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Program Code	10000304										
Program Title	Administration on Aging										
Department Name	Dept of Health & Human Service										
Agency/Bureau Name	Administration on Aging										
Program Type(s)	Block/Formula Grant										
Assessment Year	2007										
Assessment Rating	Effective										
Assessment Section Scores	<table border="1"> <thead> <tr> <th>Section</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Program Purpose & Design</td> <td>100%</td> </tr> <tr> <td>Strategic Planning</td> <td>75%</td> </tr> <tr> <td>Program Management</td> <td>100%</td> </tr> <tr> <td>Program Results/Accountability</td> <td>75%</td> </tr> </tbody> </table>	Section	Score	Program Purpose & Design	100%	Strategic Planning	75%	Program Management	100%	Program Results/Accountability	75%
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Program Improvement Plans

Year Began	Improvement Plan	Status	Comments
2006	AoA plans to enhance its program evaluation activity. Because of the importance AoA places upon quality evaluation, a framework for comprehensive program evaluation has been developed and initiated along with the adoption of an ambitious evaluation schedule. AoA's program evaluation framework is based upon the CDC's Framework for Program Evaluation (http://www.cdc.gov/eval/framework.htm) which provides the steps and standards to guide comprehensive evaluations. AoA's framework also includes additional elements. For example, AoA requires program evaluations to combine process, impact and cost-benefit analysis. Consistent with CDC's Framework, AoA program evaluation designs build upon a logic model(s) and also consider OAA requirements and service quality. OAA programs are frequently state administered and locally implemented; therefore comprehensive evaluations involve multiple levels of analysis (i.e. policy, system, Aging Network, and individual),	Action taken, but not completed	

which must be reflected in the logic model. Across these levels of analysis, five domains are to be addressed: efficiency, effectiveness, outcomes/impacts, infrastructure, and partnerships. AoA contracts with independent research firms to conduct program evaluations and this framework is used to develop Requests for Proposals and the Scope of Work statement, and evaluate proposals. The Choices for Independence Initiative evaluation is unique in that this is a new initiative rather than a mature OAA program. A separate evaluation plan that spans five years has been developed. The plan calls for an integrated process and outcome evaluation conducted in three phases (start-up, data collection, and analysis) and covering the three components (consumer empowerment, community living incentives, healthy lifestyle choices). The complexity of this initiative will require the use of at least 10 data sources (e.g. Medicare claims data, consumer and provider surveys, project administrative and financial data). The detailed, final evaluation design will be developed under contract in FY 2008 in conjunction with the first year of the initiative's funding. The evaluation schedule utilizes a two-year cycle to provide the Office of Evaluation with an adequate timeframe to conduct comprehensive, two-phased evaluations that insure quality and rigor. The initial year (phase 1) for each evaluation is a planning year followed by one or more implementation years (phase 2). The AoA evaluation framework was initiated with the current program evaluation of the Older Americans Act Nutrition Program and Program for Native Americans. The framework has guided the development of multi-levelled logic models and a matrix of performance domains, research areas and study questions that are consistent with an integrated process, impact and cost-benefit evaluation. While the design phase is not complete the final evaluation design will employ comparison groups in the assessment of individual level impacts. The methodology, while based on that used during the previous evaluation, will incorporate improvements due to advances in sampling strategies. Fiscal Year 2006 ?? The Older Americans Act Program for Native Americans: Title VI ?? The Older Americans Act Nutrition Programs: Title III-C; Fiscal Year 2008 ?? National Long Term Care Ombudsman Program: Title VII ?? The National Family Caregiver Support Program: Title III-E ?? Choices for Independence Initiative; Fiscal Year 2010 ?? The Senior Medicare Patrols Program; Fiscal Year 2012 ?? The Older Americans Act Discretionary Grant Programs: Title IV ?? The Older Americans Act Aging Network Support Activities: Title II and III-A.

Program Performance Measures

Term	Type	
Long-term	Output	Measure: By 2012, all States will achieve a targeting index greater than 1.0 for rural, minority, and poverty clients. (NOTE: The goal of 155 States with targeting index > 1 is a cumulative measure for the rural, minority, and poverty indices. The 2012 target is calculated by adding

51 States for the rural index +52 States for the minority index and +52 States for the poverty index for a total of 155 States.)

*Explanation:*The purpose of this measure is to demonstrate continuous program improvement in targeting services to vulnerable elderly as required by the Older Americans Act. The targeting index is calculated as follows: rural targeting index = percent of Title III services recipients in State who live in rural areas divided by the percent of 60+ residents of State who live in rural areas. For the baseline calculation, data for the numerator come from the State Reporting System (SPR) and data for the denominator come from Census 2000 data. Baseline (year 2001) targeting indices for all States have been developed; poverty targeting (44 States achieved targeting index greater than 1.0); rural targeting (41 States achieved rural targeting greater than 1.0); and minority targeting (37 States achieved minority targeting greater than 1.0). Each State will be working toward 3 indices but the targets will be added for simplicity of presentation.

Year	Target	Actual
2001	Baseline	122 States Index > 1
2012	155 States	Index > 1

Annual Output

Measure: Increase the number of States that serve more elderly living below the poverty level than the prior year.

*Explanation:*The purpose of this measure is to increase the number of States that increase the percent of below poverty elderly that they serve. The data source is the SPR. Note: revisions to the SPR were implemented in 2005 which affected the manner in which poverty data is reported. States were previously required to report poverty data for all clients, which involved estimation for unregistered clients. States are now reporting actual poverty data for registered clients. This explains the apparent decline between FY 2004 and FY 2005. Ambitious performance targets have been established for this measure since poverty status can be a predictor of vulnerability to loss of independence.

Year	Target	Actual
2003	5	8
2004	12	25
2005	15	20
2006	17	August 2007
2007	20	August 2008
2008	24	August 2009
2009	28	August 2010

Annual Output

Measure: The percentage of OAA clients living in rural areas who receive services funded by AoA will exceed the percentage of all U.S. elderly who live in rural areas by 10%.

*Explanation:*The purpose of this measure is to assure that the Aging Network continues to target services to rural residents, as required by the OAA. Percentages for this measure are calculated using SPR data and special tabulations of the 2000 Census data for the 60+ population. Living in rural areas may make access to needed services more difficult but it is not generally a predictor of vulnerability to a loss of independence. Therefore, AoA has

established a national performance target that, while suitably ambitious, should not encourage States to divert resources away from more vulnerable populations.

Year	Target	Actual
2005	New in 2006	36.7%
2006	Census + 10%	August 2007
2007	Census + 10%	August 2008
2008	Census + 10%	August 2009
2009	Census + 10%	August 2010

Long-term/Annual Output

Measure: Increase the number of elderly persons with severe disabilities (3+ Activities of Daily Living (ADL) limitations) receiving select home and community-based services.

Explanation: Since people with 3+ ADLs limitations are generally considered nursing home eligible this population is at great risk for loss of independence. The measure demonstrates AoA's successful efforts to promote the ability of frail and disabled elderly to continue living at home. Results for this performance measure are currently calculated using home-delivered meals client data from the annual performance measurement surveys. Eventually, using annual SPR data, this measure will be expanded to include all recipients of in-home services.

Year	Target	Actual
2003	baseline	280,454
2004	291,672 (+4%)	293,500
2005	302,890 (+8%)	313,362
2006	322,522 (+15%)	December 2007
2007	350,568 (+25%)	December 2008
2008	378,613 (+35%)	December 2009
2009	406,658 (+45%)	December 2010
2010	434,704 (+55%)	December 2011
2011	462,749 (+65%)	December 2012
2012	500,000 (+78%)	December 2013

Annual Efficiency

Measure: Increase the number of people served per million dollars of AoA's Title III home and community-based services funding.

Explanation: The purpose of this measure is to demonstrate the success of the Aging Network in employing available tools (see Section 3.4) to enhance the use of AoA funds. This measure will be monitored in conjunction with consumer assessment of service quality to assure that increased efficiency does not result in declining service quality. Performance for this measure has improved significantly over the past three years as a result of information and performance measurement management improvements. Performance through 2010 is expected to improve at more modest rates with substantial increases resulting from successful program innovations by 2012.

Year	Target	Actual
2002	Baseline	6,103

2003	New In FY04	6,573
2004	6,029 (+6%)	6,956
2005	6,143 (+8%)	7,492
2006	6,257 (+10%)	August 2007
2007	7,110 (+17%)	August 2008
2008	7,936 (+30%)	August 2009
2009	8,056 (+32%)	August 2010

Annual Outcome **Measure:** Maintain high percentage of home-delivered meal, transportation and family caregiver services clients rating quality of services good to excellent.

Explanation: This measure, in conjunction with the efficiency measure above, will monitor service quality as increased efficiencies are realized, to assure that there is no decline in service quality. Data for this measure are obtained from the national performance measurement surveys. The confidence interval is 91.9% through 95.1% (93.3% +/- 1.6%). 91.7% is the lower confidence limit. Assuming future samples will have similar standard errors, an estimate would have to fall below 90% (actually 90.1%) before there would be no overlap in the confidence intervals. Therefore, the target of 90% is point at which a decline in quality can be detected.

Year	Target	Actual
2004	Baseline	93.6% +/- 1.6%
2005	90%	94.7%
2006	90%	December 2007
2007	90%	December 2008
2008	90%	December 2009
2009	90%	December 2010

Long-term/Annual Outcome **Measure:** Improve well-being and prolong independence for elderly individuals as a result of AoA's Title III home and community-based services.

Explanation: The purpose of this measure is to demonstrate the success of AoA program innovations in developing tools that enable the Aging Network to improve access to services for vulnerable populations. The components of the composite score for well-being and independence measure are 1) Increase the percentage of caregivers reporting that services help them provide care longer (caregiver-reported indicator of prolonged independence for care recipient); 2) Increase the percentage of transportation clients who are transportation disadvantaged, defined as unable to drive or use public transportation (this subpopulation is more disabled than those who are not transportation disadvantaged), a key predictor of loss of independence; 3) Increase percentage of congregate meal recipients who live alone (living alone is a key predictor for loss of independence); and 4) Increase the percentage of home delivered -meal recipients with 3+ Instrumental Activities of Daily Living (IADL) limitations (IADL limitations is a key predictor for loss of independence). The composite score is calculated using AoA expenditures as reported in the SPR to weight the four component indicators. Data sources for this measure are the annual national performance measures surveys and the SPR. The Choices demonstration, in particular the Aging and Disabilities Resource Centers with their focus on streamlining service access and improving information and

referral, will provide the Aging Network with the tools necessary to assure that especially vulnerable populations can access the services they need.

Year	Target	Actual
2003	Baseline	46.57
2004	New in 2007	50.0
2005	New In 2007	50.99
2006	New in 2007	December 2007
2007	53	December 2008
2008	54.5	December 2009
2009	56	December 2010
2010	58	December 2011
2011	61	December 2012
2012	64	December 2013

Questions/Answers (Detailed Assessment)

Section 1 - Program Purpose & Design

Number Question

1.1 Is the program purpose clear?

Explanation: The Older Americans Act created the Administration on Aging (AoA) in 1965 as the Federal agency for older persons and their concerns. AoA was recently reauthorized by the Older Americans Act of 2006. AoA's Aging Services Program is clearly defined in this Act as ten distinct objectives, which may be summarized as: help elderly individuals maintain their independence and dignity in their homes and communities through cost effective systems of aging services with priority given to the most vulnerable elderly with economic need. Supportive aging services include meals programs, transportation, caregivers support, health promotion, ombudsmen program for long-term care, and activities to prevent elder abuse and neglect.

Evidence: 1) Older Americans Act: Title I - Declaration of Objectives: Definitions, Section 101. http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; and 2) AoA Strategic Plan

1.2 Does the program address a specific and existing problem, interest, or need?

Explanation: The elderly, ages 60 and older, suffer higher levels of disease and disability than any other age group, with higher rates of institutionalization. Among older adults, racial and ethnic minority populations such as Native Americans and Alaska Native populations experience even higher levels of disease and disability. AoA's programs provide a range of services to reduce the ill effects of disease and disability so that vulnerable elderly individuals may remain in their homes. Services include nutritious meals to elderly individuals in congregate and home settings; transportation services including medical appointments; supportive services to enable family members to continue caring for elderly individuals; advocacy for people who are living in nursing homes; and evidenced-based health promotion activities in senior centers. Finally, AoA programs are still relevant to current conditions as the problems that AoA was created to address are still relevant. For example, the Agency on Healthcare Research and Quality (AHRQ) projects that the number of functional limitations from arthritis, stroke, diabetes, coronary artery disease, cancer, or cognitive impairment is expected to increase through the year 2049.

Evidence: 1) Statistics on the aging population, including data on disabilities and well-being: <http://www.aoa.gov/prof/Statistics/statistics.asp>; 2) Government Accountability Office. (May, 1999). "Federal and State Approaches for Personal Care and Other Services" <http://www.gao.gov/archive/1999/1999041.htm>; 3) Rural Health at the University of North Dakota. (2005). "Prevalence of Chronic Disease Among American Elders." http://www.med.und.nodak.edu/depts/rural/nrcnaa/pdf/chronic_disease1005.pdf; 4) Center for

(2007). "State of Aging and Health in America." http://www.cdc.gov/aging/pdf/State_of_Aging_and_Health_Research_and_Quality.pdf. (April 2002). "Preventing Disability in the Elderly with Chronic Conditions." <http://www.ahcpr.gov/research/elderdis.htm>.

1.3 **Is the program designed so that it is not redundant or duplicative of any other Federal, state**

Explanation: No other federal or non-federal program provides the combination of services provided by State and local sources with Federal funds and fills in the service gaps by working with State, local, and based supportive services programs. Also, its unique program design provides for an infrastructure of a "aging network." This aging network is comprised of State Units on Aging (SUA), Area Agencies on Aging and their contractors. SUAs are located in every State and U.S. territory and are influential in setting policy agendas for the governor and State legislature. In fact, about half of the 56 State and territorial units are agencies designated by the State to be the focal point for implementing AoA programs and reside in areas as follows: 41% are non-profits; 32% are a part of city/county governments; 25% are a part of council reservations; and 1% are other. Further, the work of the aging network does not duplicate, and instead complements State and local efforts because it is statutorily charged with 1) identifying the service needs of the elderly through assessments; 2) assessing the capacity of public and private programs to detect gaps in service areas; 3) AoA's Aging Services Program is not used to supplant Federal, State, or local funds. The aging network leverages its targeted investments by using its infrastructure of SUAs and AAAs to leverage resources and inform families. Finally, the network provides leadership to ensure that local support continues as supportive services evolve.

Evidence: 1) For needs assessment requirement, see Older Americans Act (OAA) Section 307(a). http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; 2) For collaboration and coordination, see OAA Section 306 http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; 3) For funding, see OAA Sections: 321(d), 374, 705(a) and 752(e) http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; 4) National Association of State Units on Aging. (2004.) "40 Years of Leadership." <http://www.nasua.org/40years/>; 5) National Association of State Units on Aging (2006) State Aging Information System Management Study. <http://aoa.gov/about/results/Information%20Systems%20Management%20Study.pdf> p.2. 7) National Aging (N4A) Conference. Presentation of 2006 Survey of Area Agencies on Aging Preliminary Results.

1.4 **Is the program design free of major flaws that would limit the program's effectiveness or efficiency?**

Explanation: Funding for most of Aging Services grant programs (95% of total AoA under the Older Americans Act formula based on the number of persons ages 60 and older in the State. The program design also provides flexibility for Indian Tribal Organizations and local entities to target the unique needs of the elderly across the country by not being overly prescriptive in mandating a limited list of allowable supportive services. The program allows for the shifting of funds between AoA programs so that communities can prioritize the need of individual communities and allocate resources to fill in the service gaps. This approach has generated positive results in program efficiency, cost effectiveness, and participation by volunteers. For example, States leverage nearly \$3 for every \$1 of Federal funding. The program documents a high participation of volunteers whereby volunteers comprise over 40% of Area Agency on Aging staff.

Evidence: 1) For leveraging of funds, see AoA's Congressional Justification for FY 2008. http://aoa.gov/about/legbudg/current_budg/docs/AoA%20FY%202008%20CJ%20Final.pdf p. 7 2) For Congressional Justification for FY 2008. http://aoa.gov/about/legbudg/current_budg/docs/AoA%20FY%202008%20CJ%20Final.pdf & 57 and 3) State Program Report. http://www.aoa.gov/prof/agingnet/NAPIS/SPR/2005SPR/profiles/2005SPR_profiles.pdf

1.5 **Is the program design effectively targeted so that resources will address the program's purpose and intended beneficiaries?**

Explanation: The Older Americans Act (OAA) authorizes AoA's aging services programs. OAA defines the target population as ages 60 and over and requires that there be a special effort to target services to the vulnerable elderly including low income, low income minority, rural areas, and the disabled and frail. The program design uses the aging network to distribute Federal AoA dollars and to target services to the elderly in our communities. Entities in the aging network, including Area Agencies on Aging, ensure that the right beneficiaries are served by using age as a criterion for determining eligibility.

State develops a State plan which identifies techniques and strategies for reaching the most vulnerable plan against results from the State Program Reports (SPR) and other data sources. The data collected a information on clients served who are low income, low income minority, living in rural areas and disable used measure of limitations of activities of daily living (ADL) and independent activities of daily living (I State Program Report showed that of the 9 million seniors served, demographic data on frailty was colle receive primarily in-home services (N=1.2 million) . Of this, 72% had 3 or more limitations that hinder living showing that services reached the most frail and disabled. 36.7% of registered clients resided in r reached isolated rural communities and 29% were those living below the poverty level. The program de network with the flexibility to transfer Federal dollars among AoA programs so that resources can best : and thus, best meet AoA's program purpose. Finally, AoA monitors to ensure that Federal funds 8 authori other federal, state or local funds such that there are no unintended subsidies.

Evidence: 1) For targeting of intended population, see Section 307 of OAA.

http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; 2) For prohibition of suppl: 321, 374, 705 of OAA. http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf; 3) : each State's Unit on Aging in 2-4 year cycles to help each state identify their direction and priorities for plans require community input and public hearings, many of them are available on State's websites. Se <http://elderaffairs.state.fl.us/english/StatePlan/docs/05.pdf> or Washington State's process at [http://www.aoa.gov/prof/agingnet/NAPIS/SPR/2005SPR/profiles/2005profiles.asp](http://askgeorge.wa.gov/dshs/highlight/index.html?url=http%3A//www1.dshs.wa.gov/mediareleases/2006/pr06061.shtml&fterm=state&fterm=plan&fterm=state+pl3Fcharset%3Diso-8859-1%26nh%3D7%26style%3D%26col%3Ddshs%26origin%3Ddshs%26qt%3 on individuals served, including vulnerable population as defined by OAA, see 2005 State Program Repe annually by each state on service recipients' demographic characteristics, expenditures, and amount of <a href=) These state reports a American Communities Survey and the decennial Census. The reports are used by community planners public, and researchers to inform their understanding of senior services.

Section

Section 2 - Strategic Planning

Number Question

2.1 **Does the program have a limited number of specific long-term performance measures that fo meaningfully reflect the purpose of the program?**

Explanation: AoA has three clear long-term outcome measures that directly and meaningfully support t mission is to help elderly individuals maintain their independence and dignity in their homes and comm coordinated, and cost effective systems of aging services with priority given to the most vulnerable elde needs. To this end, AoA has the following two targeting measures: 1) All States will achieve a targeting poverty clients; and 2) Increase the number of elderly persons with severe disabilities (3+ Activities of receiving select home and community-based services. AoA also developed a new measure to improve w independence as a result of AoA's Title III home and community-based services. These measures have and support the following AoA strategic goals: 1) Empower older people and their families to make info to easily access, existing home and community-based options; and 2) Enable seniors to remain in their life for as long as possible through the provision of home and community-based services, including supp the two targeting measures are already a part of AoA's strategic plan and the plan will be updated to re and independence long-term measure.

Evidence: 1) FY 2005, 2006, 2007 and 2008 Congressional Justifications; 2) Office of Evaluation websit <http://www.aoa.gov/about/results/>; 3) Performance measurement website at www.gpra.net; 4) AoA St <http://www.aoa.gov/about/strategic/strategic.asp>; 5) Older Americans Act: Title I - Declaration of Obj http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf

2.2 **Does the program have ambitious targets and timeframes for its long-term measures?**

Explanation: The program has a baseline for each of the long-term measures with outyear targets to 20 ambitious targets that are set at a level to promote continued improvement. For example, the targeting disabilities has ambitious goals to serve 10% more clients each year so that the 2012 target will serve : baseline. Similarly, the targeting index measure for poverty, minority, and poor clients sets an ambitiou index greater than 1 by 2012. Finally, there are incremental, ambitious targets set for the composite sc independence measure.

Evidence: 1) FY 2005, 2006, 2007 and 2008 Congressional Justification; 2) Office of Evaluation website <http://www.aoa.gov/about/results/>; 3) Performance measurement website at www.gpra.net; 4) AoA St <http://www.aoa.gov/about/strategic/strategic.asp>.

2.3 **Does the program have a limited number of specific annual performance measures that can c achieving the program's long-term goals?**

Explanation: AoA's targeting measure for elderly with disabilities and the performance measure for well serve as long-term and annual measures. As such, there are annual targets set for each of the measure reaching the long-term targets. As for the long-term targeting index measure for rural, minority, and pu annual measures for service recipients living in poverty and in rural areas. The two annual measures all determine whether annual progress is being made in targeting the most vulnerable of the elderly popul. efficiency measure that is measured on an annual basis. The efficiency measure aims to serve more ind AoA funding. To avoid serving more individuals at lower quality, AoA has an annual service quality mea quality aging services.

Evidence: 1) FY 2005, 2006, 2007 and 2008 Congressional Justification; 2) Office of Evaluation website <http://www.aoa.gov/about/results/>; 3) Performance measurement website at www.gpra.net; and 4) Ac <http://www.aoa.gov/about/strategic/strategic.asp>

2.4 **Does the program have baselines and ambitious targets for its annual measures?**

Explanation: All annual measures have baselines and annual outyear targets that are ambitious with inc Ambitious targets were set based on the trend data, which has shown a history of continuous performal was then adjusted to reflect anticipated improvements in performance resulting from management imp investments. In other words, the targets are ambitious because they reflect levels above and beyond th anticipated program investments. The only technical exception is the service quality measure, which do incremental increases. This is because the quality measure complements the efficiency measure and is declines in service quality. Targets are set at 90% for all fiscal years because estimates would have to f decline in service quality. In other words, it is not statistically meaningful to set incrementally higher ta threshold for detecting any changes in service quality.

Evidence: 1) FY 2005, 2006, 2007 and 2008 Congressional Justification; 2) Office of Evaluation website <http://www.aoa.gov/about/results/>; 3) Performance measurement website at www.gpra.net; and 4) Ac <http://www.aoa.gov/about/strategic/strategic.asp>

2.5 **Do all partners (including grantees, sub-grantees, contractors, cost-sharing partners, and otl commit to and work toward the annual and/or long-term goals of the program?**

Explanation: All grantees are committed to achieving performance goals which support AoA's strategic ; turn, are supported by AoA's long-term and annual measures. Specifically, formula grantees are require performance objectives (i.e. performance measures) that are tied to the strategic goals and to report p performance measures using the National Aging Program Information System (NAPIS). Recipients of Ac performance goals, as a part of their grant application, and monitor their progress in semi-annual progr efforts, the Performance outcome Measurement Project (POMP) has helped AoA develop new performar existing measures by working directly with States and other entities in the aging network. Grantees at : strategic goals, as evidenced by the data that the aging network submits for the performance measures surveys which demonstrates a continuous record of improved program performance.

Evidence: 1) The State Plan instructions Section II discuss inclusion of AoA Strategic goals and establish performance objectives". 2) State Plan review protocol; 3) Discretionary Grant Template Section 2b require outcome measures; 4) Office of Evaluation website at <http://www.aoa.gov/about/results/>; 5) POMP website Program Announcements; 7) AoA Program Performance Analysis 2008 CJ; 8) Section 202(f) of the OAA performance measures; and 9) Section 307(a) of the OAA established the Assistant Secretary's authority

2.6 **Are independent evaluations of sufficient scope and quality conducted on a regular basis or are improvements and evaluate effectiveness and relevance to the problem, interest, or need?**

Explanation: AoA evaluates all of its programs on a 10 year cycle using independent research firms. When program operations and management decisions, they do not meet the quality criteria. For example, an oral home and community-based programs lacks a comparison group or a pre- and post- assessment of program the program's impact. Instead, the Title III evaluation uses a one-time survey and analyzed quantitative challenges in designing the most rigorous evaluation due to the nature of some of their programs. For example the ombudsman program requires strict confidentiality for resident complainants and precludes the use of comparison groups and pre-post methodologies. The ombudsman study was also mandated by Congress through the Institute of Medicine (IOM). IOM formed a committee to study the ombudsman program and conducted site visits and interviews, held a symposium and technical panel meetings. To date, evaluations of AoA's nutrition programs meet the quality and scope criteria. For example, the 1995 national evaluation of the elderly nutrition program Research included a comparison group of non-participants to examine program impact. AoA is also in the process of evaluating its nutrition programs. This multi-year evaluation will include a comparison group to assess true program impact, process, outcome, and cost-benefit analysis. However, nutrition programs comprise about 50% of AoA's regular evaluations of high quality and scope to assess the impact of other key programs.

Evidence: 1) Serving Elders at Risk: The Older Americans Act Nutrition Program, National Evaluation of 1993-1995, Mathematica Policy Research, Inc. See Vol. I Ch. I. Section C. Objectives of the Evaluation <http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program_eval/eval_report.as> and Executive Summary <http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program_eval/EXECUTIVE%20SUMMARY.doc>; 2) Final Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act, 1995, IOM. See Final Report of the Older Americans Act Long-Term Care Ombudsman Program; Chapter 5 Effectiveness of the State Ombudsman Programs; and Appendix C Study Activities <<http://books.nap.edu/catalog/9059.html>> and Executive Summary of the Ombudsman Program" p.11-13 <<http://books.nap.edu/readingroom/books/rprp/contents.html>>; 3) Final Report of the VI Native American, Hawaiian Islander, and Alaska Native Services evaluation, Scope of Work; AoA Program Performance Schedule; National Ombudsman Reporting System (NORS) website: <http://www.aoa.gov/prof/aoaprogram/elder_rights/LTCombudsman/National_and_State_Data/national_and_state_data.html>; 4) III-B: Supportive Services Evaluation, ongoing, RTI International. Interim Quantitative Report, 2006: <http://www.aoa.gov/about/results/TitleIIIB_quantitative-report_6-1-06_psgFINAL.pdf>.

2.7 **Are Budget requests explicitly tied to accomplishment of the annual and long-term performance goals and resource needs presented in a complete and transparent manner in the program's budget?**

Explanation: AoA presents budget and performance information in public documents such as the annual budget request; however, there is no clear and defined linkage between annual and long-term performance targets and budget requests, and make improvements in this area as evidenced by its draft marginal cost analysis document.

Evidence: 1) FY 2008 AoA Congressional Justification. <http://aoa.gov/about/legbudg/current_budg/dc20Final.pdf>; and 2) AoA Draft Marginal Cost Analysis (March, 2007).

2.8 **Has the program taken meaningful steps to correct its strategic planning deficiencies?**

Explanation: The 2002 PART assessment identified the lack of a strategic plan and outcome oriented performance measures as deficiencies. As evidenced in the 2003 PART re-assessment, AoA corrected these weaknesses by 1) developing a strategic plan in accordance with GPRA requirements and consistent with the HHS Strategic Plan; and 2) establishing new performance measures. AoA was able to make these corrections quickly, largely due to the Performance and Outcome Measurement Project (POMP), a sophisticated data collection project that AoA implemented in 1999. As reflected in the 1999,

performance measures were output-oriented, such as units of service. However, AoA worked to further measurement by implementing the advanced POMP project to measure program impact. Specific programs include: nursing home predictor models; analyzing hospital utilization data; and conducting longitudinal studies on social well-being for senior center/congregate meals participants. AoA also continues to explore opportunities to improve performance measures that assess program impact. For example, AoA developed a new outcome measure in this year's PART re-assessment, and is in the process of developing a frailty index to better assess its vulnerable elderly. In addition to AoA's work on performance measures, AoA developed an evaluation plan for a 10 year cycle. AoA first developed this evaluation plan in 2003 and has adhered to this plan to date. The first evaluation, which commenced in 2004, is nearly completed with the final report expected to be issued in 2006. A contract to evaluate the nutrition and Native American services was awarded in 2006 and is expected to be completed in 2007.

Evidence: 1) See 2003 PART Assessment and evidence; 2) AoA Strategic Plan (see 2.1 evidence) <http://www.aoa.gov/about/strategic/strategic.asp>; 3) Office of Evaluation website at <http://www.aoa.gov/evaluation>; 4) Register Announcement for 2004-2006 Performance Outcome Measurement Projects <http://www.archives.gov/federal-register/indexes.html>; 5) Performance outcomes Measurement Project. www.gpra.net; 6) draft evaluation including frailty index; 7) Advanced POMP documentation notebook including research references and schedule (see 2.6); 8) statement of work for nutrition/native Americans evaluation (see 2.6) Congressional Justifications (see 2.1).

Section 3 - Program Management

Number Question

3.1 **Does the agency regularly collect timely and credible performance information, including information from program partners, and use it to manage the program and improve performance?**

Explanation: AoA uses National Aging Program Information Systems (NAPIS) to collect high-quality performance information on program partners, which make up 95% of AoA's total funding. NAPIS includes profiles on elderly clients and care expenditure data; aging network profiles; and grantees' accomplishments such as number of resolution program. In addition, a national survey of service participants helps AoA to better measure the impact of its programs on the lives of its participants. AoA administers this survey to a random sample of program participants on an annual basis and reports on reported program impacts such as improved health or nutrition, increased socialization, caregiver stress reduction, and participant independence. Data from the NAPIS and the national survey, in turn, are used to develop program outcome baselines and targets for the measures. This helps AoA track the performance of its program partners and identify and improve program weaknesses. AoA's competitive grant programs, which make up 5% of overall funding, include Program Innovation for demonstration projects; Alzheimer's Disease Demonstration Projects; and Support Activities. Grantees are held to individual evaluation criteria, which are reported in the semi-annual progress reports. Finally, AoA uses the information from the NAPIS, national survey, semi-annual progress reports, and program priorities and to reallocate resources. For example, AoA used performance information from its demonstration projects to develop Choices for Independence, a new demonstration project which takes on the problems in our fragmented long-term care system.

Evidence: 1) Data fields in National Aging Program Information Systems (NAPIS). <http://www.aoa.gov/modified-form-11.08.04.pdf>; 2) Annual evaluation results from state program reports. <http://aoa.gov/evaluation>; 3) National survey. <http://aoa.gov/about/results/index.asp>; 4) Annual Ombudsman data from NAPIS. http://aoa.gov/prof/aoaprogram/elder_rights/ombudsman/national_and_state_data/2005nors/2005nors.

3.2 **Are Federal managers and program partners (including grantees, sub-grantees, contractors, other government partners) held accountable for cost, schedule and performance results?**

Explanation: It is the responsibility of AoA managers to pursue improvements in program management. Through the Performance Management Appraisal Program (PMAP), all employees are held accountable for results that cascade down from senior management's performance plans. These plans have links to program mission goals and objectives. Program partners of formula AoA grants are held accountable for results through

the State planning process, submission of periodic program and financial reports, annual NAPIS data co Single Audit Act audits. Failure to comply with statutory or regulatory requirements may result in restr program partners fall short of their goals, AoA provides technical assistance to identify and fix deficienc to implement corrective action for any deficiencies identified through the audit process. While funding f by formula as specified in the Older Americans Act, there are incentives to encourage better performan additional funds based on the number of meals served by the nutrition programs. Also, there is funding performance measurement through the POMP project and the State Planning Grant Project. Grantees of measurable outcomes as part of grant applications and report on their progress semi-annually. Program final performance reports and complete grant monitoring statements to ensure that program objectives

Evidence: 1) AoA manager performance contracts; 2) HHS Performance Management Appraisal Program (Revised 1/17/2006); 3) HHS Senior Executive Service and Organizational Performance Management S (August 2006); 4) The State Plan instructions; 5) State Plan review protocol http://www.aoa.gov/prof/agingnet/NAPIS/SPR/2005SPR/2005spr_reports.asp; 6) State Planning Grant 7) POMP Announcement. <http://a257.g.akamaitech.net/7/257/2422/01jan20061800/edocket.access.gp> Grantee progress report template for competitive grants; and 9) Grant applications for Indian Tribal Or

3.3 **Are funds (Federal and partners') obligated in a timely manner, spent for the intended purpo**

Explanation: Funding is provided to AoA through annual appropriations and funds are obligated in the y For example, in 2006, AoA was appropriated \$1,361,921,563 and obligated \$1,361,722,344 by Septem level, internal control procedures ensure that monies are spent for their intended purposes. This include allotments, and allowances in accordance with OMB Circular A-11, Part IV. Also, grants are awarded pr GATES system and paid through the HHS Payment Management System (PMS). Accountability at the gr submission of the semi-annual Financial Status Reports (SF-269) to show that the funds are obligated p intended purposes; 2) funding match and program income reported in accordance with the Older Ameri the quarterly Federal Cash Transaction Reports (SF-272) to the Program Support Center's Division of P operates PMS. Additionally, recipients of formula grants are required to submit: 1) a semi-annual SF-26 provides more detailed reporting on Federal and non-Federal expenditures; and 2) annual maintenance reports. Based on the information from these financial reports, future grants are not awarded unless th expenditure requirements. Finally, if any monetary findings are identified as a result of Single Audit Act office and central office fiscal staff review the findings and take appropriate follow-up action, which may appropriate.

Evidence: 1) Financial Status Reports (SF-269) <http://www.aoa.gov/doingbus/grantrep/forms/sf269.pdf> Reapportionment Schedule (SF-132); 3) State Audit Reports; 4) Supplemental reports for inter-fund tr Effort Reports; and 6) Quarterly 272 reports sent to Payment Management System to document cash d

3.4 **Does the program have procedures (e.g. competitive sourcing/cost comparisons, IT improve to measure and achieve efficiencies and cost effectiveness in program execution?**

Explanation: Since Community-based programs are administered at the local level, by Area Agencies or efficiencies must be directed toward the AAAs. AoA monitors performance on key aging network system funding and the use of volunteers. AoA's efficiency measure, number of people served per million dollar the aging network in delivering home and community-based services. AoA established the baseline for 1 saw an improvement of 7% from FY 2004 to FY 2005, and has continued to set ambitious targets in the on-going activities to enhance performance at the State/local level including: 1) the Performance Outco develop performance measurement tools for State/local agency to use in assessing and improving prog improvements including a) State Reporting Tool (SRT)- the software system States use for performance Comprehensive Aging Reporting Data System (CARDS) - the AoA system under development for housin NAPIS data; and 3) a cooperative agreement with National Association of State Units on Aging (NASUA) information systems for the collection of program information.

Evidence: 1) FY 2005, 2006, 2007 and 2008 Performance Budgets; 2) AoA Office of Evaluation website.

<http://www.aoa.gov/about/results/>; 3) Performance Outcome Measurement Project website at <http://www.aoa.gov/about/results/index.asp>; and 5) Cooper: Association of State Units on Aging (NASUA).

3.5 **Does the program collaborate and coordinate effectively with related programs?**

Explanation: AoA coordinates with Federal agencies as well as State and local agencies to enhance service level this includes: 1) collaborating with the USDA to administer the Nutrition Services Incentive Program Units on Aging (SUA) and Indian Tribal Organizations that efficiently deliver nutritious meals to older adults with cash allotment for the purchase of additional food; 2) partnering with the Centers for Medicare and Medicaid Services to long-term care by funding the establishment of Aging and Disability Resource Centers and to provide Medicare Part D prescription drug and health screenings benefits; 3) using best practices from National Disease Control and Prevention, and Agency for Healthcare Research and Quality to implement evidence-based health promotion programs at the community level; and 4) working with the Federal Transit Administration to improve transportation. The Older Americans Act (OAA) also supports the infrastructure of the aging network, both at the State and local level. As noted in testimony to the Senate Special Committee on Aging (February 19, 2007), many programs funded by the OAA now have responsibilities in implementing Medicaid Waiver programs. These collaborations have increased the number of seniors obtaining services, including prescription drug coverage and in-home health care services, and the breadth and depth of services at the local level where Federal funds are leveraged with local resources.

Evidence: 1) USDA and AoA Interagency Agreement FY 2006 NSIP; 2) CMS and AoA jointly funded ADR 2006. http://www.aoa.gov/doingbus/fundopp/announcements/2006/Attachment_1392.doc and CMS and AoA Memorandum Of Understanding; 3) FY 2003 and 2006 Evidence-Based Disease Prevention Grant Program Announcement. <http://www.aoa.gov/doingbus/fundopp/announcements/PA1-2-A.doc> see section 1.C p. 1; 4) http://www.aoa.gov/doingbus/fundopp/announcements/2006/Attachment_1399.doc, AoA and AHRQ 2006 Memorandum of Understanding with Federal Transportation Administration signed 1/9/2003. ; 5) A tool for collaboration, developed by AoA: "Seniors Benefit from Transportation Partnerships: Promising Practice" <http://www.aoa.gov/prof/transportation/transportation.asp>

3.6 **Does the program use strong financial management practices?**

Explanation: AoA exercises sound financial management practices and complies with the Federal government standards for financial management as established in OMB circulars (A-11, A-123, A-127, A-134, and A-136) and a manual. To ensure compliance with standards, AoA conducts annual assessments of its internal controls over financial reporting, as required under OMB Circular A-123. AoA utilizes the financial management system of the Procurement Support Center (PSC) for the many of its financial management processes and activities, including accounting and financial reporting. In October 2006, AoA implemented the Unified Financial Management System (UFMS) which is designed to meet legislative mandates and regulatory requirements for financial management systems. AoA is part of the 2006, HHS earned its eighth consecutive clean opinion. Also, a 2005 risk assessment of the Home and Community-Based Services and Congregate Nutrition Services programs determined that AoA was at low risk for improper management of formula AoA grants are held accountable for results through a variety of means. This includes the State periodic program and financial reports, annual NAPIS data collection and survey activities, and Single Audit Act with statutory or regulatory requirements may result in restrictions or withholding of funds. If program deficiencies are identified, AoA provides technical assistance to identify and fix deficiencies. AoA also works with grantees to implement corrective actions for deficiencies identified through the audit process.

Evidence: 1) AoA Financial Statement Audit Memos; 2) HHS Performance and Accountability Report. <http://www.hhs.gov/of/reports/account/index.html>; 3) AoA's 2005 Improper Payment and Information Management System Audit Report. Circulars: a) A-11: Preparation, Submission and Execution of the Budget; b) OMB Circular A-123: Accounting and Financial Management Systems; c) OMB Circular A-127, Financial Management Systems; d) OMB Circular A-134, Financial Accounting Principles and Practices; e) OMB Circular A-136, Financial Reporting Requirements. <http://www.whitehouse.gov/omb/circulars/index.html>

3.7 **Has the program taken meaningful steps to address its management deficiencies?**

Explanation: The Administration on Aging continues to employ the government-wide tools made available

systematically identify and correct deficiencies in Older Americans Act programs. These tools include 1) management control review; 2) oversight of internal controls by the Senior Assessment Team (SAT); and corrective action. A more detailed explanation of each tool follows: 1) Risk assessments and management control review: AoA monitors and evaluates its internal controls on an ongoing basis to ensure compliance with the standards established by the GAO. These evaluations are conducted in accordance with OMB circular A-123, which incorporates internal control standards established by GAO into the assessment process and outlines an integrated framework for assessing, correcting, and reporting on internal controls. 2) Senior Assessment Team (SAT): AoA establishes oversight and accountability for the annual review and assessment of internal controls, as required by the procedures outlined in the AoA Management Control Plan, the SAT reviews controls using the evaluation tool developed by AoA that addresses the five internal control standards enumerated by the GAO and identified in the GAO Internal Control and Management Evaluation Tool. The SAT also assesses AoA's internal reporting for its key budget execution, grants management, fund balance, and financial reporting transactions; the procedures outlined in the HHS Guidance Manual to Implement Appendix A of OMB Circular A-123. 3) Corrective action: AoA regularly ensures that findings of both financial and management audits are addressed by Federal audit follow-up standards. While no material weaknesses were identified, these reviews identified instances where the design and/or operation of an internal control was less than fully effective. For example, in June 2006 the SAT identified a weakness in the internal control for obligations and payments related to certain types of commercial invoices, such as transportation of medical equipment, which did not include a mechanism for secondary review. By the end of August, AoA took corrective action by implementing a requirement for secondary review of all commercial invoices by the Director of the Office of Budget and Financial Management to obligate funds.

Evidence: 1) OMB Circular A-123; 2) AoA FMFIA Internal Control Evaluation Tool; 3) AoA's 2005 Improving Internal Risk Assessment; 4) See evidence under 3.2 and 3.B.F1 for performance monitoring

3.BF1 **Does the program have oversight practices that provide sufficient knowledge of grantee activities?**

Explanation: States, which are the primary recipients of the AoA formula grants, are required to submit performance data (2 to 4 year cycles). States, in turn, distribute the Federal funding to localities through the aging network and are held accountable through contracts and audits. AoA regional staff are in regular contact with States with at least one staff member in each State. AoA staff also engages in frequent communication with State grantees during the development and implementation of the State plans, which are reviewed by AoA staff and approved by the Assistant Secretary for Aging. States submit program performance data (State Program Report (SPR) and National Ombudsman Reporting System (NAPIS) system. Examples of data collected include expenditures by allowable service category, persons with pending resolution status for nursing home complaints. When States submit their annual SPR data, AoA provides a comparison of the current year's SPR data to the prior year, percentage change in services, expenditure response to the feedback, States review and revise their reports and certify the quality of their final submitted performance data, States provide semi-annual financial status reports (SF-269 and supplemental form) for the designated purposes. Additional reports and audits include inter-fund transfer reports and A-133 audits. Indian Tribal Organizations (ITOs) submit funding applications on a three year basis, report annually, and submit financial status reports. These reporting and auditing procedures provide AoA with information on grantee activities, as well as help AoA track actual expenditures and verify that the funds are used for

Evidence: 1) Copies of state plans and ITO applications are maintained at AoA for review by internal and external regional staff use a written protocol for reviewing State Plans; 2) Sample site visit schedule for Region I; 3) Plan. 4) Data Submission and Review Timeline; 5) State Program Reports <http://www.aoa.gov/prof/agingnet/NAPIS/SPR/2005SPR/profiles/2005profiles.asp>; 6) Financial Status Reports <http://www.aoa.gov/doingbus/grantrep/forms/sf269.pdf>; 7) Supplemental inter-fund transfers; 8) A-133 audits. State Plans see Florida's plan at <http://elderaffairs.state.fl.us/english/StatePlan/docs/05.pdf>

3.BF2 **Does the program collect grantee performance data on an annual basis and make it available in a clear and meaningful manner?**

Explanation: AoA collects, compiles and disseminates program performance data on an annual basis through

Information System (NAPIS). NAPIS data can be aggregated on a program-wide level and disaggregate demonstrated by the national and State level reports and tables on the AoA website. It also includes standard and formal verification, as well as validation and certification processes to ensure high data quality. Updates are disseminated to the public via the Internet and other mechanisms, including the Performance Outcome report and various performance and strategic planning reports required by the Government Performance

Evidence: 1) AoA Office of Evaluation website. <http://aoa.gov/about/results/index.asp>; 2) State Program http://www.aoa.gov/prof/agingnet/NAPIS/SPR/2005SPR/2005spr_reports.asp; 3) POMP project reports <https://www.gpra.net/reports.asp>; 4) National survey of AoA program participants. <http://aoa.gov/about/natioinal-survey.pdf>; 5) Performance Outcomes Measures Project (POMP). <https://www.gpra.net/default>

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Section 4 - Program Results/Accountability

Number Question

4.1 **Has the program demonstrated adequate progress in achieving its long-term performance goals?**

Explanation: AoA has the following three long-term performance measures with ambitious targets. 1) A greater than 1 for rural, minority and poverty clients; 2) Increase the number of elderly persons with severe Daily Living (ADL) limitations receiving select home and community-based services; and 3) Demonstrate prolonged independence as a result of AoA's Title III home and community based services. AoA has many term goals, to a large extent. The targeting index measure to reach more poor, rural, and minority elderly decennial census and as such, the next target year is set at 2012 to allow for data availability and analysis. Annual measures to assess progress made in targeting rural and poor clients and is exploring potential clients. Next, AoA has made sufficient progress in meeting the long-term goal to target more elderly with annual targets that it has met in recent years. Finally, trend data shows improved performance for the measure. As AoA fully implements this new measure, outyear data will show the aging network's continued achieve an enhanced sense of well-being and independence.

Evidence: 1) FY 2005, 2006, 2007, and 2008 Performance Budgets (Congressional Justification); and 2)

4.2 **Does the program (including program partners) achieve its annual performance goals?**

Explanation: Two of AoA's long-term measures also serve as annual measures. Specifically, AoA met the elderly disabled individuals and trend data shows annual improvement for the new well-being and independence achieved the annual targets to serve more elderly persons living below the poverty threshold; however, to 2005. This decrease does not reflect lower performance. Whereas grantees reported estimated numbers in 2004, AoA tightened up the data collection by requiring grantees to report actual numbers of registered beyond. Similarly, AoA revised its annual measures to serve more elderly living in rural areas in 2006. Not available for the new rural measure the old measure showed positive gains where targets were met by targets for the efficiency measure and the service quality measure. Finally all grantees are committed to performance goals. Grantees submit individual performance measures supporting these performance goals grant application. They also feed the data for AoA's performance measures using the National Aging Program (NAPIS).

Evidence: 1) FY 2005, 2006, 2007, and 2008 Performance Budgets Congressional Justification; and 2) :

4.3 **Does the program demonstrate improved efficiencies or cost effectiveness in achieving program goals?**

Explanation: AoA has an established efficiency measure with a baseline and trend data that shows improvement. For example, AoA provided home and community-based services and nutrition services to 6,103 people per million dollars in 2002. In 2005, AoA served 7,492 people per million dollars, an increase of 23% from 2002. Had AoA not changed, it would have had to spend an additional \$288 million to provide services to the same number of people. AoA also has a service quality measure to complement the efficiency measure so that positive gains in

of lower service quality. AoA achieved efficiencies, in part, by setting up systems to help grantees monitor and better identify strengths and improve upon weaknesses. For example, AoA 1) engaged grantees at the Performance Outcomes Measures Project (POMP) to develop performance measurement tools; 2) made tool for the annual State program reports; and 3) developed the Comprehensive Aging Reporting Data : establish baselines and gather comparative data with linkages to data sets such as the Census. AoA also providing grantees with tools to enable them to leverage additional funding and increase their volunteer partnerships with organizations at the national, state and local levels to expand service capacity, most in health promotion; and 3) using its aging network infrastructure to provide outreach and assistance to the Medicare Part D and seeking other aging services.

Evidence: 1) The efficiency measure is calculated as follows: $(A/B) = (x / 1,000,000)$ A= Total number of caregivers and senior services, as reported in the State Program Report. B= Total funding for AoA's Title III services. X= Number of elderly individuals served per million dollars of AoA's Title III home and community care services. 2) FY 2005, 2006, 2007 and 2008 Congressional Justifications. http://aoa.gov/about/legbudg/current_bud20CJ%20Final.pdf; 3) AoA Office of Evaluation website. <http://www.aoa.gov/about/results/>.

4.4 **Does the performance of this program compare favorably to other programs, including government programs with similar purpose and goals?**

Explanation: AoA's mission is to help elderly individuals maintain their independence and dignity in their comprehensive, coordinated, and cost effective systems of aging services with priority given to the most vulnerable and economic and social needs. There are no other units of government, or private entities that offer the coordination and approaches of a national scope that AoA is able to offer to a targeted population of not just the elderly but the elderly. Also, no other entity has the national infrastructure to challenge AoA's leadership status as organizing, coordinating, and providing community-based services, protections and opportunities for older adults.

Evidence: 1) National Association of State Units on Aging. "Four Decades of Leadership." <http://www.nasua.org/40YearsofLeadership.pdf>; and 2) Older Americans Act. http://www.dads.state.tx.us/providers/AAA/OAA_unofficial_compilation.pdf.

4.5 **Do independent evaluations of sufficient scope and quality indicate that the program is effective?**

Explanation: To date, a study of the Elderly Nutrition Services (1995) is the only evaluation that meets the criteria of quality, scope, frequency, and independence. However, nutrition programs comprise only 50% of AoA funding. More evaluations of sufficient quality and scope are needed to assess the impact of other supportive services that AoA provides. The most recent evaluation of the nutrition program was conducted by an independent entity, Mathematica Policy Research Institute, a multi-leveled study that showed that the nutrition program is effective and achieving results. Many of the previous evaluations were descriptive in nature and required compiling detailed information about the organization and the program. To address these descriptive issues, interviews and/or observations were conducted with program personnel from organizations at all levels of the hierarchy. To examine program impact, a comparison group was identified by screening a sample of persons receiving Medicare. The final report included several findings: 1) The program's impact on the health of program participants was better than that of non-participants. People who received meals from the Elderly Nutrition Program had higher daily intakes of key nutrients than non-participants. and ENP meals provided 40% to 50% of daily nutrient requirements. Next, participants experienced improved social interaction compared to non-participants. The participants were satisfied with the services that ENP provides; the program efficiently leveraged AoA funding for service access and delivery with health and social services; and the program effectively targeted the vulnerable populations. These outcomes, the evaluation helped AoA gain a better understanding of its population with the following findings: Between 80% and 90% of participants had incomes below 200% of the DHHS poverty level, which was the case for the elderly population in the U.S.; 2) Approximately two-thirds of participants were at increased risk for nutritional deficiencies; 3) Home-delivered meal participants had more than twice as many physical impairments, compared to center-delivered meal participants. Finally, AoA is in the process of re-assessing the nutrition programs. This multi-year evaluation will include true program impact.

Evidence: 1) Serving Elders at Risk: The Older Americans Act Nutrition Program, National Evaluation of

1993-1995, Mathematica Policy Research, Inc. See Executive Summary for key findings and conclusion <http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program_eval/EXECUTIVE%20SUMMARY.doc>; and Social Contacts: <http://www.aoa.dhhs.gov/prof/aoaprogram/nutrition/program_eval/eval_report.asp>

Section 4 - P

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Last updated: 08132007.2007SPR