

Department of Health and Human Services  
**ADMINISTRATION ON AGING  
AND  
OFFICE OF  
INSPECTOR GENERAL**

**STATE IMPLEMENTATION OF THE  
TARGETING REQUIREMENTS OF THE  
OLDER AMERICANS ACT**



APRIL 1993

## ADMINISTRATION ON AGING

The Administration on Aging (AoA) is the principal Federal agency designed to carry out the provisions of the Older Americans Act (OAA). It advises the Secretary of Health and Human Services and other Federal agencies on the characteristics, circumstances and needs of older individuals. Further, it develops policies, plans, and programs designed to promote their welfare.

AoA administers three grant programs under the Older Americans Act. The largest program - Title III of the Act -- consist of formula grants to States to establish State and community-based programs for older individuals with the purpose of preventing the premature institutionalization of older individuals. The second program -- Title VI -- consists of discretionary grants with the same purpose as Title III, but to meet the unique needs of older Native Americans. The third program -- Title IV -- is also discretionary. Its purpose is to fund research, demonstration, and training activities to elicit knowledge and techniques to improve the circumstances of older Americans. (The 1992 Amendments to the OAA created a fourth program -- Title VII -- which provides funds for State activities to protect the rights of vulnerable older people. Prior to the 1992 Amendments, Title III of the OAA provided the funds for these activities.)

## OFFICE OF INSPECTOR GENERAL

The mission of the Office of Inspector General (OIG), as mandated by Public Law 95-452, as amended, is to protect the integrity of the Department of Health and Human Services' (HHS) programs as well as the health and welfare of beneficiaries served by those programs. This statutory mission is carried out through a nationwide network of audits, investigations, and inspections conducted by three OIG operating components: the Office of Audit Services, the Office of Investigations, and the Office of Evaluation and Inspections. The OIG also informs the Secretary of HHS of program and management problems and recommends courses to correct them.

The OIG's Office of Evaluation and Inspections (OEI) conducts short-term management and program evaluations (called inspections) that focus on issues of concern to the Department, the Congress, and the public. The findings and recommendations contained in these inspection reports generate rapid, accurate, and up-to-date information on the efficiency, vulnerability, and effectiveness of departmental programs.

## THIS REPORT

This report is the result of a joint effort between AoA and OIG/OEI to assess the implementation of Title III of the Older Americans Act. OIG staff in the New York and Dallas regional offices provided technical support to the joint project. AoA staff in New York and Dallas directed the project with all regional offices participating in the development of instruments and data collection.

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# EXECUTIVE SUMMARY

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## PURPOSE

To review State Units' on Aging (SUA) implementation of the targeting requirements of Title III of the Older Americans Act (OAA).

## BACKGROUND

In an effort to strengthen its stewardship of the OAA, the Commissioner of the Administration on Aging (AoA) requested technical assistance from the Office of Inspector General (OIG) in designing a review of their primary Title III grantees -- SUAs. After reviewing traditional and current stewardship activities, and discussing potential approaches for future efforts, we agreed that a review of individual States would be instituted in such a way as to provide the Commissioner with an overview of how States are implementing key components of Title III. In order to conserve limited travel funds the reviews would be conducted on a sample of States and would focus on only five programmatic areas -- stewardship, targeting, ombudsman, nutrition, and financial management.

This report on targeting addresses the requirements that special consideration be given to providing services to those of greatest economic or social need, with special emphasis on low-income minorities. It focuses on issuing guidance on and monitoring implementation of the key requirements of Title III of the OAA, including the area planning process.

## METHODOLOGY

The reviews were conducted in a stratified, random sample of 20 States based upon the population of individuals over 60 years of age in each State. In the first step of the sampling process, States were divided into four strata based upon the number of older individuals in each State. In the second step, five States were selected from each stratum. This stratified, random sample permits a generalization of findings from the 20 sample States to the Nation.

## FINDINGS

### *Targeting Has Become Common Practice Among State And Area Agencies*

- State agencies conduct meetings and coordinate with other agencies
- Area Agencies rely on outreach, specialized services, and provider and site selection

***Little Attention Is Given To Evaluating Targeting Activities***

- Only 40 percent of States and half of area agencies evaluate outreach

***State Agencies Report Difficulty In Meeting Requirements On Individuals With Limited English Speaking Ability***

- While only one-third of States have established designation criteria, half of the States designate area agencies as having substantial individuals with limited English-speaking ability

***While States Undertake Targeting Initiatives, They Report Barriers To Implementation***

- States see lack of funding and data on low income minorities as the primary barrier to effective targeting

***State Agencies Are Providing Technical Assistance And Seeking It From AoA***

- Three-quarters of States provide area agencies with technical assistance
- Two-thirds want more guidance from AoA

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# INTRODUCTION

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## PURPOSE

To review State Units' on Aging (SUA) implementation of the targeting requirements of Title III of the Older Americans Act (OAA). In this report, the term "targeting" refers to the requirements that special consideration be given to providing services to those of greatest economic or social need, with special emphasis on low-income minorities. It focuses on issuing guidance on and monitoring implementation of the key targeting requirements of Title III of the OAA, including the area planning process.

## BACKGROUND

Under the OAA, the Administration on Aging (AoA) serves as the principal Federal advocate for older individuals, providing national leadership in the development of programs to address their needs. Through Title III of OAA (Grants for State and Community Programs on Aging), AoA encourages and assists SUAs and area agencies on aging (AAAs) to implement a system of coordinated community-based services to prevent the premature institutionalization of older individuals by allowing them to remain in their own community.

Under Title III, AoA distributes approximately \$765 million in formula grants to States based on the age 60+ population within each State. The SUAs use about 5 percent of the grant on administration, and then fund AAAs who then contract for the supportive services, nutrition services and multipurpose senior centers. The single largest component of Title III, the nutrition program, provides approximately \$450 million for congregate and home-delivered meals. Other key program components include supportive services (i.e., access services, in-home services and legal assistance) and the Ombudsman program which serves as an advocate for residents in long term care facilities.

One of AoA's major administrative responsibilities is to provide stewardship over the States' implementation of the Title III program. However, AoA's capacity to carry out its stewardship responsibilities declined substantially during the 1980's due to a significant reduction in resources. More specifically, AoA sustained a 47 percent reduction in staff and 75 percent reduction in travel funds. Each regional office had only \$2,000 annually for travel. Because they could not monitor SUAs', AoA became further and further removed from the activities of the SUAs and their area agencies on aging.

In efforts to strengthen its stewardship of the OAA, the Commissioner of AoA requested technical assistance from the Office of Inspector General (OIG) in designing a review of their primary Title III grantees -- SUAs. In response to the Commissioner's request, OIG staff met with key AoA headquarters and regional staff

to identify traditional and current stewardship activities, and to discuss potential approaches for future efforts. As a result, we agreed that the review of individual States would be instituted in such a way as to provide the Commissioner with an overview of how States are implementing key components of Title III. The OIG agreed to assist AoA in developing national, standardized review instruments for key components of Title III and in writing a report summarizing States' implementation of the Act. We also agreed that in order to conserve limited travel funds the reviews would be conducted on a sample of States and would focus on only five programmatic areas -- stewardship, targeting, ombudsman, nutrition, and financial management.

Designing the review began with the meeting of a review team of OIG and selected AoA regional staff. They brainstormed approaches, identified Federal reporting and operating requirements for SUAs and AAAs, and drafted instruments containing the review questions and criteria. The draft instruments were shared with AoA headquarters staff and each regional office for comments, and then revised to reflect comments.

The OIG/AoA review teams pre-tested the instruments and data collection methodology by conducting reviews for each of the five instruments in six States located in four different Federal regions. The pre-test identified that a great deal of time was lost explaining criteria (interpreting law and regulation) and searching for documentation. Accordingly, the review team modified each of the instruments and changed the data collection methodology. The most significant change to the methodology required the sharing of the review instruments with the States prior to the site visit in the belief that if States are aware of and understand the review criteria being used during the review, they will be better prepared to provide required documentation and to discuss specific issues.

## **METHODOLOGY**

The reviews were conducted in a stratified, random sample of 20 States based upon the population of individuals over 60 years of age in each State. These are the same data used to allocate Title III funds among States. In the first step of the sampling process, States were divided into four strata based upon the number of older individuals in each State. In the second step, we selected five States from each stratum. This stratified, random sample permits us to generalize findings from the 20 sample States to the Nation. Table I indicates those States selected for the review process (See Table I).

We also used sampling techniques during site visits to each State for the reviews of specific area plans and assessments. In these instances, we selected a simple, random sample of 10 AAAs prior to the visit to review on-site. For those States with less than 10 AAAs, all AAAs were included in the review.



TABLE I

SAMPLE STATES			
Stratum 1	Stratum 2	Stratum 3	Stratum 4
California Pennsylvania New York Texas Florida	Michigan Indiana Massachusetts Georgia North Carolina	Wisconsin Colorado Oklahoma Maine Oregon	New Hampshire North Dakota Nevada District of Columbia Montana

The data collection was conducted in two phases -- an AoA regional office desk review and an on-site review at the SUA. During the desk review phase, we looked at area plan guidance and program instructions, as well as the State's assessment instruments for AAAs to determine if they are consistent with Federal law and regulations. We also reviewed priority services waivers and targeted populations participation data from the State Program Report for Title III.

Following the desk review, each State was sent a proposed agenda for the site visit, a listing of the AAAs whose area plans and assessment reports will be reviewed, a copy of the targeting review instrument (Appendix A), and the findings from the desk review to be discussed during the site visit.

The review instrument focused on the guidance SUAs issued to AAAs, on key requirements of Title III, and on the instruments and procedures they use to assess AAAs with those requirements. A review of area plans and assessment reports determine whether, and to what extent, they reflect OAA requirements. The instruments also focus on the issues of SUA operating procedures, and on training and technical assistance activities.

We entered data from the targeting review instruments into three databases. One database contained the responses to the open- and closed-ended questions on the instrument and the other two contained the reviews of 151 area plans and assessments. The number of responses to questions vary because some questions did not apply to the four States in Stratum 4 -- NH, ND, NV, & DC -- which are single planning and service area (SPSA) States.

The percentages cited in this report are based on the responses to specific questions contained in the review instrument. The responses are weighted to reflect the sampling plan and are projected to the Nation. The precision at the 90-percent confidence intervals vary for each question from plus or minus 6 to 21 percent based upon the nature of the question (categorical or continuous) and the number of respondents to each question.

# FINDINGS

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## TARGETING HAS BECOME COMMON PRACTICE AMONG SUAs AND AAAs

While all persons age 60 or over are eligible for services under the Older Americans Act (OAA), the act requires that special consideration be given to targeting services to those in greatest economic or social need. Special emphasis is given to low-income minority older persons. This is achieved through specific planning, evaluation and delivery of services outlined in the Act.

### *State Activities*

Virtually all States (95 percent) have undertaken specific activities in support of targeting within the last two years. State agency activities include both State level initiatives and those directed at AAAs. The most common State level initiatives are coordinating activities with other organizations (90 percent) and conducting meetings and conferences (88 percent).

The SUAs coordinate with a range of other organizations, on multiple issues related to targeting. This includes organizations for minority, disabled and rural individuals, as well as organizations for older individuals, such as the American Association for Retired Persons (AARP). It also includes national organizations like National Association for the Advancement of Colored People (NAACP) and the National Association of State Units on Aging (NASUA), and local groups such as minority churches and technical colleges. The organizations for the disabled most commonly represent the blind, deaf and developmentally disabled, or focus on rehabilitation. Rural organizations addressed such concerns as health, transportation, eldercare, or the needs of migrant farm workers.

The meetings and conferences SUAs host on targeting take two forms -- periodic and one-time events. The periodic meetings most often are in-service training for State staff or regular conferences for AAAs. The regular AAA conferences could be for specific staff, such as planners, outreach workers, volunteers or nutritionists, or for the AAA association. In single planning and service area (SPSA) States, these are meetings for providers. The one-time conferences are most often State-wide events open to all members of the State's aging network. These conferences seem to focus on either specific target groups such as minority women, Indians, disabled, and minorities in general, or on specific subjects including SSI outreach, health promotion, information and referral (I&R), and elder abuse.

Among the less frequently noted State targeting activities is altering the intra-state funding formula (24 percent). This is lower than anticipated given AoA policy in the form of AoA Program Instruction (PI) 90-01 which establishes review criteria for intra-state funding formula. The PI notes the value of using the intra-state formula to promote targeting and seeks to determine if formula reflect the proportion among the

PSAs of persons age 60 and over in greatest economic or social need, with particular attention to low-income minority individuals.

State agency targeting activities with AAAs most frequently include providing technical assistance (90 percent), monitoring AAAs' targeting efforts (86 percent), and issuing policy guidance (84 percent).

State agency provide technical assistance on targeting to both AAAs and providers. This is done through site visits, newsletters, and the above noted conferences. Some of the topics for this technical assistance include: affirmative action; Spanish language training opportunities; alzheimer services; outreach to Indians; and information on best practices.

The SUAs' monitoring of AAA targeting efforts takes two forms -- use of reporting systems and reviewing area plans. Regarding reporting systems, 70 percent of States said they used standard reports from AAAs and providers to monitor targeting efforts. Most frequently these provide program participation data on a quarterly or semi-annual basis. States compare rates of participation with such indicators as area plan goals, previous year participation, or State targets. Related to the latter, we noted that 52 percent of States have established participation rates for AAAs. Generally, the goals are to serve target groups in at least the same proportion they represent in the total population at large or the 60+ population.

In using the area planning process to monitor targeting efforts, SUAs focus on both the actual plan and updates, and on periodic assessments of implementation of the plan. With regard to the area plan, SUAs either have targeting review criteria, establish targeting objectives, or add a targeting exhibit to the area plan format. Also, targeting criteria are often included in assessment instruments or in performance reports. Less often SUAs conduct special analyses of AAA or provider targeting efforts or review the annual evaluations of the effectiveness of outreach.

State policy issuances on targeting are used to establish responsibilities and standards, or operating procedures. Examples include listing AAA and provider responsibilities, defining target populations, and establishing performance standards for outreach. We noted operating procedures for affirmative action in hiring staff and for giving preference to minority providers.

### *Local Activities*

All States noted local targeting activities. The targeting activities of AAAs and providers most often include outreach (100 percent), specialized services (96 percent), site selection (86 percent), and provider selection (77 percent).

Under the broad rubric of outreach, States reported traditional activities such a door-to-door canvassing and information and referral (I&R), but they also reported other activities. These include recruiting minority and bilingual staff, working with other

organizations, and using media. The media efforts range from public service announcements and pamphlets to public speaking engagements. Recruiting minority and bilingual staff is seen as an effective way to bridge cultural barriers. The strategies using other organizations ranged from working with AARP, churches, doctors, and discharge planners to seeking to educate leaders in the minority community.

Specialized services is a broad term referring to services for specific populations. The most commonly reported specialized service is ethnic meals used to attract older individuals to congregate meal sites where they can be referred to other services. Specialized services also include translating health, utility and other public service announcements or pamphlets, and running literacy programs. For the frail elderly, specialized services include transportation, companion services and adult day care, mobile health screening, and legal and representative payee services.

Provider selection is an effort to recruit minority providers into the aging network, because they are seen as being better able to serve target populations. The AAAs use a number of tactics to recruit these providers. They invite minority providers to pre-request for proposal conferences designed to help them qualify for the contract and then widely advertise the request for proposal in minority newspapers. They also ask minority providers to help draft the request for proposals. Others use administrative procedures such as using sole-source contracts, issuing policy giving preference to minority providers, or establishing a set-aside fund for targeting services.

Site selection is the practice of locating services in the target community; most frequently this is a minority or low-income community, or a senior citizen housing project. While site selection is a generally effective form of targeting, it can present service providers with difficult decisions. For example, in an era of level funding, providers of service often must de-fund an established site in order to create a new one in a more suitable location.

## **LITTLE ATTENTION GIVEN TO EVALUATING TARGETING ACTIVITIES**

While SUAs' report numerous targeting efforts, they have little documentation of their effect. When asked to identify the AAA targeting activities that were the most successful in increasing target populations, SUAs cited outreach (44 percent), site selection (43 percent), specialized services (30 percent), and recruiting minority providers (24 percent). SUAs further noted site selection (60 percent) and having minority or bilingual staff (38 percent) as the most successful methods used by service providers to address the service needs of low-income minorities. About half (55 percent) of the States determine the success of their AAA targeting efforts or methods to serve low-income minorities through reported increases in program participation rates. Others (17 percent) who offered an opinion on successful methods report that they rely on anecdotal information as an indicator. For example, one of these States said, "it's assumed they [targeting efforts] are successful." Another 20 percent of States report that they did not know how to determine the success of targeting.

While most States rely on program participation reports to assess targeting efforts, they note weakness in that data. States report the primary factors affecting participation trends are improved reporting which provides a more accurate count than in previous years (35 percent) and demographic changes (34 percent). Improvements to a reporting system cause a lower, albeit more accurate, count. Other factors include an increase in target populations (20 percent), level funding coupled with increased costs, resulting in fewer people that can be served (19 percent), and the aging-in place process (13 percent).

Another potential key to assessing targeting efforts are the required evaluations of outreach. Sections 306 (a)(6)(A) and 307(A)(8) of OAA require an annual evaluation of the effectiveness of outreach. Only 39 percent of States report conducting the annual evaluation of the effectiveness of outreach to targeted populations required under Section 307. Those States that did the evaluation said the use of media, meeting with minority groups, and setting program goals were the most effective outreach activities. Among the remaining States, 31 percent of States did not conduct the annual evaluation and 30 percent did not know if the evaluation was conducted.

Regarding the Section 306 requirement that AAAs evaluate the effectiveness of their outreach, only 49 percent of States report all their AAAs conducted the evaluation. Another 29 percent of States indicate that they did not know if their AAAs conduct this evaluation, and the remaining States report a range of 13 to 85 percent of their AAAs conduct the annual evaluation. The probable reason for AAAs not doing these evaluations is that some SUAs are not making them aware of the requirement. Our review of area plan guidance found that 36 percent of SUAs do not include the requirement for an annual evaluation of the effectiveness of outreach in their guidance to AAA. We also noted that 47 percent of SUAs' assessment instruments failed to monitor compliance with this requirement.

#### **SUAs REPORT DIFFICULTY IN MEETING REQUIREMENTS ON INDIVIDUALS WITH LIMITED ENGLISH SPEAKING ABILITY**

Under Section 307(a)(20) of OAA, SUAs must require that their AAAs address the unique needs of their clients with limited English speaking ability. Specifically, SUAs must identify AAAs with substantial numbers of older individuals with limited English speaking ability who reside in their planning and service area. Those AAAs must then use bilingual outreach workers and must designate an employee or have an individual available to them to counsel and assist such individuals. We found that only 37 percent of States have developed criteria to make that determination, 29 percent did not define "substantial numbers," and 34 percent report they do not know. The SUAs without criteria, report that they needed guidance from AoA in order to make an assessment of "substantial numbers of older individuals." The SUAs with criteria defined "substantial" as more than 50, more than 100, 5 percent of the population, any, and a greater percent in the county than in the State.

We further determined that only 54 percent of States actually identified AAAs with substantial numbers of older persons with limited English speaking ability. Interestingly, half of these States had no definition or did not know if they had a definition for substantial. Forty-eight AAAs among the sample States were identified as having substantial numbers of target individuals with limited English-speaking ability. For these AAAs, 42 have bilingual outreach workers, but only 22 have a full-time worker or access to a person to counsel and assist such individuals.

### **WHILE STATES UNDERTAKE TARGETING INITIATIVES, THEY REPORT BARRIERS TO IMPLEMENTATION**

States report that the most common barrier to effective targeting is a lack of funds. More specifically, 63 percent of States report funding as a major obstacle to their targeting efforts and 47 percent of States say funding is the most common deficiency of AAA targeting efforts. They report that Federal funding has not increased during this period of increased attention to targeting. The funds are needed to pay for the increase in participation, to open new sites, and to contract with minority providers. They also note that one of the target groups, the frail elderly, is more expensive to serve. Yet States are realists. Only 30 percent expect AoA to make additional funds available for targeting efforts.

There are other obstacles. States report that they still must address attitudes toward targeting (47 percent), staff turnover (30 percent), and the need for training and guidance on effective targeting (14 percent). Other less frequently noted deficiencies of AAA targeting efforts are a lack of minority and bilingual staff, a low priority of management, and a lack of transportation for the frail elderly.

In a separate question, 60 percent of States report they have difficulty in obtaining data on low-income minorities, and 53 percent report their AAAs have the same problem. Most cite inadequate census data as the cause. They note that the inability to identify these individuals is a barrier to successful targeting.

States also identified a number of barriers confronting AAAs or their providers in meeting the specific service needs of low-income minorities. These barriers include funding limitations (40 percent), cultural barriers (31 percent), lack of transportation (29 percent), lack of minority service providers (23 percent), and problems in identifying and locating target populations (13 percent).

### **SUAs ARE PROVIDING AAAs WITH TECHNICAL ASSISTANCE AND SEEKING IT FROM AoA**

Three-quarters of States report providing training and technical assistance (T/A) to the AAAs to address identified targeting deficiencies. Most frequently these efforts take the form of conferences and written material.

States are seeking targeting guidance from AoA. Sixty-two percent of States want "technical assistance and training," with a major emphasis on effective and practical targeting techniques for addressing specific targeted populations. One State recommended that AoA develop a "targeting technical assistance manual that would delineate AoA's expectations and policies, and highlight effective strategies."

A third of the States request "policy and programmatic guidance and direction" on AoA's expectations of the network in targeting. For example:

What is effective targeting?

What does AoA mean by "preference to low-income minorities," "substantial numbers of," and "frail?"

What are the most effective strategies that States' and AAAs' should undertake that would best address the service needs of targeted groups?

How should the network address their mission of serving all 60+ and target efforts to those of greatest need in a time of limited funds?

Another third of the States reported a need for AoA's assistance in obtaining timely data (e.g., number of low-income and low-income minorities) from the Bureau of Census or other sources.

## APPENDIX A

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### Review Instrument For Targeting



**TARGETING COMPLIANCE REVIEW**

**Department of Health and Human Services  
Administration on Aging**

State \_\_\_\_\_ Date \_\_\_\_\_

Primary Respondent \_\_\_\_\_ Telephone \_\_\_\_\_

Review Team Leader \_\_\_\_\_ Telephone \_\_\_\_\_

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1. In our earlier interview on stewardship, we discussed how your assessment instrument addresses targeting. What other procedures do you use to review and evaluate each Area Agency on Aging's (AAAs) performance in targeting? (*eg. on-site/desk review*)?

- a. \_\_\_\_\_  
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b. \_\_\_\_\_ Don't Know (*Check if applicable*)

2. Did the State Agency undertake specific activities in support of targeting during the last two Federal fiscal years?

- a. \_\_\_\_\_ Yes (*If Yes, go to question 3*)
- b. \_\_\_\_\_ No (*If No, go to question 4*)
- c. \_\_\_\_\_ Don't Know (*If Don't Know, go to question 4*)

3. Describe and give examples of the following activities undertaken by the State Agency in support of targeting during the last two fiscal years. *(Read list and check those with affirmative responses. For each affirmative response, identify 2 examples of that activity, where applicable. NOTE that for each activity checked, there is a question in the example box to ascertain how the activities improved/supported targeting. Get documentation of the effect (e.g., the increase from 10% to 25% minority population).)*

	ACTIVITY	EXAMPLES OF ACTIVITY
a.	_____ Altered funding formula	Not Applicable
b.	_____ Monitored/assessed AAAs	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
c.	_____ Conducted training conferences, meetings, workshops	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____

	ACTIVITY	EXAMPLES OF ACTIVITY
d.	_____ Disseminated technical assistance/information	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
e.	_____ Conducted data analysis	<b>Not Applicable</b>
f.	_____ Formed State-level task force or advisory committee	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
g.	_____ Implemented specific objectives in the State Plan	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____

	ACTIVITY	EXAMPLES OF ACTIVITY
h.	<p>_____ Issued policy guidance to AAAs</p>	<p>(1) _____          _____</p> <p>(2) _____          _____</p> <p>(3) How did these activities          improve/support targeting?          _____          _____          _____          _____</p>
i.	<p>_____ Developed <b>and</b> implemented a State-wide          targeting initiative</p>	<p>(1) _____          _____</p> <p>(2) _____          _____</p> <p>(3) How did these activities          improve/support targeting?          _____          _____          _____          _____</p>
j.	<p>_____ Coordinated activities with national, state, and          local minority organizations</p>	<p>(1) _____          _____</p> <p>(2) _____          _____</p> <p>(3) How did these activities          improve/support targeting?          _____          _____          _____          _____</p>

	ACTIVITY	EXAMPLES OF ACTIVITY
k.	_____ Coordinated activities with national, state, and local rural organizations	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
l.	_____ Coordinated activities with national, state, and local disability organizations	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
m.	_____ Staffing	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____

	ACTIVITY	EXAMPLES OF ACTIVITY
n.	_____ Established participation targets	(1) _____ _____ (2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____
o.	_____ Other. ( <i>Identify</i> ):  n1. _____ _____ n2. _____ _____	n1(1) _____ _____ n1(2) _____ _____ n2(1) _____ _____ n2(2) _____ _____ (3) How did these activities improve/support targeting? _____ _____ _____ _____

4. Describe and give examples of activities implemented by AAAs to increase the participation of targeted populations. (*Probe for information on: outreach, specialization of services designed for specific target groups, staffing, provider and site selection*). **NOTE** that for each activity checked, there is a question in the example box to ascertain how the activities increased participaton of targeted populations.)

	TARGET ACTIVITIES	EXAMPLES OF TARGET ACTIVITIES
a.	Outreach	(1) _____ _____ (2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____
b.	Specialization of Services Designed for Specific Target Group	(1) _____ _____ (2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____
c.	Staffing	(1) _____ _____ (2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____

	TARGET ACTIVITIES	EXAMPLES OF TARGET ACTIVITIES
d.	Provider Selection	(1) _____ _____ (2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____
e.	Site Selection	(1) _____ _____ (2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____
f.	Other, ( <i>Identify</i> ):  f1. _____ _____ f2. _____ _____	f1(1) _____ _____ f1(2) _____ _____ f2(1) _____ _____ f2(2) _____ _____ (3) How did these activities increase participation of targeted populations? _____ _____ _____



5. Of those targeting activities used by the AAAs, which were found to be the most successful in increasing the participation of targeted populations?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_ Don't Know (*Check if applicable*)

6. Prior to this visit, we sent you a table entitled "Target Population Participation." The data come from your State Program Reports for the last three years. What factors affect your trends?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

7. The next few questions focus on the service needs of **low-income-minorities**. Does the State Agency have difficulty in obtaining the required low-income-minority data?

a. \_\_\_\_\_ Yes, Please explain the difficulties being encountered by the State Agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. \_\_\_\_\_ No
- c. \_\_\_\_\_ Don't Know (*Check if applicable*)

8. Do the AAAs have difficulty in obtaining the required low income-minority data?

a. \_\_\_\_\_ Yes, Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- b. \_\_\_\_\_ No
- c. \_\_\_\_\_ Don't Know (*Check if applicable*)

9. What are examples of the "successful" methods used by service providers to satisfy the service needs of low-income minority individuals *(as contained in the service plan of providers complying with OAA Sec. 306(a)(5)(A)(ii) and Regulation 1321.65(b))*?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_ Don't Know *(If Don't Know is checked, skip to question 11)*

10. How did you determine the success of these methods? *(Probe for analyses, trend studies, etc.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has the State Agency identified barriers confronting AAAs or their providers in meeting the service needs of low-income minorities?

a. \_\_\_\_\_ Yes *(If Yes)* What are the main barriers which have been identified?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_ Don't Know *(Check if applicable)*

b. \_\_\_\_\_ No

c. \_\_\_\_\_ Don't Know *(Check if applicable)*

12. How does the State Agency define "...substantial number of older individuals...who are of limited English-speaking ability?"

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ Don't Know *(Check if applicable)*

13. How many AAAs (if any) have been determined by the State Agency to have a substantial number of older limited English-speaking individuals residing in the planning and service area? [Sec. 307(a)(20)]

a. \_\_\_\_\_ (*Indicate number*)

(1) Of these, how many of them use the service of workers fluent in the language spoken in the delivery of outreach services?

(a) \_\_\_\_\_

(b) \_\_\_\_\_ Don't Know (*Check if applicable*)

(2) Of these, which have designated an individual employed by or available to the AAA on a full-time basis to counsel and assist older individuals of limited English-speaking ability and to provide guidance to service providers with regard to linguistic and cultural sensitivities? [Sec. 307(a)(20)(A) & (B)]

(a) \_\_\_\_\_

(b) \_\_\_\_\_ Don't Know (*Check if applicable*)

b. \_\_\_\_\_ Don't Know (*Check if applicable*)

14. What are some examples of successful outreach techniques used by AAAs in reaching targeted populations?

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_ Don't Know (*If Don't Know is checked, skip to question 16*)

15. How do you determine the success of these techniques? (*Probe for analyses, trend studies, etc.*)

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16. If identified, how does the State Agency address outreach deficiencies of the AAAs?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ Don't Know (*Check if applicable*)

17. Did the State Agency conduct an annual evaluation last year of its effectiveness in outreach to targeted populations, as stipulated in Section 307(a)(8)?

a. \_\_\_\_\_ Yes (*If Yes*) What outreach activities were found to be most effective?

(1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_ Don't Know (*Check if applicable*)

b. \_\_\_\_\_ No

c. \_\_\_\_\_ Don't Know (*Check if applicable*)

18. What are the most common deficiencies of your AAAs' targeting efforts?

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_  
e. \_\_\_\_\_  
f. \_\_\_\_\_ Don't Know (*Check if applicable*)

19. What formal technical assistance and training has the State Agency provided to AAAs in order to address these deficiencies?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ Don't Know (*Check if applicable*)

20. What kind of technical assistance and training on targeting is needed by the State Agency?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ Don't Know (*Check if applicable*)

21. What do you see as the major success of the State Agency's targeting effort?

a. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_\_ Don't Know (*Check if applicable*)

22. What are the major obstacles to effective targeting that still must be addressed (*at either the State or AAA level*)?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_ Don't Know (*Check if applicable*)

23. What specific activities should AoA undertake to assist State Agencies' and AAAs' targeting efforts?

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_ Don't Know (*Check if applicable*)

24. Are there any other issues or comments regarding targeting you would like to share with us?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[INTERVIEW COMPLETED]**

STATE TARGET POPULATION

*(This attachment was provided as an enclosure to a letter sent to the State Agency prior to the on-site visit. Pick it up at the time of the on-site visit.)*

1. Please provide the most current information that the State Agency has available on targeted populations. Enter the applicable data below:

a. Total 60+ population: \_\_\_\_\_

TARGETED POPULATIONS	TOTAL NUMBER	PERCENT OF 60+ POPULATION
b. Minorities		
(1) American Indian/Alaskan Native		
(2) Asian/Pacific Islander		
(3) African American, not Hispanic in origin		
(4) Hispanic		
c. Frail/Disabled		
d. Residents of Rural Areas		
e. Low-income Non-Minority		
f. Low-Income Minority		
g. Other, <i>Specify:</i>		
(1)		
(2)		
(3)		

2. For populations listed under "Other" (1.g.), provide an explanation for the designation of the specified population as a "target" population in your State.

a. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. For each targeted population, identify the source of the data and the year that the data was available. (For example, a source could be identified as the Bureau of Census, 1990).

TARGETED POPULATIONS	DATA SOURCE	DATA AVAILABLE
a. 60+ population		
b. Minority population		
c. Frail/Disabled		
d. Rural		
e. Low-income non-minority		
f. Low-income minority		
g. Other, <i>Specify:</i>		
(1)		
(2)		
(3)		



TARGET POPULATION PARTICIPATION

*(This attachment is to be completed by AoA during the in-house review process. The data will be discussed with the State Agency at the time of the on-site visit.)*

	<u>1989</u>	<u>1990</u>	<u>1991</u>
A. Total 60+ Population (#)	_____	_____	_____
B. Total Participants (#)	_____	_____	_____
C. Participant Percent of Population(B/A)	_____ %	_____ %	_____ %
D. Total Participants by Program Title:			
1. Title B	_____	_____	_____
2. Title C I	_____	_____	_____
3. Title C II	_____	_____	_____
4. Title D	_____	_____	_____
5. Title G	<u>NA</u>	<u>NA</u>	_____

<u>POPULATION</u>		<u>Title B</u>	<u>Title C1</u>	<u>Title C2</u>	<u>Title D</u>	<u>Title G</u>
E. American Indian	'89	_____	_____	_____	_____	<u>NA</u>
Alaskan Native	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
F. Asian/Pacific	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
G. African American	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
H. Hispanic	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____

I. Frail/Disabled	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
J. Rural	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
K. Low-Income Non-Minority	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____
L. Low-Income Minority	'89	_____	_____	_____	_____	<u>NA</u>
	'90	_____	_____	_____	_____	<u>NA</u>
	'91	_____	_____	_____	_____	_____