

## 2009 TITLE VI SURVEY RESULTS

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### Key Findings

- Nearly 9 out of 10 (89.5%) of respondents indicate that when an elder in their community needs services, the Title VI program is the program they are likely to contact first.
- The median budget of a Title VI program is \$146,300.
- The most common services administered by Title VI programs include congregate meals, information and referral/assistance, home delivered meals, outreach and the Native American Family Caregiver Support Program.
- In addition to the elders in their community who meet age requirements, just over 40% of Title VI programs serve individuals who fall into other age groups.
- The most common partnerships, over 80%, are those with Indian Health Service and health care providers.
- 93.5% of respondents indicate that they are always looking for new opportunities to do more.

With a grant from the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2009 biennial survey of the 243 Title VI Native American programs in the nation. The survey was designed to assess the role of Title VI programs in offering services and supports to the elders in their communities. In particular the survey explored how Title VI programs view their roles in the following areas: 1) Person-Centered Access to Information, 2) Evidence-Based Disease Prevention and Health Promotion, and 3) Enhanced Nursing Home Diversion Services.

The survey was launched in April 2009 and data collection concluded in October 2009 with 90% (220) of Title VI programs responding.

### The Role of Title VI Programs in Serving Elders

#### Role in the Community

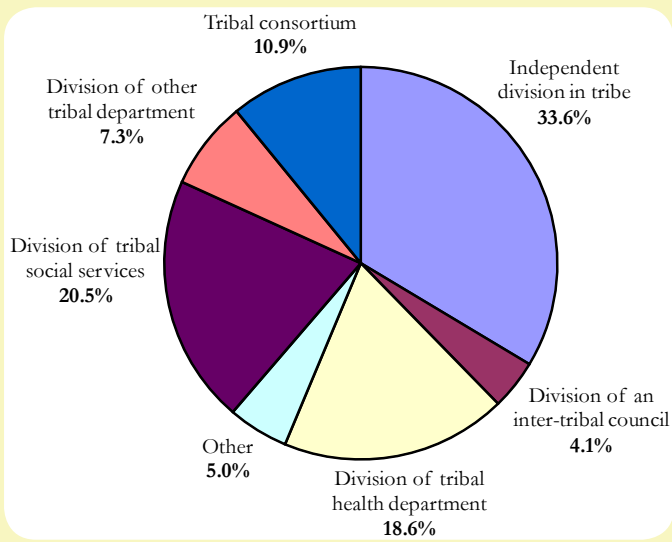
Respondents were asked to describe the role of the Title VI program in their community, in one or 2 sentences, which were then broadly categorized. The most common characterizations of Title VI roles were:

- To provide meals/nutrition
- To enhance quality of life
- To provide meals plus socialization
- To provide caregiver support
- To provide services
- To be the central point for elder needs
- To provide a place for elders

#### Organizational Infrastructure and Geography

Within tribes, the Title VI program may exist as an independent division or may be incorporated with other divisions of the tribe. A third (33.6%) of respondents indicated that their Title VI program is situated as an independent division in their tribe, while 20.5% are part of a division of tribal social services. Other Title VI programs are considered a division of the tribal health department, part of a tribal consortium, a division of another tribal department or a division of an inter-tribal council (see Figure 1). Nearly three-quarters (74.3%) of Title VI programs already have or are making progress toward acquiring support from their Tribal Council to provide home and community-based services.

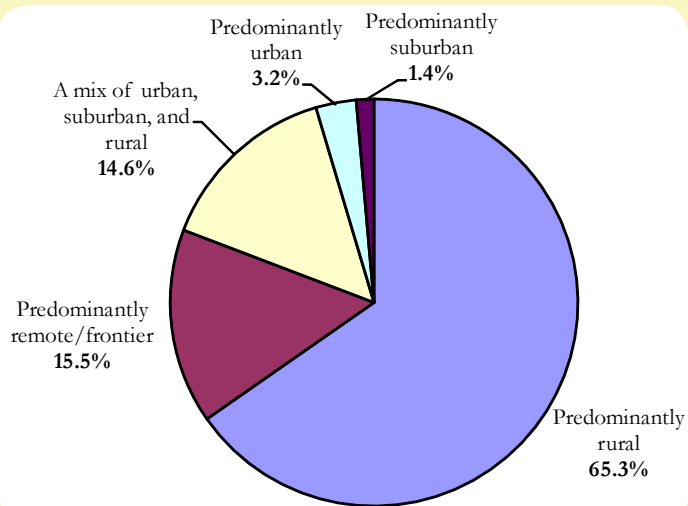
**Figure 1. Proportion of Title VI programs situated within specific departments.**



Roughly two-thirds (65.3%) of Title VI programs self-identified that they serve predominantly rural areas with the majority of the others indicating that they serve predominantly remote or frontier areas (15.5%) or a mix of urban, suburban and rural (14.6%) (see Figure 2).

On average, Title VI programs provide services from 2 sites or offices (range 1-17). The time it takes to travel from the main office to the most remote home of an elder ranges from 1 minute to 17 hours with an average travel time of 1.5 hours. It should be noted some Title VI programs are required to take a flight in order to reach an elder. This time is reflected in the above numbers.

**Figure 2. Proportion of Title VI programs serving different geographic areas.**



### Budget, Staff and Volunteers

On average, the total operating budget for a Title VI program is \$286,201. It is important to note that the median budget is \$146,300 indicating that half of all Title VI programs have a budget of \$146,300 or higher and half have a budget lower than this amount.

The staff and volunteers are key to the ability of a Title VI program to serve the elders in their community effectively. As shown in Table 1, on average, Title VI programs employ 3 full time staff (0-38) and 3 part time staff (0-92). The length of time current directors of Title VI programs have been in their positions varies dramatically from 1 month to nearly 30 years. On average, the current director has been in their position for 7.5 years.

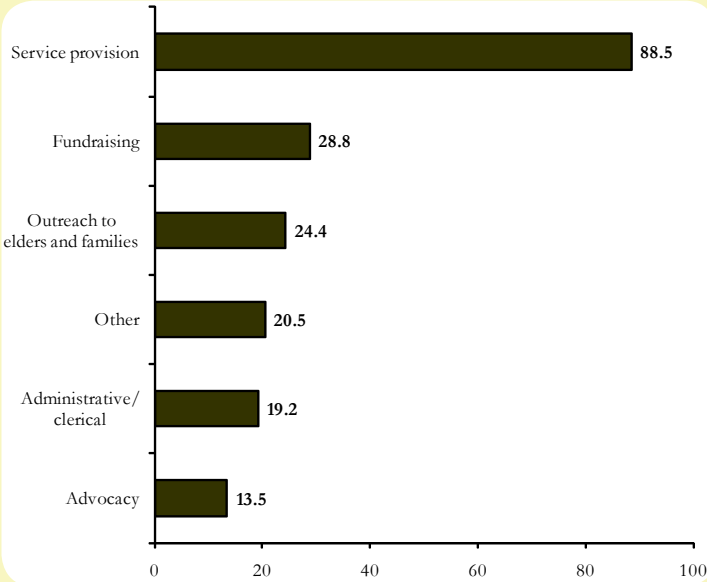
**Table 1. Organizational characteristics**

	Average (mean)	50th Percentile (median)	Range
Budget	\$286,201	\$146,300	\$74,300 - \$18.2 million
Full-time staff	3	2	0-38
Part-time staff	3	2	0-92
Volunteers	4	2	0-50

Among Title VI programs that use volunteers, they have an average of 5 volunteers and the average total number of work hours provided by all volunteers during a typical week is close to nineteen. Volunteers assist with a variety of activities and have a number of responsibilities within the program. The majority of Title VI programs indicate that they use volunteers for service provision such as meal delivery, transportation or companion care. Title VI programs also use volunteers for fundraising efforts, outreach and administrative/clerical tasks (see Figure 3). Of those who indicated that volunteers are used for other activities, cleaning, general maintenance of building (inside and out) and assistance with once a year or once a month events were the most commonly named activities.

Advisory board membership is another form of volunteerism. Over half (55.5%) of Title VI programs indicated that they have an advisory board/committee for their Title VI program. Nearly sixty percent (59.2%) of Title VI programs have in place or have made progress towards acquiring advisory board/governance support for providing home and community-based services.

**Figure 3. Proportion of Title VI programs that use volunteers in specific areas.**



### Providing Essential Long-Term Services and Supports

Within any given tribe, there are a number of services community elders can access. Title VI programs may manage or administer a few or many services on their own; another tribal department or non-tribal program may manage elder services; or Title VI programs and other tribal entities may coordinate to provide services.

Nearly 9 out of 10 (89.5%) respondents indicate that when an elder in their community needs services, the Title VI program is the program they are likely to contact first. If an elder is likely to contact another program or department instead of the Title VI program, it could be Indian Health Services, a Tribal Health Program or another tribal department, program or organization. In addition, over half (51.4%) already are, or have made progress toward positioning their program as a point of entry for long-term care in their area.

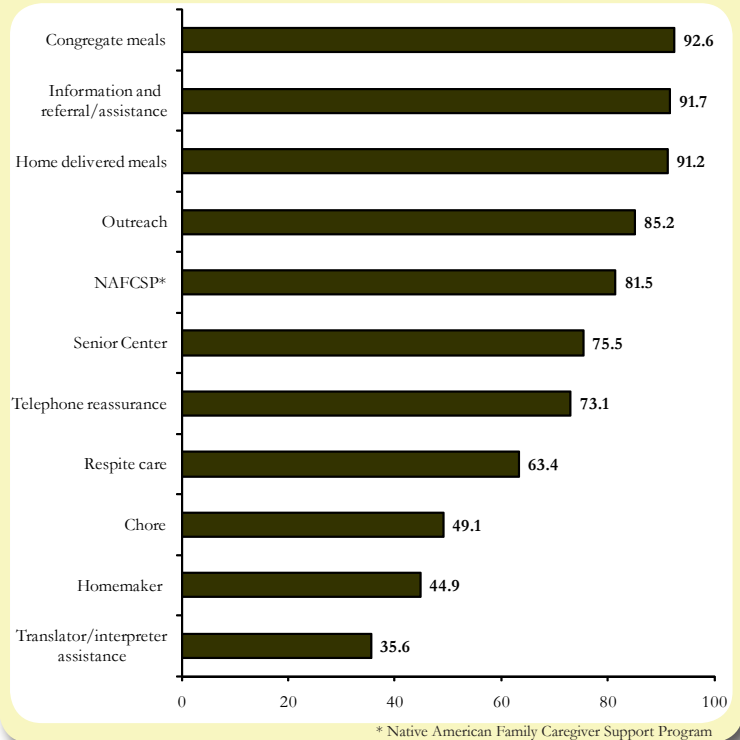
Survey respondents were asked to identify, from a list of 33, which services the elders in their community have access to and who manages the services. Overall, regardless of who manages or administers the service, an average of 26 services are available to elders in the tribal community. The most common services include information and referral, home delivered meals, congregate meals, outreach, assistive devices, transportation and home repair and maintenance, with over 90% of tribes having all of these services available to the elders in the community. In addition, a number of services that enhance an elder's ability to remain safe in their home and have social,

financial, and legal support are also provided, including: home modification, senior centers, legal assistance, medication management, benefits counseling, respite care and chore services. For a complete list, as well as corresponding percentages, please see Appendix A.

### Administering Essential Long-Term Services and Supports

Title VI programs play a central role as the provider or administrator for a number of programs and services. The most common services administered by Title VI programs include congregate meals, information and referral/assistance, home delivered meals, outreach and the Native American Family Caregiver Support Program (see Figure 4). On average, Title VI programs manage 13 services.

**Figure 4. Proportion of Title VI programs that manage specific services.**



As mentioned above, other entities within a tribe may, and often do take a major role in providing or administering a range of other services for the elders in the tribal community. Such entities as the Indian Health Service, another tribal program, non-tribal programs and local Area Agencies on Aging (AAA – Title III) serve as the primary administrator for some services. Title VI respondents indicated that the Indian Health Service is likely to manage services such as medication management, benefits/health insurance counseling, and home health (medical). Respondents also indicated that other tribal programs are likely to administer services and programs such as home

repair and maintenance, home modification, managing personal affairs and finances, and adult protective services. Other non-tribal entities are likely to offer legal assistance, adult day services, official eligibility determinations for public programs, ombudsman and food pantries.

While AAAs appear to play a small role in supporting the administration of a few services (congregate meals, home delivered meals, information and referral and outreach), in most cases they do not play a significant role in the providing or administering of services for the elders of a tribal community.

The following services are reported to have an equal distribution of responsibility between the Title VI program and at least 2 other entities (IHS, other tribal program, non-tribal program but not AAAs): transportation (both medical and non-medical), assessment for long-term care service eligibility, assistive devices, assessment for care planning, emergency response systems, and non-medical home health (personal care).

### *Funding Essential Long-Term Services and Supports*

Respondents were asked to indicate which funding sources are included in their Title VI budget to fund the services that are managed by their own Title VI program. As one would expect, the largest proportion of Title VI programs identified Older Americans Act dollars as a major source of funding for the services they provide with 83.4% of respondents indicating they have Title VI Part A or B and Part C and an additional 16.6% indicating having Title VI Part A or B only. Title VI programs also identified other tribal council funding (43.7%), OAA Title III funding (26.5%), revenue from gaming (19.5%) and fundraising (17.7%) as sources of funding for their services and programs. On average, Title VI programs have 3 sources of funding. In addition, close to 10% of respondents indicated that they receive grant funding to assist with the provision of services. For a complete list, as well as corresponding percentages, please see Appendix B.

**“To keep in the tradition to honor, serve and care for our elders; [Our] role is to provide high quality in-home, access, and community based services for tribal elders to assure maximum health and independence. These programs have proven helpful and effective to assist elders in their homes.”**

## The Expanding Role of Title VI Programs

In addition to providing core services<sup>1</sup> to elders in the community, Title VI programs are involved in activities and programs to help elders, as well as other age groups, remain healthy and independent.

### Expanding Services and Target Groups

Over forty percent (42.3%) of Title VI programs indicated that they have made progress towards expanding the types of programs and services they offer (another 36.0% plan to work on this but have yet to begin) and just over a quarter (26.9%) have made progress towards expanding the target groups they serve including individuals of different age groups.

In addition to the elders in their community who meet age requirements, just over forty percent (40.9%) of Title VI programs serve individuals who fall into other age groups. Nearly one-quarter (23.6%) of Title VI programs serve all age groups in at least some programs; 15.0% of Title VI programs serve adults (ages 18 and up to Title VI eligibility age) in at least some programs; and 0.5% of Title VI programs serve children ages 0-17 in at least some programs. Of the 40% who do serve individuals in other age groups:

- 62.5% serve all age groups in at least some programs
- 37.5% serve adults (ages 18 and up to Title VI eligibility age) in at least some programs
- 1.1% serve children ages 0-17 in at least some programs

### Health-Promotion and Disease-Prevention

In addition to the core services that allow elders to remain safe and independent in their communities, tribal elders have access to disease-prevention and health-promotion activities and services that allow elders to maintain an active and healthy lifestyle.

Survey respondents were asked to identify, from a list of 11, which disease-prevention and health-promotion activities and services elders in their community have access to and who manages the services. Overall, regardless of who manages the service, an average of 8 disease prevention and health promotion activities and services are available to elders in tribal communities. The most common services include nutritional counseling and education, routine health screenings, diabetes management and prevention programs and general health promotion activities, with over 96% of tribes having these services available to the elders in the community. For a complete list, as well as corresponding percentages, please see Appendix C.

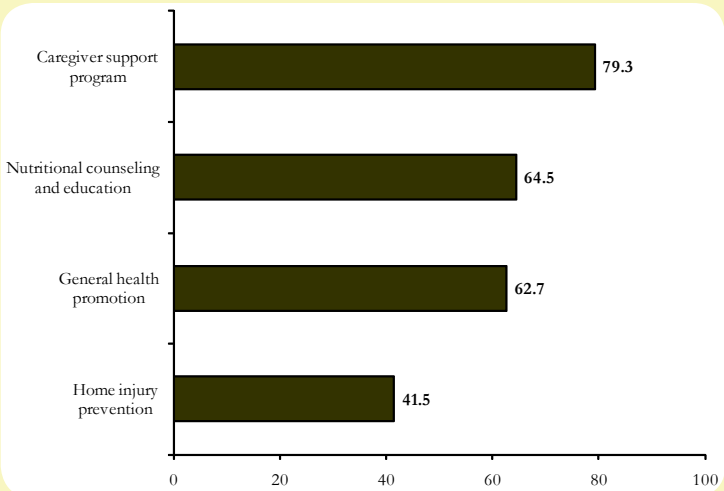


Nearly half of all Title VI respondents (47.9%) indicated that within their tribe, evidence-based programs (previously tested and documented to prevent or manage chronic disease or disability) are available to the elders in their community, regardless of who manages the program. Of those who offer evidence-based programs, the most common specific evidence-based programs offered include “EnhanceWellness” (62.9%), “EnhanceFitness” (56.7%), and the “Chronic Disease Self-Management Program” (52.6%).

Administering Health-Promotion and Disease-Prevention Activities

Disease-prevention and health-promotion activities are more likely to be provided or administered by Title VI programs and IHS, while less likely from Title III (AAAs), other tribal departments or other non-tribal departments. Title VI programs frequently have a more central role in offering caregiver support programs and appear to have an equal amount of responsibility (with IHS) for administering nutritional counseling and education; general health promotion activities (such as physical activity/exercise sessions or nutrition education); and home injury prevention (see Figure 5). IHS has a more central role in offering routine health screenings; mental health screening or programming; disease-specific support programming; diabetes management and prevention programs; and evidence-based programs.

**Figure 5. Proportion of Title VI programs that manage (or share the responsibility with IHS) specific disease-prevention and health-promotion services.**



Funding Health-Promotion and Disease-Prevention Activities

Respondents were asked to indicate which funding sources are included in their Title VI budget to fund the disease-prevention and health-promotion services managed by their own program. As with core services, the largest proportion of Title VI programs identified Older Americans Act dollars as a major source of funding for the services they provide with 85.8% of respondents indicating they have Title VI Part A or B and Part C and an additional 14.2% indicating having Title VI Part A or B only. Title VI programs also identified other tribal council funding (39.4%), OAA Title III funding (19.2%), and Indian Health Service (19.2%) as sources of funding for their disease-prevention and health-promotion services and programs. For a complete list, as well as corresponding percentages, please see Appendix D.

**“The Title VI Program promotes health, wellness, education, screenings and other services for seniors.”**

Helping Elders Remain Independent and in the Community

When asked how Title VI programs serve those elders at greatest risk of needing to move from their homes because their needs for assistance have increased or their family care support systems have changed, over half (51.4%) say that all elders get the same level of service regardless of their situation, while the other half (48.6%) say that the elders in their community with the greatest need get priority for services.

Based upon responses, it is evident that institutional care is a rarity in tribal communities. Of respondents, only 6.3% indicated that they have a tribal nursing home and 9.6% have a tribal assisted living facility (an additional 11.1% and 14.9% respectively have made progress toward building a tribal nursing home and an assisted living facility).

The lack of tribal nursing homes and the distance to the closest nursing home may explain why the large majority (72.6%) of Title VI programs do not have a special program that helps elders who are currently in a nursing facility or other residential care setting on a perceived permanent basis transition back into the community with the support of in-home care. Among those who do have a special program for this transition (27.4%), 42.4% indicated that the Title VI program manages the special program rather than another entity within the tribe. In addition, of those who do have a special program, 50% indicated that no additional funds are used to fund this program while 36.2% use tribal council funds.

## Consumer Directed Services

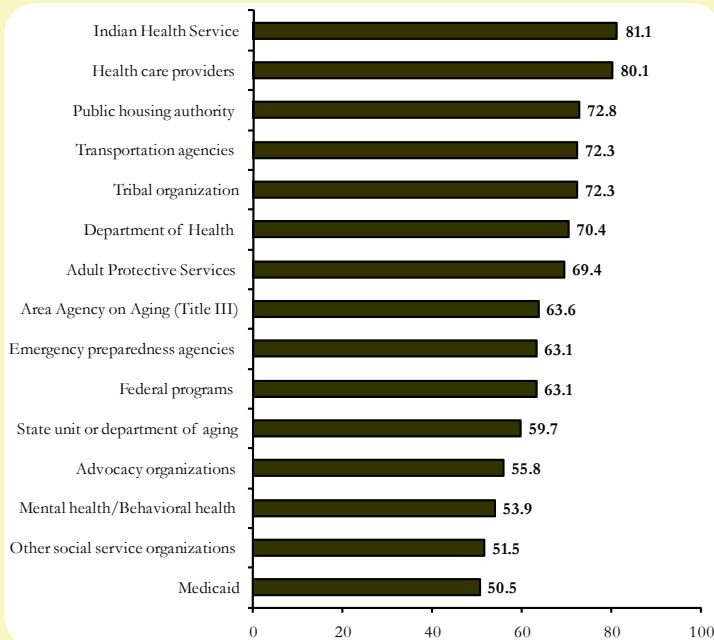
Close to 1 in 5 Title VI programs (18.3%) indicated that their Title VI program provides consumer/self-directed services. Of those who do, the most common services provided with a consumer/self-directed option include respite care (77.5%), Native American Family Caregiver Support Program (72.5%) and home-delivered meals (70.0%).

Of the 18% of Title VI programs that do provide consumer/self-directed services, 74.4% indicated that their program offers consumers the ability to directly hire workers, 48.7% indicated that consumers have the ability to hire relatives and 46.2% say consumers have the ability to purchase goods and/or services. For a complete list of consumer/self-directed services and program components, please see Appendix E.

## Developing and Maintaining Partnerships

Respondents were asked to indicate, from a list of 25, which tribal, local, state or national partnerships they maintain and whether the partnership is an informal working partnership or a formal working partnership with which they have a contract, compact, tribal resolution or memorandum of agreement. On average, respondents maintained 13 partnerships, regardless of varying levels of formality. The most common partnerships, over 80%, are those with Indian Health Service and health care providers (see Figure 6). For a complete list, as well as corresponding percentages, please see Appendix F.

**Figure 6. Proportion of Title VI programs in a partnership (either formal or informal) with specified entities.**



On average, respondents had 11 informal partnerships, and 3 formal partnerships. For every organization listed, the Title VI program was more likely to have an informal partnership with that organization. The most common informal partnership included those with health care providers (68.4%), Indian Health Service (60.7%), public housing authority (60.2%) and transportation agencies (60.2%). The most common formal partnership included those with Area Agencies on Aging (32.0%), Tribal organization (32.0%), and the state unit or department of aging (26.7%).

## AAA and Title VI Relationships

While AAAs and Title VI programs are required by the OAA<sup>2</sup> to have a formal collaboration agreement, the nature of those agreements is unclear. Nearly two-thirds of Title VI respondents report having a partnership with AAAs, yet only one-third (32%) identify it as a formal partnership. In responses to questions about actual collaboration with AAAs, fewer than four out of 10 (35.8%) indicated that they have developed collaborations with their local AAA; while 34.4% have made progress; and 18.6% plan to but have not started the process. Just over 10% said that they would like to but cannot or do not plan to work on this collaboration. For those agencies that have made progress or have in place collaborations with their local AAA, the most common characterization of these collaborations are informal, for example AAAs & Title VI programs are peers with whom Title VI directors attend meetings. Other collaborations include AAAs serving as mentors to Title VI directors, Title VI-AAA collaboration (which are not formal) to provide services, and AAAs providing services to Title VI elders.

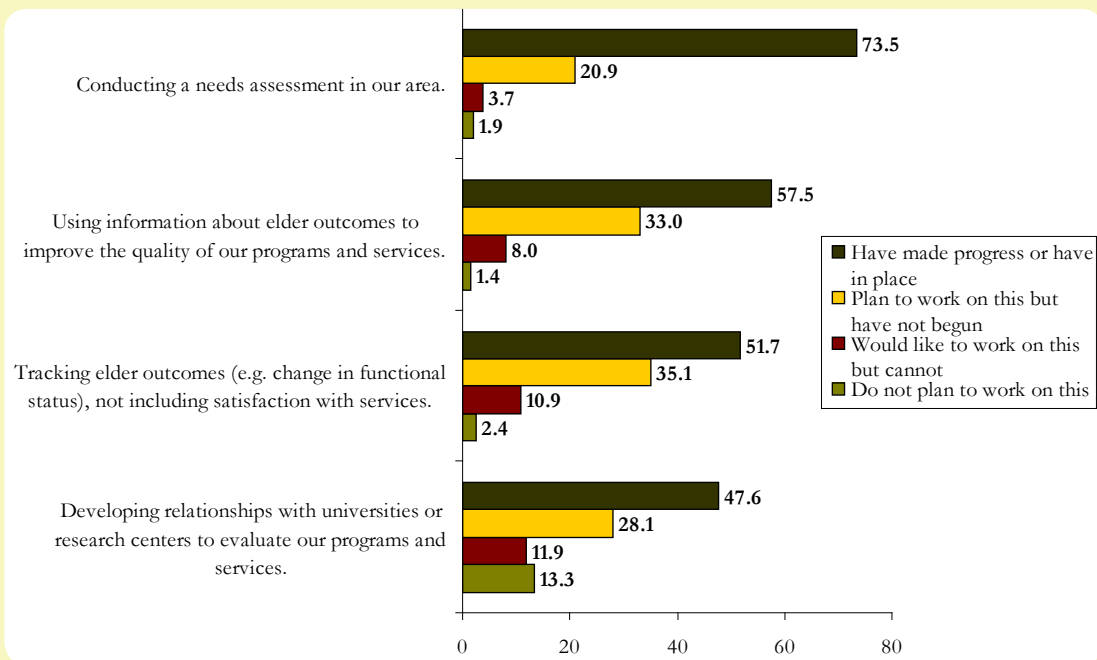
**“We have collaborated on services including nutrition education, fraud education, and health promotion. We have been involved with the development of the ADRCs. On a local level we have shared activities with Title III groups.”**

## Outreach and Planning

### Quality Orientation

Title VI programs are involved in efforts to collect and use information to hear from their elders and to monitor and improve the services they provide. Nearly three-quarters (73.5%) of Title VI programs are involved in conducting a needs assessment in their area and over half (57.5%) use information they gather from elders to improve the services they offer (see Figure 7).

**Figure 7. Quality Orientation: Proportion of Title VI programs working on efforts to monitor and improve services to elders.**



### Program Growth and Opportunity

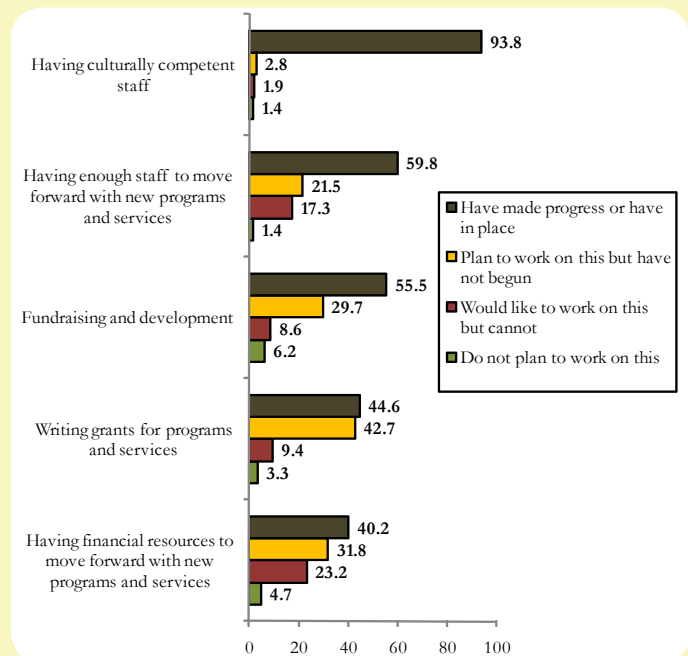
Participants were asked to identify to what extent they agree or disagree with a number of statements related to challenges they face or initiatives they have taken to continue to provide services to elders in their communities.

- 95.8% agreed that partnerships with other organizations have strengthened their program
- 93.5% indicate that they are always looking for new opportunities to do more
- 70.5% of Title VI programs indicate that they do not wait for directives before implementing new services or new ways to provide them
- 69.8% indicated that their program does not face competition for expanding their programs or services within their tribe
- 56.5% disagreed that their state limits their role in long-term care services
- 55.7% indicated that within their tribe, their program does not face competition for funds for programs or services

### Capacity Building

Title VI programs are involved in activities that allow them to build the capacity of their programs in order to continue to provide services effectively and efficiently (see Figure 8).

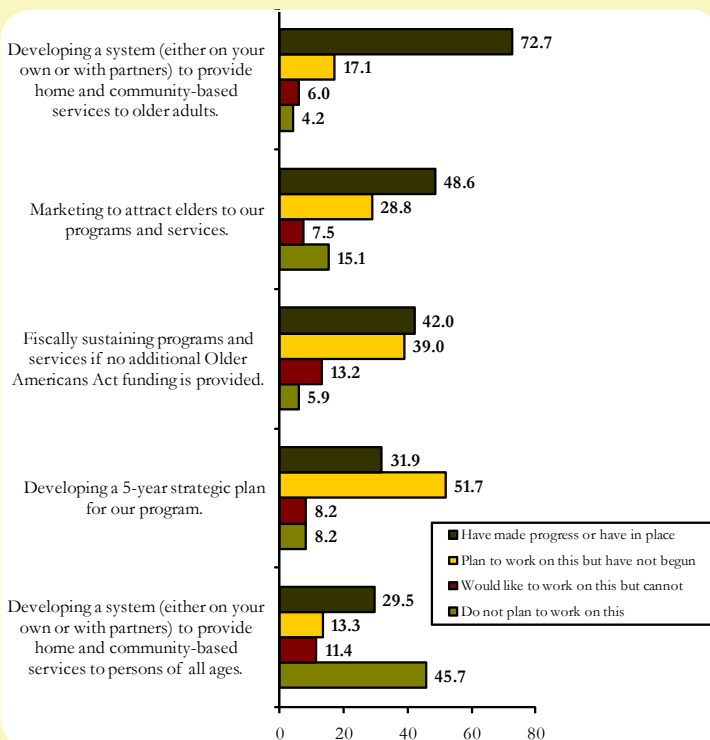
**Figure 8. Capacity Building: Proportion of Title VI programs working on efforts to build the capacity of their programs.**



## Planning and Business Strategy

As Title VI programs expand their role in the long-term services and supports system, they are involved in a number of business planning activities and outreach strategies. Nearly three-quarters (72.7%) of Title VI programs indicate that they are developing a system to provide home and community based services to older adults, and close to half (48.6%) have made progress towards marketing to attract elders to their programs. Areas for greatest potential growth includes developing a 5-year strategic plan for their program and developing a system to serve home and community based services to individuals of all ages (see Figure 9).

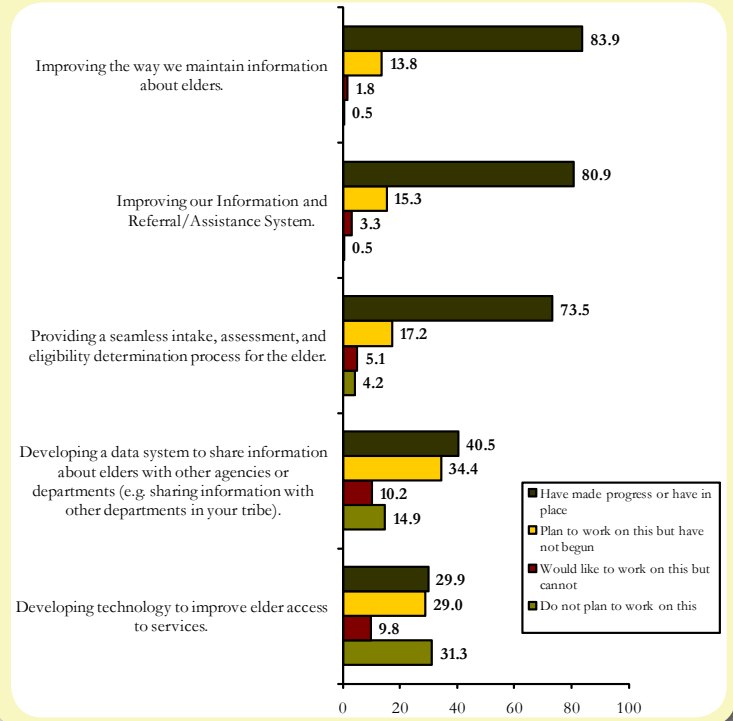
**Figure 9. Planning and Business Strategy: Proportion of Title VI programs involved in business planning and outreach activities.**



## Improving Access

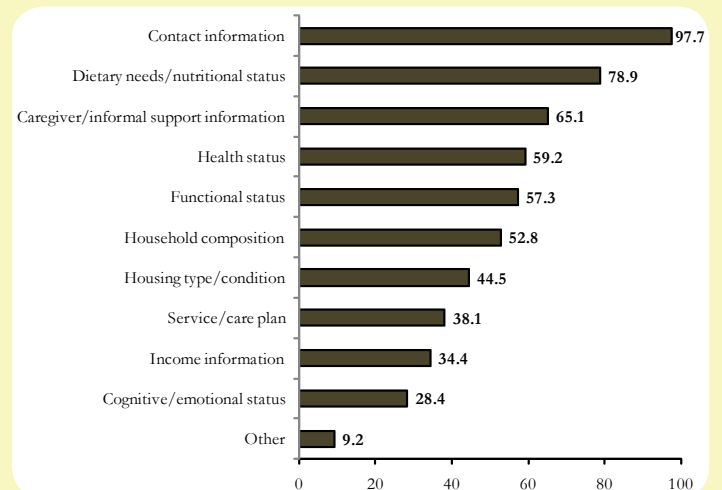
Title VI programs are involved in a number of activities that function to improve the ways in which they can effectively and efficiently serve elders. Over 80% of Title VI programs already have or are making progress towards improving the way they maintain information about elders and improving their information and referral/assistance system. Areas for Title VI to grow include developing a data system to share information about elders with other agencies or departments and developing technology to improve an elder's access to services (see Figure 10).

**Figure 10. Improving Access: Proportion of Title VI programs working on efforts related to improving access to services.**



Respondents were asked to identify how their Title VI program maintains information about their elders. Over sixty percent (62.5%) maintain information about elders both electronically and on paper, 35.2% maintain information just on paper while 2.3% maintain information only electronically. The most common type of information maintained about their elders includes: contact information, dietary needs/nutritional status and caregiver/informal support information (see Figure 11).

**Figure 11. Proportion of Title VI programs that maintain specific information about their elders.**





**“Living in remote areas, our cost of supplies for the needs of living are much higher - last year [gas] reached over \$5.00 per gallon, milk was over \$7.00 per gallon - people depend on us for our ability to cook large meals to serve many people at a lower price than they could cook for one or two people, plus, they get to socialize. Funding in remote areas is a must. There are no other alternatives - we are it.”**

### Challenges

As Title VI programs provide services to the elders in their communities, they face several challenges. Over 60% of Title VI programs have been faced with the likelihood of running out of funds for the services they have planned, such as meals. Of those who are faced with this situation, Title VI programs exercise different approaches. One third (33.1%) indicated that they served the same number of people, but reduce the amount of services provided to each elder, 30.1% give priority to the elders with the greatest need by reducing services for some elders but not others, 7.4% cut the number of people they serve. Over half (50.7%) checked ‘other’. Of those who did, when they are faced with the likelihood of running out of funds, they will go to their tribe to request additional funds or cut staff positions or hours.

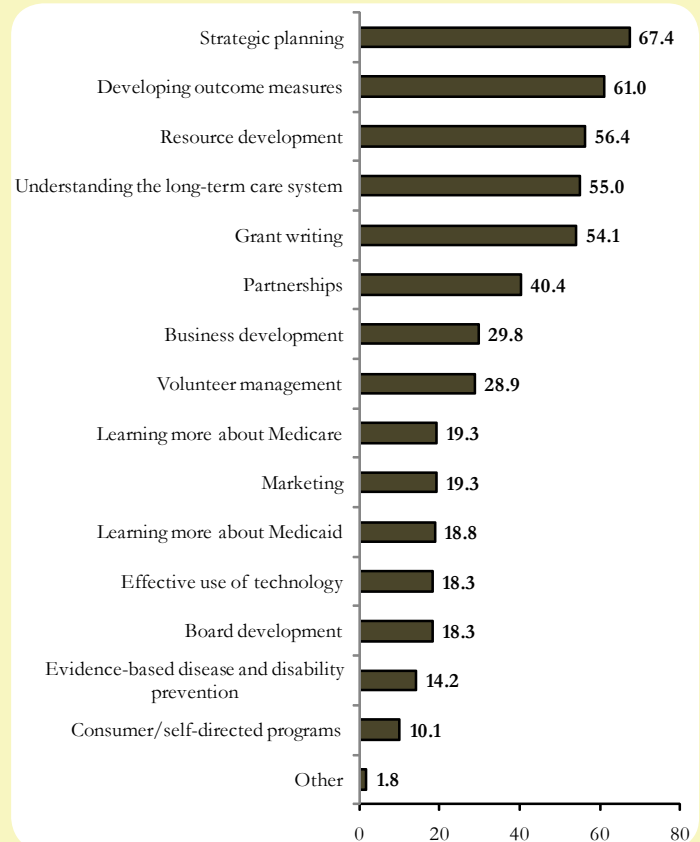
Other challenges faced by Title VI programs include:

- Increasing expenses (91.7%)
- Limitations from the tribal level on what they can do (77.6%)
- Finding the funding to do what they want to do (59.3%)
- Difficulty in taking on new opportunities (54.2%)

### Training and Technical Assistance Needs

Title VI respondents identified training and technical assistance areas that would most benefit their program in enhancing, developing and implementing home and community-based long-term care. The most common training and technical assistance areas include: strategic planning, developing outcome measures, resource development, understanding the long-term care system, and grant writing (see Figure 12). Definitions for these terms can be found in Appendix G.

**Figure 12. Proportion of Title VI programs that identified training and technical assistance areas that would most benefit their program.**



#### For More Information

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## Appendix A

Proportion of tribes having services available to the elders in the community.

%		%	
98.6	Information and referral/assistance	83.3	Telephone reassurance/Friendly visiting
96.3	Home delivered meals	82.4	Chore (e.g. yard work)
95.4	Congregate meals	81.9	Home health (medical)
94.0	Outreach	81.5	Care management (long-term care service coordination)
93.5	Assistive devices (e.g. walker, hearing aids)	80.6	Homemaker (e.g. vacuuming, laundry, dishes)
93.5	Transportation (medical)	78.7	Official eligibility determinations for public programs (e.g. Medicaid, HEAP)
92.6	Transportation (non- medical)	65.7	Emergency Response System (e.g. Lifeline)
90.3	Home repair and maintenance (e.g. replacing a broken window, repairing leaks)	62.5	Food pantry
89.8	Home modification (e.g. shower rails, grab bars)	59.7	Managing personal affairs and finances (e.g. public fiduciary services)
89.4	Senior Center	55.1	Translator/interpreter assistance
87.5	Legal assistance	53.7	Ombudsman (i.e. official long-term care services advocate)
87.0	Adult Protective Services	45.4	Adult day service (services provided in group setting outside of home)
87.0	Medication management	42.6	National Family Caregiver Support Program (Title III Part E)
86.6	Benefits/Health insurance counseling	16.2	Other
86.6	Home health (non-medical/personal care)		
86.6	Native American Family Caregiver Support Program (Title VI Part C)		
86.1	Assessment for long-term care service eligibility		
84.3	Respite care		
83.8	Assessment for care planning		

## Appendix B

Proportion of Title VI programs using the following funding sources to provide essential long term services and supports.

%		%	
83.4	Older Americans Act - Title VI Part A or B AND Part C	4.7	Social Service Block Grant (SSBG)
43.7	Other tribal council funding	4.2	American Indian Relief Council
26.5	Older Americans Act - Title III	3.7	Medicaid (Title IXX)
19.5	Revenue from gaming	3.7	Other charitable organization donations (United Way, service organization grants)
17.7	Fundraising	2.8	HIP (Home Improvement Programs)
16.6	Older Americans Act - Title VI Part A or B ONLY	2.8	Medicaid home and community-based long-term care waiver services
13.0	Other state funding	2.3	Medicare
9.3	Grant funds (including foundations and other federal programs)	1.9	Awards from inter-tribal enterprises
9.3	Indian Health Service	1.9	NAHASDA (Native American Housing and Self-Determination Act)
8.8	Transportation funding (federal or tribal)	1.4	HUD (Housing and Urban Development)
7.9	Elders or families who pay for some or all of their services	0.9	SHIP (State Health Insurance and Assistance Programs)
7.0	Other	0.5	Funding from faith-based organizations

## Appendix C

Proportion of tribes having disease prevention and health promotion services available to elders in their community.

%	
99.5	Nutritional counseling and education
97.7	Routine health screenings (e.g. hypertension, cholesterol, vision)
96.8	Diabetes management and prevention programs
96.3	General health promotion activities (e.g. physical activity/exercise sessions or nutrition education)
88.5	Caregiver support program
84.8	Home injury prevention
83.9	Medication management
82.5	Mental health screening or programming
59.4	Disease-specific support program (e.g. Dementia, Parkinson's)
47.9	Evidence-based programs (i.e. previously tested and documented programs to prevent or manage chronic disease or disability)
2.3	Other

## Appendix D

Proportion of Title VI programs using the following funding sources to provide disease prevention and health promotion services or programs.

%		%	
85.8	Older Americans Act - Title VI Part A or B AND Part C	3.6	Social Service Block Grant (SSBG)
39.4	Other tribal council funding	2.6	American Indian Relief Council
19.2	Indian Health Service	2.6	HIP (Home Improvement Programs)
19.2	Older Americans Act - Title III	2.6	Medicare
16.6	Revenue from gaming	2.1	Awards from inter-tribal enterprises
14.2	Older Americans Act - Title VI Part A or B ONLY	2.1	NAHASDA (Native American Housing and Self-Determination Act)
13.0	Fundraising	2.1	Other charitable organization donations (United Way, service organization grants)
8.3	Other state funding	1.6	Medicaid (Title IXX)
7.8	Grant funds (including foundations and other federal programs)	1.0	HUD (Housing and Urban Development)
5.7	Elders or families who pay for some or all of their services	1.0	SHIP (State Health Insurance and Assistance Programs)
4.7	Transportation funding (federal or tribal)	0.5	Medicaid home and community-based long-term care waiver services
4.7	Other	0.0	Funding from faith-based organizations

## Appendix E

Of the 18.3% of Title VI programs that provide consumer/self-directed services, the proportion that provide consumer/self-directed services and program components.

Services	Program Components
%	%
77.5	74.4
Respite care	Ability to directly hire workers
72.5	48.7
Native American Family Caregiver Support Program	Ability to hire relatives
70.0	46.2
Home-delivered meals	Ability to purchase goods and/or services
65.0	43.6
Transportation	Allow a representative (friend, family member) to help manage responsibilities
30.0	33.3
Assistive devices	Ability to manage a budget for services
27.5	10.3
Homemaker	Support broker/consultant/case manager to assist with service planning and/or management
22.5	5.1
Home health (medical)	Financial management services (bookkeeping services to write checks and pay taxes)
20.0	
Home health (non-medical/personal care)	
20.0	
Home modification	
20.0	
Home repair and maintenance	
3.5	
Chore services	
7.5	
Other	

## Appendix F

Proportion of Title VI programs having partnerships with specific organizations

%	%
81.1	51.5
Indian Health Service	Other Social Service Organizations (e.g., shelter, food pantry, local 211 organization)
80.1	50.5
Health Care Providers (e.g. hospital, Public Health or Indian Health Service Clinic, physician office)	Medicaid
72.8	45.1
Public Housing Authority or Other Housing Programs	Tribal Consortium
72.3	44.2
Tribal Organization	Disability Service Organizations (tribal, state or county, Centers for Independent Living)
72.3	43.7
Transportation Agencies (tribal, state or county)	Residential Long-Term Care Facilities (e.g. nursing homes, group homes)
70.4	40.3
Department of Health (tribal, state or county)	Charitable Organizations (e.g. United Way, Easter Seals, Red Cross)
69.4	39.8
Adult Protective Services (tribal, state or county)	Colleges and Universities
63.6	36.9
Area Agency on Aging (Title III)	Businesses (national and local businesses, fiscal intermediaries)
63.1	34.5
Federal Programs (e.g. Social Security, Medicare, Veterans Administration, Bureau of Indian Affairs)	ID/MR/DD Organizations (Intellectual Disability, Mental Retardation, Developmental Disability) (tribal, state or county)
63.1	27.7
Emergency Preparedness Agencies (tribal, state or county)	Faith-based Organizations
59.7	24.8
State Unit or Department of Aging	State Health Insurance Assistance Program (SHIP)
55.8	5.8
Advocacy Organizations (e.g. n4a, NICOA, AARP)	Other
53.9	
Mental Health/Behavioral Health (tribal, state or county)	



## Appendix G

Proportion of Title VI identifying training and technical assistance needs that would most benefit their program.

	%
67.4	Strategic planning – Developing long-term plans based on your Title VI program’s overall mission and objectives.
61.0	Developing outcome measures – Using data to measure the effectiveness of our program.
56.4	Resource development – Identifying, cultivating, and securing financial and human support for your program.
55.0	Understanding the long-term care system.
54.1	Grant writing.
40.4	Partnerships – Increasing your skills in identifying and developing partnerships with potential key programs within your community.
29.8	Business development - Building upon your organization by expanding services to current clients, providing existing services to new clients, and/or providing new services to new clients.
28.9	Volunteer management – Developing skills in recruiting, retaining and managing volunteers for your program.
19.3	Marketing – Developing marketing principles and techniques to influence your target audiences, including potential clients and family members.
19.3	Learning more about Medicare.
18.8	Learning more about Medicaid.
18.3	Board development – Creating or enhancing an advisory board/committee for your program.
18.3	Effective use of technology.
14.2	Evidence-based disease and disability prevention.
10.1	Consumer/Self-directed programs.
1.8	Other