Background

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 2007 Aging Network Survey of all Title VI Native American programs and Area Agencies on Aging in the nation. The survey was designed to assess Title VI and AAA involvement in services and programs consistent with AoA’s Choices for Independence (Choices). As part of the 2006 reauthorization of the Older Americans Act (OAA), Choices seeks to modernize the current long-term care system using the following principles:

• Helping elders to remain in their homes by providing home and community-based long-term care services;
• Helping elders to stay healthy and active by promoting healthy activities and trying to prevent and/or manage disease;
• Helping elders get access to home and community-based services; and
• Helping Title VI programs and AAAs to develop and implement systems for providing community long-term care.

Structured around these principles, the survey was launched in August 2007 to all Title VI programs (AAAs received the survey in June 2007). Data collection concluded in March 2008 with nearly 86% of Title VI programs responding. This survey brief provides key findings as they relate to four topics: Current Status of Title VI Aging Network, Involvement in Choices Related Activities, Challenges, and Training and Technical Assistance Needs.

Current Status of Title VI Aging Network

Organizational Capacity

There was a great deal of variability in budget and client numbers that skewed the data and made the overall average very high. Average budget and average number of clients served are strongly affected by several very large organizations, so the median number is more telling of the status of the Title VI aging network. Half of the Title VI programs have a budget of $143,190 or less, half receive 95% or more of their budget from OAA (Title VI) funding and half serve 150 clients or fewer.

- Budget
  Average (mean)- $756,302
  50th percentile (median)- $143,190
  Range- $73,620-$77.2 million
- Percent of budget from OAA
  Average (mean)- 74
  50th percentile (median)- 95
  Range- 3-100
- Clients served
  Average (mean)- 277
  50th percentile (median)- 150
  Range- 38-2500
- Average (mean) # of employed staff
  Full time- 4
  Part time- 3
- Length of current director’s tenure
  Average (mean)- 7.6 years
Area Served

Title VI services are provided to American Indian and Alaska Native elders who are members of federally recognized Tribes and are living on or near reservations, former reservations in Oklahoma or Alaska Native villages or Native Hawaiian elders living in Hawaii. These areas are predominantly located in rural, remote or frontier areas.

Figure 1: Area Served

A mix of rural and remote/frontier
1.0%
A mix of urban, suburban, and rural
13.5%
Mostly remote/frontier
18.8%
Mostly urban or suburban
1.5%
Mostly rural
65.2%

Funding

Participants were asked to indicate which funding sources they use in addition to OAA funding. As shown in Figure 2, the most common sources of funding are other tribal funding and the Indian Health Service. The next most common funding sources are Title III and state funds. These funds may come directly to the Title VI program or, more commonly, the Title VI program may coordinate with the other programs that then provide the service.

Figure 2: Proportion of Title VI organizations with funds from various sources (in addition to OAA)
Services

Participants were asked to identify which services (out of a list of 28) they provide either directly or through coordination within tribal or other services. The majority of Title VI programs work with their Tribes to provide a wide range of services that support elders to live at home in their communities. Figure 3 shows the proportion of Title VI programs that offer or help coordinate any of the services listed.

**Figure 3: Proportion of Title VI organizations that offer or help coordinate select services**

- Congregate meals: 97.1%
- Home delivered meals: 94.7%
- I&R/A: 93.3%
- Transportation: 90.4%
- Outreach: 88.5%
- Respite Care: 74.0%
- NAFCS*P: 73.0%
- Home repair: 67.8%
- Assistive devices: 65.4%
- Chore services: 63.5%
- Benefits counseling: 59.6%
- Home modification: 58.7%
- Medication management: 57.2%
- Legal assistance: 53.8%
- Home health: 52.9%
- Adult protective services: 51.9%
- Homemaker: 50.5%
- Care planning: 50.0%
- Personal care: 46.6%
- Case management: 45.2%
- LTC service**: 42.8%
- Paperwork***: 39.9%
- Other: 28.4%
- Food pantry: 27.9%
- Translator: 27.9%
- Eligibility****: 26.0%
- Ombudsman: 25.5%
- Adult day care: 13.5%

* Native American Family Care Support Program
** Assessment for long-term care service eligibility
*** Paperwork and money management services
**** Official eligibility determinations for public programs
Partnerships

Participants were asked to identify which partnerships (out of a list of 20) they maintain with federal, state and local organizations. The ten most common partnerships (either formal or informal) are shown in Figure 5.

Disease Prevention and Health Promotion Services

Participants were asked to identify which of six disease prevention and health promotion services and programs they provide, and whether those services were provided with OAA funding and/or other funding. Figure 4 shows the proportion of agencies that provide disease prevention/management and health promotion services or programs. The most common source of funding for these activities (other than OAA funds) is the Indian Health Service.

Figure 4: Proportion of Title VI organizations that provide disease prevention and health promotion services or programs

General health promotion activities
Nutritional counseling and education
Routine health screenings
Home injury prevention
Evidence-based programs to prevent chronic disease or disability
Other

Indian Health Service 88.6
Health care providers 84.3
Department of Health (tribal, state, or local) 75.2
Public housing authority or other housing programs 74.8
Adult Protective Services 73.3
Federal agencies 70.5
Tribal organization or consortium 62.9
Mental/Behavioral health 62.4
Disability service organizations 53.8
MR/DD organizations 33.8
Participants were asked to rate their level of progress on a set of questions related to the principles of: helping elders to remain in their homes by providing community-based long-term care services, helping elders to stay healthy and active by promoting healthy activities and trying to prevent disease, helping elders get access to home and community-based services, and developing and implementing community long-term care systems. The responses included: ‘Have this in place,’ ‘Have made progress,’ ‘Plan to work on this but have not begun,’ ‘Would like to work on this but cannot,’ or ‘Do not plan to work on this.’ Figure 6 shows those activities with the highest level of involvement in helping elders to remain in their own homes. Figures 7 and 8 show items of most and least involvement in helping elders get access to home and community-based services and Figures 9 and 10 show items of most and least involvement in organizational capacity for long-term care.

Helping Elders to Remain in Their Own Homes

**Figure 6: Activities with the highest level of involvement of Title VI programs (Percent that are working on or have in place)**

- Assessing elder satisfaction with their services: 85.0%
- Asking elders about their service preferences: 84.5%
- Assisting elders in planning in advance for long-term care: 60.6%
Helping Elders get Access to Home and Community-Based Services

**Figure 7:** Activities with the highest level of involvement of Title VI programs  
(Percent that are working on or have in place)

- Improving our Information and Referral/Assistance System: 83.4%
- Developing collaborations with our local Area Agency on Aging (Title III): 70.7%
- Electronically maintaining information about elders and their services: 44.6%
- Electronically maintaining provider information: 39.9%
- Electronically maintaining health information about elders: 38.9%

**Figure 8:** Activities with the least involvement of Title VI programs  
(Percent that do not plan to work on or would like to work on but cannot)

- Developing innovative technology to improve elder access: 64.6%
- Developing a cross-agency data system: 51.0%
- Positioning our organization as the single point of entry for long-term care in our area: 44.6%
- Coordinating a single assessment and eligibility determination process: 36.0%

- Do not plan to work on this
- Would like to work on this but cannot
Organizational Capacity for Long-Term Care

Figure 9: Activities with the highest level of involvement of Title VI programs (Percent that are working on or have in place)

- Having culturally competent staff: 90.2%
- Conducting a needs assessment in our area: 83.3%
- Acquiring Tribal Council support for providing home and community-based services: 75.3%
- Building systems for quality assurance and program monitoring: 64.3%
- Developing a system to provide home and community-based services to older adults: 63.9%

*One-hundred percent of Title VI grantees conduct a needs assessment every three years as a requirement for OAA funding. The 83% response is a reflection of the timing of the survey.

Figure 10: Activities with the least involvement of Title VI programs (Percent that do not plan to work on or would like to work on but cannot)

- Developing a system to provide home and community-based services to persons of all ages: 43.2%
- Building a tribal nursing home: 36.9%
- Expanding the target groups we serve: 30.4%
- Building a tribal assisted living facility: 24.8%
- Case managing long-term care services: 23.8%

Legend:
- Do not plan to work on this
- Would like to work on this but cannot
Participants were asked to indicate their agreement or disagreement with statements pertaining to barriers, challenges and fiscal threats that may be facing their organization. Figure 11 shows the proportion of agencies that agree or strongly agree with select statements.

**Figure 11: Challenges**

*Percent that agree or strongly agree with the following items*

- Increasing expenses limit what we can do: 94.1%
- Decisions at our tribal level limit what we can do: 71.3%
- Our state limits, either through rules or legislation, what our role should be in a long-term care system: 58.2%
- Our budget is smaller this year than it was last year: 39.3%
- Our program faces competition for keeping revenue: 36.7%
- We generally wait for directives before implementing new service strategies or practices: 30.0%
- We are not looking for new opportunities because we can barely do what we’re doing now: 25.2%
- Turf issues prevent our Title VI program from partnering with different service organizations: 24.9%
- Our program faces competition for keeping revenue: 24.6%
- Competition for funds prevents our Title VI program from partnering with different service organizations: 18.3%
- Our program faces competition for elders: 10.8%

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**Training and Technical Assistance Needs**

Participants were asked to identify six (out of a list of 16) technical assistance or training topics that would be most useful for their organization. Figure 12 shows the six most needed training and technical assistance topics.

**Figure 12: Six most common training and technical assistance needs**

- Understanding the long-term care system: 71.5%
- Strategic planning: 62.0%
- Resource development: 56.5%
- Learning more about Medicare: 45.5%
- Learning more about Medicaid: 43.5%
- Choices for Independence as a strategic framework: 26.0%