

Highlights from the *Pilot Study: Second National Survey of Older Americans Act Title III Service Recipients*

This paper highlights findings of the *Pilot Study: Second National Survey of Older Americans Act Title III Service Recipients conducted during 2004*. It is constructed in the same manner as Paper Number 2 from the First National Survey, including the same general topics plus some additional information for the National Family Caregiver Support Program (NFCSP). The Second National Survey, which further demonstrates the Administration on Aging's (AoA) commitment to performance measurement, shows, as did the first survey, that **services provided by the National Aging Services Network 1) are highly rated by recipients; 2) are effectively targeted to vulnerable populations and individuals who need the service; and 3) provide assistance to individuals and caregivers which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement. For the First National Survey, these findings applied only to services received by the elderly. The Second National Survey confirms these original findings and expands them to the NFCSP as well.**

Background

The Agency: AoA's mission is to promote the dignity and independence of older people, and to help society prepare for an aging population. Created in 1965 with the enactment of the Older Americans Act (OAA), AoA is part of a federal, state, tribal and local partnership called the National Aging Services Network. This network consists of 56 State Units on Aging (SUAs); 655 Area Agencies on Aging (AAAs); 244 Tribal and Native organizations; two organizations that serve Native Hawaiians; 29,000 local service providers; and over 500,000 volunteers. The network serves about 8 million older persons under Title III of the OAA; in addition over 500,000 caregivers each year receive services under the National Family Caregiver Support Program.

In support of this mission, AoA has established five strategic goals for the agency:

1. Increase the number of older people who have access to an integrated array of health and home and community-based services.
2. Increase the number of older people who stay active and healthy.
3. Increase the number of families who receive help in their efforts to care for their loved ones at home and in the community.
4. Increase the number of older people who benefit from programs that protect their rights and prevent elder abuse, neglect and exploitation.
5. Strengthen the effectiveness and responsiveness of AoA's management practices.

The AoA program activities support these strategic goals.

The Program: The legislative intent of the Community-Based Services program (Title III of the Older Americans Act) is to make community-based services available to elders who are at risk of losing their independence. It is intended further that States and communities participate actively in funding community-based services and develop the capacity in communities across the States to support the home and community-based service needs of elderly individuals, particularly the poor, minorities and those who live in rural areas where access to services may be limited. Under Title III, SUAs are allocated funds for state and community programs based on formulas that reflect the number of older residents in their state. The AoA, other Federal, state, local and private source funds are used by SUAs, AAAs and service providers to coordinate and to provide services for elderly individuals.

The Community-Based Services program covers the majority of the resources, services and activities of the AoA and the National Aging Services Network. The program provides “access” services, such as information and assistance, outreach, and transportation; “community” services, which include nutrition services, including meals, senior-center activities, adult day care, pension counseling, and health promotion and physical activity programs; “in-home” services, including home-delivered meals, chore, home maintenance assistance, home-health, and personal care; and “caregiver” support, such as respite services and information and assistance to caregivers for the coordination of health and social services.

Performance Measurement: In response to the ever increasing emphasis on effective performance measurement as required by the Government Performance and Results Act (GPRA) and the Office of Management and Budget’s Program Assessment Rating Tool (PART), and Section 202(f) of the Older Americans Act, AoA is engaged in an on-going demonstration project, the Performance Outcomes Measures Project (POMP), with representatives of SUAs and AAAs. The purpose of POMP is to develop tools that SUAs and AAAs can use to measure performance for representative services funded under Title III.

The OAA establishes service programs for the elderly and assures that state and local agencies are given wide latitude to design services tailored to the needs of their regions and communities. One challenge for the Federal government is to devise a means to improve the performance of the program nationally while preserving and promoting the diversity of program design and administration. With POMP, AoA is providing states and area agencies with the tools to identify elements of service quality, so that they can make service systems more efficient and effective at the local level.

Through a collaborative process initiated in 1999, AoA and representatives from SUAs and AAAs across the country have crafted survey instruments to measure elements of service quality and consumer service assessment. POMP is demonstrating the ability of state and area agencies on aging to apply statistically sound sampling techniques to obtain numeric measures of program performance.

The survey instruments – along with various tools necessary for implementation – are available at www.gpra.net for use by states and area agencies. Some agencies have raised the level of awareness about their programs, and the level of funding by presenting the results of their performance measurement surveys to elected officials, philanthropic organizations and other sources of financial support. Others have made program improvements, using the survey results to identify areas in need of attention.

The National Pilot Surveys: After the POMP instruments had demonstrated utility at the state and local levels, the national pilot survey was undertaken to determine the feasibility of employing the POMP performance measurement methodology at the national level. Secondary purposes, assuming the feasibility, were to 1) develop annual performance targets and begin to measure progress toward long-term performance targets; 2) develop preliminary national benchmarks for use by states and AAAs; 3) develop plans for a full-scale national performance measurement study in FY 2005 with sample sizes large enough to allow for analysis by subgroup and geographical region; 4) explore the feasibility of substituting survey reporting for some of the program reporting requirements; 5) plan the next phase of POMP; and 6) assess, at the Federal level, the practical utility of the various performance measurement instruments and, within the

instruments, of the various data elements. Ultimately, performance measurement information is incorporated into AoA planning and budgeting.

National Pilot Survey Methodology

For the second national pilot survey, Westat, Inc. developed a two-stage sample design. The sample's first stage consisted of 165 AAAs from the universe of all area agencies, with a selection probability proportionate to budget size, within each of the four Census Regions (138 AAAs agreed to participate). This design ensured representation of all areas of the country, across the full range of AAAs. The second stage was a random sample of 24 recipients per area agency, on average, for each service domain.

The second national pilot survey questionnaires, which evolved from the 2003 versions of POMP surveys, include several representative Title III service domains:

- Nutrition Programs (including congregate and home-delivered)
- Transportation Services
- Information and Referral/Assistance Services
- Homemaker Services (community-based long term care)
- Caregivers

In addition, survey instruments were designed to document client characteristics, including

- Physical Functioning
- Demographics
- Emotional Well-Being
- Social Functioning

Survey Results

Results from the second national pilot confirmed that the performance measurement protocols developed under the POMP demonstration project could be replicated at the national level. The results of the pilot enabled AoA to report progress on new performance outcome measures. In addition, national benchmarks for the 2003 versions of the POMP surveys are now available so states and AAAs can compare their performance to national norms.

Overall, consumer assessment of Title III service quality was again very high. A brief summary of key findings for each service domain is provided below.

Transportation Services: It is national policy to help older Americans remain independent and participate fully in community life. Affordable mobility providing access to community services is key to supporting this national policy. Affordable mobility is necessary for many older adults to access health care and other personal services, retail, business, recreation and social engagements. Unfortunately, older adults are at high risk of losing their mobility as a result of functional impairments and the lack of access to transportation services.

Through its Supportive Services and Senior Centers Program under Title III of the OAA, the AoA provides formula funding to the SUAs for a wide array of supportive services. Approximately \$360 million is appropriated annually for this program. SUAs award funds to AAAs, most use a portion of these funds to help meet the transportation needs of older persons. In FY 2003, more than 38 million one-way trips were provided to older persons by 2,900 local transportation providers at a Federal cost of approximately \$82 million. In addition, approximately \$118.8 million was leveraged by SUAs and AAAs to further meet the transportation needs of older persons.

A brief summary of key survey findings follows:

- 1. Transportation services are highly rated.**
 - 96% of respondents rated services good to excellent.
 - 96% of respondents would recommend the service to a friend.
- 2. Transportation services are targeted to vulnerable individuals.**
 - 80% of respondents reporting income had annual income under \$20,000; 42% had annual income under \$10,000.
 - 65% of respondents live alone.
 - 74% of respondents are 75 or older.
- 3. Transportation services are provided to individuals needing services.**
 - 44% of respondents rely on OAA transportation services for all or nearly all their local transportation. An additional 21% rely on these services for at least half of their local transportation.
 - 81% of respondents are either unable to drive or have no vehicle available.
- 4. Transportation services are both reliable and accessible.**
 - 88% of respondents reported that they usually or always arrived at their destination on time.
 - 92% of respondents reported the drivers always or usually pick them up when they are supposed to.
- 5. Transportation services help individuals get to important destinations, assisting them in maintaining their independence.**
 - 82% of respondents reported they always got the rides they needed; an additional 9% said they usually got the needed rides.
 - 64% of respondents reported using the service to get to a doctor or health care provider; 39% of respondents report using the service to go shopping.

Information and Referral/Assistance Services: The Older Americans Act (OAA) requires that all older persons and their caregivers have reasonably convenient, direct access to information and referral services which are available to help them identify, understand and effectively use home and community-based programs and services. The Information and Referral/Assistance (I&R/A) network serves as the gateway to OAA programs and services at the state and local levels. There are approximately 2,100 I&R/A service providers for the aging across the country. These I&R/A providers responded to nearly 12.6 calls in 2003 at a Federal cost of \$46.4 million, with an additional 2 million contacts provided through proactive outreach according to State Program Report (SPR) data. In addition, approximately \$58.7 million was leveraged by SUAs and AAAs for I&R/A services.

A brief summary of key survey findings follows:

- 1. I&R/A services are highly rated.**
 - 91% of respondents rated the way the call was handled good to excellent.
 - 93% of respondents would recommend the service to a friend.
- 2. I&R/A services serve as a gateway to OAA programs for vulnerable individuals and their caretakers.**
 - 57% of respondents reported the purpose of their call was to obtain help or services for themselves; an additional 38% reported they were calling seeking help or assistance for a relative or friend.
 - 64% of the respondents wanted to obtain services.
 - 78% of the callers surveyed reported that this was the first time they used the service.
 - 60% of survey respondents reported family income under \$20,000.
- 3. I&R/A services are accessible.**
 - 92% of callers surveyed reported they got through to the service on their first attempt.
 - 90% of respondents said their call was answered within five rings.
 - 78% of respondents reported their call was answered by a person rather than voice mail.
- 4. Persons providing I&R/A services are communicating effectively.**
 - 98% of the survey respondents reported that the person they spoke to understood what they were saying.
 - 97% of respondents reported that the person they talked to explained things so that the caller could understand them.
- 5. Information provided through I&R/A services is useful to the caller.**
 - 83% of respondents reported that information received was helpful in resolving their issues.

Homemaker Services: Older Americans Act services, especially those provided to vulnerable older individuals in their homes, are intended to help the elderly maintain their independence and remain in the community. Homemaker services, which assist elderly individuals in a variety of ways in the home, are central to this fundamental objective of the Act. With these services, disabled elderly individuals receive help with tasks such as preparing meals, shopping for personal items, doing light housework, and managing money. Homemaker services are another service component under the Supportive Services and Senior Centers Program under Title III of the Older Americans Act. In FY 2003, more than 9.3 million hours of homemaker support were provided to older persons at a cost to AoA of approximately \$30.2 million. Reflecting the importance of homemaker services to the elderly, another \$79.3 million was leveraged by SUAs and AAAs to provide homemaker services to older persons.

A brief summary of key survey findings follows:

1. **Homemaker services are effectively targeted to vulnerable populations.**
 - 73% of respondents reported they are living alone.
 - 92% of respondents reported annual incomes under \$20,000.
 - 69% of respondents were age 75 and over.

2. **Homemaker services are successfully targeted to the socially isolated.**
 - 44% of the respondents to this survey reported they would like to be doing more with respect to their social activities. In contrast, results from the *National Health Interview Survey's Second Supplement on Aging* for the total elderly population, defined as age 70 or over, reported that 24% of respondents would like to be doing more.

3. **Homemaker services provided are high quality in the perception of the service recipient.**
 - 88% of respondents reported that their service provider is thorough.
 - 90% of respondents reported that their service provider does things the way they should be done.
 - 91% of respondents reported that their service provider listens to instructions.

4. **Recipients of homemaker service are more impaired and frail than the entire 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.**
 - 32% of respondents reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.
 - 43% of respondents reported needing assistance with one or more ADLs. In contrast, the Census Bureau's *Survey of Income and Program Participation* shows that the need for assistance with one or more ADLs in the total age 60+ population is 6%. Personal assistance needs for recipients of OAA homemaker services are more than seven times higher than in the elderly population overall.
 - 78% of respondents reported needing assistance with one or more IADLs. In contrast, the *Survey of Income and Program Participation* shows that only 14% of the total age 60+ population needed such assistance.

Home Delivered Nutrition Program: Adequate nutrition is essential for healthy aging, the prevention or delay of chronic diseases and disease-related disabilities, the treatment and management of chronic diseases, and quality of life. The reduction of risk for chronic disease such as heart disease, certain types of cancer, diabetes, stroke, and osteoporosis, the leading causes of death and disability among Americans, is related to good diets and improved nutritional habits. Good diets can also reduce major risk factors for chronic disease such as obesity, high blood pressure, and high blood cholesterol. Millions of older Americans lack access to the quantity and quality of food necessary to maintain health and decrease the risk of disability. The Older Americans Act requires that Nutrition Programs provide meals and related nutrition services that promote health and help manage chronic disease. Older Americans participating in the Home Delivered Nutrition Program are a vulnerable population that are older, more frail, have higher nutritional risk, have more functional impairments that result from nutrition related diseases and conditions, are lower income and may have more limited access to food. For these individuals, the meal provided by the OAA Nutrition Program may be their primary source of food. This essential service within home and community based services provides an important social link with the community and helps delay institutionalization. In FY 2003, nearly 986,000 older persons received home delivered meals. Over 142 million meals were provided at a cost to

AoA of approximately \$210 million. Reflecting the recognition of the aging network of the importance of home delivered meals to the elderly, another \$449.2 million was leveraged by SUAs and AAAs to provide home delivered meals to older persons.

A brief summary of key survey findings follows:

- 1. Home Delivered Nutrition services are effectively targeted to vulnerable populations.**
 - 61% of respondents reported they are living alone.
 - 85% of respondents reported annual family incomes under \$20,000.
 - 73% of respondents were age 75 and over.
 - Only 58% of respondents were high school graduates and 7% were college graduates compared to results from the 2002 *Current Population Survey* that show 78.3% of the non-institutionalized age 60+ population are high school graduates and 22.7% are college graduates.
 - 69% of respondents reported difficulty with at least one Activity of Daily Living (ADL) – such activities as eating, dressing or walking.
 - 29% of respondents rated their own health as poor; for the National Health Interview Survey, only 12% of elderly (65+) respondents with annual income less than \$20,000 rated their own health as poor.

- 2. Home Delivered Nutrition services are successfully targeted to the socially isolated.**
 - 46% of the respondents to this survey reported they would like to be doing more with respect to their social activities. Results from the *National Health Interview Survey's Second Supplement on Aging* for the total elderly population, defined as age 70 or over, reported that 24% of respondents would like to be doing more.

- 3. Home Delivered Nutrition services provided are high quality and reliable in the perception of the service recipient.**
 - 95% of respondents rated the home-delivered meals program good to excellent.
 - 92% of respondents reported that meals always or almost always arrive when expected.

- 4. Home Delivered meals are provided to individuals who need them..**
 - 66% of respondents reported that home delivered meals provided one half or more of their daily food intake.
 - For a substantial subgroup, the home-delivered meals, on the days served, provide the only daily food intake for important food groups.
 - 1. Fruit:** 38% ate only one serving per day; 99% ate the fruit served by the meals program.
 - 2. Vegetables:** 34% ate only one serving per day; 94% ate the vegetables served by the meal program.
 - 3. Dairy:** 39% ate only one serving per day; 95% ate the dairy products served by the meal program.
 - 4. Meat:** 51% ate only one serving per day; 96% ate the meat served by the meal program.
 - 5. Grain:** 67% ate only one-two servings per day; 91% ate the grain products provided by the meal program.

- 5. Home Delivered meal recipients exhibit much greater levels of impairment or frailty than the entire 60+ population, suggesting that these OAA services contribute to maintaining individuals in their homes.**

- 29% of AoA respondents reported 3 or more ADL limitations, which is an indicator of high risk for loss of independence and institutionalization.
- 39% of AoA respondents reported needing assistance with one or more ADLs, the Census Bureau's *Survey of Income and Program Participation* shows that the need for assistance with one or more ADLs in the total 60+ population is only 6%. Personal assistance needs for recipients of OAA home delivered meals are more than 6 times higher than in the elderly population overall.
- 69% of AoA respondents reported needing assistance with one or more IADLs, the *Survey of Income and Program Participation* shows that only 14% of the total 60+ population needed such assistance.

6. Dietary intake for Home Delivered meal recipients is as good as or better than the dietary intake for the general population aged 60+with income below \$20,000¹, suggesting that Home Delivered meals improve dietary intake.

- **Fruit:** 48% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (2+)² of fruit; 45% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings.
- **Vegetables:** 19% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (3+) of vegetables; 13% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings
- **Dairy:** 21% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (3+) of milk, cheese or soy; only 10% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings.

7. Consumer reported outcomes attributed to the Home Delivered Nutrition program are positive.

- 86% of respondents reported that, as a result of the program, they eat more balanced meals.
- 81% of respondents reported that, as a result of the program, they were better able to avoid sodium/fat.
- 91% of respondents reported that, as a result of the program, they can continue to live in their own home.

¹ The AoA survey collected dietary data by telephone using a diet history methodology. Respondents were asked "How many servings of (food group) do you usually eat?" If asked, the telephone interviewer provided examples of typical servings sizes. The NHANES 1999-2000 collected dietary data in-person using the 24-hour recall methodology. Respondents were asked to recall everything they ate and drank the day before the interview. Interviewers then asked a series of follow-up questions to collect descriptive and amount information for each food reported. The NHANES dietary data were converted to USDA Food Guide Pyramid servings using the USDA Community Nutrition Research Group Pyramid Servings Database.

² Adequate diet as determined by the U.S. Department of Agriculture Food Guide Pyramid

Congregate Nutrition Program: Millions of older Americans lack access to the quantity and quality of food necessary to maintain health and decrease the risk of disability. The Older Americans Act requires that Nutrition Programs provide meals and related nutrition services that promote health and help manage chronic disease. Older Americans participating in the Congregate Nutrition Program have the opportunity to improve their health status and reduce their risk of disability through lifestyle behaviors emphasized within the Congregate Nutrition Program, through healthy meals, and culturally appropriate nutrition education and physical activity programs. In addition, participation in the program provides active social engagement and linkages to volunteer activities that are essential for maintaining mental and physical health and well-being. Older Americans participating in the Congregate Nutrition Program are a vulnerable population that are older, have a higher nutritional risk, are lower income, and may have more limited access to food. For these individuals, the meal provided by the OAA Nutrition Program may be their primary source of food for the day. This essential health promotion/disease prevention program helps delay the onset of more serious diseases and conditions that lead to the need for more in-home services. In FY 2003, nearly 1.9 million older Americans received congregate meals. Nearly 106 million meals were provided at a cost to AoA of approximately \$277 million. Reflecting the recognition of the aging network of the importance of congregate meals for the elderly, another \$343.7 million was leveraged by SUAs and AAAs to provide congregate meals to older persons

A brief summary of key findings follows:

1. **Congregate nutrition services are effectively targeted to vulnerable populations.**
 - 62% of respondents are age 75 or older.
 - 52% of respondents are living alone.
2. **The Congregate Nutrition Program is highly rated by respondents.**
 - 90% of respondents reported they were satisfied with the taste of the food.
 - 91% of respondents rated the congregate nutrition program good to excellent.
 - 96% of respondents would recommend the program to a friend.
3. **The Congregate Nutrition Program site provides opportunities in health promotion\disease prevention.**
 - 52% of respondents participated in physical fitness activity, when available.
 - 59% of respondents used health screening, when available..
 - 57% of respondents report their social opportunities have increased since they started receiving congregate nutrition services.
4. **Congregate meals are provided to people who need them.**
 - 56% of respondents reported that congregate meals provided one half or more of their daily food intake.
 - For a substantial subgroup, the congregate meals, on the days served, provide the only daily food intake for important food groups.
 1. **Fruit:** 35% ate only one serving per day; 96% ate the fruit served by the meals program.
 2. **Vegetables:** 31% ate only one serving per day; 95% ate the vegetables served by the meal program.
 3. **Dairy:** 32% ate only one serving per day; 86% ate the dairy products served by the meal program.

- 4. **Meat:** 46% ate only one serving per day; 97% ate the meat served by the meal program.
- 5. **Grain:** 62% ate only one-two servings per day; 93% ate the grain products provided by the meal program.

5. Nutritional intake for Congregate meal recipients is as good as or better than nutritional intake for the age 60+ population³, suggesting that congregate meals improve nutritional intake.

- **Fruit:** 54% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (2+)⁴ of fruit; only 45% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings.
- **Vegetables:** 24% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (3+) of vegetables; only 13% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings
- **Dairy:** 20% of AoA respondents (annual income under \$20,000) reported eating an adequate number of servings (3+) of milk, cheese or soy; only 10% of the participants in the 1999-2000 *National Health and Nutrition Examination Survey (NHANES)* who were age 60 or older (with annual income less than \$20,000) reported eating an adequate number of servings.

6. Consumer reported outcomes attributed to the Congregate Nutrition program are positive.

- 79% of respondents reported that, as a result of the program, they eat more balanced meals.
- 76% of respondents reported that, as a result of the program, they were better able to avoid sodium/fat.
- 72% of respondents reported that, as a result of the program, they can continue to live in their own home.

Caregivers: The role of caregivers in helping elderly individuals to maintain their independence in the community is well documented. Estimates indicate that nearly one out of every four U.S. households (22.9 million) contain at least one caregiver for a relative or friend; roughly 80% of their care recipients are at least 50 years old.⁵ Recognizing the value and needs of family caregivers, the U.S. Congress added the National Family Caregiver Support Program (NFCSP) to the OAA in 2000, and states and communities across the nation have established programs on their behalf over the last four years. Data from SUAs indicate that they have reached out to some

³ The AoA survey collected dietary data by telephone using a diet history methodology. Respondents were asked “How many servings of (food group) do you usually eat?” If asked, the telephone interviewer provided examples of typical servings sizes. The NHANES 1999-2000 collected dietary data in-person using the 24-hour recall methodology. Respondents were asked to recall everything they ate and drank the day before the interview. Interviewers then asked a series of follow-up questions to collect descriptive and amount information for each food reported. The NHANES dietary data were converted to USDA Food Guide Pyramid servings using the USDA Community Nutrition Research Group Pyramid Servings Database.

⁴ Adequate diet as determined by the U.S. Department of Agriculture Food Guide Pyramid

⁵ National Alliance for Caregiving and the American Association for Retired Persons (2004).

3.8 million individuals to inform them about the new caregiver program, and that at least 585,000 caregivers received some form of direct support under this program in 2003.

Recognizing that the program initiation was recent, AoA chose to obtain both the views of caregivers receiving services from the NFCSP and caregivers whose care recipients are receiving select OAA services. A total of 794 caregivers receiving NFCSP services and 672 caregivers of elderly OAA clients receiving home delivered meals, transportation and homemaker services (but not receiving NFCSP services) responded to the caregiver survey. A brief summary of key findings follows: ** indicates that difference is statistically significant*

1. **NFCSP clients are more vulnerable than caregivers of OAA service recipients.**
 - 66% of caregivers of elderly receiving services have provided care for 3+ years. (76% for NFCSP) *
 - 37% of caregivers of elderly receiving services are aged 60 and over themselves. (63% for NFCSP) *
 - 33% of respondents reported health problems that make caregiving difficult.. (45% for NFCSP). *

2. **Caregivers perform a wide variety of activities for the elders they serve. NFCSP clients provide care to more needy care recipients.**
 - 49% of caregivers of elderly receiving services help with dressing and bathing. (71% for NFCSP) *
 - 78% of caregivers of elderly receiving services prepare meals and do the laundry. (91% for NFCSP) *
 - 72% of caregivers of elderly receiving services keep track of bills and finances. (88% for NFCSP) *
 - 60% of respondents help with medicine and bandages. (83% for NFCSP) *

3. **OAA services are valued by and help caregivers receiving NFCSP services.**
 - 91% of respondents rate the services provided to the elderly they care for good to excellent.
 - 89% of respondents rated the NFCSP services good to excellent.
 - 96% of respondents said that OAA services helped make them a better caregiver
 - 85% of respondents said that OAA services allow them to care longer for the elderly than they could without the services.

4. **OAA services are valued by and help caregivers of elderly receiving transportation, home delivered meals and homemaker services**
 - 88% of respondents rated services good to excellent.
 - 95% of respondents said the services helped them to be a better caregiver.
 - 83% of respondents said the services helped them provide care for a longer period of time.

5. **Caregivers have significant needs of their own. The NFCSP is reaching caregivers most in need of assistance.**
 - 82% of respondents said they wanted one place to call for help. (85% for NFCSP)
 - 67% of respondents said they needed help in dealing with service organizations.(75% for NFCSP)

- 62% of respondents said they needed a stipend, tax break or other financial help.(71% for NFCSP)
- 64% of respondents said they needed help with knowing how to pay for nursing homes or other services. (72% for NFCSP) *

Summary of Key Findings

The *Pilot Study: Second National Survey of Older Americans Act Title III Service Recipients* demonstrates that services provided by the National Aging Services Network 1) are highly rated by recipients; 2) are effectively targeted to vulnerable populations and to individuals who need the service; and 3) provide assistance to individuals and caregivers which is instrumental in allowing older persons to maintain their independence and avoid premature nursing home placement.