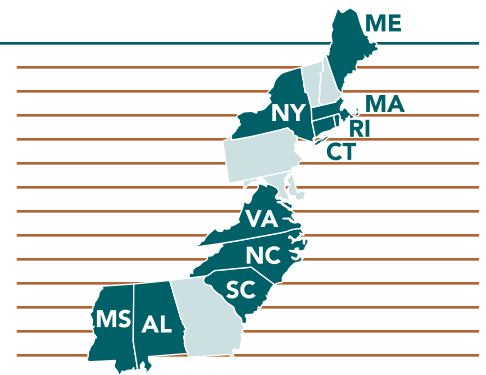


Snapshot of Title VI Programs in Regions I-IV

EASTERN REGIONS



Overview

Title VI Native American Aging Programs (Title VI programs) provide nutrition, supportive and caregiver services to older American Indians, Alaska Natives and Native Hawaiians. Established by the Older Americans Act (OAA) in 1978, there are more than 280 Title VI programs in the United States. Title VI grants are awarded to tribal entities in federally recognized tribes, as well as to organizations representing Native Hawaiian elders (Title VI grantees). This data brief shares information about Title VI programs in U.S. Department of Health and Human Services (HHS) Regions I, II, III and IV which include Title VI programs located in Alabama, Connecticut, Maine, Massachusetts, Mississippi, New York, North Carolina, South Carolina, Rhode Island and Virginia. Fifteen of Regions I-IV's 17 Title VI programs responded to the survey, for a response rate of 88 percent. The data in this report compares regional data with information about Title VI programs overall.

Budget and Staffing

The table below shows the median and range for annual budgets and staff size of the Title VI programs in Regions I-IV compared to Title VI programs across the country. Budgets vary considerably among programs due to differences in program size and amount of funding received from non-federal sources.

Table 1: Title VI Budget and Staffing Levels

	Regions I-IV Median	Regions I-IV Range	National Median	National Range
Annual budget	\$497,357	\$88,440-\$2,014,052	\$235,388	\$58,276-\$3,233,935
Number of full-time staff	1	0-14	2	0-65
Number of part-time staff	3	0-16	2	0-55

Regions I-IV budget n=10; Regions I-IV staff n=15; national budget n=198; national staff n=228

Funding Sources

Some Title VI programs rely exclusively on OAA Title VI Parts A/B and C funding to serve elders, while others receive funding from multiple sources, as shown in Table 2.¹ The percent columns in the table below show what percentage of programs received any funding from each funding source. The amount in the median columns show the median amount of funding received among all Title VI programs reporting some amount, greater than \$0, from that specific funding source.

¹ Title VI Parts A/B provide funding for nutrition services and supportive services. Part C provides funding for caregiver support services.

Table 2: Proportion of Title VI Programs Receiving Funding from Various Sources and Median Amounts

	Regions I-IV Percent Receiving (n=10)	Regions I-IV Median Amount (n varies)	National Percent Receiving (n=198)	National Median Amount (n varies)
OAA Title VI Parts A/B	100%	\$96,930	100%	\$103,180
OAA Title VI Part C	80%	\$39,670	87%	\$36,675
OAA Nutrition Services Incentive Program (NSIP)	70%	\$12,947	90%	\$10,493
Tribal dollars, including gaming revenue	60%	\$499,902	40%	\$259,999
OAA Title III (not NSIP)	40%	\$84,932	27%	\$72,200
State Funds	20%	\$270,305	20%	\$87,664
Medicaid	0%	NA	9%	\$8,484
Other (e.g., private donations, grants)	20%	\$57,513	28%	\$18,500

Services

Title VI programs provide critical services to elders and caregivers, including meals, information and referral, as well as other supportive services. Table 3 lists the services most commonly provided by Title VI programs across the country, and the proportion of Title VI programs in Regions I-IV offering each service.

Table 3: Proportion of Title VI Programs Providing Selected Services Funded Partially or Fully Through Title VI Funds

	Regions I-IV (n=15)	National (n=231)
Congregate meals	100%	97%
Home-delivered meals	93%	97%
Information and referral/assistance	93%	89%
Outreach	80%	86%
Special events for elders	73%	79%
Family caregiver support services	53%	79%
Telephone reassurance/friendly visiting	80%	78%
Senior center activities	80%	71%
Transportation (medical or non-medical)	47%	65%
Cultural events	73%	62%
Respite care	57%	61%

Unmet Needs

Title VI grantees provide a wide range of services, but the limited funding they receive does not necessarily allow them to meet all the needs of the elders they serve. Table 4 lists the unmet needs most commonly reported by Title VI programs across the country, and the proportion of Title VI programs in Regions I-IV reporting that need.

Table 4: Proportion of Title VI Grantees Reporting Some Unmet Needs for Elders by Topic

	Regions I-IV (n=15)	National (n=231)
Home repair (e.g., replacing a broken window, repairing leaks)	93%	89%
Money management	87%	89%
Help in home (e.g., personal care)	100%	89%
Home modification (e.g., ramps, grab bars, widened doorways)	80%	86%
Homemaker help	73%	81%
Legal assistance	87%	80%
Chore (e.g., yard work)	86%	79%
Supportive services for grandparents raising grandchildren	100%	77%
Dementia awareness	73%	77%
Mental health services	79%	76%
Emergency response system	73%	75%
Help with medication	67%	74%

Priorities for Long-Term Services and Supports

Fifty-three percent of Title VI programs in Regions I-IV are having discussions with tribal leadership about developing or expanding long-term services and supports (LTSS), compared with 46 percent of Title VI programs nationally. In Regions I-IV, the most commonly discussed LTSS is in-home care.

Partnerships

To serve elders, Title VI programs partner with other organizations and departments both within and external to their tribes. Table 5 lists the partnerships most commonly reported by Title VI programs across the country, and the proportion of Title VI programs in Regions I-IV with that partner.

Table 5: Proportion of Title VI Programs Partnering with Various Organizations

	Regions I-IV (n=14)	National (n=218)
Tribal health care (e.g., tribal health clinic or center)	71%	81%
Indian Health Service	61%	81%
Tribal housing	65%	80%
Adult Protective Services	71%	79%
Tribal health department/Tribal public health	42%	77%
Area Agency on Aging (Title III)	65%	76%
Veterans Administration	68%	70%
State unit or department of aging	65%	68%
Medicaid	65%	67%
Medicare	55%	66%
Disability service organizations	65%	65%
Nursing home, assisted living facility or group homes	52%	65%

Title VI programs have important partnerships with tribal health care to support elders' health needs. Among Title VI programs that reported partnerships with tribal health care, Table 6 lists the types of activities on which they partner.

Table 6: Proportion of Title VI Programs with Certain Activities Through Partnerships with Tribal Health

	Regions I-IV (n=12)	National (n=194)
Provide nutrition and/or health education	92%	78%
Conduct wellness checks	67%	73%
Provide transportation	50%	70%
Coordinate on diabetes wellness programs	58%	67%
Coordinate COVID-19 preparedness and response	58%	67%
Coordinate on annual health fair	58%	63%
Make home visits or deliver meals	50%	58%
Coordinate on flu clinic	50%	58%
Deliver medications	42%	56%
Approve meals and/or help with menu planning	75%	55%

Title VI programs also partner with AAAs and other Title III providers to serve tribal elders. Of the Title VI programs that reported partnerships with AAAs/Title III providers, Table 7 lists the types of activities on which they partner.

Table 7: Proportion of Title VI Programs with Certain Activities Through Partnerships with AAAs or Title III Providers

	Regions I-IV (n=12)	National (n=163)
Attend meetings and events together	33%	55%
AAA(s)/Title III provider(s) offer services in our community	33%	48%
Exchange information about the elders we serve (e.g., SAMS software)	42%	47%
We receive training and education from AAA(s)/Title III provider(s)	42%	41%
Receive funding from local AAA(s)/Title III provider(s)	33%	39%
Our local AAA(s)/Title III provider(s) have a dedicated office or liaison that we work with	42%	39%

Regions I-IV Title VI Directors Share Their Stories

Title VI directors shared information on how they are using funding in new or creative ways during the COVID-19 pandemic and how they have overcome challenges.

“I love how our community became closer and more caring of one another. I think this impact of the pandemic opened eyes as to not take life for granted. This also brought programs closer and the willingness to work together was automatic from day one.”

“When the State of Emergency happened, we expected it to last two to three months. The duration of the State of Emergency has started to wear on the staff. We especially miss seeing the elders every day. I am very proud of how quickly my staff was able to implement COVID-19 services and how innovative they were with what they were providing.”

About This Regional Profile

Data presented in this profile was gathered through the 2020 National Survey of Title VI Programs conducted by the National Association of Area Agencies on Aging (n4a) in partnership with the Scripps Gerontology Center. The survey was in the field from September – December 2020 and had an 84% response rate. The full survey report is available at www.n4a.org/buildingcapacity.



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