.2
Non-white*age 75 and over	14.9	8.7	21.2	38.4	23.2	53.7
Rural*Male	5.7	2.2	9.2	10.0	-0.2	20.2
Three or more ADLs*Male	3.2	1.1	5.3	9.5	2.9	16.1
Non-white*Male	5.3	1.4	9.1	14.8	5.1	24.6

NOTES:

“LCI” is the lower confidence interval; “UCI” is the upper confidence interval.

“Least satisfied population” is defined as the population in the lowest quartile of the HCSM scale according to the prediction of the final model)

Estimates adjusted for complex survey design

Shaded results indicated statistically significant differences ( $p < .05$ ) between the total sample and the least satisfied 25 percent.

Source: RTI analysis of the 2004 National Survey of OAA Programs.

We also evaluated whether the receipt of homemaker services enhanced the likelihood of increasing social activities (see *Table B-13 in Appendix B*). Those **aged 75** and over were substantially less likely to report increasing social activities relative to their younger counterparts, but males were twice as likely as females to report that having homemaker services helped them to increase social activities.

Finally, we decomposed the overall HCSM satisfaction scale (described above) to identify factors associated with satisfaction with particular components of the homemaker experience. Specifically, we estimated four logistic regression models for the following self-reported dependent variables:

- Participants needs more hours of homemaker services each week (yes/no)
- Participant wishes homemaker would do more (yes/no)
- Homemaker assigned enough time (yes/no)
- Homemaker does not arrive late (yes/no)

Having **substantial ADL impairment** was the most important predictor of needing more hours of homemaker service each week. As shown in *Table B-13* in *Appendix B*, program participants with three or more ADLs were 2.69 times more likely than those with less functional impairment to report needing more hours of homemaker services. Similarly, this same impaired group was twice as likely as its healthier counterparts to wish his/her homemaker would do more. In addition, those with three or more ADLs were 65 percent less likely to report that their homemaker was assigned enough time.

**Minority survey** participants were more than twice as likely as white participants to wish their homemaker would do more. Similarly, while not statistically significant, minority survey respondents had an increased tendency to say that they needed more hours of homemaker services.

While **living alone** has traditionally been associated with added vulnerability in old age, we found no evidence that it decreased satisfaction with various aspects of homemaking services. On the contrary, those living alone were about 50 percent less likely to report that they needed more hours of homemaker service each week and twice as likely as those living with others to report being assigned enough homemaker time. Perhaps this group of individuals was relatively independent by virtue of the fact that they could live alone, and thus, did not need additional assistance.

A number of other demographic factors were associated with specific components of homemaker satisfaction, although the direction of the effect varied by demographic characteristic and satisfaction item.

- **Males** were 83 percent less likely than females to report that their homemaker arrived on time (i.e., not late).

- **Older respondents (aged 75 and over)** and **urban residents** were about 50 percent less likely than younger-aged and suburban residents to wish their homemaker would do more.
- Both **older respondents (aged 75 and over)** and those who were **not married** were significantly more likely than younger and married individuals to report that their homemaker arrived on time (i.e., not late). Specifically, those aged 75 and over were more than four times as likely as younger persons to report that their homemaker arrived on time, while unmarried individuals were about three times more likely than married persons to report that their homemaker arrived on time.

In summary, we found a complex set of information from homemaker service users indicating that

- Respondents with substantial ADL impairments reported needing more homemaker services and being less satisfied with homemaker services (overall).
- Minority respondents were more likely to wish that their homemaker would do more.
- Urban residents reported greater overall satisfaction with homemaker services relative to counterparts living in suburban or rural areas.
- Males were twice as likely as females to report that having homemaker services increased their social activities but they were substantially less likely to report that their homemaker arrived on time.
- Unmarried individuals were more likely to report that their homemaker arrived on time.
- Those living alone were less likely to report that they needed more hours of homemaker services each week and more likely to report being assigned enough homemaker time.
- Those with a combination of “vulnerability” factors, such as being rural and having substantial ADL impairment, or being non-white and having substantial ADL impairment, or being 75 and older and of minority descent, were less satisfied than sample counterparts without this combination of personal factors.

We will more fully explore the relationship between these demographic/background factors and satisfaction with homemaker services through expert interviews and focus group sessions during the summer/fall of 2006.

### **3.5 Satisfaction with Transportation Services**

We estimated two logistic regression models to determine factors that affected the likelihood of (1) being able to get around more than before because of Title III-B transportation services, and (2) rating the transportation service as good, very good or excellent. As shown in *Table B-14* in *Appendix B*, we found that respondents with **the least amount of formal education** were twice as likely as those with a college degree or more to say that they were able

to get around more than before due to Title III-B transportation services. However, for this one outcome, transportation service did not seem to be as helpful for people who **lived alone**: They were 50 percent less likely to report that transportation services helped them get around more than before.

When all other factors in our models were held constant, we found that **urban residents** and those with a **high level of functional impairment** were significantly more likely to give the transportation a good/very good/excellent rating; more specifically, urban residents were about five times more likely than those in suburban areas to rate transportation services positively. Similarly, respondents with three or more ADLs were over seven times more likely than their healthier counterparts to rate Title III-B transportation services as at least good.

In summary,

- While Title III-B transportation services generally were rated very highly by the majority of survey respondents, urban residents and highly impaired individuals were significantly more likely to rate this service positively.
- In terms of getting around more, transportation services seemed to be particularly helpful to people with less formal education.
- Individuals living alone were less likely to report that transportation service helped them to get around more than before, perhaps due to the fact that they already were independent and/or had previously established a suitable transportation system for themselves.

We will continue to explore the relationship between these background factors and satisfaction with transportation services through expert interviews and focus group sessions during the summer and/or fall of 2006.

**SECTION 4**  
**ROLE OF AGING NETWORK IN FINANCING LONG-TERM CARE SERVICES FOR OLDER PERSONS AND IMPORTANCE OF FINANCING AND DELIVERING LONG-TERM CARE SERVICES TO THE AGING NETWORK**

In this section, we address the following study sub-question:

*What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?*

For this one study question, we analyze all Title III-B services, including personal care, chore, homemaker, adult day care/health, case management, assisted transportation, transportation, legal assistance, information and assistance, and “other” Title III-B services. Although we focus primarily on analyses of the 2001–2004 NAPIS SPR data, for analyses of the relative scope/importance of Title III-B services, we also rely on AARP-reported state funded (non-Medicaid) supportive service expenditure data and Urban Institute-reported Medicaid service expenditure data.

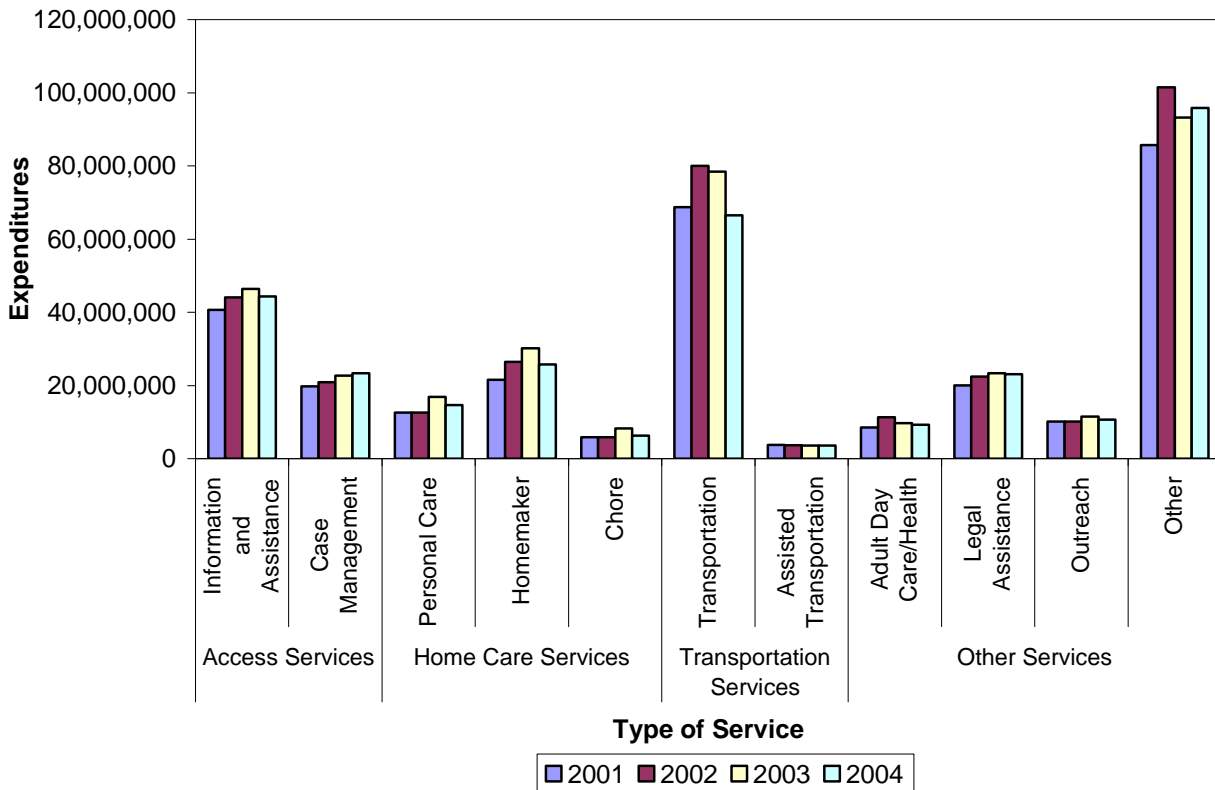
#### **4.1 Relative Scope/Importance of OAA Title III-B Services**

This section includes a presentation of Title III-B expenditure data for all Title III-B services, non-Title III-B expenditures, and total expenditures (Title III-B plus non-Title III-B) data. In order to assess trends in service spending over time, we present this data in four tables by type of expenditure: Title III-B, non-Title III-B, total expenditures, and percentage of total expenditures from Title III-B.

We also provide a summary table, compiled from other a number of data sources, that compares the relative contribution from Title III spending to other sources of funding. This table includes Title III and non-Title III expenditures (from NAPIS SPR), state funding (from AARP data), and Medicaid funding (from Urban Institute). Since there is not a complete set of data from all sources for each year, the table should not be used to provide a full accounting of funds provided by year by source.

*Figure 4-1* and the actual numerical data presented in *Table A-12* in *Appendix A* provide a summary of Total Title III expenditures by type of service and year. The three services that expended the most Title III-B resources during this period were “Other Services,” transportation services, and I&A services. Most of Title III-B services shown in the chart in *Figure 4-1* increased modestly during this period; however, as noted previously, in 2004, Title III-B

**Figure 4-1. Total Title III-B Expenditures by Service Type and Year**



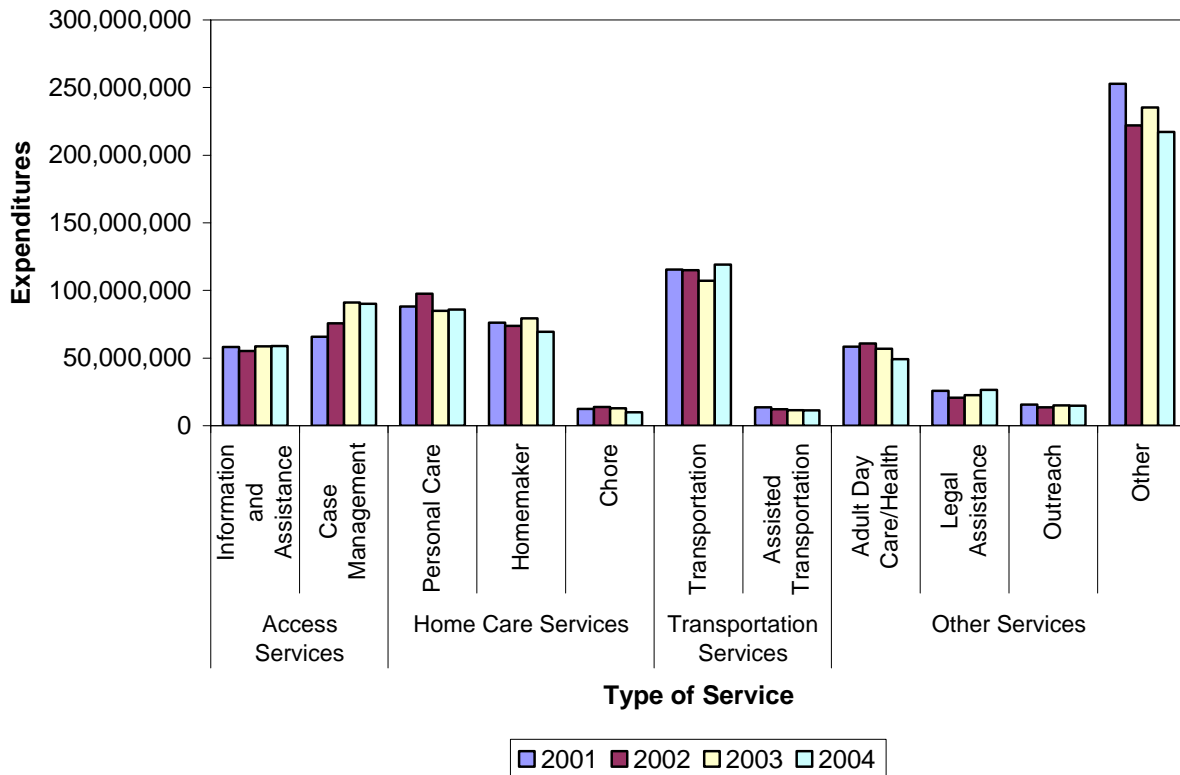
expenditures decreased across all services (with the exception of the “Other Services” category). The services benefiting the most (in absolute terms) from Title III-B sources included “Other services,” general transportation, I&A services, and homemaker services.

Most of the other Title III-B services (adult day care, legal assistance, and outreach) grew modestly during this period; however, a category known as “Other Title III-B services” fluctuated—increasing significantly between 2001 and 2002 and then declining between 2002 and 2003.<sup>14</sup> RTI’s analysis of the “Other Title III-B service” category (from among the 18 to 20 states that provided detailed information on the use of these funds) indicated that the primary “Other” services being provided included respite, home repair/modification, screening and assessment, counseling services, home and community-based services, and visiting/phone reassurance (results available upon request).

<sup>14</sup> Due to time and resource constraints, we did not analyze the “Other Title III-B expenditure” category for 2004. However, we did analyze “Other Title III-B expenditures for 1999 and 2000 (as well as 2001–2003) and commented on them in the text for additional points of reference.

**Figure 4-2** and the actual numerical data presented in **Table A-13** in **Appendix A** indicate that non-Title III-B resources were considerable, doubling and sometimes tripling the amount of funding available to states depending on the year in question. In 2003, for example, non-Title III-B funds more than tripled the amount of funding available to states, increasing total expenditures for supportive services from \$344 million—the amount covered by Title III-B—to more than \$1 billion when both Title III-B and non-Title III-B expenditures were included (see **Table A-14** in **Appendix A** for total expenditures spent on these supportive services). The services benefiting the most (in absolute terms) from non-Title III-B sources were “Other services,” transportation, case management, personal care, and homemaker services.

**Figure 4-2. Total Non-Title III-B Expenditures by Service Type and Year**

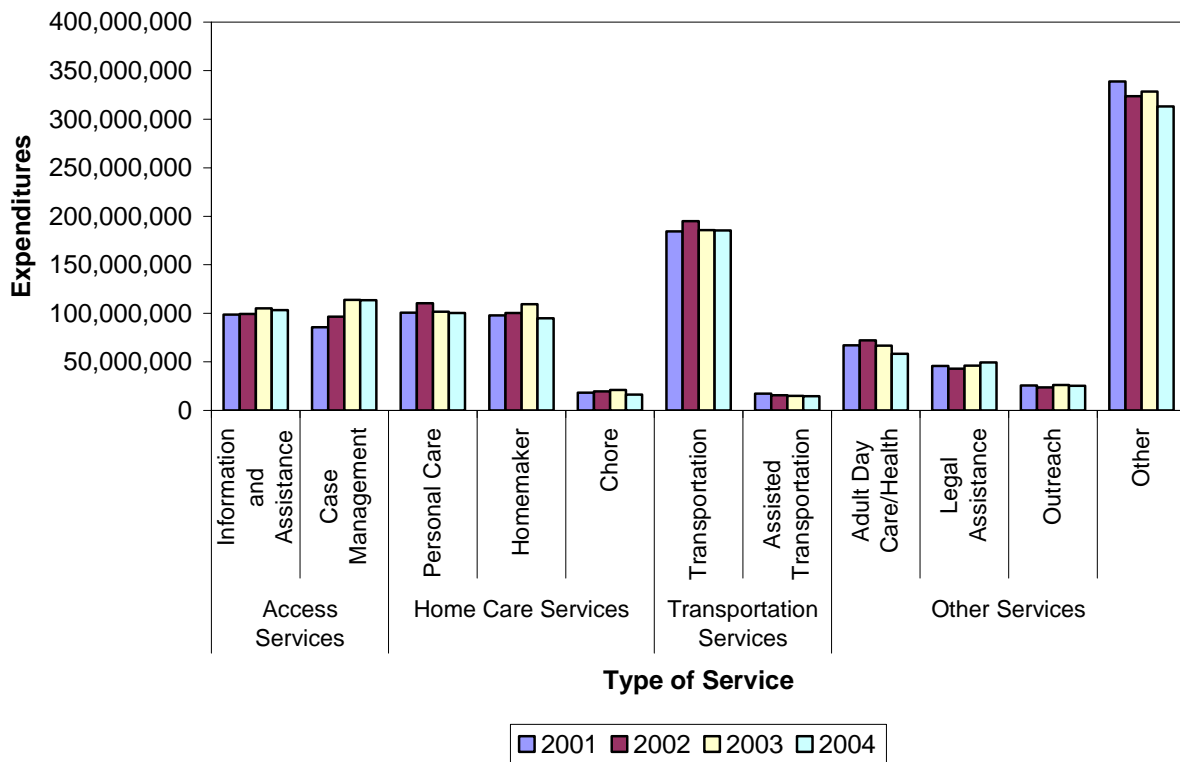


While two non-Title III-B expenditures, I&A services and general transportation services, remained stable during this period, non-Title III-B expenditures for most supportive services either remained stable or declined somewhat by the end of the 4-year period (2001 to 2004). For example, non-Title III-B expenditures for homemaker services declined from over \$76 million in 2001 to \$69 million in 2004. Similarly, non-Title III-B expenditures for assisted transportation declined from almost \$14 million in 2001 to \$11 million in 2004. One important exception to

this general pattern, however, was for case management services; non-Title III-B expenditures for case management services increased dramatically from \$65 million in 2001 to over \$90 million in 2004, potentially due, in part, to increases in Medicaid funding for case management during this period. Even so, total non-Title III-B expenditures decreased from over \$782 million in 2001 to approximately \$752 million in 2004.

The total amount of resources (Title III-B and non-Title III-B) used to support all Title III-B services remained stable between 2001 and 2004, ranging from \$1.08 billion in 2001 to \$1.075 billion (unadjusted for inflation) in 2004. The Title III-B services using the largest (absolute) amount of total Title III resources during this period included “Other services,” general transportation services, and case management, with personal care services and I&A services following closely behind (see *Figure 4-3*).

**Figure 4-3. Total Expenditures (Title III-B and Non-Title III-B) by Service Type and Year**





*Table 4-1* and the actual numerical data reported in *Table A-14* in *Appendix A* highlight the percentage of total expenditures provided with Title III-B funds. The Title III-B services that relied most heavily on Title III-B funds included legal assistance, I&A services, and outreach. For each of these services, at least 40 percent of all expenditures came from Title III-B. In contrast, case management services were largely funded using non-Title III-B resources. Home care services were funded by a combination of Title III-B and non-Title III-B funds, with the proportion paid for by Title III-B varying by type of service. Personal care services relied less heavily on Title III-B sources (due, most likely, to the availability of Medicaid funds) while homemaker and chore services relied somewhat more heavily on Title III-B funds.

**Table 4-1. Percentage of Total Expenditures from Title III by Service by Year**

Service	2001	2002	2003	2004
	Title III as Percentage of Total Expenditures for Each Service	Title III as Percentage of Total Expenditures for Each Service	Title III as Percentage of Total Expenditures for Each Service	Title III as Percentage of Total Expenditures for Each Service
<b>Title III-B Access Services</b>				
Information and Assistance	41.2	44.4	44.1	43.0
Case Management	23.2	21.6	19.9	20.6
<b>Title III-B Home Care Services</b>				
Personal Care	12.5	11.5	16.6	14.6
Homemaker	22.0	26.4	27.6	27.1
Chore	32.1	29.9	39.3	39.1
<b>Title III-B Transportation Services</b>				
Transportation	37.3	41.0	42.2	35.8
Assisted Transportation	21.5	23.1	23.9	24.2
<b>Other Title III-B Services</b>				
Adult Day Care/Health	12.7	15.7	14.6	15.9
Legal Assistance	43.7	52.0	50.8	46.7
Outreach	39.3	42.7	43.6	42.0
Other	25.3	31.4	28.4	30.6

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

Due to the variability of non-Title III-B funding during this 4-year period, states appeared to increasingly rely on Title III-B funds to support the delivery of most supportive services by 2004. For example, the relative proportion of total expenditures supported by Title III-B for chore services increased from 32 percent in 2001 to 39 percent in 2004. Similarly, the proportion of total expenditures supported by Title III-B for homemaker services increased from 22 percent in 2001 to 27 percent in 2004. As noted previously, the one exception to this general pattern was for case management services, which relied somewhat less on Title III-B expenditures in 2001 than in 2004.<sup>15</sup>

**Table 4-2**, compiled from a number of data sources, compares the total amount of Title III spending to other sources of funding for similar supportive services. The information provided in this table came from NAPIS SPR data (for Title III and non-Title III expenditures), AARP (for state-funded services), and the Urban Institute (for Medicaid-covered services). Because we did not have access to complete information on all funding sources for each year, **Table 4-2** is not meant to provide a full accounting of funds by year by source. Instead, it is meant to depict the total contribution from different funding sources to support community-based long-term care services.

It is important to note that there may be substantial duplication in state-reported funding between NAPIS SPR and AARP dollars. More specifically, as shown below, it appears that approximately 54 percent of the state funding reported in the AARP study for 2002 was captured from the NAPIS SPR data.<sup>16</sup> For this reason, it is not advisable to add funding across all categories to calculate the relative contribution of different sources for supportive services.

As noted above, non-Title III-B expenditures also provided a critical source of funding to the states. According to the AARP report cited below, approximately half of state-funded supportive services in 2002 were reported by AAAs as non-Title III-B expenditures, while an additional 46 percent likely were distributed by the states through networks other than the AAAs (only \$760,444,128 of the \$1,411,949,161 spent on state-funded services according to AARP was reported through the NAPIS SPR system).

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<sup>15</sup> As noted previously, additional data will be collected through qualitative methods to help us more fully understand why Title III-B funds were unstable during this period.

<sup>16</sup> Stated differently, the non-Title III-B expenditure data from the NAPIS SPR system for 2002 indicate that \$760,444,128 was provided by from non-AoA sources for supportive services. According to AARP, however, the states funded over \$1.411 billion in supportive services in 2002. Given the discrepancy in reported state funds from NAPIS SPR versus AARP data, we have speculated that the revenue reported by NAPIS SPR (relative to AARP) included only those funds that went through the AAAs, while the additional 46 percent of state funds reported by AARP came directly from states (not through AAAs), and thus were neither known to nor reported by the AAAs.

**Table 4-2. Comparison of Supportive Service Funding by Source**

	Title III-B Supportive Services <sup>a</sup>		State Funded, Non-Medicaid- Covered Services <sup>b</sup>	Medicaid Services <sup>c</sup>
	Title III-B Expenditures <sup>a</sup>	Non-Title III-B Expenditures <sup>a</sup>		
2001	\$297,409,975	\$782,683,562	n/a	\$6,288,362,000
2002	338,959,739	760,444,128	\$1,411,948,161	6,993,949,000
2003	344,375,815	775,343,107	n/a	n/a
2004	323,558,291	752,035,766	n/a	n/a
	(RTI analysis of the 1999–2004 NAPIS SPR data)	(RTI analysis of the 1999–2004 NAPIS SPR data)	(Summer and Ihara, 2004)	(Based on an analysis by the Urban Institute of state- reported data for expenditures for service for elderly Medicaid beneficiaries)

Services Covered:

<sup>a</sup>Personal Care, Homemaker, Chore, ADC/ADHC, Case Management, Assisted Transportation, Transportation, Legal Assistance, Information and Assistance, Outreach, Other.

<sup>b</sup>Personal Care, Homemaker, ADC, Case Management, Transportation, Assessment Services, Specialized Medical Equipment and Supplies, Emergency Response Systems, Habilitation, Home-Delivered Meals, Respite Care, Chore Services, Home Health Care, Home Health Aide, Skilled Nursing.

<sup>c</sup>Personal Care, Home Health, Targeted Care Management, and HCBS Waiver services

NOTES:

1. Medicaid expenditures are for direct service and do not include administrative overhead.
2. The Medicaid expenditure data reported by Arizona, Hawaii, and Washington varies from that reported by other states in the following ways: Arizona does not report expenditures for the HCBS program variable; Hawaii does not report its data in a manner that allows it to be divided by age of beneficiary; and Washington does not report expenditure for the HCBS program variable, and its 2002 report for the other expenditure categories was not reported in a manner that allows it to be divided by age of beneficiary. Urban Institute has developed a protocol to compensate for these data irregularities.

If we conservatively combine only NAPIS SPR-reported Title III-B expenditures, AARP-reported state funded (non-Medicaid) supportive service expenditures and Urban Institute-reported Medicaid service expenditures to assess the relative contribution of Title III-B in funding community-based long-term care services for older persons and disabled individuals, we find that Title III represented approximately 4 percent of total expenditures (i.e., \$338.9 million/\$8.744 billion) spent on supportive services in 2002.<sup>17</sup> Due to the lack of complete information across categories for other years, we are unable to make similar comparisons for 2001, 2003, or 2004.

<sup>17</sup> Even so, TAG members reported that the aging network contributed substantially to the well-being of older persons in unmeasured ways by providing the leadership and infrastructure needed to help older persons to navigate the long-term care system and to serve as the entry and coordination point for older persons and their families

## SECTION 5

### SUMMARY OF INTERIM QUANTITATIVE FINDINGS AND NEXT STEPS

#### 5.1 Interim Findings To Date

This evaluation of select consumer, program, and system characteristics under the Supportive Services Program (Title III-B) of the Older Americans Act was designed to answer the following overarching study question:

*How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?*

It is clear from the available quantitative data that Title III-B has been and remains an important source of supportive care service programming and funding to the states and to frail individuals and their families. Based on the quantitative data that we have received to date, if we were asked to answer the overarching study question with the limited information available at this point in the evaluation, we would report the following:

- The aging network relies considerably on the Title III-B program to support and provide a large range of home- and community-based long-term care services to frail, older individuals and their families.
- The aging network has been successful in obtaining non-Title III-B funding to support older persons across the states.
- Generally, funding from the Title III-B program has remained stable or increased modestly (unadjusted for inflation) across the years.
- The number of people using Title III-B services has remained stable or decreased somewhat over time (particularly for home care and transportation services).
- The frailty/vulnerability of the older population served by the Title III-B program has increased (particularly for case management, and home care services), as evidenced by increases in the proportion of older persons with 3 or more ADL limitations and/or living alone.
- Older persons served appear to be extremely satisfied with Title III-B services, in some cases wanting to receive even more of them (particularly homemaker services).

Additional research from this study, including interviews with national experts and focus groups with AAA directors, SUA directors, and service providers, should help us better understand why general declines in Title III-B service usage have been accompanied by overall stability in Title III-B expenditures for most supportive services during this 4-year period.

During the next phase of the study, we will analyze data from the AAA Service Integration Survey (still in the field at the time of this report), along with information provided from qualitative sources (described in the section below). These additional data sources will provide critical information to enable RTI and AoA to more fully address the overall study question posed above.

## 5.2 Next Steps/Where Qualitative Data Are Needed

*Table 5-1* summarizes the areas where qualitative data are needed to answer particular study questions/issue areas. Rather than group each issue area separately for the three key substantive areas (access services, home/transportation services, and Title III service expenditures), we have grouped the areas by research question. An alternative grouping of these topics by topical area appears in *Appendix C*.

**Table 5-1. Study Questions/Issues and Qualitative Data Source(s)**

Study Questions/Issues to Be Addressed with Qualitative Data	Qualitative Data Sources
<b>Overarching Study Question:</b> How, to what extent, and with what results has the aging network implemented Title III-B of the Older Americans Act?	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<b>Sub-Question 1:</b> What is the role/importance of providing information and assistance (I&A) and care planning (case management) services for older persons through the aging network and what is the role/importance of providing assessment and care planning for community-based long-term care services to the aging network?	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Extent to which AAAs/SUAs conduct needs assessments to determine how AAA participants compare to the elderly population as a whole, what needs AAA participants have for assessment and care management services relative to the elderly population as a whole, best practices in the provision of access (I&amp;A and case management) services to AAA participants, and extent to which results have been achieved</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of access service activities delivered through the aging network (I&amp;A and case management) relative to access services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role of volunteers in providing I&amp;A and case management services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>

(continued)

**Table 5-1. Study Questions/Issues and Qualitative Data Source(s) (continued)**

Study Questions/Issues to Be Addressed with Qualitative Data	Qualitative Data Sources
<ul style="list-style-type: none"> <li>▪ Barriers to providing network access services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment and program monitoring) by AAAs and SUAs for access (I&amp;A and case management) service activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Satisfaction with network access services (I&amp;A and case management)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<p><b>Sub-Question 2:</b> What is the role/importance of providing transportation and home care (personal care, chore, and homemaker) services for older persons through the aging network and what is the role/importance of providing transportation and home care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Extent to which AAAs/SUAs conduct needs assessments to determine what needs elderly participants have for home care and transportation services, best practices in the provision of home care and transportation services to AAA participants, and extent to which results have been achieved</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Characteristics of providers of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role/importance of home care and transportation service activities delivered through the aging network relative to home care and transportation services activities delivered outside of the aging network (e.g., Medicaid or private pay)</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Role of volunteers in providing home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to providing network home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ongoing project management activities (including strategic planning, outcome measurement, consumer assessment, and program monitoring) by AAAs and SUAs for provision of home care and transportation services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>

(continued)

**Table 5-1. Study Questions/Issues and Qualitative Data Source(s) (continued)**

Study Questions/Issues to Be Addressed with Qualitative Data	Qualitative Data Sources
<p><b>Sub-Question 3:</b> What is the role/importance of financing long-term care services for older persons (via home care, transportation, and other Title III-B in-home services) through the aging network and what is the role of financing and delivering long-term care services to the aging network?</p>	<ul style="list-style-type: none"> <li>▪ In-depth interviews with experts</li> <li>▪ Focus groups</li> <li>▪ Statistical tables from other national surveys</li> <li>▪ Prior AoA research (RTI studies)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Methods used by AAAs and SUAs to acquire, leverage, and manage multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Barriers to the integration and management of multiple funding streams by the aging network</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Financial management best practices and results</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ Variation in pricing/costs of OAA versus non-OAA home- and community-based long-term care services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ The role/importance of Title III B in providing the aging network with support for system and program development</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>
<ul style="list-style-type: none"> <li>▪ How states and local governments decide to allocate/apportion Title III-B funds to support particular supportive services</li> </ul>	<ul style="list-style-type: none"> <li>▪ In-depth interviews</li> <li>▪ Focus groups</li> </ul>

We plan to conduct a total of six focus groups—four groups with AAA directors, one group with SUA directors, and one group with Title III-B service providers—to gain in-depth information to help us address the particular issue areas delineated above. We also plan to interview up to eight experts having a national perspective on issues related to access, financing, and delivery of Title III-B supportive services to supplement our understanding of the following topics and provide us with a national perspective:

- the **types of individuals to recruit for the four focus groups with AAA Directors**
- the **types of individuals to recruit for the one focus group with State Unit on Aging Directors**
- the **types of individuals to recruit for the one service focus group with Title III-B service providers;**
- the **types of national experts** to interview, one-on-one, by telephone

- **specific names** of potential focus group members and expert interviewees
- **other topics** to be included/considered in focus group/expert interview discussions

A complete listing of items that the Technical Advisory Group (TAG) identified as potential discussion topics for qualitative focus group/expert interview discussions (many of which already have been identified in Table 5-1 above), is shown in Appendix D of this report.<sup>18</sup> All TAG participants are identified in Appendix E.

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<sup>18</sup> This listing of potential interview topics was developed during a brainstorming session held as part of the Title III-B TAG meeting in Washington, DC on April 27<sup>th</sup>



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## **APPENDIX A**

### **NAPIS SPR 2001–2004 TABLES USED IN CONSTRUCTION OF CHARTS**

**Table A-1. Number of Case Management Clients by Age Group**

Age Group	2001	2002	2003	2004
60–64 years	30,268	26,083	26,335	25,520
65–74 years	61,168	62,333	61,167	59,585
75–84 years	106,996	111,292	106,518	101,291
85+ years	74,652	79,558	77,316	74,133
<b>Total</b>	<b>273,084</b>	<b>279,266</b>	<b>271,336</b>	<b>260,529</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-2. Percentage of Case Management Clients Needing Assistance with ADLs (Age 60 and over)**

2001			2002			2003			2004		
1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL
70.4	56.6	40.1	69.1	57.7	41.7	70.0	58.0	45.0	70.9	59.7	46.0

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-3. Percentage of Case Management Clients Needing Assistance with IADLs (Age 60 and over) Group**

2001			2002			2003			2004		
1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL
89.9	85.5	73.9	87.1	82.7	71.2	87.2	81.9	71.7	87.5	82.5	72.4

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-4. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Information and Assistance Services**

	2001	2002	2003	2004
Title III-B expenditures	\$40,706,731	\$44,110,708	\$46,361,271	\$44,389,169
Non-Title III expenditures	58,170,428	55,222,458	58,692,364	58,902,881
Total expenditures	98,877,159	99,333,166	105,053,635	103,292,050
Percentage of total expenditures from Title III-B	41.2	44.4	44.1	43.0

Source: RTI analysis of 2001–2004 NAPIS SPR data.

**Table A-5. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Case Management Services**

	2001	2002	2003	2004
Title III-B expenditures	\$19,816,453	\$20,894,281	\$22,698,541	\$23,407,744
Non-Title III-B expenditures	65,721,300	75,701,752	91,151,946	90,289,125
Total expenditures	85,537,753	96,596,033	113,850,487	113,696,869
Percentage of total expenditures from Title III-B	23.2	21.6	19.9	20.6

Source: RTI analysis of 2001–2004 NAPIS SPR data.

**Table A-6. Number of Home Care Clients by Age Group**

Age Group	2001	2002	2003	2004
<b>Personal Care</b>				
60–64 years	6,558	6,028	6,340	5,069
65–74 years	15,395	14,124	14,123	12,276
75–84 years	29,104	28,535	28,699	25,351
85+ years	25,555	25,612	25,825	23,991
<b>Total</b>	<b>76,612</b>	<b>74,299</b>	<b>74,987</b>	<b>66,687</b>
<b>Homemaker</b>				
60–64 years	7,536	7,291	7,167	6,394
65–74 years	26,850	26,495	25,282	23,574
75–84 years	51,033	52,504	49,630	46,277
85+ years	41,579	41,677	39,180	36,865
<b>Total</b>	<b>126,998</b>	<b>127,967</b>	<b>121,259</b>	<b>113,110</b>
<b>Chore</b>				
60–64 years	3,389	2,498	2,413	1,840
65–74 years	10,938	9,374	8,476	7,192
75–84 years	19,051	16,499	15,685	13,074
85+ years	12,902	10,925	10,550	8,626
<b>Total</b>	<b>46,280</b>	<b>39,296</b>	<b>37,124</b>	<b>30,732</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-7. Percentage of Home Care Clients Needing Assistance with ADLs (Age 60 and over)**

Service Type	2001			2002			2003			2004		
	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL
Personal care	87.9	75.0	57.4	85.6	74.3	59.0	85.8	75.0	60.9	86.5	75.3	59.9
Homemaker	65.9	51.6	39.4	65.2	52.0	40.5	67.3	54.7	44.0	65.6	53.1	42.0
Chore	50.4	34.4	25.9	50.9	37.6	27.6	53.6	41.5	32.4	52.8	40.3	30.3

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-8. Percentage of Home Care Clients Needing Assistance with IADLs (Age 60 and over)**

Service Type	2001			2002			2003			2004		
	1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL	1+ IADL	2+ IADL	3+ IADL
Personal care	94.4	92.4	88.7	93.0	90.6	85.5	92.3	90.2	86.4	93.2	91.0	87.0
Homemaker	91.9	87.7	78.5	90.4	86.1	77.6	90.6	86.4	79.0	92.0	87.2	79.8
Chore	79.6	65.2	54.0	80.7	66.6	54.6	82.6	69.6	57.6	82.2	69.0	55.9

Source: RTI analysis of 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-9. Number of Assisted Transportation Clients by Age Group**

<b>Age Group</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
60–64 years	8,699	5,027	6,259	3,694
65–74 years	16,787	10,482	12,368	7,970
75–84 years	22,113	16,476	17,193	13,020
85+ years	13,336	10,795	11,796	8,972
<b>Total</b>	<b>60,935</b>	<b>42,780</b>	<b>47,616</b>	<b>33,656</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data. Missing data excluded from calculations.

**Table A-10. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Home Care Services**

	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Personal Care</b>				
Title III-B expenditures	\$12,605,838	\$12,644,067	\$16,928,237	\$14,681,278
Non-Title III-B expenditures	88,143,747	97,584,277	84,878,391	85,832,168
Total expenditures	100,749,585	110,228,344	101,806,628	100,513,446
Percentage of total expenditures from Title III-B	12.5	11.5	16.6	14.6
<b>Homemaker</b>				
Title III-B expenditures	21,566,253	26,470,604	30,196,794	25,733,033
Non-Title III-B expenditures	76,240,036	73,844,371	79,329,493	69,364,110
Total expenditures	97,806,289	100,314,975	109,526,287	95,097,143
Percentage of total expenditures from Title III-B	22.0	26.4	27.6	27.1
<b>Chore</b>				
Title III-B expenditures	5,870,893	5,844,989	8,257,617	6,351,626
Non-Title III-B expenditures	12,409,792	13,720,865	12,778,912	9,889,821
Total expenditures	18,280,685	19,565,854	21,036,529	16,241,447
Percentage of total expenditures from Title III-B	32.1	29.9	39.3	39.1

Source: RTI analysis of 2001–2004 NAPIS SPR data.

**Table A-11. Title III-B Expenditures, Other Expenditures, and Total Expenditures for Transportation Services**

	2001	2002	2003	2004
<b>Transportation</b>				
Title III-B expenditures	\$68,770,128	\$79,967,764	\$78,437,319	\$66,484,209
Non-Title III-B expenditures	115,548,159	115,035,357	107,249,183	119,068,809
Total expenditures	184,318,287	195,003,121	185,686,502	185,553,018
Percentage of total expenditures from Title III-B	37.3	41.0	42.2	35.8
<b>Assisted Transportation</b>				
Title III-B expenditures	\$3,725,875	\$3,664,807	\$3,611,591	\$3,574,395
Non-Title III-B expenditures	13,607,866	12,166,307	11,513,291	11,192,621
Total expenditures	17,333,741	15,831,114	15,124,882	14,767,016
Percentage of total expenditures from Title III-B	21.5	23.1	23.9	24.2

Source: RTI analysis of 2001–2004 NAPIS SPR data.

**Table A-12. Total Title III-B expenditures by Service Type and Year**

<b>Service</b>	<b>2001 Title III Expenditures</b>	<b>2002 Title III Expenditures</b>	<b>2003 Title III Expenditures</b>	<b>2004 Title III Expenditures</b>
<b>Title III-B Access Services</b>				
Information and assistance	\$40,706,731	\$44,110,708	\$46,361,271	\$44,389,169
Case management	19,816,453	20,894,281	22,698,541	23,407,744
<b>Title III-B Home Care Services</b>				
Personal care	12,605,838	12,644,067	16,928,237	14,681,278
Homemaker	21,566,253	26,470,604	30,196,794	25,733,033
Chore	5,870,893	5,844,989	8,257,617	6,351,626
<b>Title III-B Transportation Services</b>				
Transportation	68,770,128	79,967,764	78,437,319	66,484,209
Assisted transportation	3,725,875	3,664,807	3,611,591	3,574,395
<b>Other Title III-B Services</b>				
Adult day care/health	8,490,532	11,312,083	9,725,986	9,283,374
Legal assistance	20,008,792	22,418,719	23,411,301	23,128,146
Outreach	10,130,332	10,141,161	11,533,848	10,694,833
Other	85,718,148	101,490,556	93,213,310	95,830,484
<b>Total III-B Services</b>	<b>\$297,409,975</b>	<b>\$338,959,739</b>	<b>\$344,375,815</b>	<b>\$323,558,291</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data.



**Table A-13. Total Non-Title III-B Expenditures by Service Type and Year**

<b>Service</b>	<b>2001 Non-Title III Expenditures</b>	<b>2002 Non-Title III Expenditures</b>	<b>2003 Non-Title III Expenditures</b>	<b>2004 Non-Title III Expenditures</b>
<b>Title III-B Access Services</b>				
Information and assistance	\$58,170,428	\$55,222,458	\$58,692,364	\$58,902,881
Case management	65,721,300	75,701,752	91,151,946	90,289,125
<b>Title III-B Home Care Services</b>				
Personal care	88,143,747	97,584,277	84,878,391	85,832,168
Homemaker	76,240,036	73,844,371	79,329,493	69,364,110
Chore	12,409,792	13,720,865	12,778,912	9,889,821
<b>Title III-B Transportation Services</b>				
Transportation	115,548,159	115,035,357	107,249,183	119,068,809
Assisted transportation	13,607,866	12,166,307	11,513,291	11,192,621
<b>Other Title III-B Services</b>				
Adult day care/health	58,497,275	60,825,596	56,889,560	49,176,956
Legal assistance	25,816,953	20,676,550	22,637,749	26,395,286
Outreach	15,667,392	13,627,199	14,924,225	14,748,939
Other	252,860,614	222,039,396	235,297,993	217,175,050
<b>Total III-B Services</b>	<b>\$782,683,562</b>	<b>\$760,444,128</b>	<b>\$775,343,107</b>	<b>\$752,035,766</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

**Table A-14. Total Expenditures (Title III and Non-Title III) by Service Type and Year**

<b>Service</b>	<b>2001 Total Expenditures</b>	<b>2002 Total Expenditures</b>	<b>2003 Total Expenditures</b>	<b>2004 Total Expenditures</b>
<b>Title III-B Access Services</b>				
Information and assistance	\$98,877,159	\$99,333,166	\$105,053,635	\$103,292,050
Case management	85,537,753	96,596,033	113,850,487	113,696,869
<b>Title III-B Home Care Services</b>				
Personal care	100,749,585	110,228,344	101,806,628	100,513,446
Homemaker	97,806,289	100,314,975	109,526,287	95,097,143
Chore	18,280,685	19,565,854	21,036,529	16,241,447
<b>Title III-B Transportation Services</b>				
Transportation	184,318,287	195,003,121	185,686,502	185,553,018
Assisted transportation	17,333,741	15,831,114	15,124,882	14,767,016
<b>Other Title III-B Services</b>				
Adult day care/health	66,987,807	72,137,679	66,615,546	58,460,330
Legal assistance	45,825,745	43,095,269	46,049,050	49,523,432
Outreach	25,797,724	23,768,360	26,458,073	25,443,772
Other	338,578,762	323,529,952	328,511,303	313,005,534
<b>Total III-B Services</b>	<b>\$1,080,093,537</b>	<b>\$1,099,403,867</b>	<b>\$1,119,718,922</b>	<b>\$1,075,594,057</b>

Source: RTI analysis of the 2001–2004 NAPIS SPR data.

**APPENDIX B**

**RESULTS FROM 2003 AND 2004 NATIONAL SURVEYS**

**Table B-1. Demographic Data on Information and Assistance Users**

<b>Demographic Variable</b>	<b>2003 National Survey Data N=337 Weighted N=12,102,005 Percentage</b>	<b>2004 National Survey Data N=455 Weighted N=12,255,160 Percentage</b>
<b>Age</b>		
Under 60	20.8	29.2
60–64	16.0	16.0
65–74	34.2	20.9
75–84	22.8	27.1
85+	6.3	6.8
<b>Gender</b>		
Male	23.9	17.7
Female	76.1	82.3
<b>Race/Ethnicity</b>		
Hispanic origin	5.1	4.5
White	86.1	83.4
African American	9.1	13.5
Asian/American Indian/Pacific Islander	6.4	1.5
Other	1.6	2.9
<b>Residence</b>		
Urban	52.9	39.7
Suburban	17.5	37.4
Rural	29.6	22.9
<b>Education</b>		
High school or less	53.5	36.0
Some college or college degree	46.5	42.8
Some post-graduate/advanced degree	0.0	21.3
<b>Living Alone</b>	42.2	42.9
<b>Married</b>	38.9	45.4

Source: RTI analysis of the 2003 and 2004 National Survey data.

**Table B-2. Use of I&A Services: 2003 and 2004 National Survey Data**

<b>Utilization Variable</b>	<b>2003 National Survey Data N=337 Weighted N=12,102,005 Percentage</b>	<b>2004 National Survey Data N= 445 Weighted N=12,255,160 Percentage</b>
<b>Why I&amp;A Call was Made</b>		
Obtain help/services for self	58.1	57.2
Get help for relative/someone else	41.5	37.6
Calling from agency for participant	6.6	8.9
Other	0.5	1.5
<b>Reason for Call<sup>a</sup></b>		
To obtain services	69.6	64.4
To get information	44.4	89.1
To express financial concerns	6.9	39.5
To express health insurance concerns	3.2	22.5
To file a complaint	3.1	1.7
To refer a participant for services	2.0	67.6
To follow-up on a prior call	0.4	22.5
<b>If Ever Used Service Before</b>	24.1	22.5
<b>Number Times Used Service in Past Year</b>	3.3	9.6
<b>How Quickly Call Answered</b>		
Immediately, after 1 to 2 rings	41.6	39.5
Quickly, fewer than 5 rings	53.3	50.8
After a little while, 5 to 15 rings	2.7	7.5
Had to wait a long time, more than 15 rings	2.5	2.3
<b>Who Answered Phone</b>		
Voicemail	14.9	22.2
Person	85.1	77.8

<sup>a</sup> Survey respondents could provide more than one reason.

Source: RTI analysis of 2003 and 2004 National Survey data.

**Table B-3. Information and Assistance Service: Logistic Regressions Estimating Who People Call For**

	Likelihood of Calling I&A for Self		Likelihood of Calling I&A for Relative	
	Full	Final	Full	Final
Sample Size	349	349	352	352
F-value	8.02	10.16	8.11	11.93
Prob>F	0.000	0.000	0.000	0.000
Variables				
Age 75 and over	3.59**	3.21*	0.34**	0.34**
Male	6.12**	6.20**	0.33	
Urban resident	2.61*		0.97	
Rural resident	4.03**		0.44*	
High school or less	2.91**	3.23**	0.55	
Non-white race	1.84	2.11	0.88	
Not married	2.68	2.03	0.17**	0.26**
Live alone	9.75***	9.90***	0.13***	0.12***

Notes: \* p < .10, \*\* p < .05, \*\*\* p < .01.  
Estimates adjusted for complex survey design

Source: RTI analysis of the 2004 National Survey of OAA Programs.

**Table B-4. Demographic Data on Homemaker Service Users**

<b>Demographic Variable</b>	<b>2003 National Survey Data N=407 Weighted N=163,463 Percentage</b>	<b>2004 National Survey Data N=1,253 Weighted N=161,693 Percentage</b>
<b>Age</b>		
Under 60	0.1	0.5
60–64	4.9	4.9
65–74	22.7	25.1
75–84	43.8	40.9
85+	28.6	28.5
<b>Gender</b>		
Male	19.2	19.7
Female	80.8	80.3
<b>Race/Ethnicity</b>		
Hispanic origin	3.1	5.8
White	79.1	81.3
African American	17.3	15.6
Asian/American Indian/Pacific Islander	4.2	2.3
Other	2.0	1.4
<b>Residence</b>		
Urban	50.6	58.4
Suburban	22.3	23.0
Rural	27.2	18.6
<b>Education</b>		
High school or less	73.9	73.7
Some college or college degree	26.1	23.6
Some post-graduate/advanced degree	0.0	2.8
<b>Living Alone</b>	69.5	72.5
<b>Married</b>	16.8	14.5

Source: RTI analysis of the 2003 and 2004 National Survey data.

**Table B-5. Percentage of Homemaker Clients Needing Assistance with ADLs (Age 60 and over)**

Service Type	2003 National Survey			2004 National Survey		
	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL
Homemaker	85.4	64.4	44.6	77.3	54.4	31.9

Source: 2003 and 2004 National Survey Data.

**Table B-6. Percentage of Homemaker Clients Needing Assistance with IADLs (Age 60 and over)**

Service Type	2003 National Survey			2004 National Survey		
	1+IADL	2+IADL	3+IADL	1+IADL	2+IADL	3+IADL
Homemaker	91.3	71.2	36.6	92.4	68.4	44.1

Source: RTI analysis of the 2003 and 2004 National Survey Data.



**Table B-7. Demographic Data on Transportation Service Users**

<b>Demographic Variable</b>	<b>2003 National Survey Data N=397 Weighted N=430,310 Percentage</b>	<b>2004 National Survey Data N=715 Weighted N=359,145 Percentage</b>
<b>Age</b>		
Under 60	3.8	0.0
60–64	3.5	5.3
65–74	26.5	21.1
75–84	43.6	42.8
85+	22.6	30.8
<b>Gender</b>		
Male	18.6	10.6
Female	81.3	89.4
<b>Race/Ethnicity</b>		
Hispanic origin	6.3	6.6
White	76.4	69.9
African American	19.0	25.0
Asian/American Indian/Pacific Islander	5.7	2.7
Other	2.0	3.0
<b>Residence</b>		
Urban	51.5	52.6
Suburban	16.5	21.6
Rural	32.0	25.8
<b>Education</b>		
High school or less	77.7	75.0
Some college or college degree	22.3	21.4
Some post-graduate/advanced degree	0.0	3.6
<b>Living Alone</b>	60.9	65.1
<b>Married</b>	21.9	15.1

Source: RTI analysis of the 2003 and 2004 National Survey data.

**Table B-8. Percentage of Transportation Clients Needing Assistance with ADLs (Age 60 and over)**

Service Type	2003 National Survey			2004 National Survey		
	1+ADL	2+ADL	3+ADL	1+ADL	2+ADL	3+ADL
Transportation	85.4	64.4	44.6	77.3	54.2	31.9

Source: RTI analysis of the 2003 and 2004 National Survey Data.

**Table B-9. Percentage of Transportation Clients Needing Assistance with IADLs (Age 60 and over)**

Service Type	2003 National Survey			2004 National Survey		
	1+IADL	2+IADL	3+IADL	1+IADL	2+IADL	3+IADL
Transportation	91.3	71.2	36.6	92.4	68.4	31.9

Source: RTI analysis of the 2003 and 2004 National Survey Data.

**Table B-10. Use of Transportation Services: 2003 and 2004 National Survey Data**

Utilization Variable	2003 National Survey Data N=397 Weighted N=430,310	2004 National Survey Data N=715 Weighted N=359,145
<b>How many days ago used service last</b>		
Mean number of days	16.9 days	20.2 days
Less than 1 week ago (%)	55.0	54.8
Between 1 and 2 weeks	10.2	13.6
Between 3 and 4 weeks	11.4	6.5
More than 4 weeks ago	23.4	25.2
<b>Average number of local trips/month</b>	8.1	13.2
<b>How much rely on service in average month</b>		
For just a few trips (%)	22.9	23.7
One-quarter of all trips	13.5	11.4
Half of all trips	16.5	11.5
Three-quarters of all trips	8.9	9.5
Nearly for all trips	38.3	43.9
<b>Where get on vehicle</b>		
Door pick up (driver comes to door) (%)	50.2	48.4
Door pick-up (driver does not come to door)	45.7	48.0
Down the block	2.4	2.0
Down several blocks	1.6	1.6
<b>Can get around more than before using service (%)</b>	74.5	65.0
<b>Improved access to activities due to transportation service use<sup>a</sup></b>		
Physicians/other health providers (%)	70.4	64.2
Senior center	47.8	49.3
Shopping	43.2	38.6
Lunch program	34.4	40.0
Social events and recreation	31.5	28.8
Volunteering	26.8	19.6
Friends, neighbors, relatives	19.5	11.9
Clubs/meetings	14.2	13.5
Religious services	9.4	10.3
Work	4.4	3.9
Other	0.5	1.5

<sup>a</sup> Respondents could provide more than one answer.

**Table B-11. Satisfaction with Homemaker Services: 2003 and 2004<sup>a</sup>**

<b>Home Care Satisfaction Item</b>	<b>2003 National Survey Unweighted N= 407 Weighted N=163,463 Percentage</b>	<b>2004 National Survey Unweighted N=1,255 Weighted N=161,693 Percentage</b>
Homemaker is very thorough	87.2	87.5
Homemaker does things the way participant wants	88.3	90.4
Homemaker has become a friend	82.1	83.9
Homemaker takes interest in participant	92.1	92.0
More hours of homemaker service needed each week	39.3	36.0
Homemaker knows what to do	94.2	95.7
Homemaker has enough time to do all jobs	75.4	77.6
Homemaker does extra things for participant	63.5	66.5
Participant wishes that the homemaker could do more things	44.7	44.7
Homemaker does not leave too early	87.5	84.8
Homemaker is not rude	97.9	98.0
Homemaker does not arrive late	89.6	88.4
Homemaker does not ignore participant wishes	91.8	91.2

<sup>a</sup> These National Survey data were used in the construction of the Rating of Homemaker Services figure in *Section 3* of this report.

Source: RTI analysis of 2003 and 2004 National Survey data.

**Table B-12. Estimating Satisfaction with Homemaker Services Using the HCSM Scale (OLS Model)**

	<b>Full Model</b>	<b>Final Model</b>
N = 968		
F-value	1.34	4.42
Prob>F	0.2391	0.0078
R-square	0.0852	0.0665
Variables		
Age 75 and over	-0.17	
Male	1.80	
Urban resident	7.01**	4.51*
Rural resident	5.15*	
High school or less	-0.38	
Non-white race	-5.19**	-4.81*
Not married	2.77	
Live alone	-2.54	
Three or more ADLs	-5.30*	-4.97**
Three or more IADLs	0.35	
Constant	77.68***	80.60***

Notes: \* p < .10, \*\* p < .05, \*\*\* p < .01.  
 Estimates adjusted for complex survey design

Source: RTI analysis of the 2004 National Survey of OAA Programs.

**Table B-13. Estimating Logistic Regressions for Satisfaction with Homemaker Service Outcomes**

Model	Increasing Social Activities Since Participating in HM		Need More Hours of HM Each Week		HM Assigned Enough Time		Participant Wishes HM Would Do More		HM Arrives on Time	
	Full	Final	Full	Final	Full	Final	Full	Final	Full	Final
N	944		956		947		947		939	
F-value	1.59	4.86	2.84	5.48	2.25	5.54	3.5	3.79	3.88	2.9
Prob>F	0.141	0.012	0.008	0.001	0.032	0.001	0.002	0.009	0.001	0.04
Variables										
Age 75 and over	0.29***	0.40**	1.28		1.40		0.53**	0.56**	5.40**	4.38**
Male	1.83	2.14**	0.84		1.84	1.88	0.54*		0.13**	0.17*
Urban resident	3.10**		0.87		0.97		0.48*	0.50*	0.22***	
Rural resident	3.72***		1.25		1.35		0.88		0.41	
High school or less	0.83		0.89		1.40		0.81		1.77	
Non-white race	1.00		1.69	1.61	1.28		2.51**	2.30*	1.73	
Not married	0.72		0.88		0.69		0.70		1.89	2.83
Live alone	0.96		0.48*	0.44**	2.68**	2.10***	0.74		2.84	
Three or more ADLs	0.67		2.75**	2.69**	0.35***	0.35***	1.86**	1.95***	0.42	
Three or more IADLs	1.22		1.12	1.10	0.74	0.75	0.94		1.29	

Notes: \* p < .10, \*\* p < .05, \*\*\* p < .01.

Estimates adjusted for complex survey design

Source: RTI analysis of the 2004 National Survey of OAA Programs.

**Table B-14. Estimating Satisfaction with Transportation Service**

	Likelihood of being able to get around more than before due to using transportation services		Likelihood of rating transportation services as at least good	
	Full	Final	Full	Final
#Obs	550	550	574	574
F-value	4.05	4.96	5.01	3.48
Prob>F	0.0009	0.0114	0.0001	0.0395
Variables				
Age 75 and over	0.70		0.68	
Male	0.90		1.47	
Urban resident	1.14		7.90**	4.90*
Rural resident	0.91		1.02	
High school or less	2.59**	2.30**	1.60	
Non-white race	0.52		0.23**	
Not married	3.15*		10.73***	
Live alone	0.24***	0.48***	0.19***	
Three or more ADLs	1.78		14.58**	7.61*
Three or more IADLs	0.38**		0.19**	

Notes: \* p < .10, \*\* p < .05, \*\*\* p < .01.

Estimates adjusted for complex survey design

Source: RTI analysis of the 2004 National Survey of OAA Programs.

## **APPENDIX C**

### **TOPICS TO BE ADDRESSED BY QUALITATIVE DATA**



## **TOPICS TO BE ADDRESSED BY QUALITATIVE DATA**

- **Extent to which AAAs conduct needs assessments to determine what needs elderly participants have for Title III-B services:**
  - to compare how AAA participants vary from elderly population as a whole
  - to determine need for access (I&A) and care management services
  - to determine need for home care (personal care, chore, homemaker) services
  - to determine need for transportation services
- **Best practices/results from**
  - provision of access services
  - provision of home care services
  - provision of transportation services
  - financial management of Title III-B services
- **Role of the aging network relative to the non-aging network in**
  - providing access/care management services
  - providing home care services
  - providing transportation services
- **Role of volunteers in**
  - providing access/care management services
  - providing home care services
  - providing transportation services
- **Barriers to the**
  - provision of access/care management services
  - provision of home care services
  - provision of transportation services
  - the integration and management of multiple streams by aging network
- **Ongoing program management (including strategic planning, outcome measurement, consumer assessments and program monitoring) of**
  - access/management services
  - home care services
  - transportation services

- **Characteristics of providers of**
  - home care services
  - transportation services
- **Methods to acquire/leverage and manage multiple funding streams**
  - All Title III-B services
- **Variation in pricing/costs of OAA versus non-OAA home- and community-based long-term care services**
  - All Title III-B services
- **The role/importance of Title III B in providing the aging network with support for system and program development**
- **How states and local governments decide to allocate/apportion Title III-B funds to support particular supportive services**

## APPENDIX D

### POTENTIAL QUALITATIVE DISCUSSION TOPICS FROM TECHNICAL ADVISORY GROUP

During the April 27<sup>th</sup> Title III-B TAG meeting, held in Washington, DC, TAG members were asked to suggest areas that potentially could be investigated through focus groups and expert interviews. A complete listing of TAG members who attended this meeting is shown in Appendix E. Suggestions made by TAG members (some of which already have been identified by AoA and RTI and included by research question in Section 5.2 of this report) include:

- To investigate how the Title III B funding mechanism provides flexibility and is being used to support innovation and a wide variety of services in both rural and urban settings.
- To investigate how the infrastructure created by Title III allows other programs to serve older people in a consistent manner with certain standards.
- To investigate how Title III B funds are important to the states for their flexibility to support change through partnerships, and to fill gaps in needed services.
- To examine how Title III B is helping communities adapt to the aging population by working with local government to enable older adults to age in place.
- To investigate the outcomes made possible by the flexibility of Title III B in different states and identify best practice models for the states to consider.
- To investigate the ability of Title III B to provide an incubator and launching point for systems change.
- To investigate how Title III B can support a culture of innovation in the Aging Network through training to create the new skill sets needed to introduce systems change.
- To investigate what changes are needed in Title III B to do a better job of serving the community.
- To investigate what is happening in individual communities resulting in lower numbers of clients served.
- To investigate the impact of Title III B on minority consumers.
- To investigate how Title III B is working with the disabled community.
- To investigate what AAAs would do with the Title III B funding if it came without restrictions.
- To investigate the partnerships and coordination developed by Title III B funding that may not show up the AAA program budget because these services are not housed in AAAs or paid for by III B dollars.
- To gain a better understanding of the barriers to service use.
- To investigate what is being done to further develop and expand home and community based services for older persons and specifically what role is being played by the AAAs (e.g. leadership, technical assistance, coordination).

- To investigate how Title III B home care fits in the overall home and community based system, including who is served by Title III B and by state services, and what is each program able to do.
- To investigate how the decision is made as to what programs are funded, and how that decision is influenced by how the state is structured and where the money comes from.
- To examine to what degree decisions about the use of Title III B funds are driven from the bottom up and to what degree from the top down.
- To investigate how AAAs are negotiating change in Title III B programming in the setting of an existing network of providers and infrastructure to which the organization is to some degree obligated.
- To examine the degree to which State Units on Aging push AAAs to direct their Title III B efforts in a certain direction, and how much flexibility they are committed to granting AAAs.
- To examine to what extent AAAs manage their Title III B funds separately and to what extent they manage these funds as part of integrated state long term care systems.
- To investigate what policy changes are needed for AAAs to better provide and expand opportunities for older persons to improve their quality of care and quality of life, and to gain an in-depth understanding of the major problem barriers to that process.

## APPENDIX E

### TECHNICAL ADVISORY GROUP MEMBERS WHO PARTICIPATED IN THE APRIL 27<sup>TH</sup>, 2006 TITLE III-B MEETING IN WASHINGTON, DC

1. **Dan Berger**  
US Department of Health and Human Services,  
Administration on Aging
2. **Virginia Dize**  
Associate Director of Home and Community Based Services  
National Association of State Units on Aging
3. **Pam Doty**  
Senior Policy Analyst, US Department of Health and Human Services,  
Office of the Assistant Secretary for Planning and Evaluation
4. **Mary Lynn Kasunic**  
President and CEO/Executive Director  
Area Agency on Aging, Region One, Arizona
5. **Jorge Lambrinos, PhD**  
Executive Director, Roybal Institute for Applied Gerontology,  
University of Southern California
6. **Ms. Sandy Markwood**  
Chief Executive Officer  
National Association of Area Agencies on Aging
7. **Cheryll Schramm**  
Director  
Atlanta Regional Commission
8. **Jim Varpness**  
Executive Director  
Minnesota Board on Aging