

# ISSUE BRIEF

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## HELPING VULNERABLE SENIORS THRIVE

### Multiple Service Use Among OAA Title III Program Participants

by Allison Barrett and Jody Schimmel

*Since the Older Americans Act (OAA) was passed in 1965, the Administration on Aging (AoA) has provided services to elderly Americans, helping them maintain independence and remain in their own homes. Through its “Aging Services Network,” including State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and tribal partners, AoA works to provide services designed to mitigate the effects of declining physical health and functioning experienced by frail older adults. This brief, the third in a series that presents findings from AoA’s National Survey of OAA Program Participants, investigates the patterns of multiple service use among AoA participants, including the number and type of services received.*

#### Background and Policy Context

Certain groups of Title III participants are less healthy, have lower incomes, have more functional limitations, and are at higher risk of nursing home placement than others (Altshuler and Schimmel 2010, Barrett and Schimmel 2010). Consequently, these participants may have greater need for—or be more likely to benefit from—a variety of AoA services or services funded by other federal, state, or local agencies.

Information about multiple service use by AoA participants may indicate the extent to which Title III program participants rely on more than one service to help them remain in the community, and help AoA service providers determine which combinations of services are typi-

## WHAT IS THE AGING SERVICES NETWORK?

The Aging Services Network provides a range of community-based services—home-delivered and congregate meals, case management, transportation, and homemaker and caregiver support. Such services enhance both the quality of life and social interaction, and reduce the effects of disability for homebound and more active seniors. Funded under Title III of the OAA, services are available to individuals age 60 and older, though delivery is targeted to the most vulnerable elderly.

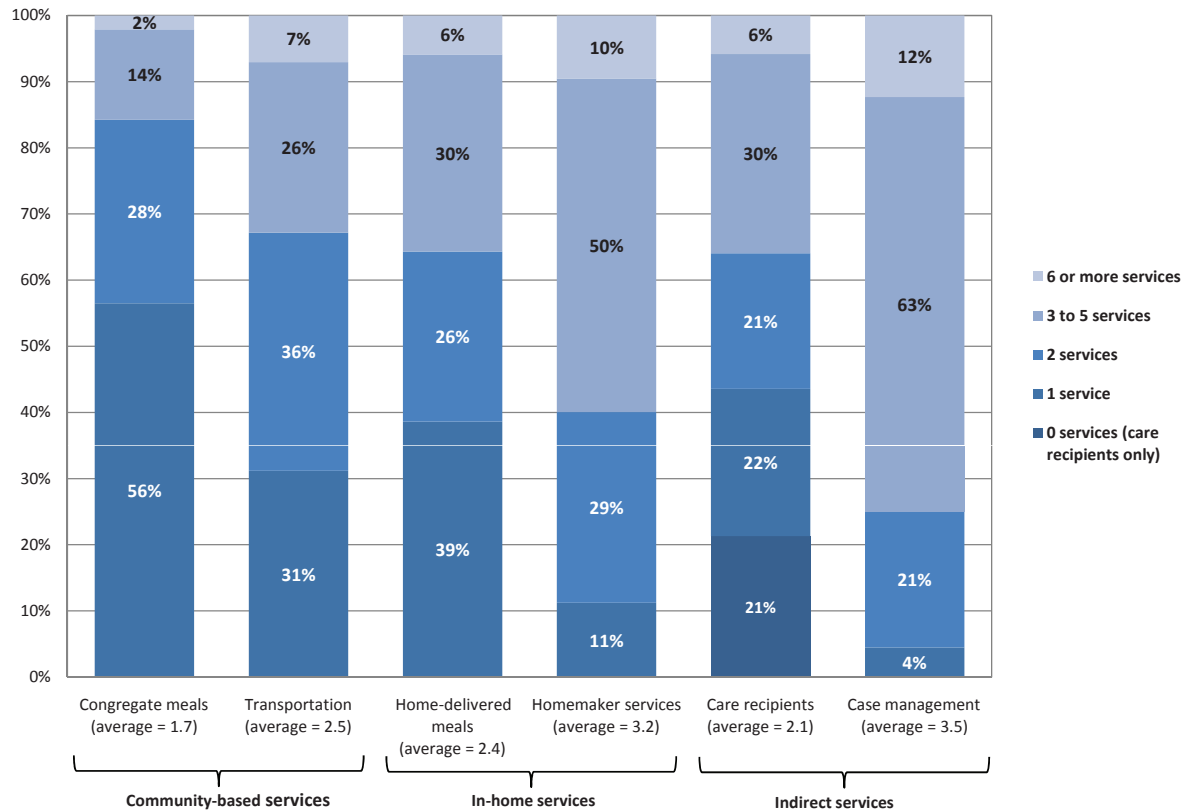
cally used together. Respondents to the Fifth National Survey of OAA Program Participants provided in-depth answers about services received from one particular Title III program, but also shared information about other services they received from other AoA programs in the year prior to being interviewed. To assess multiple service use, we analyze responses from participants in six Title III programs about AoA services received, as well as other services they reported receiving.

#### Most Participants Receive Multiple Title III Services

With the exception of congregate meals participants, over half of Title III program participants reported receiving multiple services during the year preceding the survey.<sup>1</sup> The percentage of participants who received two or more Title III services during the year ranged from a low of 44 percent, in the congregate meals program, to a high of 96 percent among those in the case management program (Figure 1). A substantial number of participants received three or more services: 16 percent of participants in the

<sup>1</sup>Survey respondents were asked whether they received any of 10 Title III services: congregate meals, home-delivered meals, transportation, case management, homemaker services, adult day care, personal care, chore assistance, legal assistance, or information and assistance (I&A).

**Figure 1: Proportion of Title III Participants Using Multiple AoA Services**



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

congregate meal program; about one-third of care recipients<sup>2</sup> and participants in the transportation and home-delivered meal programs; and more than 60 percent of all participants in the case management and homemaker services programs.

Depending on the program through which Title III participants received services, they received between two and four Title III services on average during the year (Figure 1). Individuals in the congregate meals program received the fewest services, only 1.7 on average. Participants in the home-delivered meals and transportation programs received an average of 2.4 and 2.5 services, respectively; those in the homemaker and case management programs received more than 3 services, on average. The larger numbers of AoA services received by participants in the home-delivered meals, transportation, homemaker, and case

<sup>2</sup>Care recipients are individuals whose caregivers receive Title III-funded caregiver services. Many of these individuals directly receive other services, but a substantial fraction (21 percent) only receive AoA services indirectly, through the services provided to their caregivers. This issue brief only considers Title III services that are received directly, and as a result, care recipients who receive no other services are counted as receiving zero services.

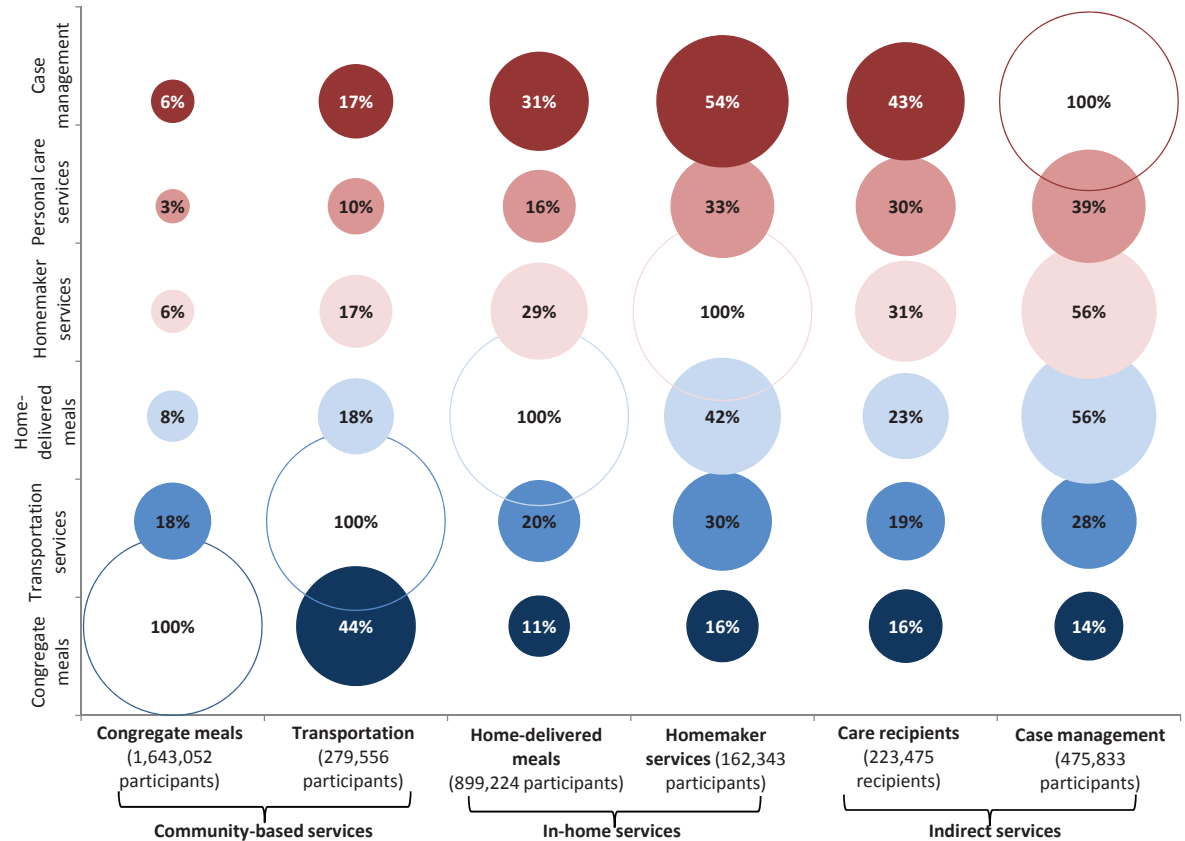
management programs are likely due to participants in these programs being less healthy, having more functional limitations (Barrett and Schimmel 2010), and therefore requiring more supportive services to remain in the community.

### Receipt of Other Services Varies by Program

Although some Title III services were used by a similar proportion of participants in each program, the use of other services varied sharply among programs (Figure 2). For example, fewer than 10 percent of participants in each program received legal assistance services, and between 17 and 26 percent received information and assistance services (I&A).<sup>3</sup> In contrast, participants in the case management program were nearly 10 times more likely to use homemaker services than those in the congregate meals program (56 percent and 6 percent, respectively). Figure 2 highlights the combinations or sets of services more likely to be found among AoA participants using multiple services; larger circles in each column correspond to services that are more often delivered in tandem.

<sup>3</sup>Legal assistance services and I&A not shown in Figure 2.

**Figure 2: Percentage of Program Participants Receiving Selected Other Title III Services**



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

The other Title III services most commonly received by participants in the congregate meals program were also community-based services, such as transportation (18 percent of congregate meals participants) and I&A (26 percent). Similarly, participants in the transportation program who participated in other Title III programs most commonly received congregate meals (44 percent of transportation program participants) and I&A services (21 percent). Fewer than 1 in 5 participants in the transportation program and fewer than 1 in 10 in the congregate meals program received in-home services like home-delivered meals, homemaker services, personal care, and chore assistance within the twelve-month period covered by the survey. While older and in poorer health than older adults nationally, participants in the congregate meals and transportation programs have fewer functional limitations and report lower rates of serious chronic illness compared to in-home program participants (Barrett and Schimmel 2010). The overlap of community-based services suggests that individuals in these programs need fewer in-home services to continue living independently.

In contrast, the most common Title III services received by care recipients and participants in the home-delivered meals, case management, or homemaker services programs were case management and homemaker services, with a high proportion also receiving personal care services and home-delivered meals. Case management services are intended to assess an individual’s need for a broad range of services and ensure access to them. Thus, it is unsurprising that the vast majority of participants in the case management program were receiving multiple other in-home Title III services, and that recipients of in-home and indirect services were likely to also have received case management. Participants in these programs were less likely to use transportation than they were to use other Title III services, but still used transportation services more often than participants in the congregate meals program, reflecting their higher use of Title III services overall. However, participants in these programs were less likely than participants in other programs to receive congregate meals, perhaps reflecting difficulty using congregate meals settings due to functional and health limitations.

## Some Groups Use More Title III Services

The use of multiple services is not uniform across participants in each Title III program (not shown). For example, in three of the six programs examined (congregate meals, transportation, and home-delivered meals), having difficulty with three or more activities of daily living (ADLs) was significantly associated with using a higher average number of Title III services. In the congregate meals program, participants who lived in poverty, lived alone, or were unmarried used significantly more Title III services than participants not in poverty, living with others, or married. Participants in the home-delivered meals program who were unmarried or who had a nursing home or overnight hospital stay within the past year used more services on average than those who were married or did not have a recent hospital or nursing home stay.

Other demographic factors were generally not significantly associated with use of more services. For example, neither age nor race was a significant factor in the number of Title III services received by participants in any program.

## Most Also Receive Non-Title III Services

The percentage of participants who reported receiving other supportive services not funded by AoA Title III is relatively constant across most programs, although the types of services they received varied (Table 1). Survey respondents reported receiving two types of services: (1) health, social, and housing

services funded by federal agencies other than AoA, including Medicaid, energy assistance, foods stamps, and housing subsidies; and (2) preventive health services for which the funding sources are unknown or not specified, including nutritional counseling, health screenings, and immunizations.

The receipt of federally funded services ranged from a low of 28 percent of congregate meals program participants to a high of 55 percent in the case management program (Table 1). Medicaid was the most commonly received federally funded service, followed by energy assistance and food stamps. Individuals in the congregate meals program were less likely to live in poverty than participants in other programs (Barrett and Schimmel 2010), which may explain their lower rate of participation in federally funded programs, many of which are means tested.

Participants in Title III programs that provide in-home services, such as home-delivered meals and homemaker services, were less likely to report receiving preventive health services. Only 35 percent of participants in the home-delivered meals program and 36 percent in the homemaker program received preventive health services, compared to 47 percent in the transportation program and 58 percent in the congregate meals program. Individuals receiving in-home services are not likely to have less need for health screenings, immunizations, and nutritional counseling, but may be less able to access such services. This may suggest the need for further study to determine why these participants are not getting the services

**TABLE 1: PERCENTAGE OF PROGRAM PARTICIPANTS RECEIVING NON-TITLE III SERVICES**

	Community-based services		In-home services		Indirect services	
	Congregate meals	Transportation	Home-delivered meals	Homemaker services	Care recipients	Case management
<b>Receiving non-Title III services</b>	69	68	60	66	59	78
<b>Receiving federally funded services</b>	28	44	43	54	35	55
Medicaid	18	29	29	32	26	41
Energy assistance	11	16	17	22	13	25
Food stamps	7	19	16	15	7	22
Housing assistance	8	18	11	14	5	19
<b>Receiving preventive health services</b>	58	47	35	36	41	48
Health screening	39	32	20	29	30	38
Immunizations	34	25	19	12	18	18
Nutritional counseling	10	12	11	7	8	10

Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

they need, and to identify ways to improve preventive health access to vulnerable populations.

## Conclusions and Implications

Of the nearly 3.7 million Title III clients represented in the Fifth National Survey data, 2.2 million reported receiving multiple Title III services in the 12 months prior to the survey. The participants in the transportation, home-delivered, and congregate meals programs who were in poverty, unmarried, living alone, or had difficulty with multiple ADLs were the most likely to use multiple services. In other analyses (Altshuler and Schimmel 2010), these characteristics were shown to be associated with a higher risk of nursing home admission.

AoA's Performance Outcomes Measures project (POMP) helps states and AAAs assess their own program performance while assisting AoA to meet its accountability provisions. Preliminary evidence from POMP studies suggest that the receipt of multiple services may lessen the likelihood of nursing home placement and increase time living in the community.

The likelihood that multiple services are used in combination—particularly in-home services such as home-delivered meals and homemaker services—suggests that AAAs and other AoA service providers can consider whether those receiving one service might also benefit from another service with which it is often used. Future research could help shed light on the combination of services most beneficial to helping individuals to remain living in the community.

## Data Sources

Information on Title III participants was drawn from the Fifth National Survey of OAA Program Participants. This survey was conducted in 2009 by Westat, Inc., via telephone and administered to nearly 5,500 individuals who reported receiving Title III services. The survey used a two-stage sample design, first selecting a sample of AAAs, then randomly sampling participants from each selected AAA by service type. The number of participants selected from each AAA was proportional to the number of participants served in that particular service by the sampled AAA. All analyses in this brief

apply sample weights to account for this design. Additional data from and more detailed documentation for the Fifth National Survey and other AoA data sources are available on the new interactive AGing Interactive Database (AGID) at <http://data.aoa.gov>.

This brief includes data for participants in six of the service types included in the survey: home-delivered meals (1,030 respondents), homemaker services (459 respondents), transportation services (824 respondents), congregate meals (903 respondents), case management (486 respondents), and caregivers (1,793 respondents). Individuals are categorized as program participants based on the program for which they were surveyed; multiple service use is gauged by considering responses regarding services received other than those in the program for which individuals were surveyed.

## References

- Altshuler, N., and J. Schimmel. "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?" Washington, DC: Mathematica Policy Research, July 2010.
- Barrett, A., and J. Schimmel. "OAA Title III Services Target the Most Vulnerable Elderly in the United States." Washington, DC: Mathematica Policy Research, August 2010.

For more information about this study, please contact Jody Schimmel, [jschimmel@mathematica-mpr.com](mailto:jschimmel@mathematica-mpr.com).

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### ABOUT THIS SERIES

This series, **Helping Vulnerable Seniors Thrive**, is funded by AoA, and presents findings from AoA's National Surveys of Program Participants. These surveys collect information from Title III participants about their demographics, socioeconomic status, health, and functioning, as well as their service use and client-reported service impact and quality.

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