

NATIONAL SURVEY OF TITLE VI PROGRAMS 2020 REPORT

Serving Tribal Elders Across the United States



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Executive Summary

Title VI Native American Aging Programs (Title VI programs), funded by Title VI of the Older Americans Act, are an important resource to support the health, wellness and social engagement needs of Native elders by providing nutrition, supportive services and caregiver supports to American Indian, Alaska Native and Native Hawaiian people living on tribal lands. In tribal nations and Native communities, elders are highly respected as the keepers of traditions, culture and language and play a vital community role in passing down their wisdom. Native elders face many challenges, such as higher rates of poverty and chronic disease, compared with the larger population. Therefore, the services that Title VI programs provide to address the health-related social needs of elders, such as meals, transportation, in-home services and family caregiver supports, are critical. These in-home services and supports help to ensure that elders can continue to live in their homes and communities as long as possible.



This report describes the findings of the National Survey of Title VI Programs, which is funded through the U.S. Administration for Community Living and is conducted every three years. The survey explores trends, new directions and evolving needs of Title VI programs across the country. The 2020 survey gathered information on staffing, budget and services, as well as the evolving needs of Title VI programs. Fielded during the COVID-19 pandemic, the survey also gathered data on the impact of the pandemic on Title VI grantee services. Key findings from the report include:

- Title VI grantees provide an average of 26 services to elders both through Title VI dollars and other sources. The most common services are home-delivered meals, information and referral, congregate meals, outreach, special events for elders and family caregiver support.
- Title VI programs partner with a variety of organizations to meet the needs of the elders they serve, including tribal health care, the Indian Health Service, tribal housing, adult protective services, tribal health departments, and Area Agencies on Aging/Title III service providers.
- The most commonly reported unmet needs for elders are home repair, money management, help in home/personal care and home modification.
- As a result of COVID-19, 85 percent of Title VI grantees reported that the number of people they serve has increased, and 82 percent reported that the needs of their existing clients have increased.
- The most common services added or expanded during the pandemic were home-delivered meals, delivery of grocery and essential supplies, telephone reassurance or wellness check-ins, provision of personal protective equipment (PPE) to elders and providing elders with activities to engage them at home.

Despite funding, staffing and infrastructure challenges, Title VI program directors and staff have demonstrated resilience, optimism and agility throughout the pandemic, providing essential support to elders in their communities.

Introduction

In tribal nations and Native communities, elders are highly respected as the keepers of traditions, culture and language and play a vital community role in passing down their wisdom. Caring for elders is sacred work, traditionally undertaken by family members. Yet there is pressure on family caregiving due to geographic dispersion and the high needs of both caregivers and elders. The number of American Indian and Alaska Native elders age 65 and older is projected to nearly double in the next 30 years, from 720,000 in 2020 to 1,264,000 by 2050.¹ Nearly half (46 percent) of American Indian and Native Alaskan elders age 65 and older live on tribal lands, while most (78 percent) American Indians and Alaska Natives live away from tribal lands, with a large and increasing proportion living in metropolitan areas.²

Furthermore, because of historic and ongoing discrimination and trauma, American Indians, Alaska Natives and Native Hawaiians have higher rates of poverty and chronic disease than the general population.^{3,4} As lifespans increase, there is some data showing a higher incidence of dementia among American Indians, Alaska Natives and Native Hawaiians.⁵ Families depend on home and community-based services such as meals, transportation, in-home services and family caregiver supports to address the health-related social needs of elders. These in-home services and supports help ensure that elders can continue to live in their homes and communities for as long as possible.

Yet federal government services and spending have been insufficient to meet elders' needs and critical infrastructure gaps exacerbate conditions further. Title VI Native American Aging Programs (Title VI programs), funded by Title VI of the Older Americans Act (OAA), are an important resource to support the health, wellness and social engagement needs of Native elders by providing nutrition, supportive services and caregiver supports to American Indians, Alaska Natives and Native Hawaiians.

Title VI of the Older Americans Act

Following advocacy from Native Americans, the OAA reauthorization of 1978 established the Title VI grants to eligible Native organizations. Title VI of the OAA includes Parts A/B and C. Parts A/B provide funding for nutrition services—home-delivered and congregate meals—and supportive services such as information and referral, transportation, personal care, chore assistance, health promotion and disease prevention activities. Title VI Part A provides funds to federally recognized tribes or consortia, while Part B is for organizations that provide services to Native Hawaiians. Both require the tribal entity or organization to represent at least 50 older adults age 60 or older. Part C, caregiver support services, includes information and assistance, individual counseling and support groups, caregiver training and respite care. An entity with an approved application for Part A or B may apply for funding under Part C. Funds for Title VI programs are based on the number of adults age 60 and older who are served by the program. However, for the purpose of service provision, Title VI programs can define elders beginning at the age they choose.

Title VI programs are part of the federal Aging Network. The Aging Network also includes the federal Administration on Aging (part of the Administration for Community Living, or ACL), state units on aging (which administer funds to Area Agencies on Aging (AAAs) but not to Title VI grantees), and other community-based organizations that AAAs and Title VI programs work with to provide services.

The 282 programsⁱ that are receiving Title VI dollars for the 2020-2023 grant cycle represent a diverse group of more than 400 tribal nations, with unique languages, histories, cultures and traditions.⁶ Title VI programs deliver services to elders, ensuring that they receive culturally competent care.

ⁱ While there are 282 Title VI grantees in 2020, we consider the number of potential survey respondents to be 276. In a few cases, a Title VI program director who oversees multiple grants combined information of these grants into one survey response.

National Title VI Program Survey Background and Methods

The National Title VI Program Survey, conducted approximately every three years, explores trends, new directions and evolving needs of Title VI programs across the country. Topic areas include Title VI program budgets, staff, administration, service provision and partnerships.

With a grant from ACL, the USaging partnered with Scripps Gerontology Center of Excellence to conduct the 2020 Title VI Native American Aging Program Survey, which was the fourth comprehensive survey of Title VI programs. The first three were conducted in 2009, 2014 and 2017.ⁱⁱ The web-based survey was distributed via email to 276 Title VI grantees and closed on December 18, 2020 with 84 percent (n=231) of Title VI programs responding. The data reported here are representative of Title VI programs overall. Some questions were asked of every respondent, and other questions were shown to a subset based on their responses to earlier questions. The number of respondents to a particular question (n) is always reported in all tables. In the cases of text without accompanying tables, the n can be assumed to be of the respondents overall, 231, unless noted otherwise.

While the survey was designed to be retrospective—Title VI program directors were asked to respond the way their program would have operated in 2019—the timing of the survey’s release in the midst of the COVID-19 pandemic likely influenced survey responses. Many Title VI programs were experiencing staff shortages due to the pandemic or had interim directors responding to the survey who may not have been as familiar with the program’s usual services and operations. On balance, however, the timing presented an unprecedented opportunity to learn more about the adaptability and responsiveness of Title VI programs through a module related to COVID-19 response.



COVID-19 Impact on Tribal Communities

Tribal communities have been disproportionately impacted by the COVID-19 pandemic due to disparities in health and socioeconomic status resulting from racial inequity and historical trauma.⁷ These disparities, which have resulted in reduced access to health care; infrastructure gaps, including lack of electricity, running water and internet; and increased incidence of chronic disease, heighten the risk for death from COVID-19. Because elders are at the greatest risk for serious illness or death due to COVID-19, the pandemic’s impact on Title VI and other tribal programs has been significant. The tragic deaths of elders have been compounded by the loss of cultural, linguistic and ancestral knowledge of which they were the bearers.⁸

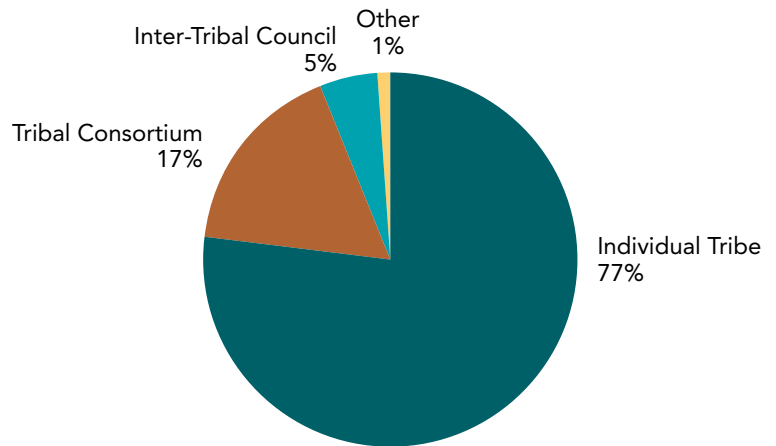
However, Title VI programs and the elders they serve have shown tremendous resilience in the face of the pandemic, as they have done through prior challenges. Despite many programs being understaffed, underfunded and dealing with the uncertainties of the pandemic, they were able to provide elders with meals and other critical supports throughout the pandemic. Title VI program directors who responded to our survey spoke about the tremendous pride they have in their staff and communities as well as the strength of the elders they serve.

ⁱⁱ Previous reports are available at www.USaging.org/BuildingCapacity.

Title VI Program Structure and Staffing

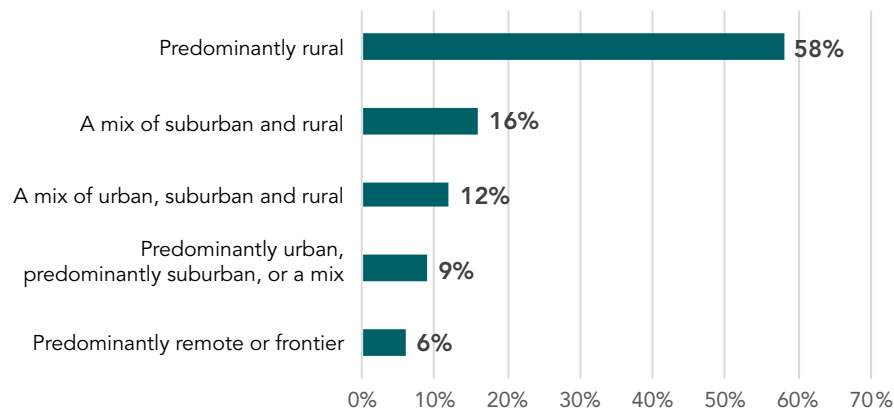
Title VI grants are awarded to tribal entities in federally recognized tribes, as well as to organizations representing Native Hawaiian elders (Title VI grantees). As Figure 1 shows, Title VI programs are most frequently part of an individual tribe (77 percent), with 17 percent being part of a tribal consortium, five percent part of an inter-tribal council and one percent part of other administrative structures. Across Title VI grantees, most Title VI programs are administered through independent divisions within the tribe (42 percent). An additional 22 percent are located within a tribal social services agency, such as health and human services, 18 percent are independent nonprofit organizations, nine percent are located within the tribal health department, and nine percent are located in other departments or programs.

Figure 1: Title VI Program Location (n=230)



Reflecting the location of tribal lands, 86 percent of Title VI programs serve regions that include rural areas. Nearly two-thirds of programs serve an area that is predominantly rural, remote or frontier. Only nine percent of programs serve an area that is predominantly urban or suburban. Areas served by Title VI programs can be seen in Figure 2.

Figure 2: Area Served by Title VI Program (n=230)



Title VI programs generally have few staff members, most of whom fulfill many different responsibilities. While numbers of staff, in addition to the director, range from zero to 65 for full-time and zero to 55 for part-time, **half of Title VI programs have two or fewer full-time staff and two or fewer part-time staff.** Half of Title VI programs do not have any volunteers, although survey responses range from zero to 50.

As shown in Table 1, the role most commonly filled by paid Title VI staff is meal preparer/server at 82 percent, followed by information and referral specialist (76 percent) and driver (67 percent). Paid Title VI staff also serve as intake assessors/screeners (63 percent) and caregiver program coordinators (49 percent). This is consistent with the services most often provided through Title VI funds, which include meals, information and referral, and caregiver supports (for more information, see Services to Tribal Elders on [page 9](#)).

Directors were also asked to think about what staff roles they will need to add or fill within the next two years. They were most likely to report that they need staff to fill the roles of homemaker (32 percent), care manager (30 percent), fundraising/development professional (30 percent) and home health aide (30 percent).

Table 1: Most Common Title VI Supported Staff Positions

Staff Position	Percent (n=227)
Meal preparer/server	82%
Information and referral specialist	76%
Driver (e.g., meal delivery, medical or non-medical transportation)	67%
Intake assessor/screener	63%
Caregiver program coordinator	49%
Case manager	35%
Transportation coordinator/mobility manager	34%
Caregiver trainer	27%
Grant writer	26%
Homemaker	23%
Personal care attendant/assistant	21%

Southcentral Foundation Elder Program | Anchorage, AK

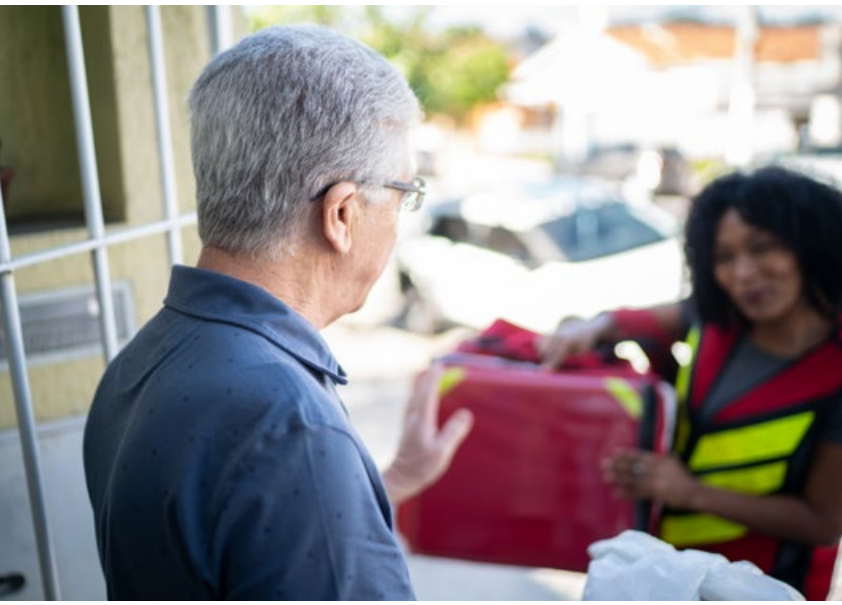
The Southcentral Foundation Elder Program serves Alaska Native and American Indian elders who live in the Anchorage area. This spring, the Elder Program distributed 1,000 pounds of salmon that it received as a donation, as well as hooligan caught by Elder Program employees. The Elder Program also receives egg donations from the Alaska Fish and Wildlife Department and delivers the fresh eggs to elders who are interested in receiving gull, duck and goose eggs. These food options offer traditional foods to elders who may not be able to harvest independently any longer or have challenges getting to locations where the resources can be found.



Photo provided courtesy of Southcentral Foundation Elder Program

Program employees also continue to provide nutritional support by delivering 200 meals daily—for a total of 33,600 meals this year. The Elder Program began growing vegetables and fruit, including potatoes, kale, zucchini, beets and strawberries, enabling it to provide fresh produce to elders.

Using a \$5,000 Cultural Heritage grant from the Bristol Bay Native Corporation Education Foundation, the Elder Program was able to create and distribute mini garden and bead kits to 500 elders in the Anchorage area. Through the activity, elders were able to share stories that related to their own communities and culture.



Title VI Program Director Roles and Responsibilities

Title VI program directors oversee the administration of the Title VI grant within their tribe or tribal organization. In 85 percent of Title VI programs, the director is a full-time employee. In many Title VI programs, the position of director exhibits a high degree of turnover, which can result in loss of knowledge of how the programs are operated. While current directors have been with their programs for an average of seven years, half of tribes have had two or more directors in the past five years. Survey responses indicate a wide range in directors' length of tenure. While the newest director had held their position for only a month at the time they completed the survey, the longest-serving director had been in the role for more than 42 years.

Because Title VI programs have such small staffs, directors frequently perform other services in addition to their managerial role. Table 2 shows the average proportion of time directors allocate to the Title VI program and to other activities. Directors spend an average of 43 percent of their time on Title VI program management. Ninety-one percent of Title VI program directors spend time engaged in direct service activities. The proportion of time spent in direct service activities ranges from zero to 90 percent, with an average of 19 percent.

Table 2: Title VI Program Director Roles

	Percent of time spent on role			Percent who spend some time on this (n=227)
	Mean	Median	Range	
Title VI management	43%	40%	0-100%	99%
Title VI direct service activities (e.g., preparing or delivering meals, transporting elders, information and referral)	19%	10%	0-90%	91%
Other Title VI activities (e.g., basic secretarial work, facility custodial work)	14%	10%	0-85%	72%
Other activities, not part of Title VI	24%	10%	0-95%	68%

The most common direct service activities that directors engage in are information and referral (91 percent) and delivering meals (65 percent). However, as can be seen in Table 3, directors assist with a wide variety of services.

Table 3: Direct Services Provided by Directors

	Percent (n=184)
Information and referral	91%
Delivering meals	65%
Transporting elders	57%
Making wellness check home visits	55%
Preparing meals	53%
Case management activities	49%
Leading wellness activities	38%
Other*	16%

**Other direct services identified by Title VI program directors included "anything and everything that is needed," conducting assessments, delivering groceries and medications, attending court, running errands and distributing supplies.*

Budget

Many Title VI programs use a variety of funding sources, including OAA Title VI and Title III Nutrition Services Incentive Program (NSIP) funding, to support the services they provide to elders and caregivers. Table 4 shows the reported 2019 fiscal or calendar year budget sources and funding amounts for Title VI programs, as well as the mean, median and range of revenue received from each funding source. For example, 40 percent of Title VI programs receive tribal dollars, with the average amount received being \$457,350. Ninety-nine percent of Title VI programs report receiving funding from Title VI Parts A and B, which fund nutrition and supportive services, and 85 percent receive funding from Title VI Part C, which funds caregiver support programs. Eighty-eight percent receive NSIP funding, which provides additional grants to states, territories and tribal communities to support their congregate and home-delivered meals programs.ⁱⁱⁱ Twenty-eight percent receive revenue from other sources, such as additional grants or private donations. While only 27 percent of programs receive Title III funding, the average amount for those that do is \$77,190. Finally, the median Title VI program budget is \$235,388, with overall budgets ranging from \$58,276 to \$3,233,935.

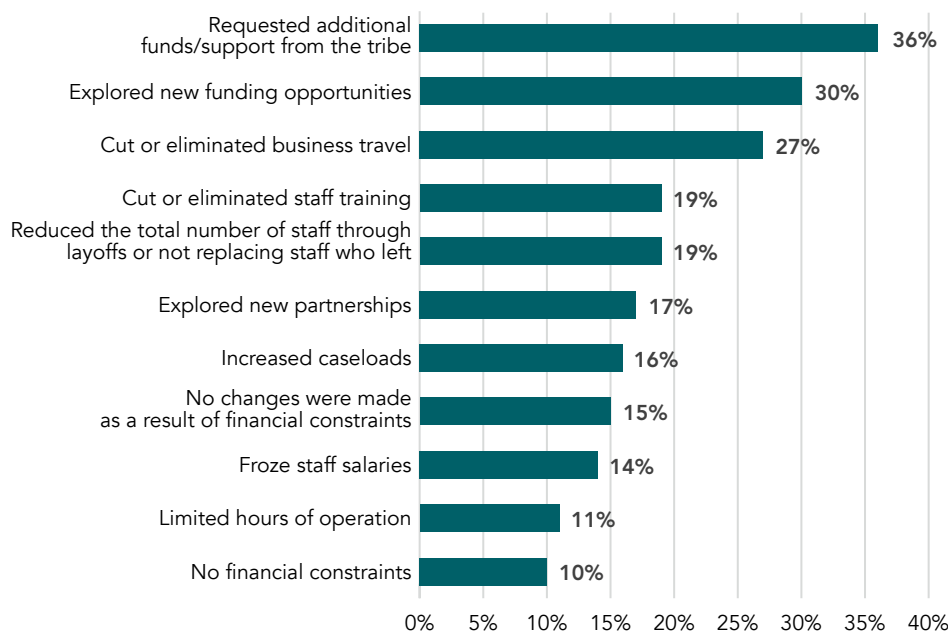
ⁱⁱⁱ The budgetary figures listed are for 2019. In 2020, 281 of the 282 Title VI grantees (99 percent) received NSIP grants. A current list of Title VI and NSIP grant recipients and funding amounts is available to download from <https://acl.gov/about-acl/older-americans-act-oaa>.

Table 4: Title VI Program Budget Sources

Revenue Source	Percent Receiving	Amounts for those receiving some funding from this source			n
		Mean	Median	Range	
OAA Title VI Parts A/B	99%	\$131,835	\$103,180	\$11,000 – \$1,392,872	195
OAA Title VI Part C	85%	\$44,237	\$38,460	\$17,920 – \$195,090	169
OAA Nutrition Services Incentive Program (NSIP)	88%	\$15,897	\$10,730	\$652 – \$173,492	175
Tribal dollars, including gaming revenue	40%	\$457,350	\$259,999	\$2,500 – \$2,919,970	80
OAA Title III (not NSIP)	27%	\$77,190	\$72,200	\$450 – \$253,368	53
State funds	20%	\$110,438	\$87,664	\$829 – \$636,370	40
Medicaid	9%	\$29,041	\$8,484	\$264 – \$175,000	18
Other (e.g., private donations, grants)	28%	\$94,261	\$18,500	\$100 – \$1,600,000	56
Total Budget		\$438,707	\$235,388	\$58,276 - \$3,233,935	198

Seventy-five percent of Title VI programs reported that budget constraints over the past two years (2018-2020) have led to staffing, operational and/or service changes. As shown in Figure 3, the most common impacts that Title VI programs experienced were needing to request additional funds from the tribe (36 percent), explore new funding opportunities (30 percent) and cut or eliminate business travel (27 percent). Ten percent of programs responded that they do not have any financial constraints related to the Title VI program and an additional 15 percent of respondents said they did not make any changes as a result of financial constraints.

Figure 3: Impacts of Budget Constraints (n=211)



Services to Tribal Elders

For some Title VI grantees, Title VI is the only source of funding for the nutrition and supportive services they provide to Native elders; for others, it is one of several sources of funding. Recognizing this, the survey asked Title VI program directors about what services are available to elders in the tribal community and how they are funded—fully through Title VI, partially through Title VI or through other funding sources. Overall, elders have access to an average of 26 services funded through Title VI and other sources. These next pages describe the services available to elders in general, and then how these services are funded. The services most commonly available are seen in Table 5, which shows whether grantees provide them at all, and if so, whether they are funded through Title VI or non–Title VI funding. A full list of all services and their funding sources is available in [Appendix A1](#).



United Indian Health Services | Arcata, California

To support community elders during the COVID-19 pandemic, United Indian Health Services created an online talking circle, which provides participants with the opportunity to listen, be heard, ask questions and be part of a healing circle of support. Joining via Zoom or telephone, elders visit with others in a similar situation, connect with guest speakers, share stories and cultural presentations, find comfort and a sense of belonging and learn new ways to stay physically and mentally healthy.

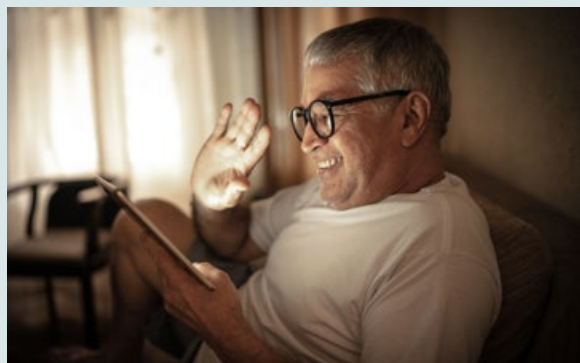


Table 5: Top Services Title VI Grantees Provide to Elders

Service (n=231)	Service is Provided	Provided Partially or Fully Through Title VI Funds	Provided Fully Through Non-Title VI Funds
Home-delivered meals	99%	97%	3%
Information and referral/assistance	99%	89%	10%
Congregate meals	98%	97%	1%
Outreach	97%	86%	11%
Special events for elders	93%	79%	14%
Family caregiver support services	90%	79%	12%
Telephone reassurance/friendly visiting	89%	78%	12%
Transportation (medical or non-medical)	87%	65%	23%
Cultural events	86%	62%	25%
Senior center activities	85%	71%	14%
Assistive devices (e.g., walker, hearing aids) or loan closet	80%	57%	23%
Intergenerational events/services	80%	57%	24%
Elder abuse prevention or protection services	79%	32%	47%
Care/case management	78%	58%	20%
Falls prevention	77%	44%	33%
Diabetes management	77%	31%	45%
Exercise programs	76%	40%	35%
Disaster/emergency preparedness and response	75%	35%	39%
Supportive services for grandparents raising grandchildren	73%	52%	21%
Respite care	73%	61%	12%
Dementia awareness	73%	43%	30%
Homemaker help	72%	55%	17%

Services Provided Exclusively Through Title VI Funds

While Title VI organizations use a variety of funding sources to serve elders and family caregivers, many rely **solely** on Title VI funding for some services. Table 6 shows the services most likely to be delivered entirely with Title VI dollars. More than half of Title VI recipients fund their home-delivered and congregate meals programs only with Title VI funds. More than one-third provide family caregiver support and respite services that rely wholly on Title VI funding. For these tribes, Title VI funding is critical to providing these services to elders.

Table 6: Services Provided Wholly with Title VI Funds

	Percent (n=231)
Home-delivered meals	55%
Congregate meals	54%
Information and referral/ assistance	39%
Family caregiver support services	37%
Outreach	37%
Respite care	36%
Telephone reassurance/ friendly visiting	36%
Senior center activities	29%
Assistive devices or loan closet	27%
Special events for elders	25%
Homemaker help	24%
Care/case management	24%
Transportation (medical or non-medical)	22%
Help in home/personal care	22%
Supportive services for grandparents raising grandchildren	20%

The most common services available to elders are largely the most common that are provided fully or partially through Title VI dollars; they align with the target services in the Older Americans Act: congregate and home-delivered meals (99 percent), information and referral (99 percent) and outreach (97 percent). Many Title VI grantees provide cultural and special events for elders (86 percent and 93 percent, respectively). Most also provide family caregiver support services (90 percent) and transportation (87 percent), a critical support in the rural areas that Title VI programs serve.

There are a number of services provided to Native elders that are not funded by Title VI. The service most likely to be funded without Title VI money is elder abuse prevention or protection services. While 79 percent of Title VI grantees offered elder protection services, nearly half (47 percent) used non-Title VI funds exclusively to fund these services. Many of the services provided exclusively with non-Title VI funding are health-related, with diabetes care, blood pressure and blood sugar checks being the most common.

Jamestown S’Klallam Tribe | Sequim, WA

Jamestown S’Klallam Tribe’s yəhúməct Traditional Foods and Culture Program has three interconnected focus areas: healthy eating, physical activity and seasonal cultural practices. Participants learn from elders and cultural knowledge keepers. The program hosts monthly cooking events, called q’pəct ?i? kwúkw (“Gather & Cook”), where a Tribal citizen leads a group in cooking a healthy meal using at least one traditional food. When COVID-19 hit, the program switched to a virtual platform and the tribe reports that it has been a success.

Unmet Needs Among Elders

Title VI grantees provide a wide range of services to elders, but available funding and/or staff levels cannot always meet every need. As shown in Table 7, the most common significant unmet need reported by Title VI program directors was for home repair services (46 percent). Housing infrastructure is a common challenge in tribal communities. One report by the U.S. Department of Housing and Urban Development found that 34 percent of American Indian and Alaska Native households living on tribal lands had physical housing problems—including kitchen, plumbing, heating and electrical deficiencies—compared with seven percent of households for the U.S. as whole.⁹ Other commonly reported significant unmet needs are money management (42 percent) and legal assistance (36 percent), with more than 80 percent of Title VI programs reporting at least some unmet need in each of these areas. The most common unmet needs reported in this survey are largely the same as those reported in 2017,¹⁰ indicating that they remain persistent concerns and that there is a need for additional resources to increase capacity in these areas.

Table 7: Unmet Needs Among Elders (n=231)

	Percent with Significant Unmet Need	Percent with at Least Some Unmet Need
Home repair (e.g., replacing a broken window, repairing leaks)	46%	89%
Money management	42%	89%
Help in home/personal care	36%	89%
Home modification (e.g., ramps, grab bars, widened doorways)	36%	86%
Legal assistance	36%	80%
Chore services (e.g., yard work)	33%	79%
Emergency response system	32%	75%
Mental health services	29%	76%
Homemaker help	28%	81%
Help with medication	27%	74%
Supportive services for grandparents raising grandchildren	25%	77%
Dementia awareness	24%	77%

Unmet Needs for Home Modification and Repair Services

Home modifications are changes to a home to ensure that it continues to meet the residents' needs as they age, including changes that increase accessibility, prevent or reduce falls, and make everyday tasks easier. Examples of minor home modification installations are grab bars, raised toilet seats, handheld showers, handrails and lever door handles. Major modifications include renovations such as lowering kitchen counters and adjusting cabinets to heights accessible for individuals who use wheelchairs.

Sixty-five percent of Title VI program directors indicate that the elders they serve have access to home modification services, and 45 percent report that they have access to home repair services. In spite of its availability, home repair is the most common and the most significant unmet need among elders, and unmet needs for home modification are also very common. The most significant barrier reported for home repair and modification was funding (57 percent). See *Home Modification and Repair Services and Needs in Indian Country: A Data Brief of the Title VI Native American Aging Programs Survey*¹¹ for details on funding, types of home modification services offered, partnerships and more.



Photo provided courtesy of Capacity Builders, Inc.

Transportation

Transportation is a vital service that connects elders to programs and community activities. Transportation is an especially critical need and difficult service to provide in rural and frontier areas that comprise the majority of the Title VI service areas. Eighty-seven percent of Title VI grantees provide transportation services to elders, and Table 8 shows the most common activities for which these grantees provide transportation. These include socialization events (82 percent), shopping and other errands (80 percent), medical appointments (76 percent) and meal sites (76 percent). This suggests that Title VI programs prioritize the health and wellness needs of their elders not only by meeting their needs for transportation to medical appointments and nutrition, but also by facilitating participation in social and cultural engagement, which are equally important to overall well-being.

Table 8: Activities for Which Transportation is Provided

	Percent (n=198)
Socialization events	82%
Shopping or other errands	80%
Medical appointments (non-emergency medical transportation)	76%
Meal sites	76%

The median longest travel time for Title VI organizations to provide services demonstrates how critical and challenging it can be to provide transportation to elders in the rural regions they serve. The longest one-way trip that Title VI programs make to deliver services ranges from 15 minutes to 11 hours. For half of respondents, the longest one-way trip is more than 1.5 hours.

Also important to the effectiveness of transportation services is the availability of vehicles. The median number of passenger vehicles to which a Title VI program has access is one, ranging between one and 17 among respondents. Half (50 percent) of respondents have unmet needs related to vehicles, such as having outdated vehicles, vehicles needing repair or not having enough vehicles to meet service needs. While accessible roadways are not one of the most common unmet needs, 25 percent of Title VI programs report at least some unmet needs in this area as well.

We need a dependable vehicle with A/C and fewer miles. — Title VI Program Director

Many homes we deliver to have driveways or access roads that are not paved or maintained and cause damage to our vehicles. — Title VI Program Director

Table 9: Transportation Funding Source

	Percent (n=198)
OAA Title VI	76%
Tribal funds	60%
State	26%
Federal Transit Administration (FTA)	14%
Other	9%
County	5%
Private organizations	4%

Of those Title VI grantees offering transportation services, more than three quarters report that they use Title VI funding to support their transportation programs and 60 percent use tribal funds. Table 9 shows additional sources of transportation funding.



Photo provided courtesy of Southcentral Foundation Elder Program.

As shown in Table 10, most Title VI transportation programs use their own staff to provide transportation for elders (83 percent). Community health representatives or workers also commonly provide transportation services for elders (38 percent) as do clinic or health center staff (24 percent). Nineteen percent reported that other tribal staff, including social services and transit staff, provided transportation.

Table 10: Transportation Staff Type

	Percent (n=198)
Title VI staff	83%
Community Health Representatives or Workers (CHRs or CHWs)	38%
Clinic or health center staff	24%
Other tribal staff	19%
Volunteers	19%
Contracted providers	9%
Other	7%

Services During the COVID-19 Pandemic

With the onset of the COVID-19 pandemic, Title VI programs experienced high demand for their programs and services. Eighty-five percent reported that the number of people they serve increased, and 82 percent reported that the needs of their existing clients increased. Reflecting the need for elders to remain at home, the service that was most often expanded was home-delivered meals (89 percent) followed by groceries and essential supply delivery (76 percent), telephone reassurance or check-ins (75 percent) and providing personal protective equipment (PPE) to elders (71 percent). Many programs used creative methods to continue providing food and nutrition to elders during the pandemic, including through expanding the delivery of meals, groceries or boxed foods. More than half of Title VI programs reported providing elders with activities to engage them while they remained at home, such as virtual bingo, crossword puzzles and gardening kits. Other service additions or expansions are shown in Table 11.



Photo provided courtesy of Southcentral Foundation Elder Program.

We are proud we were able to coordinate resources and keep our program functional with illnesses and limited staff. We had to be innovative in meeting the needs of elders with no electricity, running water or ability to fix meals. Elders did not miss any meals and got additional meals during COVID-19 where infection numbers were especially high and we lost many clients. The staff endured the hardest days.

—Title VI Program Director

Table 11: Services Added or Expanded Due to COVID-19

	Percent (n=226)
Home-delivered meals	89%
Groceries and essential supplies delivery	76%
Telephone reassurance or check-ins	75%
Providing PPE to elders	71%
Providing elders with activities to engage them at home	54%
Grab-and-go (drive-up/pick-up) meal sites	49%
Modified transportation to meet social distancing guidelines	37%
Medication delivery	31%
Providing support for virtual or telehealth appointments	16%
Socially distanced in-person events	16%
Virtual programming (e.g., virtual health and wellness programs, virtual caregiver programming)	10%
Helping hospitals or nursing homes transition elders back into the community	7%

See *Fast Facts: The Impact of COVID-19 on Title VI Native American Aging Programs and Services* for more information on how Title VI grantees responded to COVID-19.¹²

Technology and Social Engagement Needs During the COVID-19 Pandemic

The COVID-19 pandemic shone a spotlight on the situation of older adults across the country and brought greater awareness to the parallel pandemic of social isolation and loneliness, particularly in rural communities. Title VI program directors reported significant gaps in elders' access to communication technologies. On average, directors estimated that 66 percent of the elders served by their program do not have access to a library or computer room, 63 percent do not have a personal computer or tablet and 63 percent do not have high-speed internet. More than half (57 percent) do not have internet at all. On average, one-third of elders served by Title VI programs do not have cell phone service and 35 percent do not have landline service.

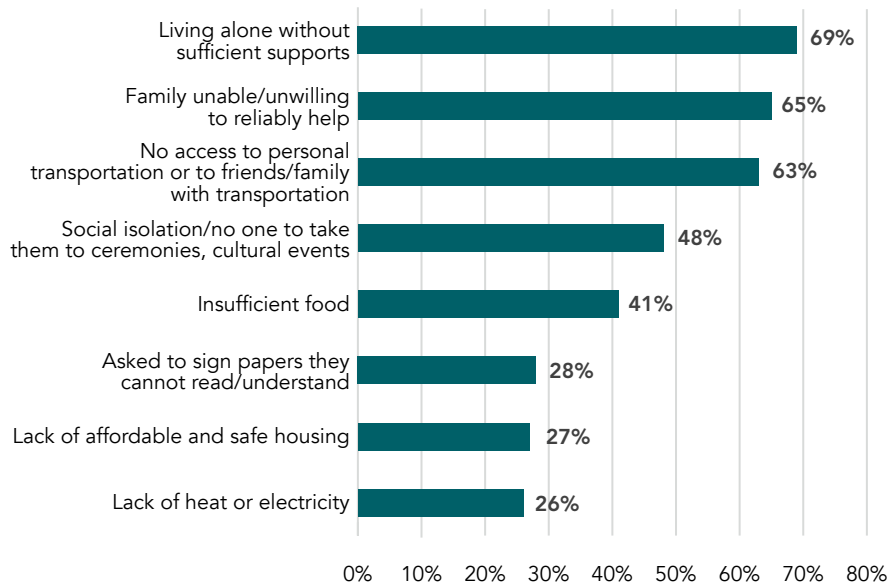
Before COVID-19, many of the programs provided by Title VI programs, such as congregate meals, cultural events, senior center activities and transportation, provided opportunities for social engagement. Lack of internet and phone access presented significant challenges in addressing social isolation during the pandemic when it was not safe to socialize in person.



Serving the Most Vulnerable Elders

Title VI programs were asked to select up to five of the most common situations affecting at-risk elders prior to the pandemic. The most common situations for elders, shown in Figure 4, include living alone without sufficient supports, not having family members who are able to reliably help and no access to personal transportation or a lack of friends or family who can assist with their transportation needs.

Figure 4: Common Situations of Elders at Risk (n=217)



Cherokee Nation | Tahlequah, OK

The Cherokee Nation's Respond, Recover and Rebuild COVID-19 spending plan provides relief services and funds to help Cherokee Nation tribal citizens recover from the effects of the pandemic. As part of this program, Cherokee elders could apply through an online portal, or through community sign-up events the tribe hosted, to receive assistance with food security and utility services and emergency assistance. The Cherokee Nation knew it was important to ensure every Cherokee elder had access to the program and offered a series of drive-through community visits throughout northeastern Oklahoma to help ensure that elders without access to broadband, computers and/or mobile devices could get assistance from tribal staff to help them enroll in the program.



Photo provided courtesy of Cherokee Nation.

Cherokee Nation offered an Elder Assistance program, a direct \$400 stipend to help elders recover from the impacts of the pandemic. This stipend was available to any Cherokee elder age 62 and older, living on or off the reservation. The Cherokee Nation also partnered with Hunger Free Oklahoma to distribute more than 70,000 ready-made meals to Cherokee elders during the pandemic. These prepackaged meals helped to fill the void left by the temporary closure of senior nutrition sites throughout the Cherokee Nation's 14-county reservation.

Elder Abuse Prevention and Intervention

Elder abuse includes physical abuse, financial exploitation, spiritual abuse and neglect.¹³ Unfortunately, abuse occurs everywhere, including in tribal communities, and it can be difficult to estimate the number of elders that experience abuse because victims are often reluctant to report, and because there are different understandings of what constitutes abuse. As seen in Table 5, 79 percent of Title VI grantees provide elder abuse prevention or intervention services. The most common activity that Title VI programs engage in is community education and training or public awareness (51 percent); additional services are shown in Table 12.

Table 12: Elder Abuse Prevention and Intervention Services

	Percent (n=228)
Community education/training or public awareness	51%
Investigations of abuse, neglect and exploitation	34%
Legal assistance	27%
Case management for victims of abuse, self-neglect, neglect and/or exploitation	25%
Short-term emergency services	22%
None selected	21%
Financial abuse prevention	18%
Other*	18%
Adult guardianship services	16%
Services to address hoarding (e.g., prevention, clean up)	15%

*Other includes referrals to Adult Protective Services, tribal departments, and/or law enforcement, or responses stating that a program other than Title VI handles elder abuse.

The establishment of elder abuse codes is one approach that tribal communities have taken to address the issue of abuse. Elder abuse codes establish tribal laws that protect elders from abuse, neglect and exploitation and provide guidance on identification of abuse, reporting and response. Thirty-one percent of Title VI program directors indicated that their tribe has an elder abuse code. Of those that have an elder abuse code, 53 percent have a code that is stand-alone, rather than included in another broader category, such as domestic violence.



Twenty-nine percent of Title VI program directors reported that their community has an elder abuse coalition, task force or protection team. The professionals and individuals commonly involved in these teams can be seen in Table 13. Most tribal organizations have police and law enforcement involved in their coalitions. Other common participants are Adult Protective Services (61 percent), the Title VI program (60 percent) and a behavioral health professional (60 percent).

Table 13: Members of Elder Abuse Coalition or Task Force

	Percent (n=62)
Police/law enforcement	87%
Adult Protective Services	61%
Title VI program	60%
Behavioral health professional	60%
Elder services	55%
Elder advocate	45%
Community health representative	42%
Family members	40%
Elders	36%

Partnerships

Title VI programs partner with other organizations and departments both within and external to their tribes or organizations to meet the needs of elders. The most common partnerships are with tribal health care and the Indian Health Service (both 81 percent), tribal housing (80 percent), Adult Protective Services (79 percent), tribal health department/tribal public health (77 percent) and the local Area Agency on Aging or Title III provider (76 percent). Additional partnership types are shown in Table 14.

Table 14: Most Common Partner Types

	Percent (n=218)
Tribal health care (e.g., tribal health clinic or center)	81%
Indian Health Service	81%
Tribal housing	80%
Adult Protective Services	79%
Tribal health department/Tribal public health	77%
Area Agency on Aging/Title III provider	76%
Veterans Administration	70%
State unit or department of aging	68%
Medicaid	67%
Medicare	66%
Disability service organizations	65%
Nursing home, assisted living facility or group homes	65%
Transportation agencies	64%
Bureau of Indian Affairs	62%
Non-tribal health care providers (e.g., hospital, clinic, physician office)	62%
Non-tribal health department/public health	61%
County government	61%
State Health Insurance Assistance Program (SHIP)	60%
Charitable organizations	60%
Churches	59%
Bureau of Indian Education	51%
Tribal colleges	46%
Other colleges and universities	46%

Title VI programs partner with tribal health care departments or entities to support the health needs of elders. The most common ways that Title VI programs partner with tribal health care or the tribal health department are shown in Table 15. These include collaborations to provide nutrition and/or health education (78 percent), wellness checks (73 percent) and transportation (70 percent). They also partner to provide services such as diabetes wellness programs (67 percent), COVID-19 preparedness and response (67 percent) and annual health fairs (63 percent).

Table 15: Partnership Activities with Tribal Health

	Percent (n=194)
Provide nutrition and/or health education	78%
Conduct wellness checks	73%
Provide transportation	70%
Coordinate on diabetes wellness programs	67%
Coordinate COVID-19 preparedness and response	67%
Coordinate on annual health fair	63%
Make home visits or deliver meals	58%
Coordinate on flu clinic	58%
Deliver medications	56%
Approve meals and/or help with menu planning	55%



Photo provided courtesy of Northeastern Tribal Health System.

Planning for Long-Term Services and Supports

Through their many partnerships and contacts with elders, Title VI program directors and staff are excellent resources for planning for long-term services and supports (LTSS). Nearly half (46 percent) of Title VI program directors indicated that they are having discussions with tribal leadership about adding or expanding LTSS services. Of these Title VI programs, the most discussed service type was in-home care (80 percent), reflecting the need that respondents reported for their elders in this area. Other areas of discussion were transportation (63 percent), housing with services, including accessibility modifications and supported housing (56 percent), assisted living facilities (54 percent) and adult day services (49 percent). Nearly half (45 percent) are having discussions with tribal leaderships about independent living assistance, which was also reported by many Title VI programs as an unmet need for the elders they serve. See [Appendix 2](#) for a full listing of unmet needs.

Table 16: Types of LTSS Being Discussed for Addition or Expansion

	Percent (n=103)
In-home care (e.g., chore workers, personal care or home health)	80%
Transportation	63%
Housing with services (e.g., accessibility modifications, supported housing for adults with disabilities)	56%
Assisted living facility	54%
Adult day service	49%
Independent living assistance (e.g., bill paying, eligibility paperwork, finances)	45%

Many Title VI programs are exploring the possibilities of billing Medicaid as an additional source of revenue to expand their service provision. Six percent of Title VI programs are already enrolled as Medicaid providers, with an additional 40 percent reporting interest in billing services to Medicaid. The most commonly cited reason for not billing Medicaid was not having sufficient staff or time to enroll as a Medicaid provider or to bill Medicaid for services. It was more common for the tribal health department to bill for Medicaid (48 percent), which may present an opportunity for Title VI programs to receive Medicaid reimbursement by partnering with other tribal departments that are already enrolled as Medicaid providers. While services covered by Medicaid differ by state, Medicaid home and community-based services waivers often cover services such as personal care, homemaker assistance, transportation and home-delivered meals—services frequently offered by Title VI programs.

The Lac du Flambeau Band of Lake Superior Chippewa Indians | Lac du Flambeau, WI

The Lac du Flambeau Band of Lake Superior Chippewa Indians is a federally recognized Ojibwe Tribe spanning three counties in the Northwoods region of Wisconsin. The Tribe is a certified provider for Medicaid, Medicare and Indian Health Services, providing medical and non-medical support services to elders and adults with disabilities. Lac du Flambeau has actively participated in the Money Follows the Person – Tribal Initiative Medicaid demonstration grant. Through this grant, the Tribe built a self-sustaining long-term services and supports program based on its Title VI program. While Title VI of the OAA allows tribes to set a lower age threshold for participating elders, the funding formula takes into account only elders age 60 and older. The Tribe began billing Medicaid for eligible elders’ home-delivered meals three years ago, which has allowed the Tribe to more effectively fund services to their elders age 55 to 59. Since then, the Tribe has expanded its program to include disabled adults and other supports, such as home modification, snow plowing and removal, chore services, lawn care, case management, transportation and more. The total revenue comes to nearly \$160,000 as of spring 2021. Lac du Flambeau has been able to expand services available to elders in the community and fulfill elders’ requests for program improvements, such a new activity table and accessible chairs.

In addition to Title VI funding for tribal and Native nonprofit organizations to provide services to elders, the OAA provides Title III funds to states to provide home and community-based services for adults age 60 and older and their caregivers. In 42 states, these OAA services are planned, coordinated and delivered by local AAAs. AAAs also work with service providers and other partners to deliver this wide range of services. In a few states with low population densities (i.e., AK, ND, NV, SD and WY) or small geographic areas (i.e., DE, NH and RI) the State Unit on Aging performs the AAA function. The distribution of Title III dollars among AAAs in that state is based on intrastate funding formulas that take into account a variety of factors including the number of adults age 60 and older in the state, including American Indian, Alaska Native and Native Hawaiian elders. Therefore, Title VI programs can expand elders' access to services through partnerships with local AAAs and Title III-funded service providers. Seventy-six percent of respondents reported a partnership with their local AAA or Title III provider. The kinds of activities that result through these partnerships are shown in Table 17. Among the most common, 55 percent attended meetings and events together with the AAA/Title III provider, 48 percent reported that the AAA/Title III provider delivered services to their elders and 47 percent exchanged information about elders with their AAA/Title III provider. In a handful of cases, the AAA and Title VI program are both administered within the same organization.

Table 17: Activities Through Partnership with AAA(s)/Title III Provider(s)

	Percent (n=163)
Attend meetings and events together	55%
AAA(s)/Title III provider(s) offer services in our community	48%
Exchange information about the elders we serve (e.g., SAMS software)	47%
We receive training and education from AAA(s)/Title III provider(s)	41%
We receive funding from local AAA(s)/Title III provider(s)	39%
Our local AAA(s)/Title III provider(s) have a dedicated office or liaison that we work with	39%
Other*	25%
Our local AAA(s)/Title III provider(s) act as mentors to us	20%
We participate on the AAA(s)/Title III provider(s) advisory board	17%
We provide training and education to the AAA(s)/Title III provider(s)	14%
We act as mentors to our local AAA(s)/Title III provider(s)	11%
AAA(s)/Title III provider(s) participate on our advisory board	5%

*Other responses included: Title VI program and AAA/Title III provider are administered together, funding is received from both Title VI and Title III to operate programs, and Title VI purchases food from a AAA/Title III provider when needed or possible.

Training and Technical Assistance Needs

The directors of Title VI programs wear many hats and have differing levels of experience in their roles, with some holding their directorship for several years and others just a few months. There is a variety of areas where Title VI program directors would like additional training or technical assistance (TA) to improve or expand services to elders and caregivers. The most frequently reported general training and TA need was operational basics/new director training, reflecting the frequent turnover of directors in some Title VI programs. Forty-two percent of directors reported that they would like training in addressing social isolation. This became an especially urgent problem during the pandemic, with more than three-quarters (78 percent) reporting a need for addressing social isolation specifically related to COVID-19 (see Call-Out Box on [page 18](#)). Medicaid billing, best practices with outreach, innovative services for grandparents raising grandchildren and innovative home modification and repair services were also common.

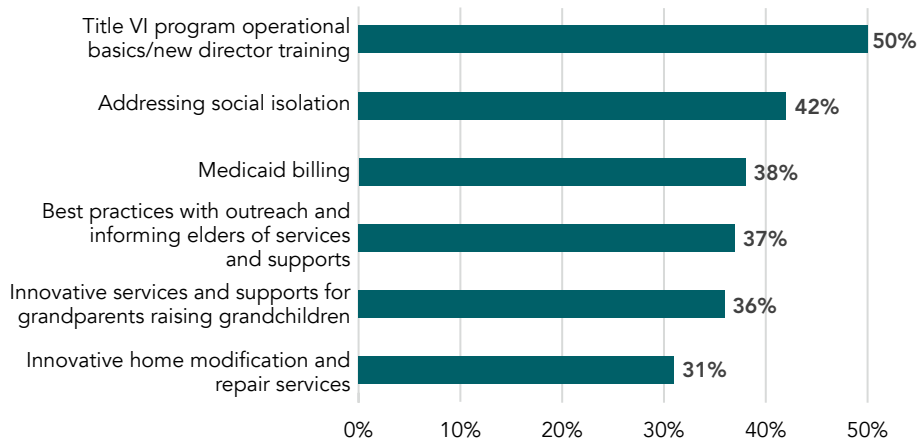
Technical Assistance and Support Needs Due to the Pandemic

Title VI programs were asked about their specific technical assistance and support needs due to the COVID-19 pandemic. The most common pandemic-related need was social isolation among elders. Sixty-three percent indicated that additional flexibility with funding was needed. Forty-three percent reported needs in technical assistance or support related to providing in-home care safely and in providing virtual programming. Other technical assistance and support needs can be seen in Table 18.

Table 18: Technical Assistance or Support Needs Due to Pandemic

	Percent (n=214)
Reducing social isolation among elders	78%
Additional flexibility with funding	63%
Providing in-home care safely	43%
Providing virtual programming	43%
Solutions for personal protective equipment (PPE) and other supply needs	37%
Modifying programs and policies	32%
Modifying transportation and mobility management programs	30%
Managing a remote workforce	29%
Working with health care entities and long-term care facilities	19%

Figure 5: Training and Technical Assistance Needs (n=225)



The greatest need for our community is internet access. Broadband is not available in many areas and we don't have a lot of homes with internet capabilities. Even if the youth know how to use modern technologies, we lack equipment such as computers, laptops and tablets. This is primarily due to the cost of the equipment. We do not have Indian Gaming nor natural resources to generate funds for our tribe. This is an unmet need for our people.

—Title VI Program Director

During this pandemic the most unmet need is socialization...We are trying to get more elders into using iPads to do virtual events with them and socialize via the internet.

—Title VI Program Director

Title VI programs need continued investment in infrastructure to maximize the services they provide to elders. Table 19 shows areas in which Title VI programs most commonly report at least some unmet needs related to technology and infrastructure. Sixty-eight percent of Title VI programs have a need for improved staff computer literacy and half have unmet needs in software, computers, vehicles for service delivery and cell phones. Nearly half (48 percent) reported having an office or service site in need of renovation and repair. This was the most common significant unmet need, with 18 percent reporting this issue.

Table 19: Unmet Needs in Technology and Infrastructure

	Percent (n=225)
Staff computer literacy	68%
Software	51%
Computers	50%
Vehicles to provide services	50%
Cell phones	50%
Office or service site in need of renovation and repair	48%
Cell phone reception	47%
Plumbing	45%

Conclusion

With limited funding and staffing, Title VI programs have long played a critical role in helping elders remain safely in their homes and communities. They provide a wide variety of services to support elders' health and well-being within their homes and provide transportation services to meal sites, medical appointments, social events, errands and other destinations. They further work to meet the needs of elders by collaborating with partners, including tribal health care and AAAs/Title III providers, and discussing additional long-term services and supports with tribal leadership.

Directors reported unmet needs in home repair, home modification, money management and personal care. Common risks that elders face include living alone without sufficient supports, family being unavailable to help and lack of transportation options. With Title VI dollars limited, directors often turn to the tribe or other sources for additional funding and assistance.

The critical role of the services provided by Title VI programs has become especially clear during the COVID-19 pandemic. The pandemic increased the needs of Native elders and expanded the number who required services such as delivery of meals, groceries and PPE, and check-ins to prevent social isolation. Emergency legislation in response to the COVID-19 pandemic provided substantial, temporary funding for the Title VI programs in 2020 and 2021, yet funding and staffing challenges remain after previous years of inadequate funding. Title VI program directors and staff have demonstrated resilience, optimism and agility throughout the pandemic, increasing meal delivery, adding meal pick-up services and developing creative ways to keep elders engaged while staying at home. In the face of ongoing and longstanding funding, technology and infrastructure challenges, Title VI programs continue to provide essential support to elders in their communities.

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Appendix

A1: Full Listing of Services Available and Funding Source

	Service is Available	How is the Service Funded?		
		Wholly by Title VI	Partially by Title VI	Other Funds (not Title VI)
Home-delivered meals	99%	55%	42%	3%
Information and referral/assistance	99%	39%	51%	10%
Congregate meals	98%	54%	43%	1%
Outreach	97%	37%	49%	11%
Special events for elders	93%	25%	54%	14%
Family caregiver support services	90%	37%	41%	12%
Telephone reassurance/friendly visiting	89%	36%	42%	12%
Transportation (medical or non-medical)	87%	22%	43%	23%
Cultural events	86%	16%	46%	25%
Senior center activities	85%	29%	42%	14%
Assistive devices (e.g., walker, hearing aids) or loan closet	80%	27%	30%	23%
Intergenerational events/services	80%	14%	43%	24%
Elder abuse prevention or protection services	79%	11%	22%	47%
Care/case management	78%	24%	35%	20%
Falls prevention	77%	15%	29%	33%
Diabetes management	77%	9%	23%	45%
Exercise programs	76%	13%	27%	35%
Disaster/emergency preparedness and response	75%	10%	26%	39%
Supportive services for grandparents raising grandchildren	73%	20%	32%	21%

A1: Full Listing of Services Available and Funding Source, Continued

	Service is Available	How is the Service Funded?		
		Wholly by Title VI	Partially by Title VI	Other Funds (not Title VI)
Respite care	73%	36%	25%	12%
Dementia awareness	73%	11%	31%	30%
Homemaker help	72%	24%	31%	17%
Benefits/health insurance counseling	68%	11%	21%	36%
Home modification (e.g., ramps, grab bars, widened doorways)	65%	10%	21%	34%
Blood pressure checks	65%	8%	12%	45%
Blood sugar checks	62%	5%	12%	44%
Chore (e.g., yard work)	60%	18%	24%	18%
Help in home/personal care	60%	22%	23%	15%
Legal assistance	56%	8%	12%	35%
Foot care	51%	4%	8%	39%
Help with medication	50%	12%	15%	23%
Mental health services	50%	1%	9%	40%
Commodity distribution/food pantry	49%	5%	11%	33%
Home repair (e.g., replacing a broken window, repairing leaks)	45%	3%	9%	34%
Emergency response system	42%	9%	8%	24%
Money management	40%	3%	10%	27%
Translator/interpreter assistance	40%	11%	13%	16%

Note: Totals may not add up to 100 percent due to rounding.

Appendix

A2: Full Listing of Elders' Unmet Needs

	Significant Unmet Needs	Some Unmet Needs	Needs Met
Home repair (e.g., replacing a broken window, repairing leaks)	46%	43%	11%
Money management	42%	47%	11%
Help in home/personal care	36%	53%	11%
Home modification (e.g., ramps, grab bars, widened doorways)	36%	49%	14%
Legal assistance	36%	45%	20%
Chore (e.g., yard work)	33%	46%	21%
Emergency response system	32%	43%	25%
Mental health services	29%	46%	24%
Homemaker help	28%	54%	19%
Help with medication	27%	47%	26%
Supportive services for grandparents raising grandchildren	25%	53%	23%
Dementia awareness	24%	54%	23%
Foot care	23%	43%	34%
Translator/interpreter assistance	21%	36%	43%
Respite care	21%	48%	31%
Benefits/health insurance counseling	20%	53%	27%
Elder abuse or protection services	19%	49%	31%
Fall prevention	19%	53%	28%
Exercise programs	18%	45%	37%

A2: Full Listing of Elders' Unmet Needs, Continued

	Significant Unmet Needs	Some Unmet Needs	Needs Met
Disaster/emergency preparedness and response	17%	55%	28%
Commodity distribution/food pantry	16%	40%	44%
Diabetes management	15%	46%	39%
Blood sugar checks	15%	40%	45%
Transportation (medical or non-medical)	14%	45%	41%
Assistive devices (e.g., walker, hearing aids) or loan closet	13%	54%	33%
Intergenerational events/services	13%	56%	32%
Family caregiver support services	12%	55%	33%
Blood pressure check	12%	39%	49%
Care/case management	11%	58%	32%
Senior center activities	9%	46%	46%
Cultural events	8%	50%	42%
Special events for elders	8%	44%	48%
Congregate meals	7%	20%	73%
Telephone reassurance/friendly visiting	6%	42%	53%
Outreach	4%	48%	48%
Home-delivered meals	3%	21%	76%
Information and referral/assistance	3%	49%	48%
Other	26%	16%	58%

Note: Totals may not add up to 100 percent due to rounding.

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USAging Leaders in
Aging Well
at Home

USAging
1100 New Jersey Ave, SE
Suite 350
Washington, DC 20003
202.872.0888
www.USAging.org

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