



EVALUATION OF THE ACL TITLE VI PROGRAMS **FINAL REPORT**



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Administration for Community Living

Kristen Hudgins Cynthia LaCounte
Susan Jenkins Kristen Robinson

Title VI Evaluation Steering Committee

Collette Adamsen Jordan Lewis
Laurai Atcitty Jean Lloyd
Kathryn Braun Angie Matt
Bonnie Carroll-Ginnis Elizabeth Meahl
Paula Carter Marianne Mills
Larry Curley Charmaine Mix
James DeLacruz Shelley Muneoka
Wendell Holt Nikki Pollock
Brenda House Leslie Tanoue
Rita Jojola Mary Wolf
Karen Leekity Shelly Zylestra

ICF Evaluation Team

Gretchen Clarke Sofia Campos Vidal Pires
Elizabeth Douglas Elizabeth Vaughn
Marnie House

Title VI Evaluation Working Group

Jolene Birchum Arlene Naganashe
Sara Candelaria Monica Naranjo
Miguel Cordova Tamela Okuly-Shananaquet
Karen Eddy Angel Pacheco
Alyssa Ford Nikki Pollock
Joseph Fragua Mary Roberts
Wilson Green Frederick Sabaquie Jr.
Alfred Harney Sara Tadgerson
Marisela Hernandez Leslie Tanoue
Jeffrey Jojola Diane Teeple
Rita Jojola Sharon Teeple
Dorothy Kawaglia Titania Tenoria
Christina Lente Monica Toya
Angie Matt Christopher Whistler
Dorece McKinney Nathan Whistler
Raynell Miller

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BACKGROUND

WHAT IS TITLE VI?

In 1965, the Older Americans Act (OAA) was authorized to protect the well-being of older Americans. The OAA promotes community and home-based services to support independent living; physical and mental health; suitable housing; and restorative services for those requiring institutional care and retirement in “health, honor, and dignity” (OAA Title I, Sec. 101: 42 U.S.C. 3001).

In 1978, the OAA was amended to include home- and community-based supportive services for older American Indian, Alaska Native, and Native Hawaiian (AI/AN/NH) populations. This amendment, Title VI, recognizes that older AI/AN/NHs are a “vital resource entitled to all benefits and services available” (OAA Title VI, Sec. 602: 42 U.S.C. 3057a).

Title VI provides nutrition and supportive services for elders, including congregate and home-delivered meals, information referral services, transportation, and other services. The program also provides caregiver services for individuals providing care for elders or for elders raising grandchildren or caring for adult children with disabilities. Services include information and outreach, respite care, and other related services.

SUPPORTING ELDERLY AND CAREGIVERS

Title VI provides services through three programs: Part A (Indian Program), Part B (Native Hawaiian Program), and Part C (Native American Caregiver Support Program).

NUTRITION AND SUPPORTIVE SERVICES FOR ELDERLY		
Part A—Serves federally recognized tribes with at least 50 members ages 60 years and older.	<ul style="list-style-type: none">▶ Congregate and home-delivered meals▶ Information and assistance	
Part B—Serves public or nonprofit organizations that serve Native Hawaiians and represent at least 50 individuals ages 60 years and older.	<ul style="list-style-type: none">▶ Case management▶ Transportation▶ Health promotion▶ Other supportive services (e.g., homemaker, personal care, legal assistance)	
CAREGIVER SUPPORT SERVICES		
Part C—Serves all programs with Parts A or B, providing support to caregivers of elders, elders caring for adult children with disabilities, and grandparents raising grandchildren.	<ul style="list-style-type: none">▶ Information and outreach▶ Access assistance▶ Counseling, training, and support groups	<ul style="list-style-type: none">▶ Respite services▶ Other supplemental services

The Administration for Community Living (ACL) within the Administration on Aging (AoA), administers the Title VI programs. For the 2017–2020 grant cycle, ACL awarded the following grants:

270 3-year grants for Nutrition and Supportive Services

233 3-year grants for the Caregiver Support Program

In 2017, ACL contracted ICF to conduct the Evaluation of ACL’s AI/AN/NH Title VI Grant Program. This report presents a comprehensive summary of findings from all 5 years of the evaluation.

PREPARING TO EVALUATE: ACL TITLE VI EVALUABILITY ASSESSMENT

Prior to the launch of the evaluation, in 2014, ACL contracted ICF to conduct an evaluability assessment (EA) of the Title VI programs. EAs are used to guide and inform investments in evaluation and research. The EA was designed to:

- ▶ Describe the characteristics, context, activities, processes, implementation, and intended outcomes of the Title VI nutrition, supportive, and caregiver support services
- ▶ Assess the feasibility of, and best approaches for, conducting a full-scale evaluation of the Title VI programs

As part of the EA, ACL and ICF convened a 20-member stakeholder advisory group (Steering Committee) of tribal, local, national, and state partners to the ACL Title VI programs. The Steering Committee provided input and guidance on conducting the evaluation in a culturally responsive way. Among other activities, ACL, ICF, and the Steering Committee worked together to develop a Title VI program logic model (Appendix A). Creating the logic model helped the team develop a shared understanding of the Title VI programs, including:

- ▶ Resources and activities intended to meet program goals
- ▶ Extent of program implementation

The EA also helped ACL jointly explore, with the Steering Committee, how Title VI program activities support the dignity, self-respect, and cultural identity of tribal and Indigenous¹ elders and communities (ACL, 2015). Because many Indigenous communities do not conceptualize their programming in the linear frame laid out by a logic model, ACL, ICF, and the Steering Committee also collaborated to develop a medicine wheel for the Title VI programs representing the four quadrants of Indigenous practice: spiritual, mental, emotional, and physical (Figure 1). Each quadrant is housed within the context of community, family/friends, and intergenerational connection—reflecting the importance and interconnectedness of each to the spiritual, mental, emotional, and physical well-being of Indigenous communities and elders and to the overall goals of the Title VI programs. In addition, each quadrant of the medicine wheel reflects the expected outcomes of the Title VI programs on program participants.

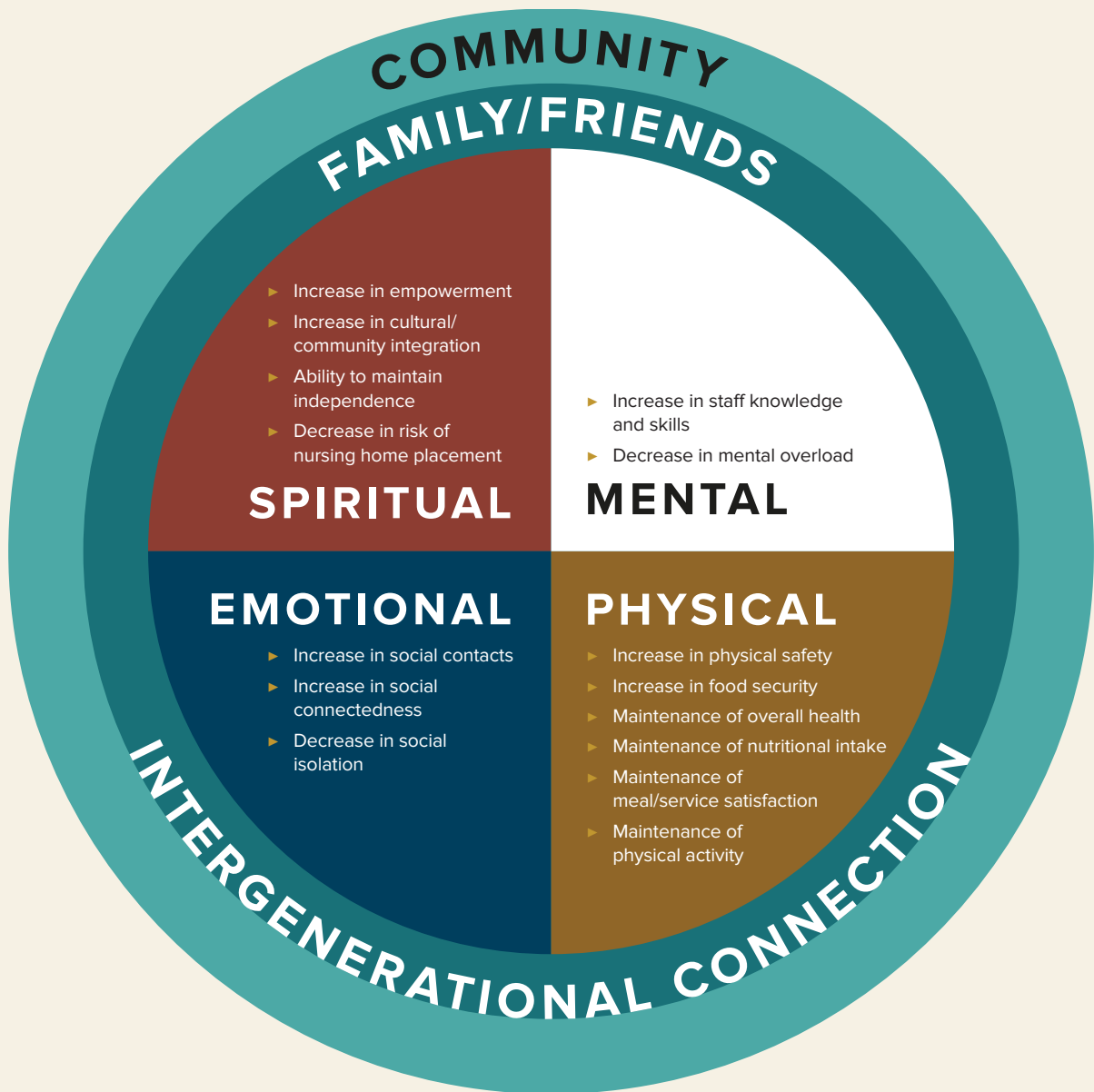
The medicine wheel was developed to:

- ▶ Ensure that the evaluation would be anchored in and reflective of the cultures, values, and traditions of the Indigenous communities receiving Title VI program funds
- ▶ Ensure that the dimensions of well-being identified by Indigenous stakeholders were defined
- ▶ Operationalize the measurement of these dimensions and concepts (ACL, 2015).

By emphasizing the interconnectedness of elders' well-being to that of family and community, the Title VI program medicine wheel helped to ground the Evaluation of the ACL Title VI programs within the framework of an Indigenous worldview (LaFrance & Nichols, 2010). The medicine wheel also helped the evaluation team think holistically about the different domains that the Title VI Programs impact and how to meaningfully assess, in a culturally respectful way, Title VI outcomes.

¹With respect for racial, ethnic, and cultural identity, all instances of "Indigenous" are capitalized throughout this report.

FIGURE 1. TITLE VI EVALUATION MEDICINE WHEEL



WHAT IS THE EVALUATION OF THE ACL TITLE VI PROGRAMS?

Forty years after the federal government established Title VI under the OAA, the Evaluation of the ACL Title VI Programs provided an opportunity to understand the value and impact that Title VI programs have had on elder program participants, caregivers of elders, elders raising grandchildren or caring for adult children with disabilities, and program staff. The evaluation included an implementation study and an outcomes study.

The evaluation used a mix of information that grantees already collect (i.e., secondary data) as well as new sources of information (i.e., primary data) to describe the implementation and outcomes across nutrition services, supportive services, and caregiver support services.

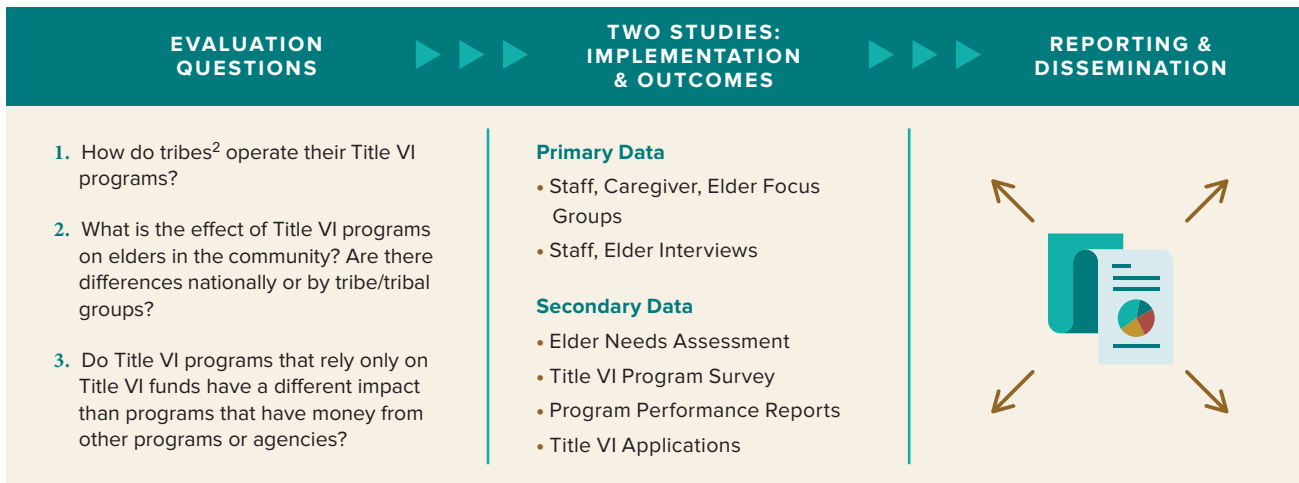
IMPLEMENTATION STUDY

The purpose of this study was to understand the context of the Title VI programs, including barriers and facilitators to program implementation.

OUTCOMES STUDY

This study assessed the impact of the Title VI programs, particularly on elders and the community.

SNAPSHOT OF THE EVALUATION OF THE ACL TITLE VI PROGRAMS



Title VI Grantees

In collaboration with ACL and the Steering Committee, ICF recruited Title VI grantees to participate in the evaluation. On May 16, 2017, ICF and ACL released a request for proposals (RFP) to all Title VI program grantees. Written with guidance from the Steering Committee, the RFP included a simple, user-friendly form for interested grantees to complete. ICF hosted a webinar for all Title VI directors to introduce the evaluation, including timeline, confidentiality and data ownership, and requirements for participation. During the webinar, ICF walked attendees through the RFP and answered questions. To further support engagement, ICF and ACL developed a one-pager and a frequently asked questions (FAQ) document that grantees could share with their tribal or governing body. The application requested a letter of support from grantees’ tribal governing council chair or administrator.

Ultimately, 12 Title VI grantees representing 4 Title VI regions and 6 states participated in the evaluation. ACL provided funding to compensate tribes for participation in the evaluation, including costs associated with participant recruitment, data collection, and analysis/dissemination efforts. In addition, ACL and ICF provided grantees with training and technical assistance (TTA) to meet their own data needs.

²Although ACL frequently uses “tribes” to reference Title VI grantees, it is recognized that Title VI grantees include tribes, tribal organizations, and organizations serving NHs.

Evaluation Working Group

The evaluation grantees formed a new stakeholder group—the Evaluation Working Group (EWG). Each grantee identified two to three staff members from their Title VI program to serve on the EWG throughout the 3-year period, including the Title VI program director and one or two other staff members to serve as “community researchers.” The community researcher, in collaboration with the program director, was the local Title VI staff member who supported the evaluation team with participant recruitment and data collection.

EWG members:



Attended the annual EWG in-person meetings and virtual trainings



Participated in quarterly technical assistance calls with evaluation liaisons



Recruited participants to take part in focus groups and interviews



Provided local-level insight to support data analysis and interpretation.

In addition, Title VI directors (and other Title VI staff) participated in an interview and a focus group to share their experience with the Title VI program, including operations, successes, and challenges.

ACL and ICF met regularly with the EWG to share updates regarding the evaluation and to seek guidance on next steps, such as appropriate methods for recruiting elders and caregivers for focus groups. The EWG provided important cultural and topical expertise, and advised on local data collection and TTA needs, interpretation of evaluation data, and approaches to disseminate evaluation findings.

ETHICAL CONSIDERATIONS AND REGULATORY REVIEW

Office of Management and Budget Clearance

In 2017, ICF prepared an Evaluation of the ACL Title VI Programs Office of Management and Budget (OMB) Information Collection Request package. The OMB package included standard forms; a comprehensive supporting statement; 60- and 30-day Federal Register notices; and a list of attachments, including the data collection instruments. The summary statement described the objectives of the Evaluation of the ACL Title VI Programs, the evaluation questions being pursued, and the data elements to be collected. OMB approved the evaluation on February 5, 2018.

Institutional Review Board Review and Approval

To ensure the protection of human subjects, including the confidentiality of data compiled and collected during the evaluation, the ICF Institutional Review Board (IRB) reviewed the data collection protocols and instruments prior to the collection of protected data. This review ensured compliance with the spirit and letter of U.S. Department of Health and Human Services regulations governing such projects. The ICF IRB approved the evaluation, which included both the original protocol (approved on March 1, 2017) and a modified protocol (approved on February 9, 2018). ICF also received continuing annual review approvals (on January 15, 2019; November 25, 2019; and October 9, 2020).

Local-Level Tribal Review and Approval

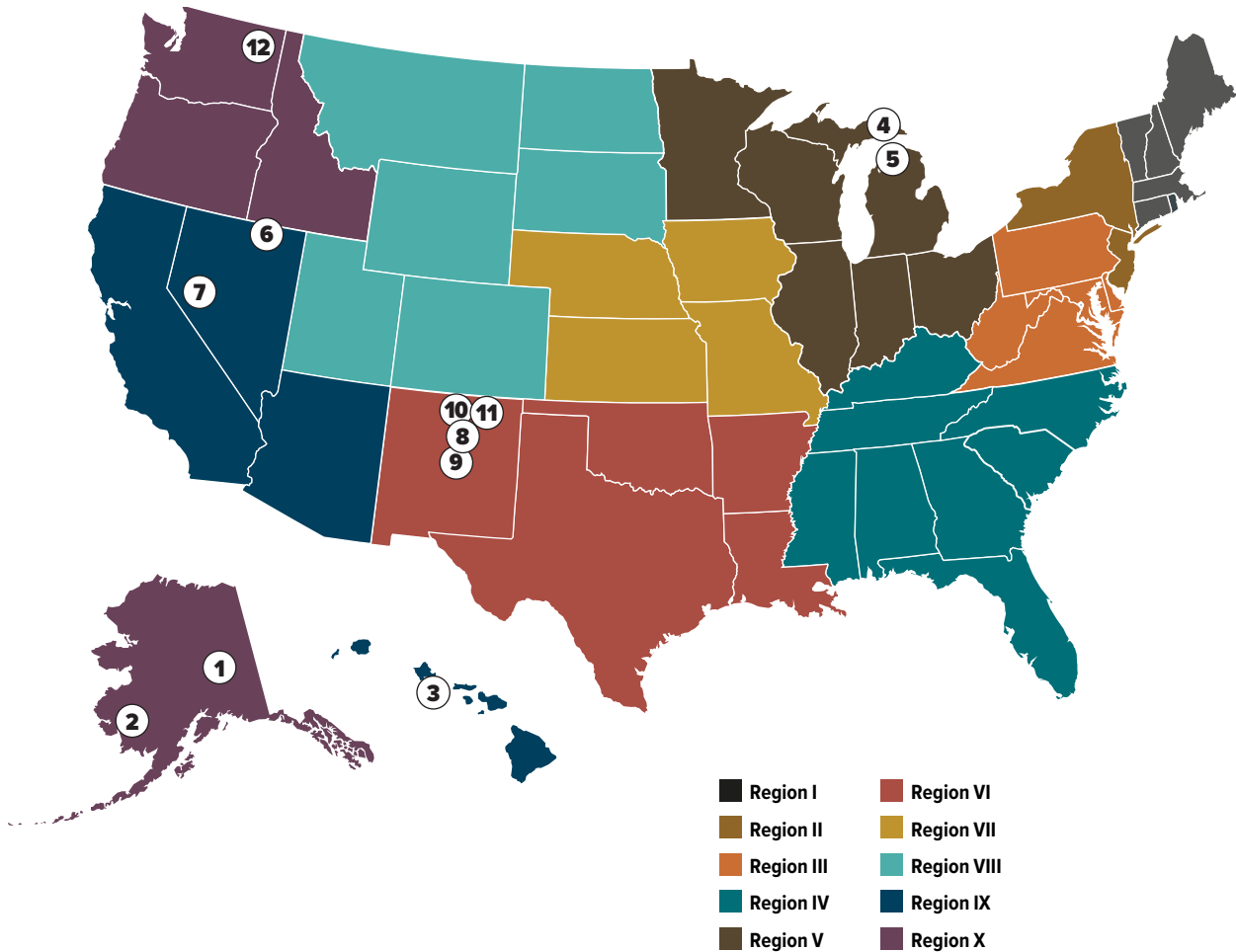
In addition to the ICF IRB, ICF worked with each evaluation grantee to identify and obtain the local-level approvals necessary to participate in the Evaluation of the ACL Title VI Programs through an IRB, institution at large, or other governing or advisory body, such as the tribal council. Each of the evaluation grantees obtained a letter of commitment from its respective governing body, as well as a tribal resolution, and signed a data transfer agreement confirming the tribe’s commitment to participate in the evaluation and share its Title VI data with ICF.

TITLE VI EVALUATION GRANTEES MAP

12 Grantees

4 Title VI Regions Represented (X, IX, VI, V)

6 States Represented
(Alaska, Hawaii, Michigan, Nevada, New Mexico, Washington)



- | | |
|--|---|
| <ul style="list-style-type: none"> 1. Fairbanks Native Association; Fairbanks, Alaska 2. Orutsarmiut Native Council; Bethel, Alaska 3. ALU LIKE, Inc.; Honolulu, Hawaii 4. Bay Mills Indian Community; Bay Mills, Michigan 5. Little Traverse Bay Bands of Odawa Indians; Harbor Springs, Michigan 6. Shoshone-Paiute Tribes; Owyhee, Nevada | <ul style="list-style-type: none"> 7. Walker River Paiute Tribe; Schurz, Nevada 8. Eight Northern Indian Pueblos Council; Ohkay Owingeh, New Mexico 9. Pueblo of Isleta; Isleta, New Mexico 10. Pueblo of Jemez; Jemez Pueblo, New Mexico 11. Pueblo of San Felipe; San Felipe Pueblo, New Mexico 12. Spokane Tribe of Indians; Wellpinit, Washington |
|--|---|

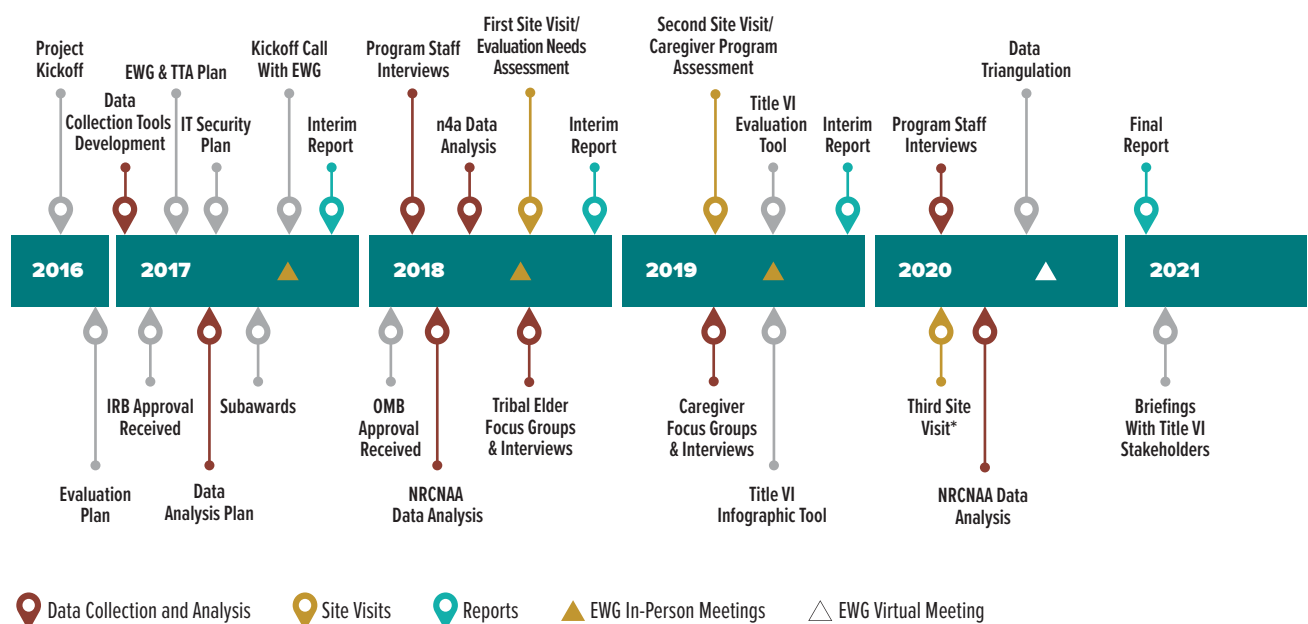
ELIGIBILITY CRITERIA

Title VI grantees eligible to participate in the Evaluation of the ACL Title VI Programs included those that met the following criteria:

- ▶ Received Title VI Part A/B awards on April 1, 2017 (with or without Part C)
- ▶ Participated in the 2016 National Resource Center on Native American Aging/University of North Dakota (NRCNAA/UND) *Identifying Our Needs: A Survey of Elders* assessment (NRCNAA Elder Needs Assessment)
- ▶ Had a signed Tribal Resolution permitting the tribal organization to (1) apply for participation in the Evaluation of the ACL Title VI Programs and (2) share the tribe's NRCNAA Elder Needs Assessment 2016 and 2019 data with ICF
- ▶ Were able to identify 2–3 program staff representatives to participate in the EWG, including the Title VI program director and at least one other person to be known as the community researcher, who would organize evaluation efforts in the community with support and guidance from the evaluation team

EVALUATION TIMELINE

The Title VI evaluation spanned 5 years. The first year (2016–2017) focused on evaluation planning and preparation for data collection, including recruiting grantees to participate in the evaluation. Years 2–4 focused on data collection, TTA provision, and evaluation capacity building. The final year of the evaluation, year 5, included continued TTA and final data analyses and reporting.



*Canceled due to COVID-19 pandemic

KEY ACHIEVEMENTS



EVALUATION TRAINING AND TECHNICAL ASSISTANCE

As part of the Evaluation of the ACL Title VI Programs, ICF provided TTA to support grantees' engagement in the evaluation and to build local understanding and use of program data for program monitoring and improvement. To ensure cultural responsiveness, ICF used a comprehensive and tailored approach to TTA, including (1) an assigned evaluation liaison for each grantee, (2) quarterly technical assistance calls, (3) annual site visits, (4) virtual and in-person trainings, and (5) evaluation tools and resources. ICF's TTA was designed to provide holistic support to grantees in developing evaluation capacity and integrating monitoring and evaluation into their local programming.

Aligned with the concept of a culturally responsive evaluator serving as “a trusted teacher who can help facilitate capacity building with the community being evaluated and the project members carrying out the grant or program being evaluated,” ICF assigned a dedicated evaluation liaison to each evaluation grantee (Bowman et al., 2015).



UNDERSTANDING GRANTEES' NEEDS

To develop trainings and materials that would support data collection, empower and build evaluation capacity, and support the use and dissemination of evaluation findings, ICF first assessed grantees' evaluation capacity. This process allowed ICF to better understand grantees' needs and questions related to program monitoring and evaluation. The ICF evaluation team used several assessment methods, including:

- ▶ **Evaluation and data needs assessment**—The ICF team conducted an evaluation and data needs assessment to catalog information related to grantees' program stakeholders, goals and related outcomes and measures, service delivery, and evaluation and data support needs. The needs assessment supported understanding of the grantees' evaluation and data processes, including strengths and barriers to implementation. The assessments were conducted during the year 1 site visits through conversations with program directors and staff as well as direct program observation. Grantees also provided examples of their tracking and monitoring forms, including meal preparation tracking sheets, participation sign-in sheets, home-delivered meal and transportation mileage logs, and elder satisfaction surveys.
- ▶ **Evaluation tool needs assessment**—During the year 2 site visits, ICF facilitated conversations with grantees to understand what evaluation tools or resources would be useful for them, such as “off-the-shelf” evaluation tools that they could use to assess their program, including elders' and caregivers' needs and satisfaction with program services. ICF liaisons provided examples of possible evaluation tools (e.g., surveys, talking circle guides, interview guides, and checklists) to support grantees in identifying what tools would and would not be useful to them. In addition, liaisons asked grantees what questions they had about their program to understand the type of information the evaluation tool(s) should be designed to gather.
- ▶ **Quarterly liaison calls**—ICF liaisons met quarterly with the Title VI grantees participating in the evaluation (evaluation grantees). The calls provided additional opportunities to continue conversations begun during the site visits and to further understand grantees' evolving evaluation capacity and questions related to local program evaluation.

ASSESSMENT PROCESS



ONE-ON-ONE SUPPORT

ICF facilitated grantee participation in the evaluation with one-on-one technical assistance. Through assigned evaluation liaisons who served as dedicated points of contact for the evaluation grantees, ICF developed trusting professional relationships with the grantees, which facilitated their active engagement and ensured a more culturally responsive evaluation.



Assigned Evaluation Liaisons

ICF assigned an evaluation liaison to each evaluation grantee. Liaisons supported grantees in data collection efforts within their communities, provided tailored TTA related to data collection and analysis, reviewed grantees' data with them to illustrate approaches to analysis and use, and served as a regular connection to and resource on the evaluation.



Technical Assistance Calls

Starting in the first year of the evaluation, ICF liaisons held quarterly one-on-one calls with evaluation grantees. The calls were an opportunity for liaisons and program staff to get to know one another, to learn more about the services provided by the local Title VI programs and any challenges, as well as to further understand grantees' evolving evaluation capacity and questions related to local program evaluation. The calls were also an opportunity to collaboratively plan annual site visit agendas and activities.



In-Person Site Visits

ICF conducted site visits in the first and second years of the evaluation to better understand local-level programs and to facilitate data collection.³ Prior to the site visits, ICF hosted webinars to support grantees in preparing for the visits, and liaisons met one-on-one with grantees to collaboratively plan the visits. The site visits provided time for liaisons to better understand the cultural context of grantees' programs, learn about the design and delivery of services and the populations they serve, and provide intensive TTA. During site visits, ICF liaisons frequently were invited to meet with tribal leadership and participate in or attend activities, such as joining in congregate meals; attending health education presentations; playing bingo with the elders; touring the local communities; and participating in group exercise, song and dance, and community wellness walks. As described below, the year 1 and 2 site visits focused on the two main Title VI programs.

- ▶ **Year 1 Site Visits, 2018**—The year 1 site visits were an opportunity to better understand the context and local implementation of Title VI Part A/B, Native American Elder Nutrition and Supportive Services. ICF liaisons learned more about the local Title VI programs, community context, service populations, infrastructure, and program data needs. ICF also conducted interviews and focus groups with elders participating in the congregate and home-delivered meal programs to understand elders' perceptions of the program, including whether and how it meets their needs.
- ▶ **Year 2 Site Visits, 2019**—During the year 2 site visits, ICF worked with the grantees to better understand Title VI Part C, Native American Caregiver Support Program. ICF conducted interviews and focus groups with informal (i.e., unpaid) caregivers, including caregivers of elders, grandparents raising grandchildren, and elders caring for adult children with a disability, to understand their experience with the program, including how the program supports them and any unmet needs they may have.

³Although site visits had been planned for spring 2020, due to the COVID-19 pandemic, these site visits had to be canceled. Interviews and other data collection activities with Title VI staff were conducted virtually.



TRAININGS

ICF held virtual and in-person trainings to build familiarity, understanding, and capacity for evaluation at the local program level. Trainings were iterative and built on one another to maximize knowledge and skill development.

Virtual Trainings: ICF delivered biannual virtual trainings for the EWG throughout the evaluation. The webinars were designed to introduce grantees to key evaluation concepts and provided a virtual space for the ICF evaluation team and grantees to meet as a collective group. Topics and trainings included preparing for site visits and incorporating evaluation into local programming.

In-Person Meetings: In each year of the evaluation, ICF conducted a full-day, in-person training on evaluation-related topics for the EWG.⁴ The annual meetings provided an opportunity to continue to build relationships with grantees as well as offer interactive and hands-on learning on a variety of evaluation topics, such as an introduction to program evaluation, data collection methods and analysis approaches, and how to use evaluation data for continuous quality improvement. Following best practices of adult learning, ICF integrated diverse formats and styles into the trainings to engage grantees with a mixture of presentations, skills application, and games to reinforce learning.

- ▶ **2017 EWG In-Person Meeting, Prior Lake, Minnesota**—The first in-person meeting was an opportunity for the ICF evaluation team, ACL, and grantees to get to know one another and begin developing relationships built on trust and collaboration. ICF provided an orientation on the Title VI evaluation and an introduction to program evaluation (*Evaluation 101*). ICF also facilitated discussions to understand the evaluation grantees' experiences with evaluation and their concerns and recommendations for the Title VI evaluation. Because the evaluation grantees would support recruitment of elders and caregivers to participate in the evaluation, ICF provided training on protecting participants' rights (human subjects' protection).
- ▶ **2018 EWG In-Person Meeting, Washington, D.C.**—Building on feedback provided by the grantees following the first in-person meeting and grantee evaluation needs identified during the first site visit, ICF developed training sessions to build understanding of how to use local program data to inform program planning. Each session included opportunities for grantees to practice their new knowledge and skills with hands-on activities. The meeting also provided an opportunity to debrief the year 1 site visits, including what participants liked, learned, and would prefer to see done differently.
- ▶ **2019 EWG In-Person Meeting, Minneapolis, Minnesota**—The third in-person meeting was an opportunity to continue to support and grow the grantees' use of evaluation to inform local program planning and delivery. ICF provided hands-on training, including a review of program evaluation as well as sessions on how to read data tables and charts and how to conduct thematic analysis of, for example, elder intake assessments. During the meeting, ICF also introduced new tools developed to further support the grantees with local program evaluation.
- ▶ **2020 EWG Meeting, Virtual**—Due to the COVID-19 pandemic, the fourth EWG annual meeting was a virtual event, held over 2 days. Using a digital whiteboard and a teleconferencing platform, ICF facilitated an interactive meeting in which the evaluation team (grantees, ACL, ICF) could collaborate in real time. ICF led grantees through a data gallery walk to gather insights from the grantees on evaluation findings. Grantees reflected on key data to identify conclusions (why the findings are relevant) and recommendations for next steps from their perspective as local program implementors. ICF also facilitated an evaluation debrief with the grantees to understand the grantees' overall experiences participating in the Evaluation of the ACL Title VI Programs.

VIRTUAL TRAINING TOPICS

- ▶ Evaluation Grantee Kickoff and Welcome
- ▶ Prepping for Your Year 1 Site Visit—Elder Focus Groups
- ▶ Everyday Evaluations With Introductions to Surveys, Focus Groups, and Interviews
- ▶ Preparing for Your Second Site Visit—Caregiver Focus Groups
- ▶ Using the Title VI Evaluation Tool and Infographic

⁴Although an in-person meeting was planned for 2020, it was delivered as a virtual training due to the COVID-19 pandemic.

The processes we learned helped [us] gather more data about our elders and the program. We built stronger relationships with our elders because we learned more about them and their needs.”

—Title VI Program Director

BUILDING EVALUATION CAPACITY

Trainings were an opportunity to build the EWG’s evaluation knowledge and skills. Topics included:

- ▶ Human Subjects’ Protection & Participants’ Rights
- ▶ Evaluation 101—Using Data to Inform Programming
- ▶ Getting the Most Out of Your Program Data
- ▶ Moderating Focus Groups
- ▶ Recruiting for and Administering Surveys
- ▶ Same Data, Same Message—Reading and Interpreting Data
- ▶ Reading Between the Lines—Basic Thematic Analysis
- ▶ Sharing Your Findings
- ▶ Sharing Your Story—Introducing the Title VI Infographic Toolkit



USER-FRIENDLY TOOLS AND RESOURCES

ICF developed tools and resources to support grantees in better understanding the role of evaluation in program planning and identifying opportunities for incorporating evaluation within their program. Grantees repeatedly shared a common need to understand whether and how their program services were meeting the needs of program recipients, including elders and caregivers, as well as a need to showcase the depth and breadth of their local Title VI program. In response, ICF developed several tools and resources to make evaluation accessible and relevant for program staff.

Evaluation one-pagers—ICF developed handouts as user-friendly resources to accompany evaluation trainings. Handouts used plain language and covered a range of topics, including program improvement and resources for evaluation, which provided information on evaluation topics (e.g., program evaluation, data collection methods, data analysis, sharing of findings) and links to open access evaluation resources. ICF also developed separate handouts for commonly used evaluation methods, including focus groups, interviews, and surveys. These one-pagers included a brief introduction to the method; a discussion of benefits and limitations; considerations for implementation, including recruitment and collecting and analyzing results; and links/references for additional information.

Program Improvement—Plan, Do, Check, Act

What's a PDCA cycle?

The PDCA (Plan, Do, Check, Act) cycle is a way to think about all of the various activities, programs, and events that you do—why you do them, what difference they are making, and what, if any, improvements should be made for the next time.

- Plan what you will do.
- Do it.
- Check your findings.
- Act by making any needed changes.

The PDCA cycle can help you be strategic in your program by identifying the approaches, activities, and events that work the best for your community.

You Planned and Did... Now Check

After your program event or activity is complete, it's time to assess whether your event went as planned, how it was received (e.g., did participants like it), and whether it made a difference.

Identify Your Data

The first step to assessing your event is to identify all of the sources of information (data) you have on the event. That might include sign-in sheets, satisfaction surveys, tracking sheets—anything that helps to shed light on what happened, who participated, and how it went.

Organize Your Data

Now that you have identified all of the data that relates to the event you are assessing, you need to organize it. This might include typing up handwritten notes or creating a specific computer folder just for that event.

Make Sense of It

With all of your data compiled and in one place, it is now time to read through it. What story does it tell? Did you do what you planned to do? If not, why not? Did participants show up? Did they walk away excited? What were your lessons learned?

Make It Useful

Based upon the story your data told, think about what, if anything, should be done differently. Use the information you learned through the Plan, Do, and Check to guide how you will Act next time!

Check and Act

Identify Your Data

- E.g., PIR, elder needs assessments, comment boxes, sign-in, informal check-ins, etc.

Organize Your Data

- Compile your data

Make Sense of It

- What story does it tell?
- Make It Useful
- Should there be a next time?
- What should be done differently?

Program Improvement one-pager, 2019

Title VI Evaluation Toolkit—ICF developed the [Evaluation Toolkit](#) as a ready-to-use resource to help grantees assess the needs and satisfaction of their elders and caregivers with program services. It includes:

- ▶ *Two surveys*—to assess elder and caregiver use and satisfaction with program services (Nutrition and Supportive Services Elder Survey and Caregiver Survey).
- ▶ *Survey response spreadsheet*—to help program staff analyze survey responses with autogenerated data visualizations (e.g., tables and charts).
- ▶ *User guide*—to help program staff with step-by-step guidance through each stage of the evaluation process, from planning to collecting data to reviewing and using their findings.

We completed input of the 27 surveys for Nutrition and Supportive. [We were] able to look at the chart/graphs and find it absolutely amazing. It shows us an eye-opening view of how our program stands. I love it.”

—Title VI Program Staff

The tool helped us to realize our success and helped with knowing where we can improve services.”

—Title VI Program Director

Title VI Infographic Toolkit—The [infographic toolkit](#) was developed to help Title VI program staff summarize and share their program data in a visual and engaging way. Grantees can input their local program data, including their program performance and reporting (PPR) data and their NRCNAA Elder Needs Assessment data, to generate a tailored infographic that they can use to support local stakeholder engagement and program monitoring. The toolkit includes:

- ▶ *Title VI infographic*—Sections include an overview of Title VI, a profile of elders’ health based on local data, localized data on program delivery, and program improvement practices.
- ▶ *Data worksheet*—An Excel worksheet to support grantees in calculating their program data for the infographic.
- ▶ *User guide*—The guide provides step-by-step instructions to support grantees in using the infographic.

I love that they [Title VI Evaluation Toolkit and infographic] are customizable and can reflect programs. No one-size-fits-all!”

—Title VI Program Director

The infographic ... will help me paint a picture for leadership. Data, such as numbers, raw data, is good but to have visualization for them to relate to is awesome.”

—Title VI Program Director

LISTENING AND REFINING

Although TTA was developed after assessing grantee needs, it was important to understand whether the trainings and resources ultimately met the needs of grantees. ICF regularly encouraged grantees to share their feedback on TTA provided, including the utility of the information as well as their satisfaction with the delivery mechanism(s). ICF liaisons facilitated debriefs at the conclusions of site visits, webinars, and the EWG annual meetings. Grantee feedback was used as part of a continuous quality improvement cycle and informed the next iteration of trainings and resource and tool development. For example, the Title VI evaluation and infographic toolkits were shared with the EWG in August 2019. As the EWG used the tools, ICF compiled and used their feedback to refine the tools before they were shared with all Title VI grantees in the fall of 2020.

In the beginning, I was uncertain as to what the evaluation would entail. Now, I am glad our tribe participated because we are so much more informed.”

—Title VI Program Director

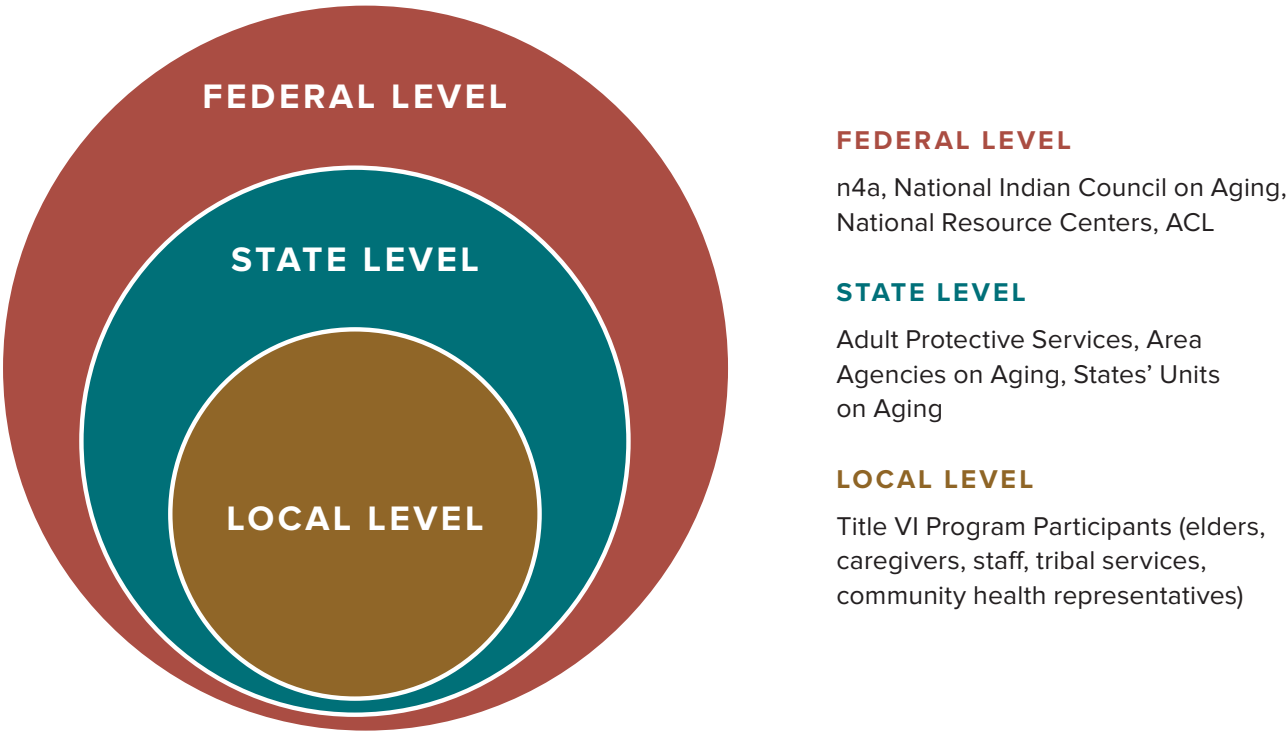
MEANINGFUL STAKEHOLDER ENGAGEMENT

The Evaluation of the ACL Title VI Programs used a participatory action research approach centered on empowerment and community participation.⁵ ICF and ACL prioritized partnerships with key stakeholders, including program participants as well as local, state, and federal agencies that support Title VI programs (Figure 2).

PARTICIPATORY ACTION RESEARCH

- ▶ Promotes a community-driven and culturally responsive approach to evaluation design and implementation
- ▶ Empowers and involves local stakeholders at every step, helping to identify evaluation questions important to them and involving stakeholders in interpretation of findings
- ▶ Supports local evaluation capacity building

FIGURE 2. TITLE VI STAKEHOLDERS



⁵Participatory action research is a process of collective inquiry in which evaluators and stakeholders work together to address questions of importance through data collection, reflection, and action (Israel, et. al., 1998).

NATIONAL RESOURCE CENTERS ON NATIVE AMERICAN ELDERS

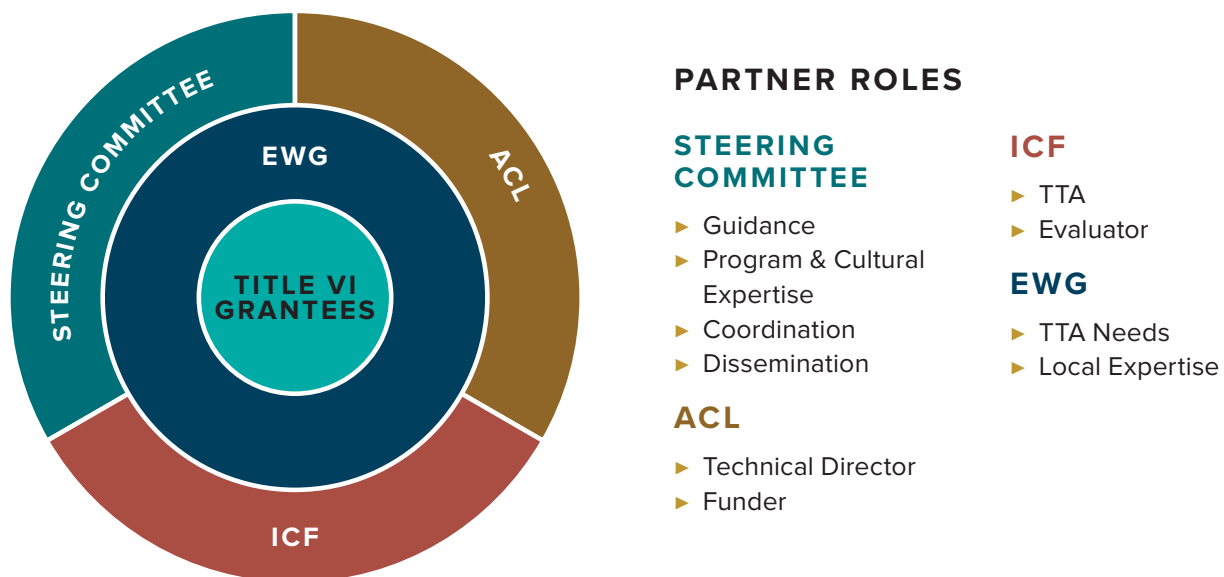
As part of the Title VI Evaluation Steering Committee, ICF worked closely with the National Resource Center on Native American Aging (University of North Dakota), the National Resource Center for Alaska Native Elders (University of Alaska), and the National Resource Center for Native Hawaiian Elders, Hā Kūpuna (University of Hawaii). As experts in the field of aging and in their role supporting Title VI program grantees, the resource centers provided topical expertise and opportunities for coordination and dissemination of evaluation activities and findings.

Steering Committee: To ensure meaningful engagement throughout all phases of the evaluation, from planning to implementation to dissemination, ICF and ACL convened a 17-member Steering Committee, with representatives from each of the three partner levels—local, state, and federal. Over the course of the evaluation, the Steering Committee provided input and guidance to ensure each phase of the evaluation was culturally responsive. The Steering Committee informed the development of the evaluation plan, data collection instruments, and protocols, and provided insight on opportunities to streamline data collection as well as strategies to recruit and engage evaluation participants. In addition, the Steering Committee guided dissemination by providing insight on specific audiences to target outreach, the most important information, and how best to share it with those audiences.

Evaluation Working Group: The Title VI grantees participating in the evaluation formed the EWG. Whereas the Steering Committee provided critical input and guidance, especially during the early stages of the evaluation, the EWG was central to the implementation. The EWG provided insight on local grantee-specific tailoring, including culturally appropriate methods for recruiting elder and caregiver focus group participants and local evaluation TTA needs.

This collaborative approach among the Steering Committee, the EWG, ACL, and ICF (Figure 3) ensured the evaluation was meaningful and held, at its center, the needs of those most impacted by Title VI—the Title VI grantees. In addition, the Steering Committee and the EWG, as the experts in the delivery and implementation of the Title VI programs, provided critical insight into interpreting the data collected and recommendations on sharing evaluation findings. Appendix C presents a table of engagement activities conducted throughout the evaluation.

FIGURE 3. THE TITLE VI EVALUATION—A PARTICIPATORY APPROACH



OPPORTUNITIES FOR ENGAGEMENT



Virtual meetings

ICF hosted virtual meetings (group calls and webinars) at key steps throughout the evaluation to gather insight and guidance from the Steering Committee and the EWG. During these meetings, the Steering Committee, for example, reviewed data collection instruments (e.g., focus group and interview guides) and provided recommendations on culturally relevant approaches to participant recruitment. Meetings were also an opportunity to share evaluation updates as well as for committee members to share information and resources among themselves.



E-letters

ICF composed biannual “e-letters” to the Steering Committee. In addition to sharing evaluation updates, including emerging themes from data collection and upcoming evaluation activities, the e-letters were an opportunity to share draft plans and seek input from the Steering Committee.



Annual in-person meetings

At the 2017, 2018, and 2019 National Title VI Training and Technical Assistance conferences, ICF organized a no-host lunch with the Steering Committee. These informal meetings were an opportunity to gather in-person, develop relationships, and share updates on the evaluation.

ACTIONABLE DISSEMINATION

Providing useful and actionable information is a key element of participatory evaluation. ICF developed a dissemination plan that identified priority audiences, key content, and appropriate communication channels to ensure meaningful dissemination. Products were designed to be accessible to all stakeholders using plain language and, where appropriate, data visualizations and imagery to convey findings and recommendations that were meaningful and actionable. Throughout the evaluation, ICF shared real-time evaluation updates with key stakeholders, including the Steering Committee, the EWG, and ACL, via regular e-letters, presentations and trainings at national conferences, briefs, and annual interim reports.



E-letters

In between virtual and in-person Steering Committee and EWG meetings, the e-letters kept stakeholders engaged and informed as to progress on the evaluation, evaluation capacity building and technical assistance opportunities, and upcoming evaluation activities.



Briefs

ICF developed a series of evaluation briefs, including one-pagers, such as *In Their Own Words: Elders on the Title VI Program*; *In Their Own Words: Caregivers on the Title VI Program*; and *In Their Own Words: Staff on the Title VI Program*, and memos. The *In Their Own Words* one-pagers highlighted the experiences and perspectives of Title VI elders, caregivers, and staff and were an important way to share the impact of the Title VI programs in a relatable and deeply personal way. In addition, ICF shared data memos with ACL to rapidly share evaluation findings. For example, following the completion of the year 3 program staff interviews, which were completed in the midst of the COVID-19 pandemic, ICF developed a “COVID Memo,” which outlined the ways in which program staff had altered their programs in response to the pandemic as well as the most pressing challenges and needs, as expressed by program staff.

BUILDING KNOWLEDGE AND CAPACITY

- ▶ Presentations at professional conferences built awareness of the importance of the Title VI programs and approaches to culturally relevant evaluation.
- ▶ Trainings at the National Title VI Training and Technical Assistance conferences supported evaluation capacity building beyond the evaluation grantees to all Title VI program grantees.



National trainings

ICF facilitated workshops during the National Title VI Training and Technical Assistance annual conferences as well as throughout the year as part of the Title VI webinar series. The trainings, with accompanying Title VI-specific tools and resources developed in response to the needs of the evaluation grantees, were an opportunity to build the evaluation capacity of all Title VI program grantees and their partners in the aging community. Trainings included:

- ▶ *Program Evaluation 101: Did You Know It's Required?* (2017 National Title VI Training and Technical Assistance Conference)
- ▶ *Everyday Evaluation: Some Tools and Tips to Get You Started* (2018 National Title VI Training and Technical Assistance Conference)
- ▶ *We've Got Tools: How to Evaluate and Show Off Your Title VI Program* (2019 National Title VI Training and Technical Assistance Conference)
- ▶ *We've Got Tools: Introducing the Title VI Evaluation Toolkit* (2020 Title VI Webinar Series)
- ▶ *Sharing Your Story: Introducing the Title VI Infographic Toolkit* (2020 Title VI Webinar Series)



Interim reports

Annual interim reports ([Year 1](#), [Year 2](#), [Year 3](#)) were an important way to keep stakeholders engaged with the evaluation and emerging findings in near real time. To ensure the reports met the needs of program stakeholders, ICF asked the Steering Committee and the EWG to share the kinds of reports, both in format and content, that would be useful to them. ICF developed a short questionnaire with possible report options (e.g., standard 50-page narrative report, high-level summary, 10- to 15-page snapshot-style report) and asked the Steering Committee and the EWG to share their preferences. In response to their feedback, ICF designed snapshot-style reports that emphasized readability and accessibility using best practices of data visualization. **The reports distilled critical program information and shared findings in a clear and concise manner relatable to all program stakeholders.** Detailed appendices, including data collection and analyses methods, accompanied the reports.

- ▶ **Large-print for elders**—In addition to the interim reports, ICF developed large-print summary versions of the reports. These two-page summaries were printed on a single, oversized page, in large font, to be easier for Title VI elder stakeholders to read.



Conference presentations

National conferences, including the American Public Health Association (APHA) Annual Meeting and the American Evaluation Association (AEA) Annual Conference, were an opportunity to build awareness of the role and impact of the Title VI programs beyond the aging community as well as share approaches to conducting a rigorous program and impact evaluation that is participatory and culturally relevant. Presentations included:

- ▶ *Empowering Tribal Communities: A National Evaluation of Aging Services* (APHA 2017)
- ▶ *Working Together for Change: Using Participatory Action Research from Design to Dissemination in an Evaluation with Older Americans* (AEA 2019)

INSIGHTS: TRAINING AND TECHNICAL ASSISTANCE

In conducting the Evaluation of the ACL Title VI Programs, ICF identified several key insights and lessons learned, including best practices for TTA provision, to build evaluation and program monitoring capacity.

EVALUATION CAPACITY BUILDING

To develop evaluation knowledge, understanding, and use at the local program level, evaluation training and tools should be approachable and accessible to program staff who may have limited prior experience with program evaluation. This includes:

- ▶ **Evaluation as “everyday”**—For grantees to engage with and incorporate evaluation into their program implementation, evaluation must be accessible. This means foregoing “evaluation speak” in favor of everyday language that is understandable and relatable to their program context. Grantees appreciated and responded to specific examples of what program monitoring or evaluation could look like for, say, their congregate or home-delivered meal program. By using everyday language and providing real-life examples grounded in the experiences of local Title VI programs, grantees recognized the value and power of evaluation.

It was an empowering experience to see how data can be leveraged.”

—Title VI Program Director

- ▶ **Tailored TA**—Assigned evaluation liaisons were able to support grantees with one-on-one TA tailored to the unique needs of each grantee. By working with the same grantees throughout the evaluation, liaisons gained deep insight and knowledge of local programs. Evaluation liaisons developed trusting relationships with grantees’ program staff, which facilitated their engagement with the evaluation as well as their willingness to ask questions and share needs and challenges. Liaisons, in turn, through their deeper understanding of the local programs, were better able to support grantees with actionable recommendations.

We finally get hands-on training and actual tools we can use!”

—Title VI Program Director

- ▶ **Easy-to-use tools and resources**—To help grantees engage with evaluation in a meaningful way, ICF developed tools to address the questions grantees had shared about their program (e.g., Are they meeting the needs of elders? Of caregivers?), and these tools could be easily integrated into existing program operations. All resources were customizable and included a user’s guide with step-by-step instructions, including screenshots when appropriate.

PROMOTING CULTURALLY RESPONSIVE EVALUATION AND TECHNICAL ASSISTANCE

- ▶ Use evaluation frameworks such as the medicine wheel that are meaningful to the community
- ▶ Facilitate stakeholder engagement with ongoing opportunities for communication and feedback among stakeholders
- ▶ Provide opportunities for storytelling to promote community voice
- ▶ Ground TTA in local needs

I honestly love the graph charts. It is a very helpful tool for our program and shows us exactly what our elders' needs are.”

—Title VI Program Director

- ▶ **Accessible reports and materials**—Data visualizations can relay information in a way that is more accessible and understandable for non-evaluators. ICF used snapshot-style reports and infographics, which use data visualizations, to distill critical program information and share findings in a clear and concise manner with all program stakeholders. Not only did these reports help grantees understand the scope, impact, and opportunities for their programs, the reports served as engagement tools grantees could share with their tribe.

Infographics help people understand better, especially tribal leadership.”

—Title VI Program Director

- ▶ **Hands-on trainings**—In-person and virtual trainings provided an opportunity to introduce grantees to evaluation, including program monitoring, and methods and opportunities for incorporating it into program implementation. During the first in-person EWG training, grantees expressed a need for more hands-on activities and opportunities to learn from one another. Subsequent trainings included opportunities for grantees to reflect on and share their experiences as well as applied learning activities, such as “quiz bowl” and data gallery walks, which allowed grantees to practice what they were learning in a safe and supportive environment.

I’ve never been to a conference/training where real tools were provided that can be applied immediately!”

—Title VI Program Director

METHODS

The Evaluation of the ACL Title VI Programs used a mixed methods approach, which included both the **implementation study** and the **outcomes study**, to assess the impact of the Title VI programs.

The evaluation relied on information that already existed (**secondary data**) and information specifically collected for the purpose of the evaluation (**primary data**) to ensure that the objectives of the evaluation were achieved. Data planning, collection, analysis, and reporting happened throughout the course of the evaluation (Figure 4).

THE TITLE VI EVALUATION SOUGHT TO UNDERSTAND THE FOLLOWING:

- ▶ How do tribes operate their Title VI programs?
- ▶ What is the effect of Title VI programs on elders in the community?
- ▶ Do Title VI programs that rely only on Title VI funds have a different impact than programs that have money from other programs/agencies?

DATA DESCRIPTION

Table 1, on the following page, provides a description of each data source and when the Title VI evaluation used them. ICF secured all relevant human subjects and data approvals (e.g., IRB, OMB, tribal) prior to data collection and abstraction.

FIGURE 4. DATA COLLECTION AND ANALYSIS PROCESS

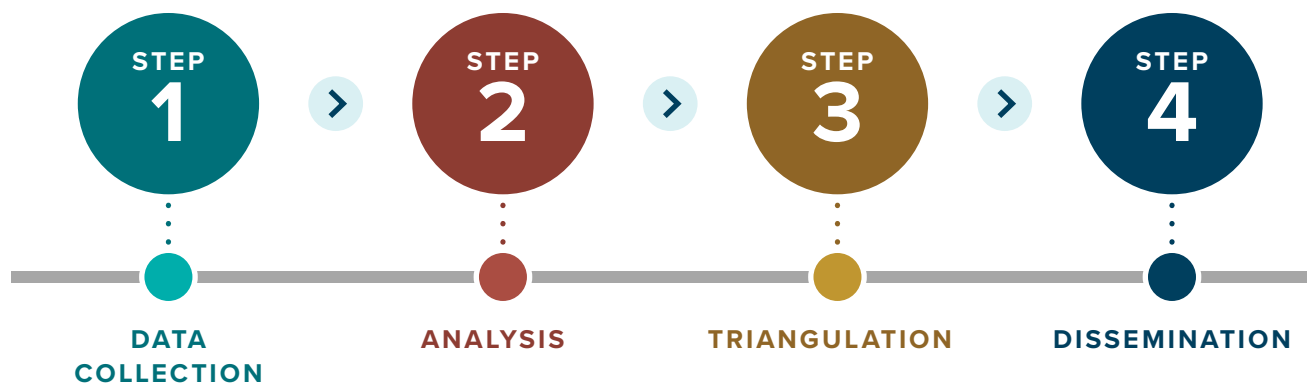


TABLE 1. OVERVIEW OF THE TITLE VI EVALUATION DATA SOURCES

Data	Description
Primary Data	
Program Staff Interviews	<p>The interviews with Title VI program staff assessed the nature, context, implementation, and management of Title VI programs; documented the challenges and barriers to program implementation; and gathered detailed information about the funding of activities (e.g., sole vs. blended funds, how funds are leveraged). Collected data included Title VI program structure, resources, and activities; Title VI management structure; perceptions of met and unmet needs across Title VI service areas; barriers to Title VI services provision; and strengths and resources of the Title VI program.</p> <p>Data Collection: ICF conducted 12 semi-structured telephone interviews in 2018 and 11 in 2020 (one grantee was unable to be interviewed due to program staff turnover).</p>
Elder Focus Groups/Interviews	<p>The elder focus groups and interviews assessed elders' experiences and satisfaction with service delivery as well as Title VI program's outcomes from elders' perspectives. Data included elders' met and unmet needs, perceptions of their well-being (e.g., physical, mental, emotional, and spiritual, as well as their quality of life and independence), community integration and social connectedness, and experiences with and perceptions of services.</p> <p>Data Collection: ICF conducted 18 focus groups (n = 161) and 34 semi-structured telephone interviews (n = 36) in 2018.</p>
Caregiver Focus Groups/Interviews	<p>The caregiver focus groups and interviews assessed informal (unpaid) caregivers' experiences and satisfaction with service delivery and program experience as well as Title VI program outcomes from caregivers' perspectives. Data included linkage to needed services, ability to provide care, perceptions of caregiver well-being (e.g., physical, mental, emotional, and spiritual, as well as quality of life and independence), community integration and social connectedness, and experiences with and perceptions of services.</p> <p>Data Collection: ICF conducted 8 focus groups (n = 42) and 11 semi-structured telephone interviews (n = 11) in 2019.</p>
Evaluation and Data Needs Assessment	<p>The evaluation and data needs assessment cataloged information related to grantees' program stakeholders, program goals and related outcomes and measures, service delivery, and evaluation and data support needs. Primarily designed to inform TTA provision, the evaluation and data needs assessment process supported understanding the Title VI programs' evaluation and data processes at the site level.</p> <p>Data Collection: ICF conducted 12 assessments during year 2 (2018) site visits through program observation and conversations with program staff.</p>
Caregiver Program Assessment	<p>The caregiver program assessment cataloged information related to grantees' caregiver programs, including program participants, services provided, and program monitoring and evaluation. The caregiver program assessment supported a thorough understanding of the Part C Caregiver Support Program as it is implemented at the local level.</p> <p>Data Collection: ICF conducted 11 assessments during year 3 (2019) site visits through conversations with program staff.</p>

OVERVIEW OF THE TITLE VI EVALUATION DATA SOURCES – *cont'd*

Data	Description
Secondary Data	
NRCNAA Elder Needs Assessment	<p>The NRCNAA Elder Needs Assessment includes information related to the health status of elders within grantees' service areas, including domains related to demographics, overall health and wellness, healthcare access, weight and physical activity, and social functioning. It also includes domains related to caregiving, including whether elders have a family caregiver, whether they are raising grandchildren, and what are their current and anticipated future use of caregiver services.</p> <p>Data Abstraction: The NRCNAA Elder Needs Assessment survey and data are administered by NRCNAA/UND. NRCNAA supported Cycle VI data collection from April 2014 to March 2017 and Cycle VII data from April 2017 to March 2020. Aggregated data reports were shared with ICF in 2018. ICF abstracted disaggregated data for the 12 evaluation grantees in 2018 during a visit to UND and, in 2020, for the 8 evaluation grantees who secured a tribal resolution during the data collection window.⁶</p>
n4a Title VI Program Survey	<p>The Title VI Program Survey gathers information from program staff about which services are available, how the services are delivered, partnerships established to support service delivery, strategies for record keeping and budgeting, and challenges experienced with Title VI implementation.</p> <p>Data Abstraction: The Title VI Program Survey is collected and administered by Scripps Gerontology Center and n4a (Scripps) approximately every 3 years. ICF obtained the 2016 survey data for the 12 evaluation grantees in 2018, following informed consent by the evaluation grantees.</p>
Title VI Program Performance Report (PPR)	<p>The PPR collects information annually on the number of clients and service units for Title VI nutrition, supportive, and caregiver support services delivered by each Title VI grantee.</p> <p>Data Abstraction: The Title VI PPR is maintained by ACL. ICF accessed the 2010–2017 (averages) data report, by tribe, for Parts A/B and C in 2019 and the 2018 report for Parts A/B and C in 2020.</p>
Title VI Grant Application	<p>The Title VI grant applications collect information about plans for services for each Title VI grantee. The application includes general information about the population served and plans for nutrition services, information/referral and assistance services, supportive services, and caregiver services.</p> <p>Data Abstraction: ICF accessed and abstracted the Title VI grant applications for fiscal year 2017 in 2018.</p>
Publicly Available Data	<p>Publicly available data sources (e.g., U.S. Census) were also used to better inform the analysis and interpretation of evaluation findings.</p> <p>Data Abstraction: ICF accessed and abstracted secondary data in 2020.</p>

⁶Due to closures caused by the COVID-19 pandemic, four grantees were unable to complete the resolution and data transfer process.

DATA ANALYSIS

To analyze the data, ICF used a mixed methods approach, including thematic analysis of all qualitative data, descriptive and statistical analysis of quantitative data, and data triangulation.

Qualitative Data

ICF used the following four-step process to analyze qualitative data, including interview and focus group data:

- 1. Data capture and management.** Audio recordings from each interview and focus group were transcribed and imported into the qualitative software package ATLAS.ti 7.5.18 to analyze the data for themes, patterns, and interrelationships relevant to the evaluation questions.
- 2. Codebook development.** Codebook development was a multistep and iterative process that involved developing and defining codes and pretests to refine the codes and definitions.
- 3. Code application.** ICF applied codes to the transcripts and produced output documents associated with each code and subcode.
- 4. Analysis and documentation of themes.** ICF used thematic analysis to review output documents and produced a comprehensive summary memo identifying key themes and relationships among themes.

Quantitative Data

Each quantitative data source was processed independently as well as merged and analyzed in combination to allow further understanding of Title VI context, characteristics, and impact.

NRCNAA Elder Needs Assessment—ICF conducted an initial aggregated data analysis (exploration) and a disaggregated data analysis (in-depth). Whereas the aggregated data analysis (data by grantee) allowed the study of the evaluation grantees' characteristics and how they compare to the overall Title VI grantees, the disaggregated data analysis allowed more in-depth study of program outcomes and impact. Analyses included descriptive (averages and frequencies), statistical, and inferential analysis to allow for comparisons between subgroups and test associations. All data management, cleaning, preparation, and analysis were completed using SAS® v 9.4.

n4a Title VI Program Survey—ICF conducted an initial descriptive analysis, including frequencies and means. Key indicators were used to generate averages for the Title VI grantees and merged to other program datasets to support impact analysis.

PPR—ICF generated averages for the eight Title VI grantees and merged them to other program datasets (e.g., n4a, Elder Needs Assessment, other secondary datasets) to support impact analysis.

Publicly Available Data—ICF used key indicators to generate averages for the eight Title VI grantees with disaggregated Elder Needs Assessment data and for the overall Title VI sample using ZIP codes. These secondary indicators were merged to other program datasets (e.g., PPR, n4a, Elder Needs Assessment) to support impact analysis.

Triangulation

Following preliminary analyses of qualitative and quantitative data, ICF conducted data triangulation to support synthesis and understanding of findings. This included reviewing common themes from the qualitative and quantitative data analyses to identify interconnecting themes as well as points where the data diverge. ICF used the following triangulation process:

1. For each data source, ICF identified all major and minor themes, including subthemes.
2. ICF cross-walked all themes to the relevant evaluation question(s).
3. ICF conducted cluster analysis—by evaluation question, grouping themes by affinity—to articulate findings, conclusions, and recommendations using a *what, so what, now what* methodology:
 - a. *What* are the grouped themes saying? (*Findings*)
 - b. *So what* do the findings suggest; why are they important? (*Conclusions*)
 - c. *Now what* are possible next steps? (*Recommendations*)

For the final year of the evaluation, ICF facilitated two rounds of data triangulation, one with ACL and one with the evaluation grantees, using a virtual whiteboard to facilitate the triangulation process and allow for real-time interactivity.

A detailed description of the data sources, collection, analyses, and triangulation is provided in the comprehensive Methods (Appendix B).

WHAT WE'VE LEARNED

Over the course of the evaluation (2017–2020), the evaluation team focused on understanding the Title VI Part A/B program, Nutrition and Supportive Services, and the Part C program, Caregiver Support Services, based on all available data sources for the Evaluation of the ACL Title VI Programs (see Methods), including the perspectives of elders, informal caregivers, and program staff. The evaluation team analyzed and considered these data sources collectively to develop a comprehensive picture of the Title VI programs. This report section includes key findings from the evaluation designed to describe and demonstrate the implementation and impact of the Title VI programs. Findings are presented in the following subsections: (1) program context, (2) program implementation, and (3) program impact. Unless otherwise noted, findings reflect the experience and context of the evaluation grantees. Where secondary data is presented, the data source is identified.

PROGRAM CONTEXT

The 12 Title VI evaluation grantees, like the more than 275 Title VI grantees, are diverse and varied in geography, climate, cultural norms, and traditions, as well as in program size and structure. Although most evaluation grantees provide Title VI services from one central site location, two evaluation grantees provide services across multiple site locations—one does so across four pueblos in northern New Mexico, and the other provides services across multiple Hawaiian Islands. Some grantee sites are located within a short driving distance of a town or city, whereas others are in remote, service-isolated areas.

Title VI evaluation grantees include a similar number of rural communities compared to tribes nationwide (70%).

Census, 2017

Title VI evaluation grantees experience similar rates of poverty (13.3) compared to tribes nationwide (15.6).

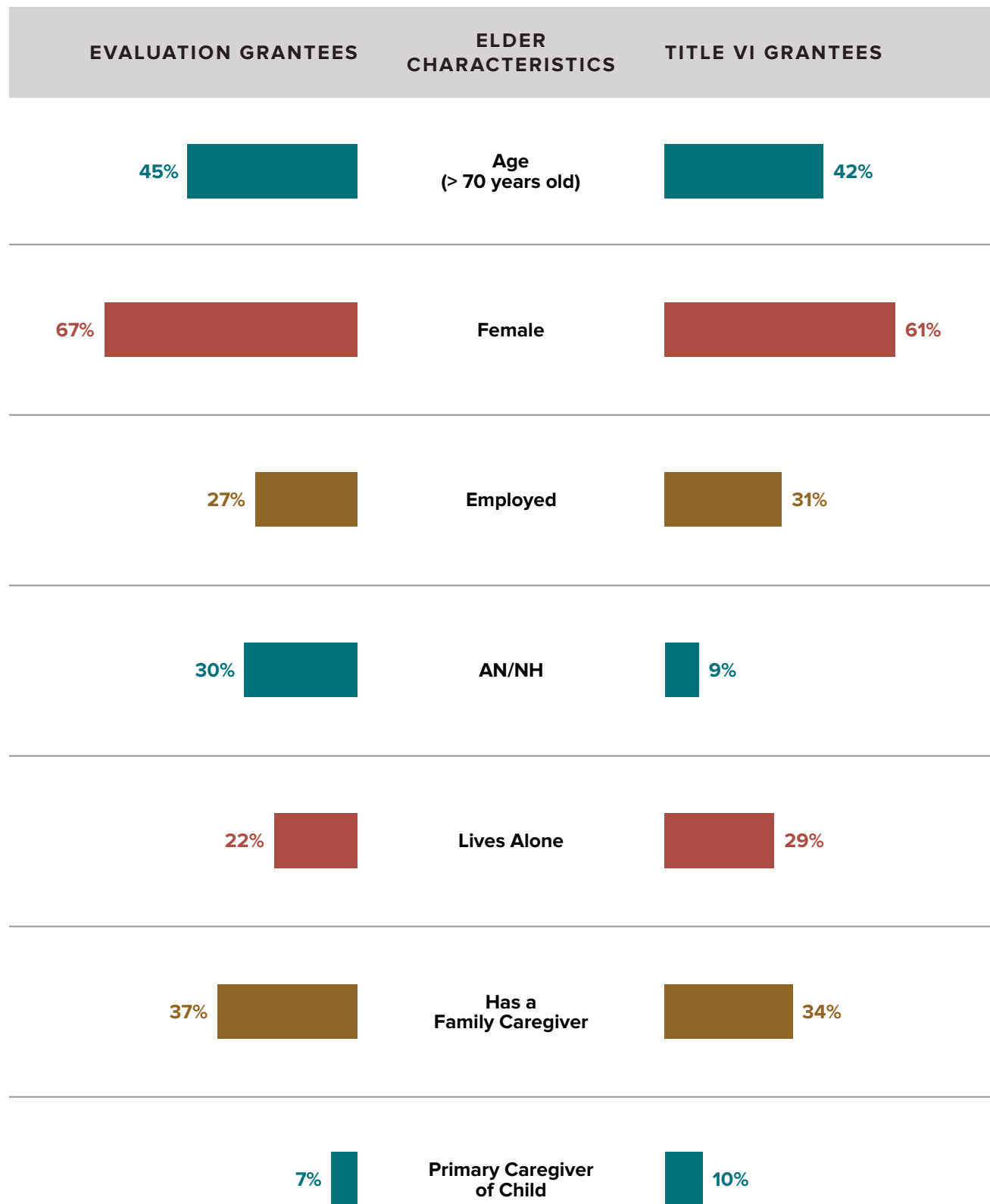
Small Area Income and Poverty Estimates, 2017

Each Title VI evaluation grantee is unique; however, evaluation grantees share many important characteristics with each other and with Title VI grantees in general. Because of this, **the evaluation grantees may be considered representative of Title VI grantees as a whole.** These similarities include the characteristics of the elders served—such as age, employment status, and living status (**Figure 5**)—as well as contextual factors, including number of grantees in rural settings and poverty rates among community members. An exception is that evaluation grantees, collectively, serve a greater number of AN and NH elders than do Title VI grantees (i.e., 30% in the case of evaluation grantees versus 9% for other grantees). In terms of the overall number of grantees, the 12 Title VI evaluation grantees represent 4 percent of all Title VI programs and 10 percent of those who participate in the NRCNAA Elder Needs Assessment.

ELDER HEALTH AND NUTRITION

Overall, as described, Title VI evaluation elders are similar to those of other Title VI grantees. Although elders in both groups experience challenges related to their health and overall well-being, including challenges with activities of daily living (ADL) and instrumental activities of daily living (IADL), they also largely report feeling happy.

FIGURE 5. EVALUATION GRANTEE ELDERS AND TITLE VI GRANTEE ELDERS SHARE IMPORTANT CHARACTERISTICS



Data Source: NRCNAA Elder Needs Assessment

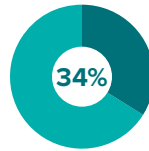
PROGRAM IMPLEMENTATION

To maximize program service delivery, the Title VI evaluation grantees draw upon various available local resources, including support from their tribe/parent organization and partnerships with local social service providers in their community. ICF considered all available data sources from the Evaluation of the ACL Title VI Programs (Table 1) to provide an overall picture of Title VI program implementation.

Program Management and Staffing

Staffing Structure

All evaluation grantees have a program director and at least one other staff member, most often a cook or driver. The staffing structure otherwise varies across grantees, particularly when providing caregiver support services. Most evaluation grantees do not have a dedicated caregiver program coordinator; instead, caregiver support duties are spread among the program director and other staff. Other common staff positions include activity directors, office managers, and case managers.



More than one-third of evaluation grantees (34%) have a designated caregiver program coordinator.

On average, evaluation grantees employ four staff members to support their Title VI programs.

Data Source: PPR, 2018

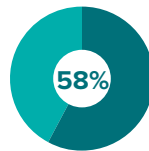
Because Title VI teams are typically small, staff must work together to manage an array of responsibilities and are often cross-trained to step in as needed to ensure service delivery. This often means the director may help serve meals while the cook helps with elder transport. Such cross-training also helps to address challenges that may arise from staff turnover—a common occurrence across evaluation grantees.

We're all cross-trained in the various aspects of the program. Just so that we can ensure that service continues even though one of us may not be here or the cook is out or both cooks are out, we all can step up and cook. We can all drive the vehicle. We can all conduct the interviews. We can all conduct application assistance. We're all cross-trained in pretty much every aspect of our program."

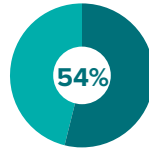
—Title VI Program Director

Program Structure/Organization

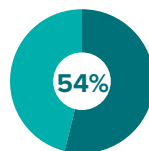
Title VI program services typically are delivered through elder or senior programs within a tribe or other Indigenous community organization. Most of the evaluation grantees operate their program as an independent department within their tribe/organization but coordinate to a varying extent with other tribal departments or local programs. In addition, half of the evaluation grantees have an elder advisory board or committee that help direct program activities.



Program directors reported that their Title VI program is administered as an independent division of the tribe, tribal consortium, or intertribal council.



Program directors reported that their Title VI program has an advisory board or committee.



Evaluation grantees reported they have a formal relationship with their tribal health department.

Data Source: n4a Title VI Program Survey

Program Resources

For many evaluation grantees, Title VI funding does not cover the full cost of their program service delivery. Several program directors emphasized the limited nature of Title VI funding and suggested that Title VI funding supports a small proportion of their overall Title VI program implementation or that it covers service provision for a limited period, not lasting through a full year. Two program directors estimated that Title VI funding covers only one-quarter of their Title VI services.

LIMITED FUNDING

We're expected to provide certain services, but, of course, number one, the funding is not nearly adequate to do all that's expected. To sum everything up, there's a lot expected of a Title VI program without adequate funding."

—Title VI Program Director

As a result, **most evaluation grantees rely on additional funding streams to support services and staffing for their Title VI programs.** Outside funding sources vary across grantees. In most cases, the tribe is a major source of additional funding used to sustain Title VI service provision throughout the year. Most grantees also seek additional grants (e.g., from federal and state agencies, and foundations) to support their program; these are typically topical grants, such as for elder abuse prevention or that address health issues like diabetes. Some grantees also host community fundraising events, such as raffles, bake or craft sales, or annual events or dinners. A few grantees receive small donations of funding or resources (e.g., produce from a community garden, gift certificates, or supplies) and occasional support from volunteers, who help with activities, such as large events. Most evaluation grantees (75%) reported they do not bill Medicaid for any home- or community-based services.

FILLING IN THE GAPS: SUPPORT FROM THE TRIBE

Let me tell you this, if we didn't have our tribe supporting and supplementing our program, we wouldn't be where we are."

—Title VI Program Director

If it wasn't for the investment from the tribe, there's no way we could do it with just Title VI dollars ... (Otherwise) our services would be probably a third of what we're providing. So, the funding is great, but it's just not enough to have the capacity to do everything that's required."

—Title VI Program Director

SUPPORT FROM THE TRIBE VARIES FROM YEAR TO YEAR

Although funding from tribes provide crucial support, some grantees report it is not always a consistent or reliable source because it largely depends on the priorities of tribal governance. For most evaluation grantees, elections occur on a 1- to 2-year election cycle. As priorities and funding levels fluctuate, Title VI program directors report that they must reshape the scope and range of Title VI service provision.

TITLE VI FUNDING: A LIMITED BUT CRITICAL RESOURCE

Title VI programs often provide the following:

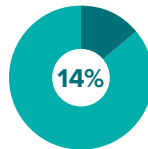
- ▶ Sole source of nutritious meals for elders per day
- ▶ Sole means of transportation for elders, such as for shopping and medical appointments

COMMONLY REPORTED SUPPLEMENTAL FUNDING SOURCES:

- ▶ Tribe (general funding)
- ▶ State and other federal funding:
 - U.S. Department of Agriculture reimbursement for meals
 - OAA Nutrition Services Improvement Program
 - Medicare Improvement for Patients and Providers Act
 - AmeriCorps services for elders
 - Diverse grants (e.g., to prevent elder abuse or address health issues, such as diabetes)
- ▶ Fundraising (e.g., raffles, bake or craft sales)
- ▶ Local nonprofits, associations, and community organizations
- ▶ Individual donations

LACK OF BUDGET OVERSIGHT

Program staff often lack control of, or access to, their Title VI budgets, making it difficult to plan independently.



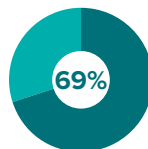
14% of evaluation grantees are solely funded by Title VI, receiving no other financial support to maintain their programs.

Data Source: n4a Title VI Program Survey

Despite the limitations of Title VI funding, evaluation grantee program directors report that this funding is essential because it provides a foundation for Title VI program service delivery. Title VI funding helps to ensure that basic services for elders and caregivers in need can be provided with consistency.

So, you think about not just our program but other programs . . . how do they survive with just Title VI funding when it's not sufficient? But, at the same time . . . it's an **integral part of our funding** because we take that away and we're taking away **the meat and the bones of the program** And why we're even in existence. So, while it's so minimal, I think it's really important that we have it."

—Title VI Program Director



Nearly 70% of evaluation grantees receive additional funding from the local Title III organization or Area Agency on Aging (AAA).⁷

Data Source: n4a Title VI Program Survey

\$577,933

—Average program budget of which 53% is Title VI funding (Parts A/B and C)

Data Source: n4a Title VI Program Survey

⁷Title III authorizes grants to 56 State Units on Aging (SUAs) and 629 AAAs to act as advocates on behalf of, and to coordinate programs for, older persons. Title III services are available to all persons ages 60 and older but are targeted at those with the greatest economic or social need, particularly low-income and minority persons, older individuals with limited English proficiency, and older persons residing in rural areas (CRS, 2018). <https://fas.org/sqp/crs/misc/R43414.pdf>

Importance of Collaboration and Partnerships

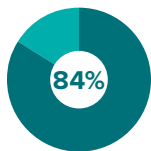
In the context of limited funding and other resources, partnerships played a critical role in helping evaluation grantees sustain and, in some cases, expand Title VI service delivery. As noted, all evaluation grantees have some level of partnership with other tribal departments and agencies, as well as with a variety of local, state, and other organizations or groups. Key program partners internal to the tribe often include housing, transportation, utilities, and health and wellness departments. For example, grantees often work with their tribal transportation department to provide or supplement transportation services for elders. Trainings for program staff, elders, and caregivers on specific topics, such as Medicare coverage and home safety tips, are often provided by partners such as AARP.

TITLE VI PROGRAM PARTNERS

Title VI programs partner with other agencies to provide services to elders:

- ▶ Tribal health department
- ▶ Nontribal health department
- ▶ U.S. Department of Veterans Affairs
- ▶ Transportation agencies
- ▶ Nursing homes and assisted-living facilities
- ▶ State health insurance assistance programs
- ▶ Adult protective services
- ▶ AARP

Some evaluation grantees also coordinate with local Title III programs. For example, at one grantee site, the Title III program provides home-delivered meals and the entrée for the congregate meal, which is then supplemented with side dishes (e.g., soup, vegetables, and dessert) through Title VI Part A funding.



84% of Title VI evaluation grantees receive support from non-Title VI program staff who help to implement program activities and services (e.g., a dietitian or wellness coach).

Data Source: n4a Title VI Program Survey

If there's a need for us to reach out to other programs within the tribal organization, we do that, and we built a strong partnership with the community care services. We collaborate with the community care services . . . we do a lot of educating of the local programs and other community service programs who can help our elders as well."

—Title VI Program Director

Program Delivery

Nutrition and Supportive Services for Elders

All evaluation grantees provide core nutrition and supportive services for elders, including congregate and home-delivered meals, and information and referral services. Some grantees also provide other supportive services, such as transportation, personal care, help with chores and tasks in the home, nutrition education for elders, trips/outings, bank and bill pay, and shopping assistance. A few grantees offer cultural, language, and traditional dance as activities for elders to participate in. In addition, a few programs provide intergenerational activities that pair elders with youth.

On average each year, evaluation grantees serve the following:

522 Part A/B clients (nutrition and supportive services)

189 Congregate meal elders

76 Home-delivered meal elders

Data Source: PPR, 2018

Meal programs are the focal point around which other services are organized.

For our elders . . . nutrition is always big. That, we're able to do, but sometimes home delivery is a greater need than we can necessarily provide for. So, I know there are some gaps in our service area because we just can't get to some people."

—Title VI Project Director

WHAT IS PART A/B?

The Indian Program (Part A) and Native Hawaiian Program (Part B) authorize grantees to provide nutrition and supportive services to tribal elders to reduce hunger and food insecurity, promote socialization, and improve health and well-being. Grantees are required to provide congregate and home-delivered meals and supportive services, including information and assistance. Other supportive services, such as case management, transportation, and health promotion and wellness, although not required, are encouraged.



Congregate meals—Hot meals served in a group setting for elders often include activities and speakers.



Home-delivered meals—Balanced meals that are delivered 5 days a week to home-bound elders.



Information and assistance—Information to elders on available services and hands-on support to help elders access services.



Case management—Assessment of elders' needs and ongoing support to help maintain elders' health and well-being.



Transportation—Transport to and from congregate meals and activities, medical services, outings, and social events.



Health promotion and wellness—Activities that often include evidence-based programs to help elders stay healthy and active.

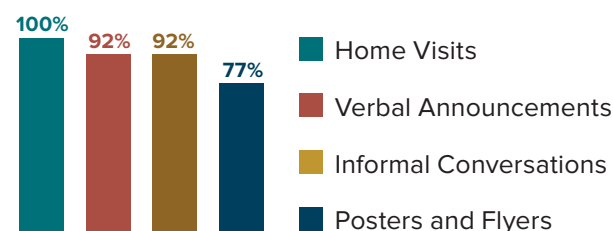
MORE THAN TWO-THIRDS OF PROGRAMS PROVIDE:



Elder abuse prevention and intervention services, including case management for victims of abuse or neglect and community education.

TYPES OF OUTREACH PROVIDED

Program directors provide outreach for elders and caregivers in various ways.



Data Source: n4a Title VI Program Survey and Title VI Program Staff Interviews

NUTRITION SERVICES PROVIDED



11 of 12 grantees provide **congregate meals**



11 of 12 grantees* provide **home-delivered meals**

*One grantee partners with its Title III program to provide home-delivered meals

Some grantees who are in remote or isolated locations or who have multiple program sites address relatively complicated service delivery needs, often with limited staff, vehicles, and other needed resources. For example, some provide home-delivered meals or in-home services for elders over long distances and wide service areas. Others face issues such as road closures due to winter weather, which may delay meal delivery to elders or interrupt delivery of food or supplies from city locations. Lack of cell phone service in rural service areas also complicates the delivery process.

SUPPORTIVE SERVICES PROVIDED

- ▶ Information referral/assistance
- ▶ Transportation
- ▶ Trips/outings
- ▶ Bank and bill pay
- ▶ Shopping assistance
- ▶ Home care and help with chores
- ▶ Health promotion and wellness activities
- ▶ Case management
- ▶ Outreach (e.g., flyers, announcements, informal conversations)
- ▶ Special events
- ▶ Presentations
- ▶ Exercise/fitness
- ▶ Cultural activities (e.g., language education, traditional music/dance, intergenerational activities)

Data Source: PPR, 2018

TRAVEL FOR SERVICE DELIVERY

The average round trip for home-delivered meal service requires about 3 hours, including driver stops for meal delivery or related activity.

The greatest distance that Title VI program staff travel to provide services is about 24 miles one way.

Data Source: n4a Title VI Program Survey

489

Median number of elders eligible to receive Title VI services (range: 149–15,016).

Data Source: Title VI Program Applications

Caregiver Support Services

The range of Part C, Caregiver Support Services, provided varies considerably across the evaluation grantees. The majority provide information, outreach, and assistance to support caregivers in accessing services (Figure 6). Counseling, support groups, and caregiver trainings are less frequently provided. The range and types of caregiver services provided did not depend on how long grantees had been receiving Part C funding.

Respite

64% Evaluation grantees provide respite services.

- ▶ Respite coverage is typically provided in the home by a respite provider, often a family member or close friend.
- ▶ Usually a voucher or stipend is provided to the main caregiver to support a respite provider for a limited number of hours per week or month.

Supplemental Services

82% Evaluation grantees maintain a roster of caregivers served.

- ▶ Of those, an average of 13 caregivers per grantee were served in 2019.
- ▶ Services often include durable equipment (e.g., walker, portable commodes), lending closets, and disposable supplies, such as adult diapers, wipes, and gloves.

- Half of the evaluation grantees have received Part C funding for more than 10 years.
- The other half have received Part C funding for 5 years or less.

WHAT IS PART C?

The Native American Caregiver Support Program (Part C) supports unpaid family caregivers in caring for an elder family member, a grandchild, or an adult with disabilities. The OAA authorizes grantees to provide caregiver support services, including information; assistance; counseling, support groups, and training; respite; and supplemental services.



Information—Provides information to caregivers on available services, often through public service announcements, health fairs, and program brochures.



Respite—Provides temporary support so caregivers can have a break from caregiving.



Assistance—Includes hands-on support to help caregivers access services and case management.



Supplemental services—Offered on a limited basis, these may include home modifications (e.g., handrails), assistive technologies, or consumable supplies (e.g., gloves and adult diapers).



Counseling, support groups, and training—Supports caregivers in decision-making and problem-solving related to their role as caregivers. Trainings often focus on stress relief and financial literacy.



Although the OAA defines Part C as delivery of all five of these services, not all Title VI grantees implement these services.

FIGURE 6. PART C SERVICES PROVIDED BY EVALUATION GRANTEES

All evaluation grantees report partnering or collaborating with a variety of local, state, and other organizations or groups to help provide services for caregivers.

Examples of Partners

- ▶ Tribal housing departments
- ▶ Tribal or state transportation departments
- ▶ Local utility departments
- ▶ Health and wellness programs (e.g., Indian Health Service, local clinics, hospitals, local and state health departments)
- ▶ State and national organizations (e.g., Alzheimer's Association, American Heart Association, AARP, U.S. Department of Veterans Affairs)

GRANDPARENTS RAISING GRANDCHILDREN

Nearly three-quarters of evaluation grantees provide support to grandparents raising grandchildren.

IDENTIFYING CAREGIVERS

Caregivers are identified via self-selection; staff-directed outreach; and referrals through family, peers, clinics, and other community and tribal agencies.

WHO IS A CAREGIVER?

TITLE VI DEFINITION

Family Caregiver

- ▶ An adult family member or unrelated individual who provides informal in-home and community care to an individual who is older, an individual of any age with Alzheimer’s disease, or an individual with a related disorder with neurological and organic brain dysfunction

Grandparent Raising Grandchildren

- ▶ A grandparent or step-grandparent
- ▶ Age 55 or older and
 - Lives with the child (under age 18)
 - Is the primary caregiver

Older Relative Who Provides Care for an Adult (ages 18–59) With Disabilities

- ▶ A parent, grandparent, or other relative by blood or marriage
- ▶ Age 55 or older and
 - Lives with the individual with disabilities (ages 18–59)
 - Is the primary caregiver



WHAT WE LEARNED

Caregivers do not self-identify as caregivers.

- ▶ Many caregivers do not identify themselves as “caregivers.” They view caregiving as a natural extension of their responsibility to their family.
- ▶ Caregivers often do not think they are eligible for caregiver services or support.

I think, number one, the caregivers don’t really know that they’re caregivers in the community. They’re just so used to taking care of somebody that they don’t consider themselves to be that precious to that individual. So, they need to be identified, I think.”

—Title VI Program Staff Member

Caregivers are family.

- ▶ Caregivers work hard to meet the needs of an ill or disabled family member to avoid placing loved ones in a care facility.
- ▶ Caregivers often fall into the caregiving role without the training or knowledge to support them. Many tasks can be challenging, such as safely lifting a disabled family member, administering medical care at home, navigating medical or insurance processes, or recognizing the signs of depression in a loved one suffering from chronic illness.

Caregivers are elders.

- ▶ In many cases, caregivers are elders themselves caring for other elders (e.g., spouse, siblings, or cousins) as well as grandparents raising grandchildren.

I think a lot of the problem is people are living too long now, and now it’s people like us that are actually old that are taking care of people that are older.”

—Title VI Caregiver

Program Monitoring and Evaluation

Program tracking and performance monitoring vary considerably across grantees. All Title VI evaluation grantees collect some program data as part of their annual PPR to ACL, which requires grantees to track the number of clients and number of units by service category. Examples include:

- ▶ Number of congregate and home-delivered meal clients and units served
- ▶ Transportation mileage.

Some grantees also have local-level reporting requirements, such as monthly program reports for their tribal council, department head, or other funders (e.g., state). In addition, all of the evaluation grantees conduct elder intake assessments to collect information on demographics, nutrition, and caregiving needs of elders, which is used to direct service and supports for them.

Grantees reported several challenges that impact the delivery of nutrition and supportive services as well as caregiver support services. Grantees, along with ACL, also have identified strategies to overcome difficulties and ensure Title VI service provision.

PROGRAM DIRECTORS DESCRIBED CHALLENGES WITH ACL REPORTING REQUIREMENTS, INCLUDING:

- Understanding what data to collect
- Aligning data collection with other reporting requirements (e.g., local or state reports)

TITLE VI EVALUATION GRANTEES ARE GROWING THEIR PROGRAMS*

Several evaluation grantees reported program growth over the Title VI grant cycle (2017–2020), such as the addition of new program services or program sites. The changes often included enhancements to the core nutrition, supportive, and caregiver support services.

Expanded Services

- ▶ Increased number of meals provided (e.g., from two to three meals per week)
- ▶ Increased referral options for caregivers to include referrals to local mental health providers and other local support services
- ▶ Increased number of site locations for congregate meals and activities for elders

New Activities



An elder/youth mentorship program



An exercise program for elders



A support group for caregivers supporting elders with dementia

Strategies Used to Expand Programming

- ▶ Assessing community needs to understand elder and caregiver needs
- ▶ Engaging an elder council to provide input and guidance on program change
- ▶ Leveraging funding, guidance, and other resources through partnerships with organizations and individuals in the community
- ▶ Researching available community resources and local groups to enhance referral options

And to my advantage, in my group of elders, we have monthly elder council meetings where they decide the direction and what the (program) focus will be as we move forward. And they have a very strong voice.”

—Title VI Program Director

*These changes are unrelated to program changes associated with the COVID-19 pandemic.

FINDING SOLUTIONS TO PROGRAM CHALLENGES

CHALLENGES

Limited Funding/Resources. Limited funding impacts grantees' ability to provide a full range of Title VI services to meet the needs of their community. Limited resources also impact opportunities to hire or retain qualified program staff, provide ongoing staff training, or provide living wages to support Title VI staff and reduce turnover.

Small Teams and Staff Turnover. Title VI teams are typically small, and some grantees experience frequent staff turnover, which can disrupt service provision as well as efforts to expand and improve program elements. For example, one-third of evaluation grantees experienced turnover of program directors or other staff midway through the Title VI grant cycle (2017–2020).

Lack of Understanding of Title VI Services. Across evaluation grantees, understanding of Title VI program requirements and service categories varies. Grantees often report confusion regarding what qualifies as a Title VI service, and their knowledge of Part C guidelines and required services, including what constitutes the five required services and who is eligible for caregiver support services, is particularly limited.

Outreach and Participant Recruitment. Program staff described difficulty raising awareness and engaging with elders and caregivers. In particular, they noted that caregivers often do not self-identify as caregivers, and that there is both a lack of awareness among caregivers as to available supports and a reluctance among caregivers to seek assistance.

SOLUTIONS

Supplemental Funding. Many evaluation grantees obtain supplemental funding from their tribe; other federal, state, and local grants; donations; and fundraisers to bridge the gap between Title VI funding and actual program costs.

If we don't have tribal supplementation a lot of the services that are offered will be very limited to nonexistent We're able to do a lot more because of the supplemental funding."

—Title VI Program Director

Partnerships and Collaboration. Grantees rely on partnerships with other tribal departments, community organizations, health centers, topical experts (e.g., health educators), and others who provide resources and expertise to complement program efforts.

I'm a firm believer in partners. I've got quite a few. So, my partners have been keeping us very, very busy."

—Title VI Program Director

Strong, Integrated Teams. Several program directors described having highly dedicated, collaborative, and solution-oriented teams. Such dedication, combined with efforts to cross-train staff to ensure that each staff member can perform an array of tasks, helps to promote ongoing and uninterrupted service delivery.

I'm lucky to have a staff who has that true commitment and that true compassion to be able to become family to a lot of the clients we serve."

—Title VI Program Director

TTA. Since learning of grantee confusion regarding the Part C program as a result of this evaluation, ACL has begun developing additional guidelines and resources to support Title VI grantees.

Increased and More Targeted Recruitment. Program staff increased one-on-one outreach to engage eligible elders and caregivers and to build awareness of Title VI program services. One grantee developed a brochure targeted to caregivers with examples of caregiving and listing available caregiver services and supports.

One day (the program director) approached me and told me, I know you're doing a lot for your parents. So, he invited me to come over, so I started coming over."

—Title VI Caregiver

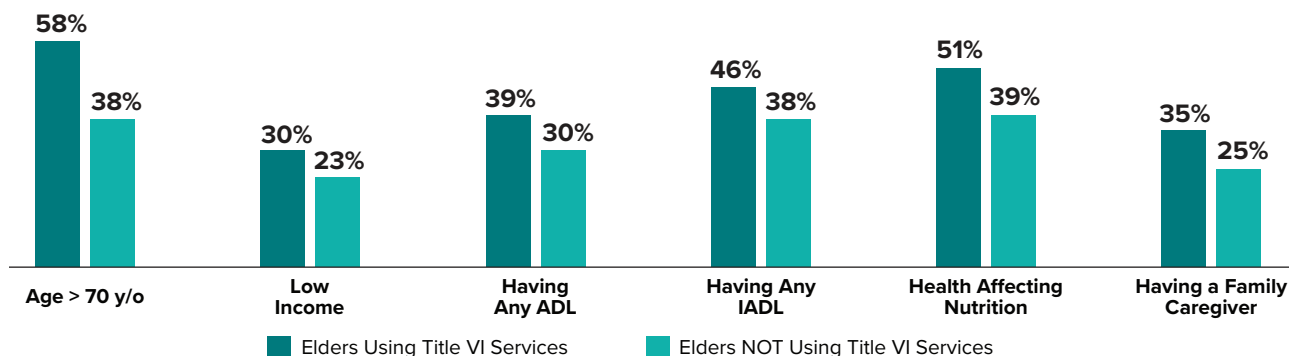
PROGRAM IMPACT

Title VI Programs Are Serving Elders Most in Need

As described, the OAA is the primary federal support for the delivery of social and nutrition services for older adults. As part of the OAA, Title VI authorizes funds to reach AI/AN/NH elders most in need of support to reduce hunger, avoid food insecurity, and ensure overall health and wellness. The core Title VI services—congregate and home-delivered meals, supportive services, and caregiver support services—are designed to promote health, socialization, independent functioning, and quality of life. Together, these services help to keep elders in their homes and communities.

Consistent with the intent of the Title VI programs, elders using at least one Title VI service (Title VI elders) tend to be elders in greater need of support compared to elders not participating in Title VI services (non-Title VI elders). Specifically, **Title VI elders are older, have lower income, and are more likely to have difficulty with ADLs and IADLs** (Figure 7).⁸ Also, Title VI elders more often have a health condition affecting their nutrition and more often report having a family caregiver who provides them with needed support.

FIGURE 7. ELDERS USING TITLE VI SERVICES HAVE GREATER NEED OF SUPPORT

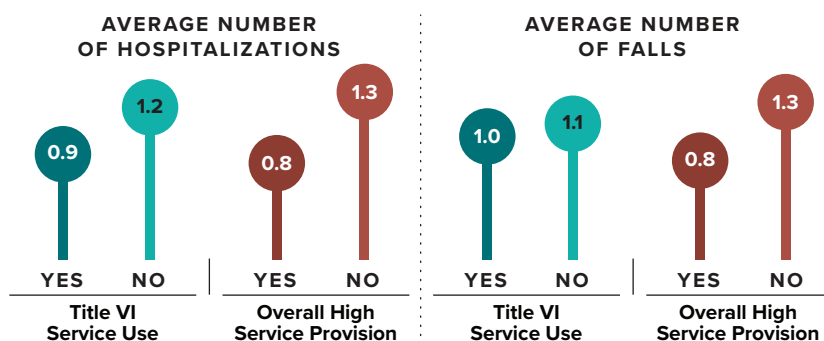


Data Source: NRCNAA Elder Needs Assessment

Elders Receiving Title VI Services Experience Fewer Hospitalizations and Falls

Elders receiving any Title VI services experienced significantly fewer hospitalizations and falls per year in comparison with elders who did not receive or participate in Title VI services. This difference is even more pronounced for elders served by grantees who provide a higher number of services⁹ compared to elders served by grantees with lower levels of service provision (53% fewer hospitalizations and 45% fewer falls; see Figure 8).

FIGURE 8. ELDERS USING ANY TITLE VI SERVICE EXPERIENCE FEWER HOSPITALIZATIONS AND FALLS*



*Statistically Significant Relationship at $p < 0.05$ Data Source: NRCNAA Elder Needs Assessment

»»» TITLE VI IMPACT

Elders receiving Title VI services experienced **36% fewer hospitalizations and 10% fewer falls per year.**

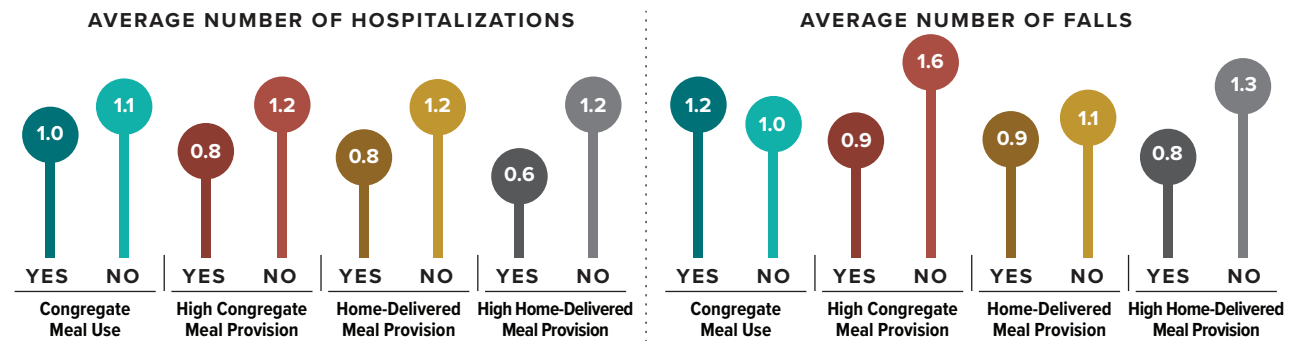
Data Source: NRCNAA Elder Needs Assessment

⁸ADLs are basic actions that independently functioning individuals perform on a daily basis. These may include bathing, dressing, transferring (moving to and from a bed or a chair), and caring for incontinence. Many public programs determine eligibility for services according to a person's need for help with ADLs. IADLs are activities that are not necessary for basic functioning but are necessary to live independently. These activities may include doing light housework; taking medication; preparing and cleaning up after meals; shopping for groceries or clothes; using the telephone; managing money; taking care of pets; using communication devices; getting around the community; and responding to emergency alerts, such as fire alarms.

⁹Guided by Title VI program regulations, high service provision grantees were defined as providing 5 or more days per week of congregate meals, more than 120 meals per client annually for home-delivered meals, and 4 or more supportive services.

Elders who receive congregate and/or home-delivered meals also experience fewer hospitalizations and falls in comparison to elders not receiving these services (Figure 9). Elders served by grantees who provide a higher number of nutrition services have the lowest average number of hospitalizations and falls in comparison to other elders.

FIGURE 9. ELDERS WHO USE NUTRITION SERVICES EXPERIENCE FEWER HOSPITALIZATIONS AND FALLS*



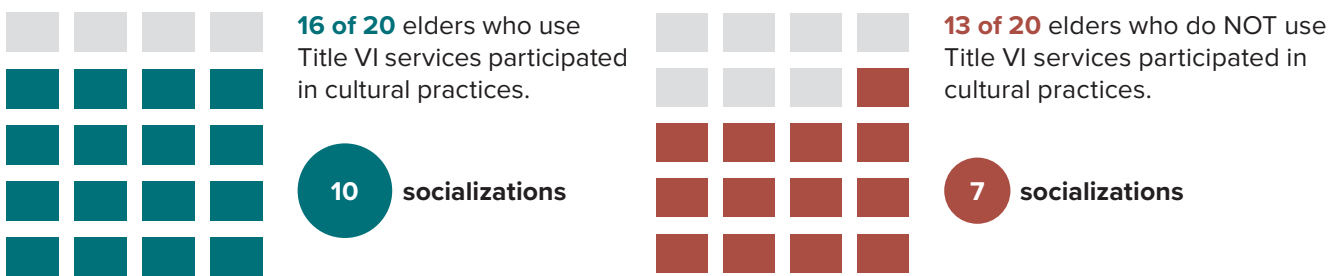
*Statistically Significant Relationship at $p < 0.05$

Data Source: NRCNAA Elder Needs Assessment

Elders Participating in Title VI Services Experience Greater Social and Cultural Connectedness

Elders participating in Title VI services are more likely to engage in cultural practices on a monthly basis and report more instances of social activity compared to elders who do not participate in Title VI services (Figure 10). The difference was greater in the case of elders served by grantees who provided higher numbers of services (Figure 11).

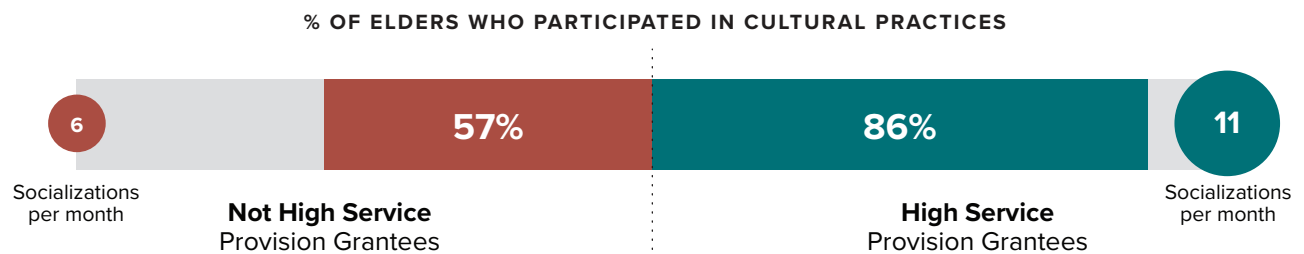
FIGURE 10. ELDERS PARTICIPATING IN TITLE VI SERVICES PARTICIPATE IN MORE CULTURAL PRACTICES AND SOCIAL ACTIVITIES



Data Source: NRCNAA Elder Needs Assessment

More elders using Title VI services **participated in cultural practices** at least once a month compared to elders who did not use Title VI services (79% versus 65%). Elders using Title VI services also had a higher number of **socializations** per month.

FIGURE 11. ELDERS FROM HIGH SERVICE PROVISION GRANTEES PARTICIPATE IN MORE CULTURAL AND SOCIAL ACTIVITIES

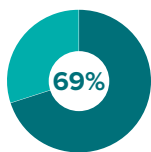


Data Source: NRCNAA Elder Needs Assessment

Title VI Programs Provide Opportunities for Improved Health and Wellness and Social/Cultural Connectedness

Promote Physical Health

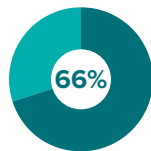
Title VI nutrition services fulfill a critical need for elders, in some cases providing the only hot, nutritious meal in an elder's day. Balanced and nutritious meals help elders maintain their health, avoid illness, and improve their overall well-being.



Nearly 70% of program directors reported they are able to meet at least some of their elders' needs (e.g., nutrition, transportation, referrals).

You know, homebound . . . elderly might not have a balanced meal in the home. Maybe that's the only meal that they get in the day."

—Title VI Elder



Of elders' needs met, 66% are congregated and home-delivered meals.

Data Source: n4a Title VI Program Survey

Home-delivered and congregate meals are the most used Title VI service and the service having the most significant impact on elders."

—Title VI Program Director

Provide Social and Cultural Connection

For many elders who participate in congregate meals, the communal dining experience provides far more than a meal—it provides a much-needed chance for elders to tell stories about their lives, ask questions, and share their concerns or needs with Title VI program staff. The congregate meal is an event that improves elders' moods and provides opportunities for friendship and a sense of belonging to the community. Similarly, for homebound elders, a visit from a meal delivery driver provides them with much-needed social contact and support from a caring staff member. For many homebound elders, meal delivery sends a powerful message that they are not alone or forgotten. Elders also appreciate that grantees often serve traditional, native food, providing for cultural connection.

When you're home alone, you might fix something but you're not happy because you know you're all alone, sitting there trying to eat that meal. And when you're here, you have people around you talking, laughing, and seem to enjoy the meal."

—Title VI Elder

We come here and share. Everybody is eating it. It makes you feel good . . . It's the way the cook prepares it. The native culture, you have it here and we all share that because we can't go home to do that, have the native food."

—Title VI Elder

6% fewer elders reported a meal inadequacy and/or eating alone between Cycle VI and Cycle VII.

Data Source: NRCNAA Elder Needs Assessment

[I like best] that somebody comes into my house when I'm really down, and they take the time to come in and say hello and give you a hug."

—Title VI Elder

I'd be very, very down if somebody didn't stop to see me every day. Some days are long, long, long when you're not feeling good. And them coming in personally to check on you . . . and I rely on them coming to see I'm alright and if I tell them something, they'll go do it for me."

—Title VI Elder

Relieve Stress and Promote Mental Well-Being

Title VI nutrition services provide elders with "something to look forward to" and relieve stress and burden. Grantees with more robust service provision had higher reports of elders feeling happy most of the time. Elders receiving meals (congregate or home-delivered) from higher service provision grantees were more likely to report feeling happy than elders from lower service provision grantees. Receiving nutrition services was, itself, a positive predictor of elders' mental well-being.¹⁰ For many elders, due to illness or disability, cooking can be difficult, and Title VI relieves them of worry about preparing a meal. Moreover, the meal service reduces the burden on family caregivers, which often relieves stress for elders.

»»» TITLE VI IMPACT**A robust nutrition program positively predicts elders' mental well-being.¹¹**

[The program is] something to look forward to. Sometimes you don't have anything to look forward to in the daytime. I know I get that way sometimes."

—Title VI Elder

I'm disabled and I can't prepare good meals for myself, you know, that's why I count on the delivery system there to provide me with beneficial meals like that."

—Title VI Elder

And we just think the world of our drivers . . . They're checking on us . . . and that's safety, and they're eyeballing us and making sure, things like that. I think that's a plus for us."

—Title VI Elder

I have my daughter who I live with and [the meal delivery] helps quite a bit because she prepares my breakfast and my dinners, and this . . . just gives her a chance to go and do things on her own that she wants to do . . . And it makes me feel better that she can do other things."

—Title VI Elder

I would say it helps me growing old. To grow old and to be neglected would be really . . . I'm searching for the right word. It would be disastrous."

—Title VI Elder

¹⁰Inferential analysis revealed that elders from grantees with overall high service provision for congregate meals and home-delivered meals may expect to report feeling happier ($\beta_1 = 0.09$, $p < 0.05$; and $\beta_1 = 0.11$, $p < 0.05$, respectively) compared to elders from a lower service provision grantee. See Appendix B (Methods) for additional details.

¹¹Statistically significant relationship ($p < 0.05$) between grantees' high service provision and elders' mental well-being. Controlled for county poverty rate, rurality, and percentage of elders older than 70 years of age.

Supportive Services

Title VI programs provide supportive services for elders, including information and assistance, outreach, case management and transportation, and homemaker and chore support, among others. Services reported to be the most helpful to elders were transportation, social and cultural activities, educational opportunities, physical activities, and linkages and referrals to supports.

Transportation

Many elders emphasized the importance of transportation services, which help them access medical appointments, go shopping, run errands, and attend congregate meals. Across all Title VI programs, elders need transportation support, particularly in rural communities that do not have centralized services. Although recognized as critical, not all programs are able to provide this service.

In 2018, evaluation grantees provided elders with, on average, more than 6,400 rides.

Data Source: PPR, 2018

Transportation plays a big role over here, having them pick us up or take us home, or even taking you to your appointments or wherever you want to go to make an appointment at the tribal office or whatever.”

—Title VI Elder

It’s very hard to get around and all that. And if that transportation was not there either, we won’t be able to come over here.”

—Title VI Elder



Social and Cultural Activities

Elders appreciate that the Title VI programs offer them activities and opportunities for social and cultural connection, such as language programs, exposure to cultural practices, peer sharing and learning, and intergenerational experiences. Many elders see this as a valuable way to keep their culture alive.

Since I’ve been in the program, I’ve been getting into learning about the culture. I am just starting to hula, which I never did in my whole life.”

—Title VI Elder

Because when you think about it, if we don’t grab onto it now, it’s just going to fade away. We have to do it now because a lot of it is already gone, so we have to start doing it now within ourselves.”

—Title VI Elder

... but truly the Native American community is a family. We are a family and those values are here and the senior center promotes that. And it’s the glue moving that culturally forward, so that’s the big importance there, too.”

—Title VI Elder

It’s a lot of camaraderie here. People getting along, making new friends, etcetera. So, friendship—that’s one of the main things. You get to see people, meet people, talk with people. A building is just a building, but the people make the place a place. And there’s some pretty good people around. That’s the main reason why I come.”

—Title VI Elder



Educational Opportunities

Elders also participate in educational opportunities through Title VI, including “lunch and learns,” which focus on nutrition, Medicaid services, and substance abuse, among other topics. Nutrition education, for example, guides elders in selecting healthier foods and promoting their physical health.

But since we had the talk, I'm more aware of the food I'm putting in my mouth. I'm kind of paying attention to what's going on and the sugar part of it, cutting that out, cutting down on it.”

—Title VI Elder

I guess it's about being well-informed about what we're supposed to do at our age, and when we have people come to speak to us and tell us about our high blood pressure, about our diabetes. So, that's good, that keeps us well-informed, and I like that.”

—Title VI Elder



Physical Activity

In addition, many programs offer physical activities and exercise opportunities, including Senior Olympics. Elders enjoy these and shared that these activities help keep them physically and mentally active.

We did a line dance here and it's an exercise. You know when you exercise your legs and stuff, that's really helpful. So, I'm glad somebody brought that exercise because we need that as we age.”

—Title VI Elder

They always tell me, my doctors, to not just sit around. I just need to move around, exercise . . . And we really need that, no matter what age we are, we need that regular exercise.”

—Title VI Elder



Linkages/Referrals

Many elders reported appreciating assistance in being linked to other needed resources and supports through their Title VI program.

. . . what I think is so neat is if I needed handrails in my house, I know she'd know where the resources are at. She's a good resource person for us seniors. All we have to do is pick up the phone and she'll direct us or check on it herself.”

—Title VI Elder

But I appreciate everything that happens here, the staff, they're very attentive. And they're very observant in terms of, at least, help. They'll ask you . . . they'll address your issue: ‘How are you doing, what's happening, do you need help?’”

—Title VI Elder

Caregiver Support Services

Caregiver support services are essential because they provide relief to caregivers and help improve their overall quality of life.



Information and Assistance

Caregivers genuinely feel connected to and supported by Title VI program staff and rely on staff to support them. Program staff share useful resources and information about available caregiver services and provide referrals to ensure better care for caregivers and their family members.

They've got tons of information. Anything you want to know, they bend over backwards and get it for you. If they aren't able to have somebody come in for you, they give you information to rural resources or things like that."

—Title VI Caregiver

[The staff member] is so caring, and she always gets right back with you. That's important because you're already frustrated or lacking sleep, and she always tries to find a resource for you. That's what I like about her. And she comes out to visit. She checks up on the person that needs the care and the providers, as well, to see if there's anything she could help out with."

—Title VI Caregiver



Respite

For the programs that offer respite services, caregivers reported that this service provided them with an opportunity to take a needed break from the challenging work of caregiving and to attend to other aspects of their lives.



One-third of evaluation grantees believe they are meeting caregivers' needs for respite services.

I know as a caregiver I need time for myself. It's hard to take care of somebody else and not take care of yourself. How do you be strong for them when you can't even take care of your own self? With mom, it's good that somebody else comes in. And, that I take time out for me, and I go do what I need to do."

—Title VI Caregiver

My mom liked to argue, especially when her dementia got worse, and [the respite] gave me a little bit of a break from her. I hate to say that."

—Title VI Caregiver



Counseling/Support Groups/Training

Of the two programs that offered caregiver support groups as part of their Part C services, caregivers shared that the support groups helped them manage the stress of caregiving. The support groups helped caregivers learn from other caregivers who face similar issues and gave them renewed strength to continue providing care.

It's most helpful for us as caregivers to take time away from our home, away from our clients or patients that we care for. I'm a 24/7 caregiver and to just get away for those few minutes over here and then to share our difficulties amongst ourselves. And as a caregiver, how to survive and take care of ourself."

—Title VI Caregiver

So, I thoroughly appreciate coming [to the caregiver group]. Because . . . of course, everything that we share amongst each other and all that stays here. And leaves that here for us to again kind of begin to be whole and start our journey again."

—Title VI Caregiver



Supplemental Services

A few caregivers reported that the Title VI program provided them with equipment, such as wheelchairs or walkers, a simple but critical resource that helped them support their care recipient to remain as independent as possible.

This last week, she needed a walker. They provided that ASAP, and we didn't have to worry about spending our own money, having to run around town and find it . . . That walker enables her to be independent instead of having to rely on somebody to help carry her to the bathroom."

—Title VI Caregiver

IMPACT OF COVID-19 AND TITLE VI EVALUATION GRANTEE RESPONSE

During the winter of 2020, the SARS-CoV-2 virus emerged, which led to the COVID-19 pandemic. Due to structural and systemic inequities disproportionately impacting communities of color, Title VI elders, because of their age and race, were especially vulnerable. During the evaluation, Title VI evaluation grantees (e.g., program directors and staff) described their experiences related to the COVID-19 pandemic, including the impact that the pandemic had on their communities and the strategies they implemented in response. Although in-person services were generally suspended, many grantees attempted to continue service delivery in creative ways, such as by shifting congregate meal provision to meal delivery or pickup, and by sending information and materials for activities home to elders and caregivers. Some grantees also offered new services or supported elders in new ways, such as by purchasing and delivering household cleaning supplies and by helping elders with miscellaneous tasks, including taking mail to the post office.

In some cases, cooks, drivers, and other Title VI staff were considered “essential workers” and continued to perform their jobs as before—preparing hot meals for elders multiple days per week. In other cases, cooks and drivers were temporarily or permanently laid off during partial or full shutdowns in grantee communities.

NUTRITION AND SUPPORTIVE SERVICES FOR ELDER



Suspended congregate meals and other in-person activities. All grantees suspended in-person congregate meals and other in-person activities, such as educational events or physical activity programs, for elders and caregivers. However, most grantees continued to provide meals for congregate participants by expanding their home-delivered meal program or establishing a socially distanced drive-up/pickup approach that allowed elders to safely collect meals to take home.



Expansion of home-delivered meals. Nearly all grantees continued (and expanded) their meal delivery service. Some grantees expanded their home-delivered meal program during the pandemic to include elders who normally participated in congregate meals and, in the case of many grantees, elders who had not previously participated in the nutrition program.

[Elders] are really appreciative of the fact that we’re able to deliver the meals to them. Just the opportunity for the elders to come and talk, even if it’s with the screen door closed. Just to say hi and how things are going and touch base with them. They really appreciate the fact that the meals are there for them.”

—Title VI Program Director



Increased demand for meals. Many grantees reported a significant increase in the overall demand for meals, with some reporting an increase of almost twice the number of elders needing meal support.

As congregate meals shifted to home delivery, the meal delivery schedule for one grantee increased from 10 deliveries per day to more than 60 deliveries per day.

One grantee reported that the combined number of home-delivered and congregate pickup meals provided during the prior month (April 2020) was equivalent to the total number of meals they provided in the previous grant year.

[We are] getting a lot of people that never came before to our program. A lot of new faces we were seeing.”

—Title VI Program Director



Delivery of food boxes. During the early stage of the pandemic shutdown, when programs were not providing daily meal service, several grantees packaged and delivered 2-week food boxes to elders. Some grantees continued to provide weekly or biweekly food boxes in addition to home-delivered meals or drive-through pickups to help meet the increased demand for nutrition support.

Food boxes included an estimated 25 to 40 pounds of shelf-stable food that elders and/or caregivers could use to quickly prepare meals.

Some grantees delivered between 150 and 250 food boxes to elders. In some cases, volunteers who were “willing to come out and help us serve our most vulnerable” helped with deliveries.



Limited availability of supplies. Several grantees reported a loss of critical resources and supplies from vendors, such as food containers, paper products, and Styrofoam food trays, making meal provision more difficult. Others reported shortages of supplies for elders, such as tissues, paper towels, toilet paper, and cleaning products.



Suspended transportation for elders. In the case of grantees who normally provide transportation services for elders (e.g., taking elders to medical appointments, the post office, the senior center, and shopping), grantees had to suspend these services.

In most cases, drivers continued to deliver meals and, in some cases, go grocery shopping or deliver mail for elders.

CAREGIVER SUPPORT SERVICES



Reduced caregiver program. Most grantees reported that caregiver support services, such as respite care and other in-home services, had been suspended. In one case, due to a community lockdown, caregivers who resided outside the community were not permitted to come into the community if they were not tribal members.

COMBATING ELDER ISOLATION



Canceled social and community events. Grantees were forced to cancel a range of in-person events, including special events planned for elders. In the case of one grantee, a 24th annual elders luncheon was canceled. More broadly, tribes canceled a range of community events (e.g., holiday celebrations, powwows, rodeos), which led to a sense of disrupted routine and decreased social connection and engagement for elders and their families.

So, **we had a real busy life going on prior to the pandemic . . . it has really changed our lifestyles a lot.** We can't go out and do a lot of things we've done before. Like within the community, they had to cancel our 4th of July events. There would be a powwow and rodeo and food vendors everywhere . . . now **all of that has been canceled. And all community events came to a halt, which affected all of us as well as our elders.**"

—Title VI Program Director

I think in this whole thing the difficulty that we've found is the issues with the social isolation. There continues to be a **decline amongst our elders** because we were always about encouraging them to leave their homes, to get out and be physical. And now we've done the opposite . . . we're telling them **'stay home, don't go anywhere.' So, it's a lot for them.**"

—Title VI Program Director

. . . a lot of the elders are taking it really hard . . . that **they're homebound and they're not allowed to leave.** Or they can't have family around to go visit them. Some of the elders that were already isolated as it was or that depended on somebody to be there with them, don't have that assistance right now. So, I think **that's probably one of the hardest things going on right now.**"

—Title VI Program Director



Increased check-ins. Many program staff described being concerned about elders' emotional well-being and them feeling isolated, forgotten, or afraid. Staff shared various strategies to enhance opportunities for social connection, including:

- ▶ Reaching out by **phone** more often to check on elders and address concerns and fears
- ▶ **Organizing volunteers** to make phone calls to elders to share news and assess needs
- ▶ Visiting **in person** while maintaining social distance.

Primarily, [elders] just want somebody to speak with. So, our conversations . . . sometimes 15–20 minutes, they really enjoy it. They express to me that they have so much gratitude to our staff because they . . . were afraid."

—Title VI Program Director

SOCIALLY DISTANCED ACTIVITIES

- ▶ Coloring books, word games
- ▶ Materials to participate in a community hummingbird coloring contest
- ▶ Small wooden structure to paint, such as a bird house
- ▶ Stress ball
- ▶ Plant pot with seeds
- ▶ Decorating sand

ACTIVITY CARE PACKAGES

- ▶ Gave elders **"something to look forward to"**
- ▶ Helped to **"keep them occupied . . . to try to get themselves out of those moods of depression."**

—Title VI Program Directors



Delivery of activity care packages. Several grantees worked to ensure elders received care packages that included activities and materials to help keep them engaged, occupied, in positive spirits, and connected to the community.

What can we do from a distance—we’ve been talking about maybe having small groups, doing conference calls with small groups. And singing—even if it’s a short time . . . we’re just trying to figure that out safely.”

—Title VI Program Director

NEW SAFETY PROTOCOLS



New safety protocols. For programs that continued to deliver meals to elders’ homes or to provide other supports involving interaction with drivers, grantees took precautions to avoid exposing themselves or elders to the virus. This included wearing a mask and gloves during home visits and encouraging social distancing with elders.

We just deliver with our protective gear on, we don’t go completely in the house. They have a little table by the door. We don’t go all the way in; we just leave it there. They tell us to stay at least 6 feet from them.”

—Title VI Driver

Elders need to be reminded to follow physical distancing guidelines: “Then another [elder] sees somebody out, then they come out, and then it becomes a group of eight people in a matter of a minute that have to be reminded to kind of keep their distance and everything. And it’s hard because they all want that connectivity.”

—Title VI Program Director

STAFFING



Reduced staffing/work from home. Most grantees were required by their tribe or organization to limit the number of staff in their offices, maintain safe social distancing, or work remotely. This depended on whether the tribe was partially or completely shut down. Some program directors reported having to temporarily lay off staff.

Working remotely has been difficult, if not impossible, for some staff due to:

- ▶ Lack of proper equipment at home (e.g., computers, phones)
- ▶ Insufficient program funds for supports such as business cell phones or laptops

Our program has been deemed an essential program. So, while everyone else can be laid off or go home and work from home, we have to still report here to provide for our elders, whether it be a hot meal; whether it be helping them with bringing their mail from their home to the post office; whether it be providing information to them, which we still try to do if we know of it. And we know the information needs to get out there to the community; we still provide that.”

—Title VI Program Director

DISCUSSION

Program Implementation

The 12 Title VI evaluation grantees varied in their program context, including program setting and cultural norms, and in their approach to program implementation. In terms of staffing, all grantees maintained a program director and one other staff member who fulfilled the various duties of program implementation. Whether other staff positions and roles were used and, if so, which ones—such as cook, driver, caregiver coordinator, and activity director, among others — varied by grantee. As part of their program structure, half of the evaluation grantees relied on an elder advisory board or committee to help direct program activities, whereas others did not have such a resource. All evaluation grantees provided core nutrition and supportive services for elders, including congregate and home-delivered meals as well as information and referral services. However, **only some grantees provided additional supportive services, such as transportation, personal care, help with chores and tasks in the home, nutrition education, shopping assistance, and others.** In addition, the implementation of Part C, Caregiver Support Services, reflected substantial variation across evaluation grantees, including incomplete implementation in most cases. Many of the grantees provided information, outreach, and assistance to support caregivers in accessing services. Some provided respite services, whereas counseling, support groups, and caregiver trainings were provided less frequently. Overall, **although the OAA defines Part C as delivery of all five of these services, not all Title VI grantees are implementing these services.**

Program context and community-specific needs accounted for variation in program implementation approaches to an extent, but grantees also faced common implementation challenges. These primarily included funding and resource limitations, frequent staff turnover and difficulty recruiting skilled staff, confusion among program staff about Title VI service definitions and requirements, limited capacity for program tracking and performance monitoring, and difficulty building awareness of their Title VI programs as well as encouraging elders and caregivers to participate.

Program staff responded to these challenges by developing strategies that drew on their community’s strengths and resources. Strategies included (1) building diverse partnerships with individuals, tribal departments, and community organizations to create efficiencies, leverage resources, and enhance service delivery; (2) identifying supplemental funding sources within and beyond Indigenous communities; (3) creating strong Title VI program teams through cross-training, collaboration, and dedication to meeting elders’ and caregivers’ needs; and (4) seeking technical assistance from ACL to understand the Title VI program and implementation strategies.

Although these approaches have enhanced program implementation in some cases, the persistent challenges that grantees face point to several implications and related considerations to guide program implementation going forward.

GRANTEES FACED COMMON PROGRAM IMPLEMENTATION CHALLENGES

- ▶ Funding and resource limitation
- ▶ Frequent staff turnover
- ▶ Uncertainty of Title VI service definitions and eligibility
- ▶ Limited performance monitoring
- ▶ Difficulty reaching out to elders and caregivers

Key Considerations

》》》 *Funding and Resource Limitations*

Many evaluation grantees described funding and resource limitations as one of the most substantial challenges they face in implementing their Title VI programs. The limited nature of Title VI funding requires that program directors and staff identify ways of leveraging other supports, including partnerships and other supplementary resources to expand the reach of their programs to elders and caregivers in need. Program directors and other staff pursue such partnerships and resources, but with varying levels of success from year to year. For example, because supplemental funding from the tribe is not always a reliable resource, some grantees have substantially reduced Title VI service provision during years with limited funding. Overall, despite efforts to fill gaps, **grantees are often forced to limit service provision because of insufficient funding.**

An additional consequence is that limited funding results in lower funding for staff salaries, which can undermine efforts to attract skilled staff (e.g., staff trained in data management systems) and promote staff retention. Grantees would benefit from TTA that would help them develop their business acumen and capacity to leverage and build partnerships, which would produce more stable and robust service provision. Also tied to budget management and oversight, **program staff often lack control of, or access to, their Title VI budgets**, making it difficult to plan independently. In some cases, grantee staff must coordinate with tribal finance departments, which may not have insight about Title VI program services. This can lead to difficulties tracking available funding and managing program spending effectively.

》》》 *Understanding the Title VI Program*

As described, **most program staff lack understanding of Title VI service definitions and requirements**, particularly in the case of Part C, Caregiver Support Services. Without a complete understanding of Title VI program definitions, requirements, and eligibility criteria, grantees are not able to optimize program implementation, which can result in implementation inefficiencies and lower quality service delivery. Particularly in a context of limited funding and resources, program staff need clear and detailed guidance to prioritize their efforts, maximize program implementation, and ensure high-quality service delivery. In addition, when staff are uncertain about service definitions, requirements, and eligibility criteria, they will be less able to meet the requirements of the grant or to ensure compliance.

》》》 *Grantee Capacity for Program Performance Monitoring*

Regarding performance monitoring, accuracy in reporting is limited because program staff lack a thorough understanding of the Title VI program and reporting requirements. Evaluation grantees are also limited in performance monitoring capacity, including data systems and other resources, staff support, and knowledge. In addition, **program staff may not recognize that data can be leveraged to tell an important story about their programs.** This extends to a lack of recognition that such stories can build awareness about the importance of the Title VI program among Indigenous communities, leadership, and other program stakeholders; highlight program successes and needs; and attract partnerships, funding, and other resources to maximize program implementation. Moreover, to the extent that grantee reporting is incomplete, inconsistent, or inaccurate, this can lead to difficulty comparing programs based on performance monitoring data. In other words, an “apples to apples” review of the data across programs is not possible. High-quality and consistently collected program implementation data are needed to inform and drive program improvement going forward.

»»» Program Outreach and Recruitment

Program staff described difficulty building awareness and engagement with elders and caregivers. Caregivers often do not self-identify as caregivers, and there is both a lack of awareness among caregivers as to available supports and a reluctance among caregivers to seek assistance. Program staff have increased one-on-one outreach and other strategies that have helped to engage eligible elders and caregivers and to build awareness of Title VI program services. For example, one grantee developed a brochure targeted to caregivers that provided caregiving examples to help them understand their role as a caregiver. However, efforts to increase outreach are uneven, and grantees need guidance to address challenges surrounding outreach and recruitment. **Without effective outreach and recruitment efforts, program implementation has not been maximized.**

PROGRAM IMPLEMENTATION TTA SHOULD INCLUDE GUIDANCE ON

- ▶ What counts as program service
- ▶ Who counts as eligible clients
- ▶ Priorities for service delivery

Addressing these common challenges would enhance opportunities to maximize program implementation and promote more consistent performance monitoring and reporting. Grantees would benefit from receiving additional TTA from ACL on Title VI program implementation goals and recommended implementation approaches, including program definitions, requirements, and eligibility criteria; outreach and recruitment strategies; and performance monitoring and reporting strategies. This guidance should address what counts as a program service, who counts as an eligible client, and priorities for service delivery. As noted, grantees need support to improve their understanding of Part C Caregiver Support Services, especially. Program staff would benefit not only from receiving basic guidance on Title VI requirements and eligibility criteria but also on strategies to maximize implementation in context-specific ways. For example, although some grantees may not be able to implement a robust respite program reaching all caregivers in need, a more limited respite program or a focus on delivering information and assistance to caregivers may be feasible. **In recognition of the need for guidance on the Title VI programs, ACL has developed TTA to support grantees with Title VI service delivery, including guidance specifically related to Part C.** Additional and ongoing TTA on these topics will be critical to maximize program implementation and high-quality service provision.

Program Service

Nutrition and Supportive Services

The Title VI program is reaching elders who most need the program, including elders who have lower incomes, are older, and are less independent. For those elders receiving Title VI Part A/B Nutrition and Supportive Services, the benefits are significant. Based on a variety of data sources, including elders' own perspectives, these Title VI programs have helped elders make healthier choices and live independently longer—a key program goal. The program has also provided significant opportunities for elders to socialize and feel connected with their community and culture. Specifically, participation in congregate meals, supportive services, and other Title VI activities has enhanced friendships; increased social and cultural connectedness, feelings of protection, and happiness; created a sense of “something to look forward to”; and decreased isolation. Even for homebound elders, simply having a meal dropped at one's home is protective and leads to a feeling of being cared for and of greater connection with the community.

》》》 *Elders Make Healthier Choices and Live Independently Longer*

Social connection leads to improved mental health, a sense of well-being, and improved quality of life. Moreover, **elders receiving Title VI services experienced significantly fewer hospitalizations and falls per year** (36% and 10% fewer, respectively) compared with elders who did not receive or participate in Title VI services. This difference is even greater for elders served by grantees who provide more robust services compared with elders served by grantees who provide less robust services.

Based on findings related to program implementation, a greater number of elders could benefit from Title VI nutrition and supportive services. Without these supports, elders may be at greater risk of experiencing a sense of isolation, decreased well-being, lack of connectedness, less ability to live independently, and greater likelihood of experiencing hospitalizations and falls.

Caregiver Support Services

Title VI Caregiver Support Services help caregivers by providing relief from the stress of caregiving and by helping improve caregivers' overall quality of life. Caregivers genuinely feel connected to and supported by Title VI program staff and feel they can rely on staff to support them. Program staff share useful resources and information about available caregiver services and provide referrals to ensure better care for caregivers and their family members. For the programs that offer respite services, this service has provided caregivers with needed breaks from the challenging work of caregiving, prevented burnout, and allowed caregivers to refocus on other areas of their lives.

In the case of grantees who provide access to lending closets with durable equipment (e.g., wheelchairs, walkers, portable commodes), this has been a valued service for caregivers, helping to ensure that elders remain independent and in their homes. In addition, although caregiver support groups and trainings are infrequently provided, caregivers reported that these resources improved their emotional well-being, camaraderie through social connection, and stress relief.

》》》 *Variability in Caregiver Programing*

Based on findings related to program implementation, **caregiver support service provision varies considerably across evaluation grantees**. As noted, more consistent and complete program implementation is needed as well as improved outreach and participant recruitment. Grantees may not be accurately identifying eligible subpopulations of caregivers (e.g., grandparents caring for grandchildren) and recognizing their distinct needs. In addition, participant recruitment is complicated by the fact that family caregivers do not recognize themselves as caregivers. Addressing these issues could provide opportunities to reach a greater number of caregivers who could benefit from Title VI Caregiver Support Services. Without these supports, caregivers are more at risk of experiencing increased burden and stress, decreased resiliency, and increased financial burden because of caregiving.

COULD TITLE VI REDUCE HEALTHCARE COSTS?

By providing nutrition and supportive services to promote the independence and well-being of tribal elders, Title VI may also be reducing healthcare costs. ICF conducted an exploratory analysis and found that elders using **Title VI services reported an average of 36 percent fewer hospital visits (for all causes) and 10 percent fewer falls per person per year¹** than elders not using Title VI services.

Fewer Hospitalizations and Fewer Falls = Healthcare Savings

For a Title VI program that serves 500 elders, this could translate to **185 fewer hospital visits and 50 fewer falls per year.**

This is a possible annual savings of up to **\$64,900 for treatment of falls⁵ and \$2.5 million for hospitalizations.⁶**

After subtracting the cost of running the Title VI program,⁷ there could be an **overall savings of up to \$2.36 million per Title VI program per year.**

Although further exploration of Title VI services and usage costs is needed (e.g., the cost of maintaining facilities and staffing, as well as additional sources of funding), these preliminary findings suggest that **Title VI programs have the potential to help contain the growing financial burden of elders' hospitalizations and falls.**

FALLS AND OLDER ADULTS



Of Title VI elders, 40% reported a fall and 21% reported a hospitalization in the last year.¹



In the United States, 1 in every 4 elders (> 65yo) reports falling each year.²



Every 11 seconds, an older adult is treated in the emergency room for a fall.³



Falls are the leading cause of injury-related death among older adults.⁴

1. 0.85 and 1.22 average hospitalizations and 0.99 and 1.09 average falls per year for elders using Title VI services and elders not using Title VI services, respectively. National Resource Center on Native American Aging, University of North Dakota, Elder Needs Assessment Cycle VII Survey (2017–2020). Elder Data from eight evaluation grantees.

2. Moreland B, Kakara R, Henry A. Trends in Nonfatal Falls and Fall-Related Injuries Among Adults Aged ≥65 Years — United States, 2012–2018. *MMWR Morb Mortal Wkly Rep* 2020;69:875–881. DOI: <http://dx.doi.org/10.15585/mmwr.mm6927a5external icon>

3. Burns ER, Kakara R. Deaths from Falls Among Adults ≥65 Years—United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018; 67:509–514. DOI: <http://dx.doi.org/10.15585/mmwr.mm6718a1external icon>.

4. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. [Web-based Injury Statistics Query and Reporting System \(WISQARS\)](https://www.cdc.gov/wisqars/) [online].

5. The estimated and adjusted cost of a fall is \$1,297 excluding hospitalization cost to avoid overlapping hospitalization estimates (December 2019). Ref.: Florence, C. S., Bergen, G., Atherly, A., Burns, E., Stevens, J., & Drake, C. (2018). Medical Costs of Fatal and Nonfatal Falls in Older Adults. *Journal of the American Geriatrics Society*, 66(4), 693–698. <https://doi.org/10.1111/jgs.15304>

6. The average hospital cost for adults ages 65–84 (younger seniors) is \$14,997 per stay, and for adults age 85 and older (older seniors), the average cost is \$11,601 per stay. Ref.: HCUPnet, Healthcare Cost and Utilization Project. Agency for Healthcare Research and Quality, Rockville, MD. <https://hcupnet.ahrq.gov/>. For more information about HCUP data see <http://www.hcup-us.ahrq.gov>. For overall program estimation saving associated with hospitalizations, we considered a program serving 500 seniors and assumed a distribution of 2 older seniors (total of \$858,500 saved for 74 elders hospitalizations prevented) to 3 younger seniors (total of \$1.66 million saved for 111 elders hospitalizations prevented), proximal to the distribution reported in the Elder Needs Assessment Cycle VI data report.

7. Program cost was estimated to be \$160,290 and was based on the average 2017 Title VI funding for programs serving 401–500 elders and receiving Parts A/B and C funding.

RECOMMENDATIONS

The Evaluation of the ACL Title VI Programs provided valuable insight into the overall impact of the Title VI programs as well as to how grantees implement their Title VI programs at the local level. These findings also reveal opportunities to better support and guide grantees in program implementation with TTA as well as opportunities for further study.

TTA TO FACILITATE TITLE VI IMPLEMENTATION

These recommendations are intended to address challenges related to uncertainty over Title VI service definitions and eligibility, and performance monitoring. They center on providing enhanced guidance and TTA for Title VI grantee staff, promoting skill building for Title VI staff working in various roles, improving the accessibility of resources for grantees, and creating opportunities for grantee collaboration and resource sharing.

»»» *Develop standardized definitions for each Title VI service.*

To support grantees in better understanding the range and scope of Title VI services, definitions of service categories should be in plain language and include examples of eligible and ineligible services, activities, and participants. Service category definitions and examples should be used consistently across Title VI regions and trainings (e.g., Title VI cluster trainings) to promote broad understanding across all Title VI grantees.

- ▶ For example, to demystify Part C, Caregiver Support Services, ACL should develop clear, plain language definitions of the required caregiver support service categories and the range of allowable services and activities for each service category, as well as provide examples of and rationale for each.

»»» *Update the Title VI manual.*

Because the main written resource available to grantees is the Title VI manual, ACL should update it to enhance accessibility and usability. Revisions may include ensuring the use of plain language throughout. In sections in which plain language is not possible (e.g., in instances of presenting language from the OAA), the manual could use callout boxes to present the main points. Title VI program service definitions and sections should include examples grounded in local program implementation. Additionally, hyperlinking sections would allow users to quickly access chapters of particular relevance or interest to them.

»»» *Develop Title VI training tracts.*

To enhance program implementation and respond to grantee requests for training on particular topics, ACL should develop trainings to increase understanding of the Title VI programs as well as to promote fidelity of program implementation. Trainings should be standardized across Title VI regions and accessible in a variety of formats (e.g., online, in-person, recorded, and archived). ACL should consider developing a set of training tracts for specific grantee program staff/roles, including program directors and support staff (e.g., cooks, drivers, finance managers). See textbox on the following page for recommended training topics.

- ▶ **For program directors:** Trainings should include discussion of program requirements, eligibility, and implementation expectations for Part A/B, Nutrition and Supportive Services, and Part C, Caregiver Support Services programs. They should also include the basics of program management and budgeting, and strategies to develop partnerships, leverage resources, and conduct program monitoring and reporting.

- ▶ **For support staff:** Trainings should include discussion of issues relevant to Title VI program staff in different roles, such as finance directors, administrative support staff, cooks, caregiver coordinators, and drivers. For example, program directors and other program staff have requested training on topics including budget requirements, timelines, and allowable expenses, as well as recommendations for designing meal plans to promote elder nutrition and ensure proper food storage, handling, and preparation; understanding and supporting the needs of caregivers and grandparents caring for grandchildren; and addressing issues related to transportation.

▶▶▶ **Promote evidence-based interventions.**

ACL currently hosts the Aging and Disability Evidence-Based Programs and Practices initiative, which helps the public learn more about available evidence-based programs and practices (EBPP) in the areas of aging and disability and determine which of these may best meet their needs. Additional guidance specifically tailored to the needs of Title VI grantees would be useful. Guidance should include plain language and address the importance of using EBPPs and promising practices. The guidance could feature EBPPs and promising practices that have been used with success among Title VI grantees, grantee spotlights, and actionable guidance.

▶▶▶ **Develop a Title VI resources and TA hub.**

ACL should develop a platform to host TTA resources for grantees, including written guidance, fact sheets or one-pagers, recorded webinars, and asynchronous trainings. Recommended features of the hub include the following:

- ▶ **Topical resources library.** Provide a virtual library in which resources would be organized by topic, such as program management, program services, and program monitoring. The library should be easily accessible to all Title VI grantees and program staff.
- ▶ **TTA query system.** Provide a query system through which grantees could submit TA requests or questions, and subject matter experts (SMEs) could log TA requests, report outcomes of TA, and monitor followup to address TTA as needed. The platform could be supported by a pool of ACL SMEs and also serve to facilitate grantee collaboration via virtual bulletin boards, chat features, and other communication mechanisms.
- ▶ **Community of practice.** Develop a community of practice to create opportunities for more experienced grantees to share and support other grantees in developing their Title VI programs.

RECOMMENDED TITLE VI TRAINING TOPICS

- ▶ **Introduction to the Title VI Programs:** Title VI program definitions, requirements, allowable services, and participant eligibility for each service type
- ▶ **The Caregiver Support Program:** In-depth guidance on required Caregiver Support Services, including all five required services
- ▶ **Performance Monitoring and Reporting:** How to collect accurate information on Title VI service delivery, including caregiver clients (e.g., grandparents raising grandchildren, spouse caring for spouse) and services
- ▶ **Program Planning, Outreach, and Recruitment:** How to use grantee program data and other resources to (1) inform program planning and meet elder and caregiver needs and (2) inform targeted outreach and participant recruitment efforts, including helping family caregivers see themselves as caregivers and access available services
- ▶ **Managing a Title VI Program:** Fundamentals of program management, including program planning, managing staff, building partnerships, leveraging resources, and enhancing business acumen
- ▶ **Title VI for Finance Directors:** An introduction to the Title VI grant, including budgeting requirements, timeline, and allowable expenses
- ▶ **Menu Planning and Preparation:** Designing meal plans to promote elder nutrition and food preparation (e.g., food safety: proper food storage and handling)

SUPPORTING PROGRAM SERVICE AND REACH

Recommendations related to program service aim to promote evaluation findings, such as the positive health outcomes among elders who participate in the Title VI programs. These recommendations also suggest opportunities to expand Title VI services to better meet the needs of elders and caregivers at the grantee, program, and national levels.

Nutrition and Supportive Services

»»» *Promote Title VI program impact.*

The evaluation identified several key findings related to elder health and well-being. Elders using Title VI services have greater cultural and social connectedness, and experience, as a whole, fewer hospitalizations and falls per year compared to elders not participating in Title VI services. ACL should promote dissemination of these findings to build awareness in the field, inform other practitioners, and potentially strengthen professional relationships across similar programs. Dissemination also would help build awareness among stakeholders of the importance of the Title VI program and facilitate partnership building and collaboration within and beyond the Title VI programs.

- ▶ **Leverage resources and partnerships.** ACL should use the evaluation findings to deepen existing partnerships and collaborations as well as identify new partners who share similar goals and outcomes. Leveraging resources and partnerships will help Title VI grantees address unmet needs that elders receiving Title VI identified, including increased opportunities for socialization, transportation for daily activities (e.g., medical, shopping), additional meals per week, and homemaker and personal care attendant services.

Caregiver Support Services

»»» *Conduct a caregiver survey.*

ACL should consider implementation of a cross-site representative caregiver survey to understand caregiver needs at the national program level. Survey findings could help further refine and tailor program guidance to best support grantees in addressing the needs of caregivers.

- ▶ **Localized caregiver needs assessment.** ACL should consider supporting grantees in conducting a community caregiver needs assessment at the community/grantee level, similar to the NRCNAA Elder Needs Assessment, to better understand local caregiver health, social demographics, and needs for service. Combined with TTA in the Part C program (as described in the previous section), grantees would be better able to meet caregiver needs.

»»» *Develop a caregiver awareness campaign.*

The evaluation found that all grantees faced challenges in outreach to caregivers, that caregivers did not see themselves as such, and that caregivers were largely unaware of available services and supports. ACL should consider developing a national campaign to build awareness of how caregivers are defined in the Title VI program as well as the services available to support informal caregivers. Program materials could include flyer templates and public service announcement language that grantees could tailor to fit their local community and program context. A *Who is a Caregiver* campaign would increase understanding of the different forms of caregiving among both program staff and community members.

AREAS FOR FURTHER STUDY

Recommendations for further study build from the evaluation's promising findings and will support ACL in understanding whether and how these associations hold on a broader scale. Suggested areas for further study include the following:

»»» *Cost-benefit study.*

Building on the evaluation findings, which suggest that the Title VI program has the potential to limit the growing social and financial burden of falls and hospitalizations among elders, ACL should consider conducting a cost-benefit study to further explore this issue. ICF recommends a mixed methods approach, including (1) review and abstraction of existing data systems (e.g., the OAA Performance System, the Healthcare Cost and Utilization Project) and (2) key informant interviews to identify and monetize all relevant costs (e.g., all program expenditures, use of resources, and investments) and benefits (e.g., decrease in falls and hospitalizations and increase in well-being). This will support ACL in better understanding the return on investment that Title VI provides, as well as its drivers.

»»» *Dose-response study.*

Those grantees the evaluation identified as higher service providers were associated with better social–emotional and physical outcomes for elders compared to programs with more limited services. Further research could help determine whether there is best practice for service delivery in which positive outcomes associated with Title VI services are maximized and whether those practices vary by population demographic (e.g., working elders vs. retired elders, elders raising grandchildren, elder age) and setting (e.g., congregate vs. home-delivered meals). Results could inform updates to national recommendations for maintaining optimal health for elders and caregivers (e.g., related to nutrition, socialization, physical activity, or other issues) as well as Title VI service guidelines and implementation.

»»» *Attribution study for all grantees.*

Elders participating in Title VI services experienced better outcomes for falls, hospitalizations, and connectedness than elders who did not receive or participate in Title VI services. Future research should build on these findings to assess whether this finding is consistent when all Title VI grantees are included in a similar study. The Elder Needs Assessment dataset, housed at NRCNAA/UND, presents a unique opportunity to study these outcomes on a broader scale, beyond the evaluation grantees. The attribution study could include the full, disaggregated Elder Needs Assessment data, coupled with qualitative data collection with grantee communities to contextualize the findings and to improve understanding of Title VI program impact. Variables to consider as part of the study include age; gender; race (i.e., AI/AN/NH); level and type of service use; and contextual factors, such as grantee location, degree of exposure to services, and funding structure for the program. Such a study could determine on a broader scale any variation in outcomes at the individual level (e.g., AI vs. AN/NH) and grantee program level (e.g., differences based on programs that are funded by sole or multiple sources).

»»» *Caregiver study.*

The evaluation identified promising indicators related to caregiver well-being. ACL should consider an outcomes study to further understand the impact of Title VI on caregiver well-being and quality of life, and whether and how this leads to better outcomes for elders. Similar to the Evaluation of the ACL Title VI Programs, a mixed methods approach, including a national, cross-site caregiver survey (as recommended above), would provide context related to caregiver experiences from their perspective. In addition, the study could identify promising practices for caregiver services that other Title VI grantees could adapt or replicate. If ACL wanted to identify and share promising practices more quickly with the Title VI community, an EA could serve as an initial step before conducting an outcomes study related to caregiver support services.

>>> Focused outcomes study.

ACL should consider a focused outcomes study to understand more about the positive outcomes that are associated with Title VI programs as well as other outcomes that Title VI programs may be impacting but for which data were limited. For example, the evaluation identified that elders participating in Title VI services are more likely to engage in cultural practices on a monthly basis and to report more instances of social activity compared to elders who do not participate in Title VI services. Secondary data related to social connectedness were limited and may not comprehensively measure the full construct, limiting the ability to identify what elements of the program (e.g., people, processes, systems) were responsible for increased connectedness. In addition, it is reasonable, given the reduction in hospitalizations and falls that were found for elders receiving Title VI services, that Title VI may positively impact other outcomes related to chronic disease. Similar to the attribution study described above, the full disaggregated NRCNAA Elder Needs Assessment dataset, in addition to other data collection instruments (e.g., social connectedness scale for older adults, chronic disease management scale), present an opportunity for further study across a larger pool of elders and Title VI programs. By better understanding which outcomes the Title VI programs impact and how, ACL can refine program design and delivery to enhance these effects.

>>> Evaluability assessments.

EAs are useful methods for identifying promising practices quickly and disseminating information rapidly. For example, the final year of data collection coincided with the COVID-19 pandemic. Evaluation grantees shared insight on how they pivoted program implementation to continue to support elders in this new environment. ACL should consider conducting an EA to identify new promising practices for service delivery, including remote and distance delivery. These findings would have implications beyond the scope of the COVID-19 pandemic and could support grantees in continuing critical support to elders and caregivers in the face of future pandemics or natural disasters. The EA should include focus groups and interviews with a panel of key stakeholders (e.g., local, state, national program providers) to identify promising practices and program adaptations and to share findings rapidly.

>>> Crosswalk and align data sources.

ACL has access to a deep pool of data related to the Title VI programs, including the PPR (by ACL), the Elder Needs Assessment (by NRCNAA/UND), and the Title VI Program Survey (by n4a/Scripps). Together, these datasets house valuable information related to program scope and needs as well as elder health and service utilization. ACL should conduct a crosswalk of current datasets and identify opportunities for streamlining data collection (so as to minimize burden on participants) as well as for refining questions to (1) ensure clarity (e.g., eliminating double-barreled questions) and (2) align with national datasets, such as the Behavioral Risk Factor and Surveillance Study, to facilitate comparisons between Title VI and national samples.

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FOR MORE INFORMATION, CONTACT:

Kristen (Krissy) Hudgins, Ph.D.

Social Science Analyst, Office of Performance and Evaluation
Administration for Community Living
Telephone: 202-795-7732
Email: Kristen.Hudgins@acl.hhs.gov

Gretchen Clarke, M.P.H.

Manager, Title VI Evaluation
ICF
Telephone: 907-747-7124
Email: Gretchen.Clarke@icf.com

