

# ISSUE BRIEF

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## HELPING VULNERABLE SENIORS THRIVE

### OAA Title III Services Target the Most Vulnerable Elderly in the United States

by Allison Barrett and Jody Schimmel

*Since the Older Americans Act (OAA) was passed in 1965, the Administration on Aging (AoA) has provided elderly Americans with home and community-based services to help them maintain their independence and remain in their own homes for as long as possible. Through its “Aging Services Network” including State Units on Aging (SUAs), Area Agencies on Aging (AAAs), and tribal partners, AoA works to provide an array of services designed to alleviate the difficulties in performing daily activities that frail, ill elders experience. This brief, the second in a series that presents findings from AoA’s National Survey of OAA Program Participants, compares the health and physical functioning of elderly adults who receive Title III services (“Title III participants”) to that of older adults across the United States who meet the age criteria for Title III services. Our analysis takes into account differences in the demographic profile and socioeconomic status of Title III participants relative to older adults nationwide.*

#### Background and Policy Context

In passing the OAA, Congress sought to ensure that the nation’s most vulnerable elderly adults would have the services they need to remain independent in their communities. Title III participants are known to be among the “oldest-old” compared to others in the national population who are also age 60 and older (Altshuler and Schimmel 2010). They are also more likely than older adults nationwide to be female, non-

## WHAT IS THE AGING SERVICES NETWORK?

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

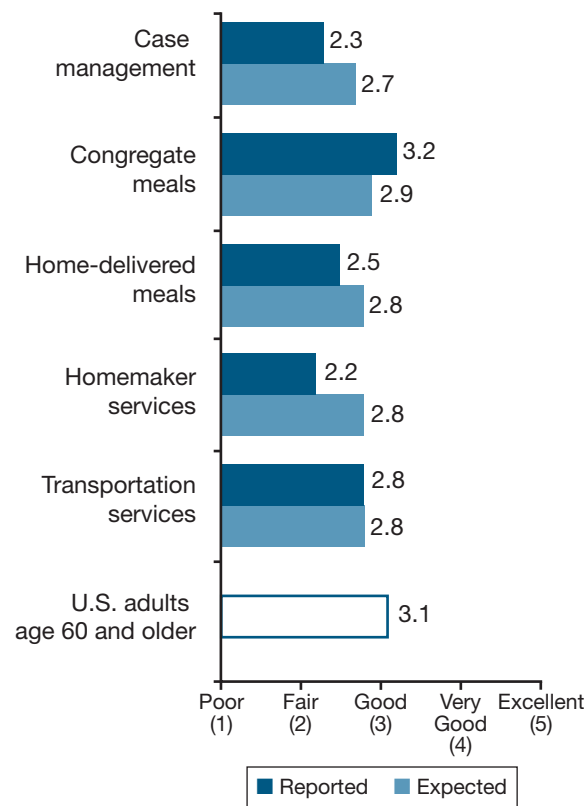
white, to have less than a high school education, and to live in poverty. These characteristics are often associated with worse health and diminished physical functioning, so it is difficult to know whether the differences in health and functioning that have been observed between Title III participants and other older adults arise solely because participants are concentrated within certain demographic and socioeconomic groups, or because their health is poor even in comparison with other older adults who are similar to them.

To help AoA understand how well-targeted OAA’s Title III services are, we used data from the Fourth National Survey of OAA Program Participants and from the Health and Retirement Study (HRS) to compare the health and physical functioning of Title III participants to that which would be expected if the health and physical functioning of Title III participants matched older adults with similar demographic and socioeconomic characteristics nationwide (see Methods section).

#### Physical Health of Title III Participants

Older adults who receive Title III services generally rate themselves to be in poorer health than do older

**Figure 1: Reported and Expected Self-Rated Health Status of Title III Participants**



Source: Fourth National Survey of OAA Program Participants (2008) and 2008 HRS.  
 Note: Health is rated on a scale in which 1 is poor and 5 is excellent.

adults across the country. For instance, on a 5-point scale in which 1 indicates poor health and 5 indicates excellent health, Title III participants rate their health from 2.2 to 3.2, compared with an average of 3.1 among all older adults (Figure 1).

When accounting for the demographic and socioeconomic differences between Title III participants and older adults nationally, we find that some groups of Title III participants are in worse health than their age, gender, race, education level, and poverty status would predict (Figure 1). For example, participants who receive in-home services—including home-delivered meals, case management, and homemaker services—rate their health 10 to 20 percent lower than what would be expected given their demographic and socioeconomic characteristics. On the other hand, participants who receive congregate meals say that they are in better health than their demographics and socioeconomic status would predict, while those who receive transportation services

rate their health at about what would be expected, given their individual characteristics.

The difference between reported and expected self-rated health is confirmed by more objective measures of health status, such as receiving a doctor’s diagnosis of certain health conditions (Table 1). Compared to all elderly adults in the United States, a larger share of Title III participants report that a doctor ever told them that they had a heart condition; breathing or lung condition; diabetes or high blood sugar; stroke; or memory-related disease. After accounting for Title III participant characteristics, participants in most programs are still more likely to have diagnosed health conditions than their characteristics would predict. If we look at diabetes, for example, based on the demographics and socioeconomic status of Title III participants, we would expect the proportion of participants ever diagnosed with diabetes to range from 23 to 25 percent. In actuality though, 26 to 35 percent of participants reported having been diagnosed with this condition. Expected levels of heart conditions, breathing or lung conditions, and diabetes fall below reported levels across all participant groups. Participants receiving in-home services also reported higher-than-expected levels of stroke and memory-related disease, while participants in the transportation services and congregate meals programs reported lower-than-expected levels of these conditions, given their characteristics.

### Functional Status of Title III Participants

A person’s ability to continue to live in his or her own home depends in part on how much difficulty they have performing activities of daily living (ADLs) such as bathing or using the toilet, as well as any difficulty they have completing instrumental activities of daily living (IADLs) such as preparing meals or taking medications. The average number of ADL difficulties reported by Title III participants is much higher than the number reported by the national population of older adults (Figure 2). For example, Title III participants who receive in-home services report difficulty with an average of two of six ADLs—five times as many as the average among older adults nationally (0.4 of six ADLs).

The difference in demographic and socioeconomic characteristics among Title III participants compared with other older adults only partially explains the

**TABLE 1: REPORTED VERSUS EXPECTED PERCENTAGES OF TITLE III PARTICIPANTS WITH A DOCTOR'S DIAGNOSIS OF VARIOUS CONDITIONS**

	U.S. Adults Age 60 and Older	Percentage of AoA Clients by Services Received				
		Case management	Congregate meals	Home- delivered meals	Homemaker services	Transportation services
<b>Arthritis or rheumatism</b>						
Reported	66.9	75.3	56.7	64.6	78.1	69.6
Expected	na	76.6	74.5	76.2	78.4	77.5
<b>Heart condition</b>						
Reported	28.6	44.8	33.9	43.1	52.8	39.4
Expected	na	37.3	34.4	38.1	37.0	35.1
<b>Breathing or lung condition</b>						
Reported	11.9	49.3	32.1	41.7	42.2	42.2
Expected	na	17.0	14.8	14.6	15.4	15.5
<b>Diabetes or high blood sugar</b>						
Reported	22.2	25.6	26.8	35.0	32.8	32.4
Expected	na	24.3	22.7	23.7	24.8	23.8
<b>Stroke</b>						
Reported	9.7	23.1	10.9	23.2	23.9	13.1
Expected	na	15.8	13.8	16.6	16.8	14.4
<b>Memory-related disease</b>						
Reported	4.8	12.2	5.7	12.2	16.9	5.7
Expected	na	8.1	6.1	8.1	8.9	7.4

Source: Fourth National Survey of OAA Program Participants (2008) and 2008 HRS.

Note: The Fourth National Survey and the HRS both ask respondents if a doctor has ever diagnosed them with each of the conditions reported above. With the exception of a lung condition, the question wording in both surveys is comparable, so that difference in the proportion with a diagnosis between the surveys is likely not due to survey design. However, the HRS explicitly includes asthma as a lung condition, while the Fourth National Survey does not. Despite this difference, the actual rates reported in the surveys are still higher among Title III participants, but the expected rates for a lung condition for participants in each Title III service are higher than they would be if the Fourth National Survey data excluded asthma.

higher number of reported ADL difficulties among participants. For instance, given their age, gender, race, education, and poverty level, the participants who receive home-delivered meals have difficulty with almost triple the number of ADLs than what would be expected. This level of difficulty is similar to the expected level among case management and homemaker services participants. On the other hand, the average number of ADL difficulties among participants who receive congregated meals and transportation services is about what we would expect to see, given their demographic and socioeconomic characteristics.

IADL difficulties are also reported more often by Title III participants than would be expected given their individual characteristics (not shown). When considering difficulty with preparing meals, taking medications, shopping, using the telephone, and managing money, Title III participants report difficulty with anywhere from 0.5 IADLs (those who received congregated meals) to 1.5 IADLs (those who receive homemaker services or

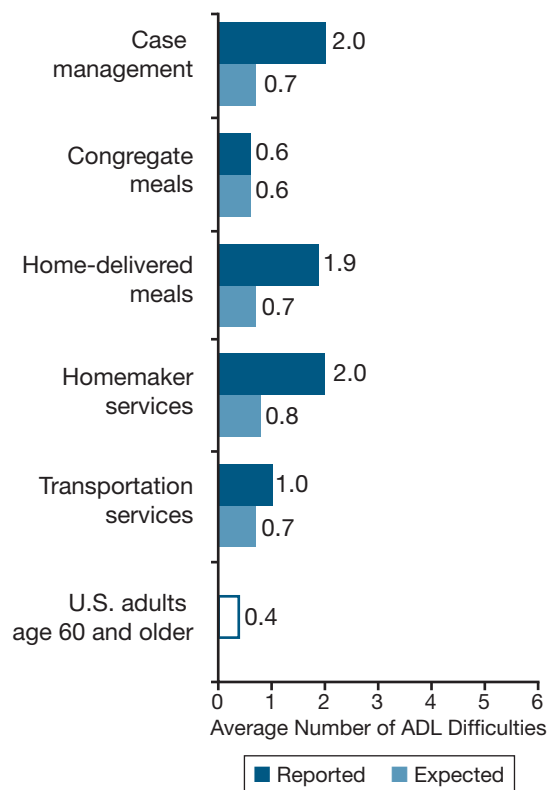
home-delivered meals). Accounting for the demographics and socioeconomic status of Title III participants yields an expected number of IADL difficulties ranging from 0.4 to 0.7, indicating that participants have more IADL limitations than their characteristics predict.

### Conclusions and Implications

Title III participants are not as healthy as older adults nationally, nor do they function as well physically. Some of the observed differences in health and physical functioning are explained by the demographic and socioeconomic profile of Title III participants compared with all older adults. However, even after demographic and socioeconomic differences are accounted for, we still find that Title III participants who receive in-home services—those in the home-delivered meals, case management, and homemaker services programs—tend to be less healthy and more limited than other older adults.

Much of the difference in health and functional status across Title III programs can likely be explained by

**Figure 2: Reported and Expected Number of ADL Difficulties Among Title III Participants**



Source: Fourth National Survey of OAA Program Participants (2008) and 2008 HRS.

Note: Average calculated based on reported difficulties with six ADLs: eating, dressing, bathing, toileting, walking short distances, and getting into and out of bed.

the services offered by each program attracting a different pool of participants. For example, because home-delivered meals and homemaker services target the homebound, clients receiving these services are more likely to have multiple functional limitations and lower overall health status. Despite the differences between participants in each program, it is clear from our findings that Title III services are indeed reaching the most vulnerable elderly people in the nation—those most in need of services to remain independent.

### Data Sources

Information on Title III participants was drawn from the Fourth National Survey of OAA Program Participants. This survey was conducted in 2008 by Westat Inc., via telephone, and administered to more than 5,000 individuals who reported receiving Title III services. The survey used a two-stage sample design,

first selecting a sample of AAAs, then randomly sampling participants from each selected AAA by service type. The number of participants selected from each AAA was proportional to the number of participants served in that particular service by the sampled AAA. All analyses in this brief apply sample weights to account for this design. Additional data from and more detailed documentation for the Fourth National Survey and other AoA data sources are available on the new interactive AGing Integrated Database (AGID) at <http://data.aoa.gov>.

Participants in five of the service types included in the survey are reported in this brief: home-delivered meals (916 respondents), homemaker services (407 respondents), transportation services (817 respondents), congregate meals (861 respondents), and case management (455 respondents). Participants in this brief are categorized as program participants based on the program for which they were surveyed, but in many cases, individuals receive services from multiple OAA programs.

Health and physical functioning characteristics of the national population of older adults, used to calculate the expected health measures of Title III participants, were drawn from the HRS, a nationally representative, panel survey of the non-institutionalized United States population over the age of 50 funded by the National Institute on Aging (NIA) and the Social Security Administration (SSA). The HRS data used in this brief are based on respondents to the 2008 survey wave who were age 60 and older and were residing in the community at the time of the interview. These data were extracted from RAND’s analytic file from the HRS, available at <http://hrsonline.isr.umich.edu>.

### Methods

To derive the expected values of health and functioning reported in the brief, we used indirect standardization. To do this, we calculated health and functional status values using the HRS for each combination of age, gender, race, educational attainment, and poverty category. The resulting cell means were then assigned to Title III participants in the same demographic and socioeconomic categories. The value obtained after indirect standardization indicates what would be expected if Title III participants had the same health and functional status as those in the national population

who share the same age, gender, race, educational attainment, and poverty status. Overall averages were obtained by aggregating across the constructed cells in proportion to each cell's weight in the overall Title III service group.

The categories used to construct the cells for indirect standardization were (1) age, using five-year intervals between 60 and 85, with a separate category for everyone 85 years or older; (2) gender; (3) race, with a category for non-Hispanic white and one for Hispanic and/or nonwhite; (4) education, measured as more or less than a high school diploma; and (5) income relative to the federal poverty level (FPL). Because income was collected categorically in the Fourth National Survey, it was impossible to precisely determine poverty status in some cases. Using respondents' reported income category, household size, and the 2008 DHHS poverty guidelines, respondents were classified as definitely in poverty (reported income category below 100 percent of the FPL), definitely not in poverty (reported income category above 100 percent of the FPL), or possibly in poverty (reported income category included values below and above the FPL). A comparable value was created for HRS survey respondents using reported income (adjusted for inflation between the survey

years) and household size. In the minority of cases in which income or household size was not available for the construction of poverty, standardization was performed using the remaining available measures.

## Reference

Altshuler, N., and J. Schimmel. "Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?" Washington, DC: Mathematica Policy Research, July 2010.

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

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### ABOUT THIS SERIES

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

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