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**MATHEMATICA**  
Policy Research, Inc.

**Results from the  
Administration on  
Aging's 2005/2006 Survey  
of Area Agencies on  
Aging (AAAs)**

*Final Report*

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## I. INTRODUCTION

Under the Older Americans Act of 1965, the Administration on Aging (AoA) was created to promote policies and programs to support a continuum of care that fosters independence and full community integration for frail and vulnerable elderly. Thirty-five years later, the AoA maintains the same mission, overseeing an “aging services network” consisting of 56 State Units on Aging (SUA), 655 Area Agencies on Aging (AAAs), 233 tribal and Native American organizations, and two organizations that serve Native Hawaiians.

AAAs were established as part of the aging services network in 1973, when Congress extended the reach of the Older Americans Act to include local agencies responsible for planning and coordinating the delivery of OAA services at the local level (O’Shaughnessy 2008). These agencies serve clients within specific geographic regions served by the AAA and/or clients in a certain target population; by operating at the local level, agencies are best able to identify the appropriate mix of services to offer. Today, AAAs provide to elderly clients a range of services including information and access; community-based and in-home services; housing; and elder protection services. The diverse assistance provided by AAAs within each of the broader service categories includes:<sup>1</sup>

- **Information and access services:** Assessment of eligibility for services, assistance in identifying service providers, health insurance counseling, care management, transportation to and from appointments and social settings, retirement planning assistance and caregiver support
- **Community-based services:** Operation of senior centers, congregate meals, employment services, and adult day services
- **In-home services:** Provision of Meals-on-Wheels, homemaker and chore services, telephone reassurance and home visits, personal care, and respite care

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<sup>1</sup> Information taken from <http://www.n4a.org/aboutaaas.cfm>. Accessed on May 9, 2008.

- **Housing services:** Coordinating senior housing and alternative community-based living arrangements
- **Elder protection services:** Legal assistance, elder abuse protection, and ombudsman services for complaint resolution

Not every AAA directly administers all of the aforementioned services to clients, but even those that do not directly provide the service often partner with another agency or make referrals for such services. Combining direct service provision and coordination with other agencies ensures that each AAA provides access to a vast array of services intended to meet the needs of the elderly population it serves.

Beyond the variation in the mix of services provided, AAAs differ in other important ways such as their governance structure, organizational setting, and mix of clients served. Further, because the target population in the area served by each AAA varies in size and density, the funding amounts and the source(s) of funding received by each AAA varies. While many of these particulars are largely invisible to clients, they shape the depth and breadth of services provided by each AAA. Therefore, AoA and AAAs are interested in documenting the variation in these features.

This report documents the findings of an internet survey of Area Agencies on Aging which was fielded between October 2005 and April 2006.<sup>2</sup> The survey, conducted by Westat, was developed collaboratively with AoA, the National Association of Area Agencies on Aging (n4a), and the National Association of State Units on Aging (NASUA). These four agencies identified the content areas they regarded as most relevant, including governance, funding, clients, and services provided. Survey respondents represented 502 agencies, or 77 percent of all AAAs, but,

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<sup>2</sup> Information taken from the “2006 Survey of Area Agencies on Aging Methodology Memo” produced by Westat.

as is often the case with surveys, response rates to individual questions were often less than 100 percent. Each statistic analyzed in this report indicates the response rate among the AAAs who responded to the survey (77 percent of all AAAs). Thus, it should be noted that because only 77 percent of AAAs responded to the survey, a response rate of 50 percent on a particular question means that responses to that question represent only 38.5 percent of all AAAs.

Section II of this report highlights the variation in AAA governance structures and funding sources. Section III presents key findings for service delivery, AAA partnerships, and AAA provider networks. Section IV documents AAA staffing and their use of volunteers, while Section V describes the clients served by AAAs. Finally, Section VI describes the barriers to system integration that were identified by survey respondents.

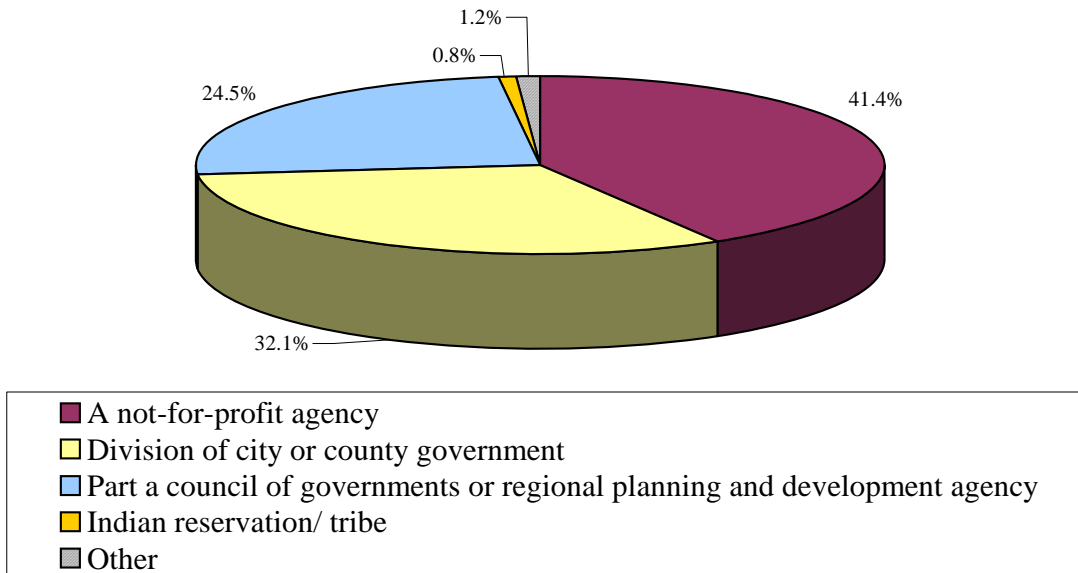
## II. AAA GOVERNANCE AND FUNDING

### A. AAA GOVERNANCE AND ORGANIZATIONAL SETTINGS

AAAs operate under a variety of organizational settings and governance structures. Four in ten (41.4 percent) of surveyed AAAs were a not-for-profit agency, while more than half (56.6 percent) were part of a city or county government, a council of governments, or regional planning and development agency (Figure II.1). About one percent of surveyed AAAs reported that they were part of an Indian reservation or tribe (0.8 percent), though this survey did not include Title VI agencies, which serve Native Americans under the Older Americans Act.

FIGURE II.1

TYPES OF ORGANIZATIONAL SETTINGS AMONG SURVEYED AAAs



Note: The response rate to this question was 98 percent.

### B. AAA FUNDING

AAAs receive a portion of their funding from OAA federal funds, but they also receive funds from a variety of other federal, state and local sources. Surveyed AAAs received, on



average, \$2,136,532 in OAA federal funding, accounting for 31 percent of the total average budget.<sup>3</sup> The median amount of OAA federal funding received was \$1,264,090.

Funding for nutrition-related services was the largest area of OAA funding; on average, surveyed AAAs received almost \$500,000 in OAA funds to provide congregate meals under Title III-C1 as well as \$350,000 to provide home-delivered meals and \$220,000 for the Nutrition Services Incentive Program (NSIP), both under Title III-C2 (Figure II.2). Home and community-based services were the second largest area of OAA funding; the average surveyed AAA received approximately \$600,000 to provide Title III-B services.

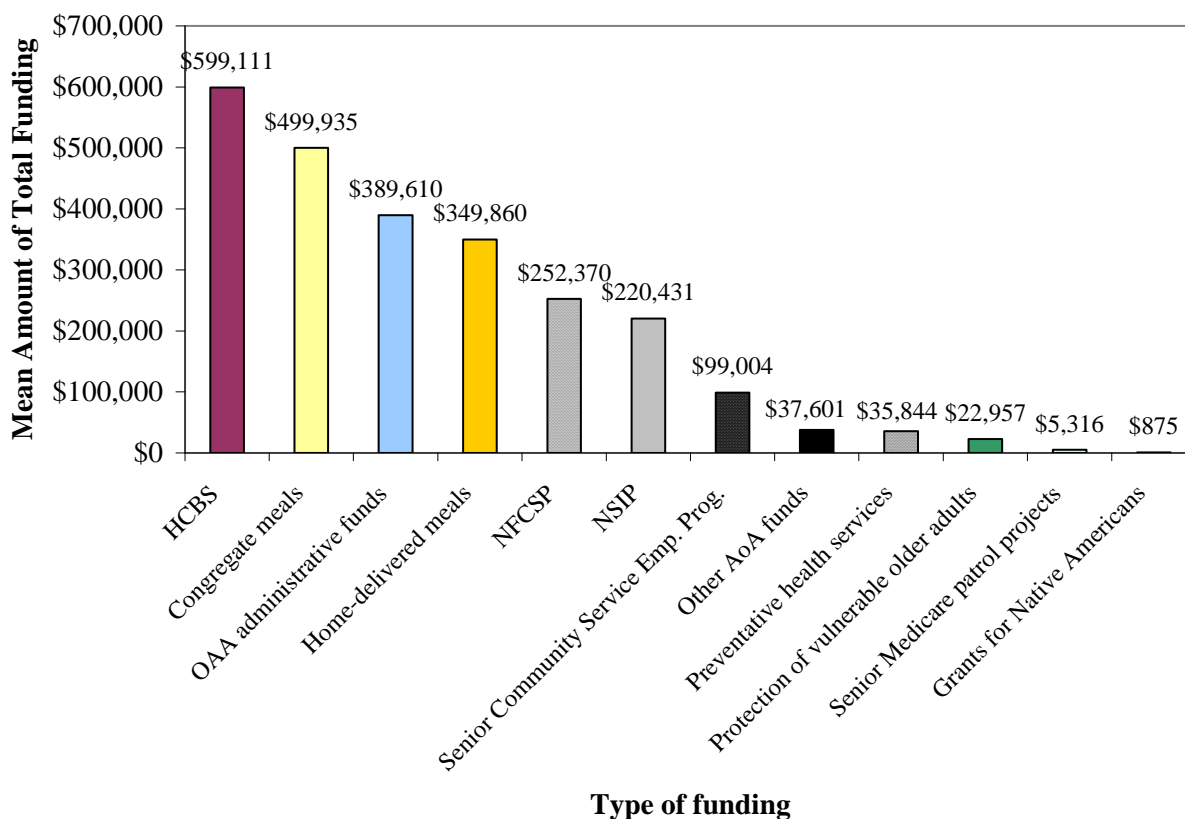
A substantial portion of OAA funds to AAAs went toward the National Family Caregiver Support Program (NFCSP) under Title III-E and Title VI-C in the Older Americans Act 2000 Reauthorization; the average surveyed AAA received approximately \$250,000 in that category. Other service areas received less OAA funding; the average AAA received less than \$100,000 for each of the following services: the Senior Community Service Employer Program (Title V), preventive health services (Title III-D), protection of vulnerable older adults (Title VII), Senior Medicare Patrol, and grants for Native Americans (Title VI-A and VI-B).

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<sup>3</sup> The questionnaire instructed AAAs to provide information related to the most recent year for which complete data was available. Given the timing of the survey, this was likely 2005, or possibly 2004. However, AAAs were not required to indicate for which year they provided data.

FIGURE II.2

AVERAGE AMOUNT OF OAA FEDERAL FUNDS AMONG SURVEYED AAAs, BY CATEGORY

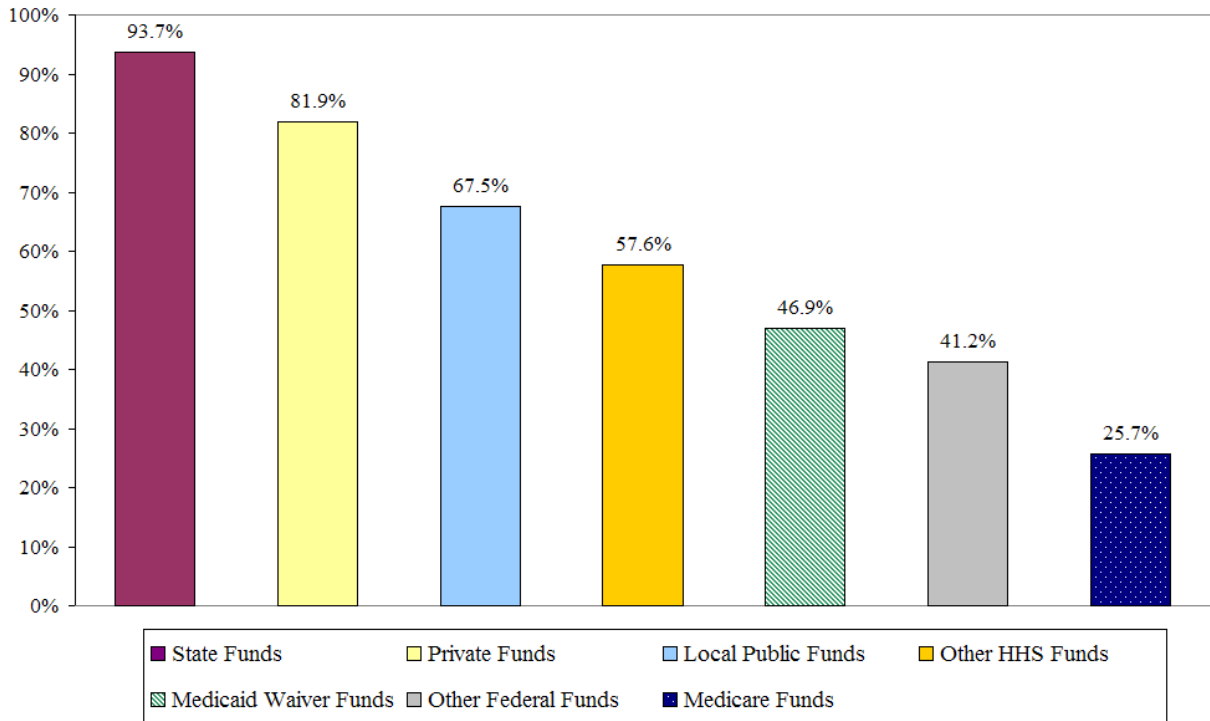


Note: Mean levels of funding among those reporting funding from each source. About 90 percent of the respondents reported receiving each type of OAA funding, except in the case of OAA administrative funds, which was based on a 7 percent response rate, or 36 agencies.

AAAs receive additional funds from a variety of other federal, state, local, and private sources to support the services they provide. Almost all surveyed AAAs received state government funds (93.7 percent) (Figure II.3). Most also reported receiving funds from private sources (81.9 percent); local governments (67.5 percent); and DHHS sources other than Medicare and Medicaid (57.6 percent). Nearly half of the surveyed AAAs received funds from Medicaid waiver programs (46.9 percent), while more than a quarter received funds from Medicare (25.7 percent), and from federal sources other than DHHS (41.2 percent).

FIGURE II.3

PERCENT OF SURVEYED AAAs RECEIVING FUNDING FROM VARIOUS OTHER SOURCES



Note: Response rates to these questions were 90 to 95 percent.

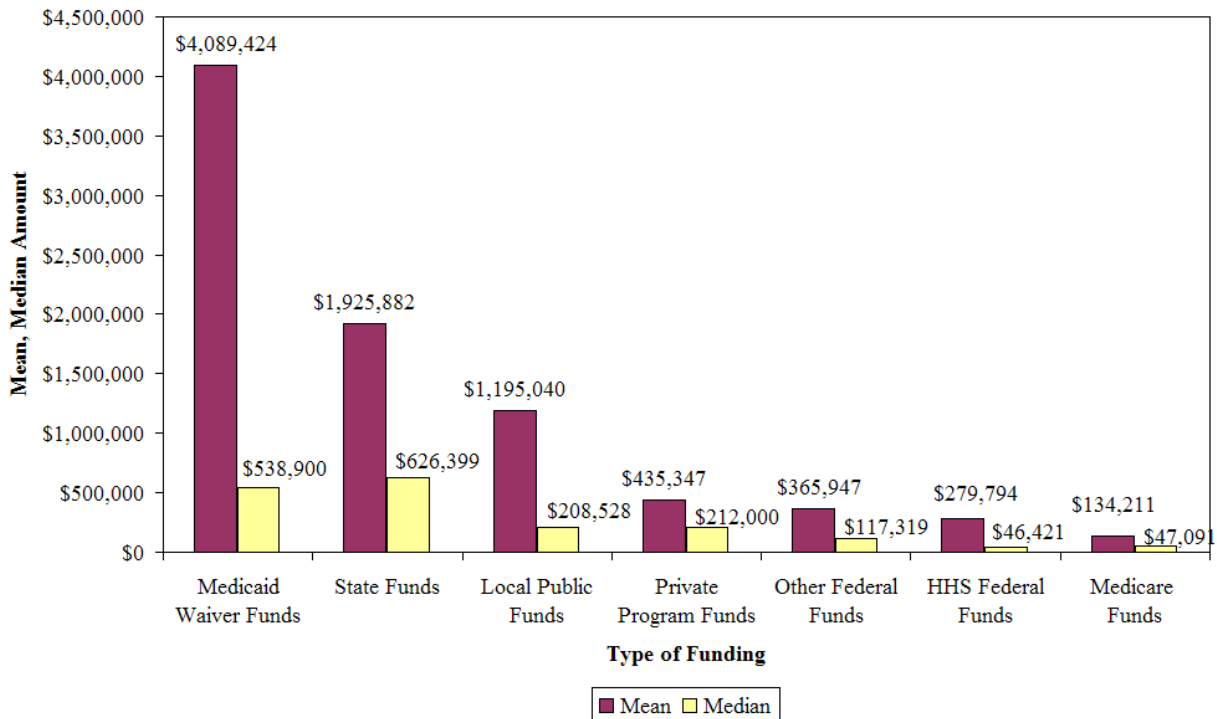
Among those reporting support from sources other than the OAA funds reported above, the amount received varied widely, as demonstrated by the large difference between the median and mean level of funding (Figure II.4).<sup>4</sup> On average, total Medicaid waiver funding was the largest non-OAA source (more than \$4 million), followed by state funds (nearly \$2 million) and local public funds (nearly \$1.2 million). Funding from private programs, HHS and other federal funds, and Medicare were less than \$1 million each, on average. In median terms, state funds were the

<sup>4</sup> When the mean is greater than the median (the middle observation in the distribution), the contributing factor is one or more outliers that had a direct effect on the sample average. Thus, assessing the mean and median together allows for one to infer the distribution of responses. The median level of funding for all services was substantially lower than the mean, indicating a skewed distribution of funding; some AAAs received large amounts of funding relative to others.

largest funding source among surveyed AAAs (more than \$600,000), followed by Medicaid waiver funds, private program funds, and local public funds.

FIGURE II.4

AVERAGE AMOUNT OF FUNDING RECEIVED BY SURVEYED AAAs, BY SOURCE

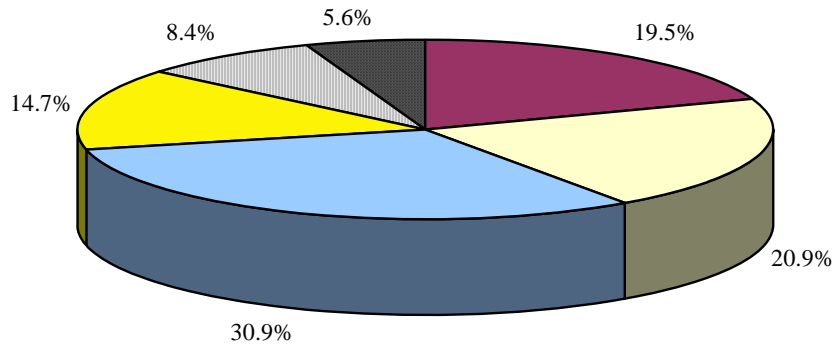


Note: Average funding among AAAs reporting funding from each source (as displayed in Figure III.3). Response rates to these questions were 87 percent or higher.

On average, surveyed AAAs received \$6,932,844 in funding from their combination of sources (the median amount was \$2,815,404). About one in five of the surveyed AAAs (20.9 percent) received funding that totaled \$1 to \$2 million (19.5 percent) and a similar number had total funding of less than \$1 million (Figure II.5). About 30 percent received funding of \$2 to \$5 million (with median funding equal to \$2.59 million among this group); approximately 15 percent received \$5 to \$10 million, and the rest had more than \$10 million in funding.

FIGURE II.5

TOTAL FUNDING AMONG SURVEYED AAAs



■ Less than \$1 million ■ \$1 to \$2 million ■ \$2 to \$5 million ■ \$5 to \$10 million ■ \$10 to \$20 million ■ \$20 million or more

Note: As shown previously, not every AAA reported funding from all sources. When funding was not reported in a particular category, it was assumed to be zero for purposes of calculating total funding. The calculated response rate for total funding (that is, percent of AAAs listing amount of funding from at least one source) was 92 percent.

### **III. AAA SERVICE DELIVERY, PARTNERSHIPS, AND PROVIDERS**

#### **A. SERVICE ADMINISTRATION AND REFERRALS AMONG SURVEYED AAAs**

Funds from multiple sources are used to administer programs or provide referrals for a range of AAA services that benefit older Americans (Table IV.1). The percentage of AAAs that reported administering Medicaid waiver programs was very close to the percent that reported receiving funding from Medicaid waivers (48.9 percent). Aside from Medicaid waiver services, 12.4 percent of surveyed AAAs reported administering Medicaid State Plan long-term care services and 4.6 percent reported providing other Medicaid acute health coverage services. One in five (19.4 percent) of the surveyed AAAs administered adult protective services, one in five (19.9 percent) administered low-income home energy assistance, and about one in three (36.3 percent) administered transportation services. Moreover, 69.7 percent of surveyed AAAs reported providing other state and local services not on that list, including housing, pension counseling, and home health care.

Most AAAs that do not administer a service provide referrals or other assistance to clients seeking that service. Indeed, at least three-quarters of surveyed AAAs administered or provided referrals for the services listed in Table III.1.

TABLE III.1  
SERVICES ADMINISTERED BY SURVEYED AAAs

Service	Percent Administering Service	Percent Providing Referrals or Other Assistance	Percent Not Administering or Referring for the Service
Adult Protective Services	19.4	73.1	7.5
Food Stamps	4.1	85.0	11.0
Housing Services	8.4	79.8	11.8
Low Income Home Energy Assistance	19.9	72.9	7.2
Medicaid Waiver Programs	48.9	45.1	6.0
Mental Health Services	4.9	83.0	12.1
Mental Retardation/Developmental Disability (MR/DD) Services	2.9	75.2	21.9
Other State and Local In-Home Services	69.7	27.1	3.2
Other Medicaid State Plan Long-Term Care Services	12.4	75.0	12.6
Other Medicaid Acute Health Coverage	4.6	71.6	23.9
Primary Health Care	5.8	76.9	17.3
Supplemental Security Income (SSI)	2.0	78.8	19.2
Transportation Services	36.6	56.5	6.9

Note: Response rates to these questions ranged from 68 to 70 percent.

Most surveyed AAAs reported partnering with multiple agencies in order to refer to or administer a diverse range of services. The mean number of reported partnerships among surveyed AAAs was 23, and the activities ranged from conference planning to outreach efforts. More than 90 percent of surveyed AAAs partnered with homemaker and health care providers (93.7 percent), senior centers (94.3 percent), and senior housing facilities (91.7 percent) (Table III.2). Although AAAs were least likely to have established partnerships with Centers for Independent Living; agencies that provide mental retardation/developmental disabilities services; and universities, more than half of them reported having these specific relationships as well (63.6 percent, 66.2 percent and 67.1 percent, respectively).

TABLE III.2  
COMMON PARTNER AGENCIES OF SURVEYED AAAs

Partner Agency	Percent of AAAs with Partnership
Adult protective services	88.3
Center for Independent Living (CIL)	63.6
Council of government or regional planning agency	69.2
County or city social services agency	86.2
Home energy assistance/weatherization programs	89.4
Homemaker and home health care providers	93.7
Hospital discharge planning, ER care, and other services	75.1
Mental health services	84.9
Mental retardation/developmental disability services	66.2
Police/Fire/EMS	78.7
Public health service/community health center	84.0
Public transit and para-transit programs	84.1
Religious organizations	73.5
Senior centers	94.3
Senior housing facilities (e.g. nursing homes)	91.7
Social Security and Medicare offices	87.1
Supplemental Security Income (SSI), Food Stamps, and Medicaid offices	85.8
University	67.1

Note: Response rates to these questions ranged from 67 to 70 percent.

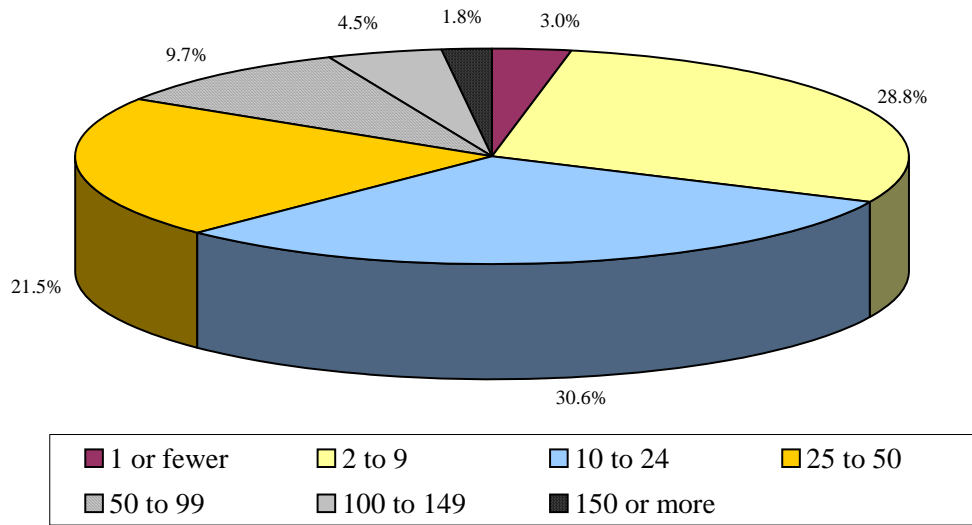
## **B. AAA SERVICE PROVIDERS**

AAAs contract with many providers to administer services. The majority of AAAs reported contracting with fewer than 25 providers (62.4 percent), and about one-fifth (21.5 percent) contracted with 25 to 50 providers (Figure III.1). On average, surveyed AAAs contracted with 33 providers (median number of providers was 18). As shown in Table III.3, of these 33 providers, the categories with the highest numbers were personal care (10.5 total providers), homemakers (9.5 total providers), and senior centers (9.3 total providers).



FIGURE III.1

AVERAGE NUMBER OF TOTAL PROVIDERS CONTRACTED BY SURVEYED AAAs



Note: The response rate to this question was 66 percent.

### C. AAA SERVICE DELIVERY FEATURES

AAAs vary in the type of innovative service delivery features they offer. As program initiatives that include AAAs such as Money Follows the Person and Choices for Independence continue to evolve, the number of AAAs serving as single entry-point systems or with consumer-directed care will likely increase. The following characteristics describe service delivery features of surveyed AAAs in late 2004 and early 2005 (Figure III.2):

- Almost all (97.5 percent) of surveyed AAAs reported that they provided information and assistance services.
- Four out of five (80.4 percent) AAAs provided case management services. On average, AAAs with case management generally served more clients (16,928) than those without case management services (10,268). Among AAAs offering case management, 39 percent have a waiting list for that service.
- The majority (64.7 percent) of surveyed AAAs offered a single entry-point system. Among those with a single entry point system, 87 percent offer OAA-funded programs, 83 percent offer non-OAA-funded programs, and 59 percent offer programs administered by other agencies.
- Among the 31.7 percent of surveyed AAAs offering consumer-directed care, 49 percent offered vouchers, 42 percent offered consumers defined budgets, 14 percent offered cash and counseling, and 19 percent offered some other form.

TABLE III.3

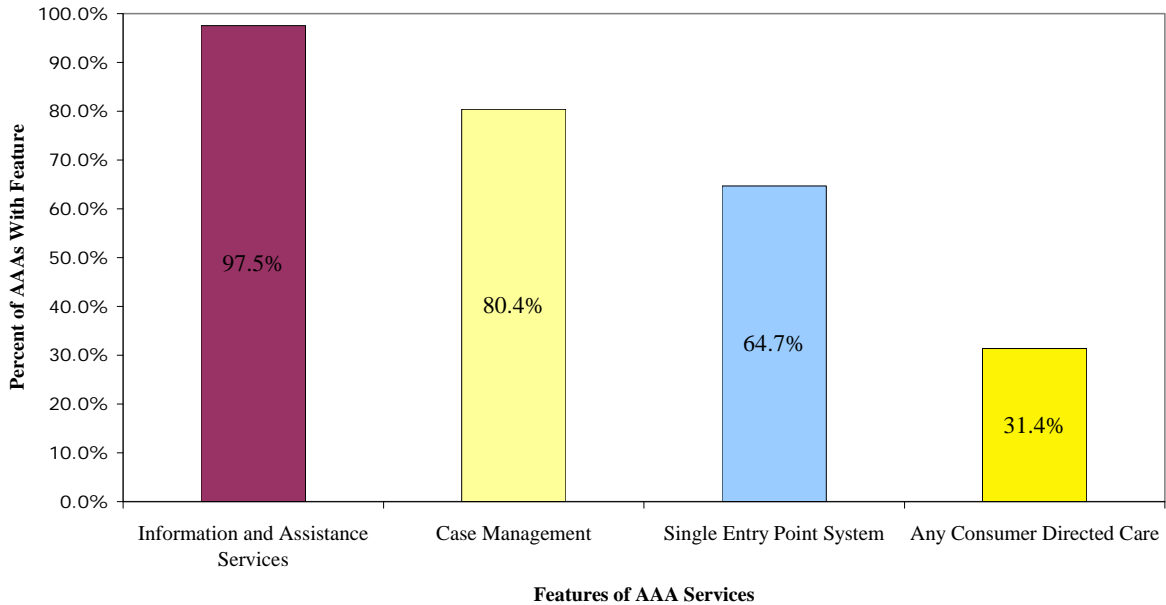
## AVERAGE NUMBER OF SUBCONTRACTED PROVIDERS AMONG SURVEYED AAAs

Type of Provider	Percent of Surveyed AAAs Reporting Provider	Total Number of Providers	For-Profit Providers	Non-Profit Providers or Government Entities
Adult Day Care / Health	43.4	3.8	0.7	3.1
Assisted Transportation	34.1	3.7	0.6	3.1
Case Management	31.7	4.1	0.5	3.6
Chore	30.1	4.7	1.9	2.8
Congregate Meals	57.6	6.4	0.3	6.1
Homemaker	57.2	9.5	6.2	3.3
Home-Delivered Meals	46.2	5.0	0.4	4.6
Information and Assistance	37.1	5.2	0.1	5.1
Legal Assistance	57.6	1.4	0.3	1.1
Nutrition Counseling	33.3	2.5	0.4	2.1
Nutrition Education	42.0	5.3	0.2	5.1
Other Services	28.1	4.6	2.5	2.4
Outreach	34.3	6.7	0.1	6.6
Personal Care	41.6	10.5	6.9	3.7
Senior Centers	43.6	9.3	0.1	9.3
Transportation Services	50.8	5.1	0.5	4.5

Note: The percent of surveyed AAAs reporting each type of provider is based on the total number of survey respondents, 502 AAAs, and indicates the number of AAAs reporting one or more providers in each category. Each provider can appear in multiple categories. For example, if one provider offered both homemaker and chore services, it could be counted once in each category. However, the total number of providers across all services is the unduplicated count, meaning that the total number of providers may be less than the sum of providers across categories.

FIGURE III.2

INVOLVEMENT IN KEY PROGRAMS AMONG SURVEYED AAAs



Surveyed AAAs support many types of disease prevention and health promotion activities (Table IV.4). The most common of these activities included assisting clients with medication management and education (88.7 percent) and nutrition education (85.1 percent). Least commonly supported were falls and injury prevention programs (58.2 percent) and immunizations (40.9 percent).

Among the AAAs that support each health promotion and disease prevention activity, the vast majority (roughly 80 to 90 percent) used OAA funds (Table III.4). As documented above, the amount of money funded to the average AAA for prevention-related activities was small relative to other funding categories; the numbers in the survey do not indicate the amount of OAA funds allocated to each of these activities. Funds for many of these disease prevention and health promotion activities are supplemented by other funding sources; about half of AAAs use non-OAA funding to provide these services.

Along with financial support using OAA and non-OAA funds, many AAAs provide in-kind support for various activities. For example, about two-thirds of AAAs that supported disease prevention, educational health programs, health screenings, immunizations, and physical fitness/exercise programs provided in-kind support for the activity. This could include such support as the use of a building and related utility expenses, the use of software for program management, or the use of volunteers to provide examination of medical bills for fraud or abuse.

TABLE III.4

DISEASE PREVENTION AND HEALTH PROMOTION ACTIVITIES SUPPORTED BY SURVEYED AAAs

Activity	Supported by AAA	If activity is supported by the AAA, percent of AAAs that:		
		Use OAA Funds	Use Non-OAA Funds	Provide In-Kind Support
Disease Prevention/ Management for Specific Chronic Diseases	63.6	84.4	59.5	66.8
Educational Health Programs	78.5	84.6	60.0	67.3
Falls and Injury Prevention	58.2	64.8	59.6	62.7
Health Insurance Counseling	76.1	66.8	67.8	59.3
Health Screening	77.9	82.2	56.0	68.3
Immunization	40.9	39.3	51.5	67.2
Medication Management/ Education	88.7	92.8	45.4	15.3
Nutritional Education	85.1	91.8	50.0	48.2
Nutritional Counseling	63.3	85.1	54.3	43.5
Nutrition Screening/ Assessment	83.0	92.0	52.6	41.2
Physical Fitness/ Exercise Programs	72.5	81.3	64.6	65.4
Purchase/ Distribution of Health or Safety Aids	63.3	71.8	66.0	49.3
Support Groups	66.9	80.5	54.1	62.0

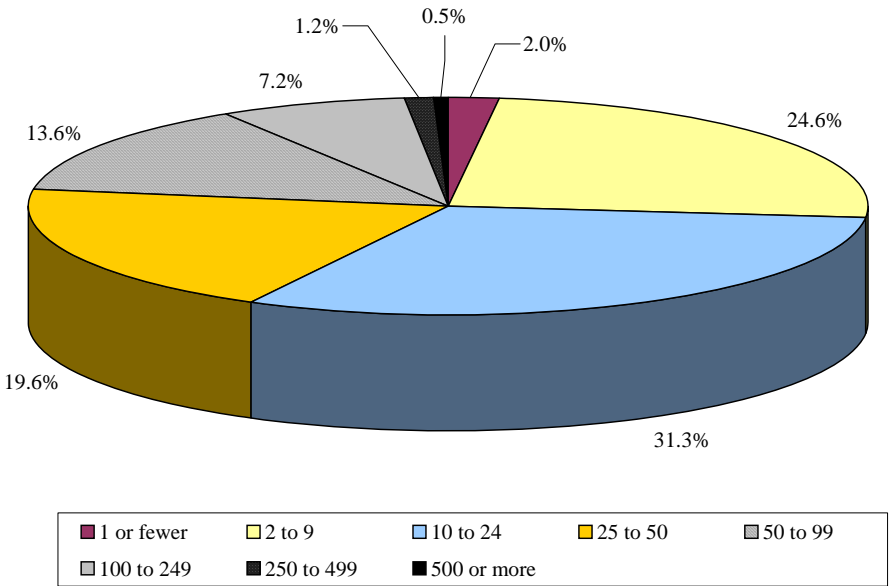
Note: Response rates to these questions were approximately 67 percent. AAAs were questioned on whether, for each of the listed activities (1) the AAA provides support for the activity and, if so, (2) whether or not OAA funds are used, (3) whether or not non-OAA funds are used, and (4) whether or not in-kind support is provided. More than one kind of support can be provided for each activity.

## IV. AAA STAFF AND VOLUNTEERS

### A. AAA STAFFING

The number of staff that an AAA employs depends on such factors as the governance structure, the number of clients served, needs of the clients served, relationship to providers and partner agencies, and the number of volunteers. The number of full-time equivalents (FTE) varied tremendously across surveyed AAAs; some agencies had no FTE staff while several others had more than 500 staff members. The average surveyed AAA employed 42 FTE staff (median number was 20 staff members). As shown in Figure IV.1, one-quarter of surveyed AAAs employed fewer than 10 FTE staff (26.6 percent), about one in three (31.3 percent) had between 10 and 24 FTE staff, and one-fifth had 25 to 50 FTE staff (19.6 percent).

FIGURE IV.1  
TOTAL NUMBER OF FTE STAFF IN SURVEYED AAAs

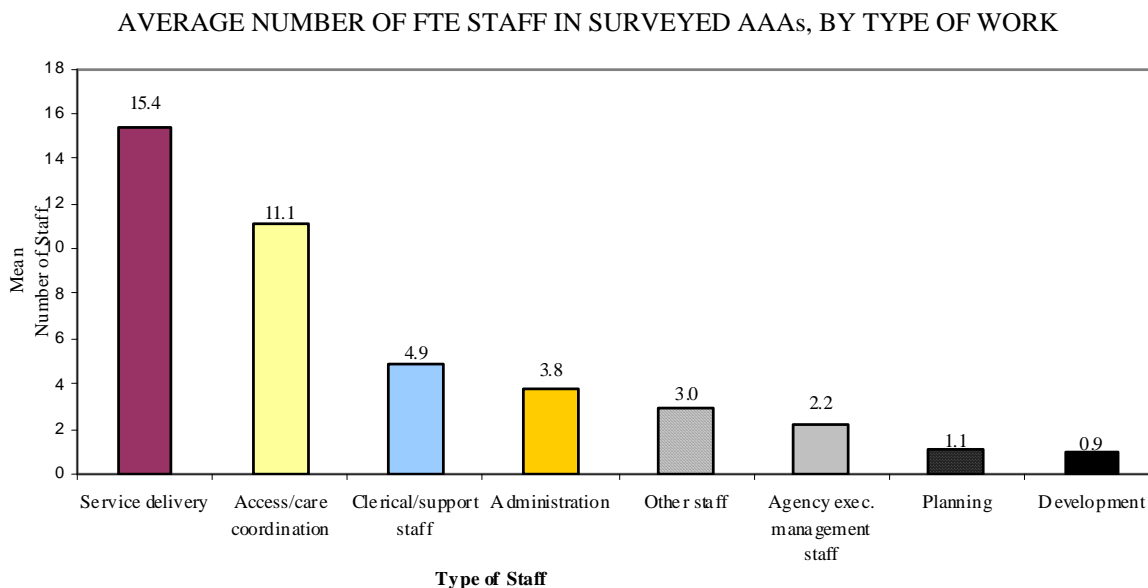


Note: The response rate to this question was 80 percent.

The majority of staff in the AAAs surveyed worked in service delivery or in assisting clients with access to care and care coordination (26.5 FTE staff members) (Figure IV.2); many were in

administrative, clerical, or management roles (10.9 FTE staff members per agency); and a few worked in planning and development (2 FTE staff members per agency).

FIGURE IV.2



Note: Response rates to these questions were approximately 80 percent.

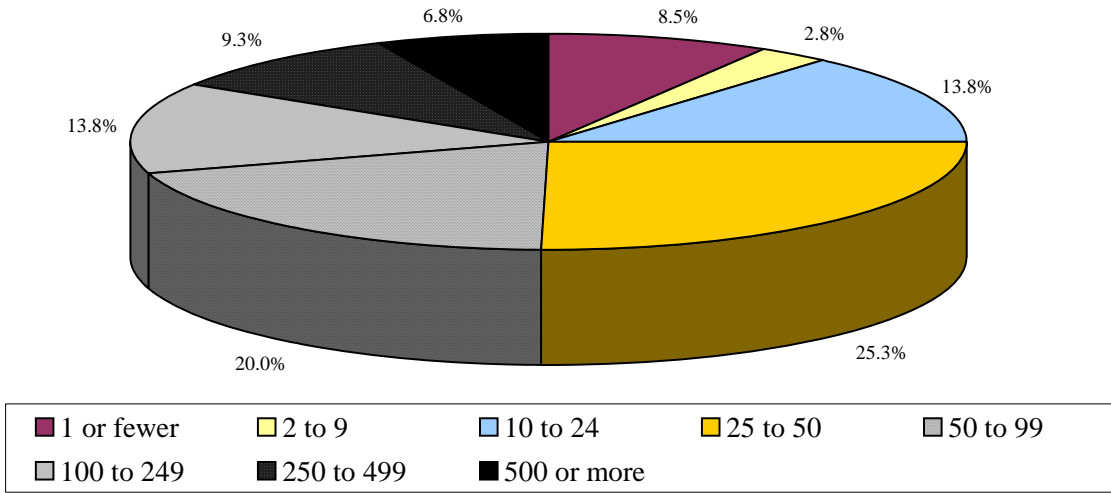
## B. AAA VOLUNTEERS

About one in four Americans perform volunteer work each year.<sup>5</sup> AAA volunteers perform a range of activities, such as providing home-delivered and congregate meals, working in the Senior Medicare Patrol, and serving as Ombudsman. The number of volunteers for survey respondents covered a wide range, with an average of 184 volunteers per AAA (median of 50). About one-quarter of surveyed AAAs (27.1 percent) reported having fewer than 25 volunteers and one-quarter of AAAs (23.1 percent) had between 100 and 500 volunteers (Figure IV.3).

<sup>5</sup> Bureau of Labor Statistics, <http://www.bls.gov/news.release/volun.nr0.htm>.

FIGURE IV.3

NUMBER OF VOLUNTEERS IN SURVEYED AAAs



Note: The response rate to this question was 80 percent.

## V. CLIENTS SERVED BY AAAs

### A. NUMBER OF CLIENTS SERVED

The distribution of OAA Title-III funds is based on a population formula which takes into account both the size of the target population as well as the level of client need. This implies that the size of a population in an AAA service area is inherently connected to the amount of funding received by that agency. While the count of unduplicated clients is a succinct way to estimate the size of an AAA, it is an incomplete measure of the intensity of AAA activities; one AAA could provide more intensive services to fewer people, while another could provide fewer services per person but serve more clients in total.

The average AAA completing the survey reported an unduplicated client count of 15,239 (median of 5,981).<sup>6</sup> Two-thirds of surveyed AAAs served fewer than 10,000 clients (67.6 percent), about one in five served 10,000 to 25,000 clients (18.9 percent), and the remainder (13.6 percent) served more than 25,000 clients each year (Figure V.1). Highlighting the difficulty in interpreting the meaning of the number of clients served, the largest AAA reported serving 769,000 clients while the smallest AAA reported only 58 clients. This size difference could be due to the mix of services offered or to the size of the vulnerable population within the geographic region of the AAA, but that information cannot be obtained from the survey.

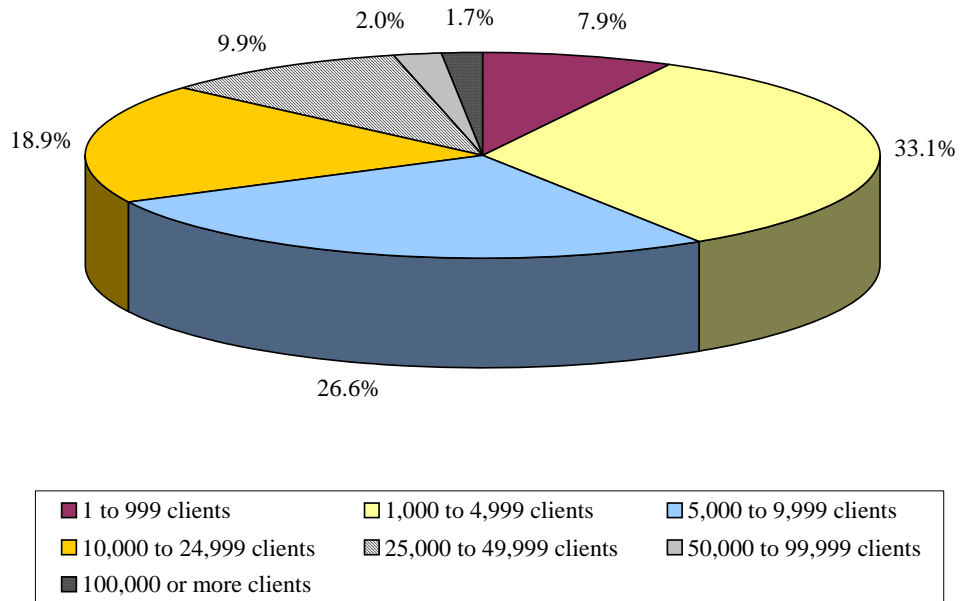
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<sup>6</sup> Like the budgetary information reported by states in this survey, AAAs were asked to provide information for the most recent year for which they have data.



FIGURE V.1

UNDUPLICATED NUMBER OF CLIENTS SERVED BY SURVEYED AAAs



Note: The response rate to this question was 70 percent.

In general, larger AAAs (as measured by total number of clients served) had more FTE staff, and also a greater number of volunteers (Table V.1). For example, the smallest AAAs (1 to 999 clients) averaged 13 total FTE staff, while the largest (at least 50,000 clients) averaged 123 FTE staff. To some extent, the number of AAA volunteers was also related to the size of the AAA's client base, but not as uniformly; for example, AAAs with 25,000 to 49,999 clients had 332 volunteers on average, but the largest category of AAAs (at least 50,000 clients) had a smaller average number of volunteers (246 volunteers).

TABLE V.1

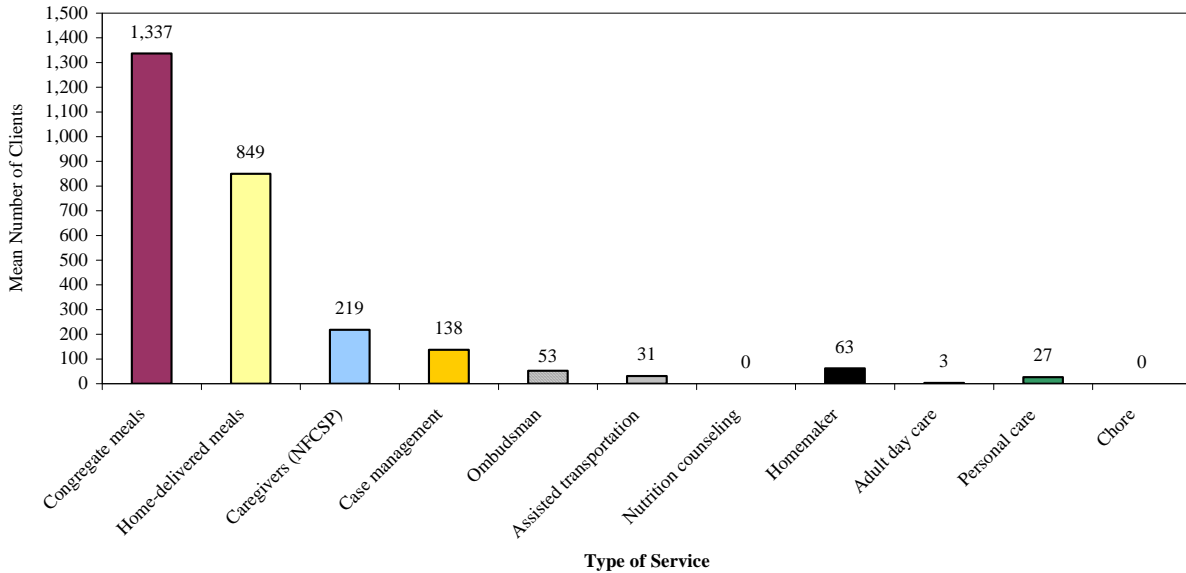
## NUMBER OF VOLUNTEERS AND STAFF AT SURVEYED AAAs, BY TOTAL NUMBER OF CLIENTS SERVED

Total Number of AAA Clients	Total Number of Volunteers	Total Number of Staff (FTE)
1 to 999	46	13
1,000 to 4,999	171	26
5,000 to 9,999	219	37
10,000 to 24,999	201	56
25,000 to 49,999	332	87
50,000 or more	246	123

Note: The response rate to both questions was approximately 80 percent.

The greatest number of clients were reached, according to the AAAs that completed the survey, through meals programs in congregate settings (1,337 clients at the median AAA, 6,909 clients at the average AAA) or delivered to homes (849 clients at the median AAA, 5,347 clients at the average AAA) (Figure V.2). A large number of clients was also served through the National Family Caregiver Support Program, NCFSP (219 clients at the median AAA, 1,834 clients at the average AAA), and through case management services (138 clients at the median AAA, 857 clients at the average AAA). The median AAA provided services to 100 or fewer clients for adult daycare, personal care, or chore services.

FIGURE V.2  
 MEDIAN NUMBER OF CLIENTS AMONG SURVEYED AAAs, BY TYPE OF OAA SERVICE



Note: Response rates to these questions ranged from 60 to 65 percent. While clients are unduplicated within service, they may appear multiple times across services. Thus, the sum of clients across these categories may be higher than the total number of unduplicated clients in all services.

## B. CHARACTERISTICS OF CLIENTS

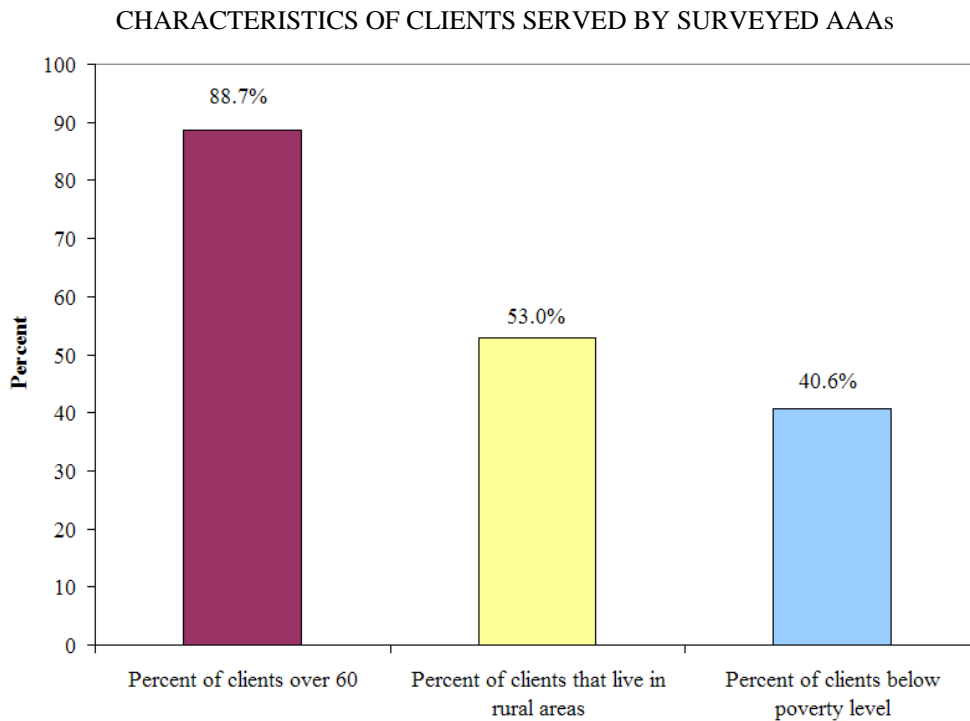
Every surveyed AAA served clients over age 60 and their families, while 70 percent served clients under the age of 60. Among surveyed AAAs, 84 percent served clients living in rural areas, 40 percent served clients in suburban areas, and 50 percent served those living in urban areas. About half (49 percent) of surveyed AAAs served clients in more than one of these regional categories.<sup>7</sup>

Almost nine out of ten (89 percent) clients served by the average surveyed AAAs are age 60 and older, about half (53 percent) lived in rural areas, and four in ten (41 percent) were below the poverty line (Figure V.3). Three-quarters (75 percent) of the clients served by surveyed AAAs

<sup>7</sup> Categories sum to more than 100 percent because AAAs were instructed to check all that applied. This refers to areas where the AAA served, as opposed to the fraction of clients served who lived in rural areas. Because these are reported by AAAs, the categories will likely not correspond to the rural definition used by the U.S. Census Bureau.

were Caucasian, 11 percent were African American, and 5 percent were Hispanic; the remainder of clients served were Asian (3 percent), American Indian or Alaska Native (2 percent), Native Hawaiian or Pacific Islander (less than one percent), or mixed race (2 percent) (Figure V.4).<sup>8</sup> The clients served by the surveyed AAAs were slightly less likely to be Caucasian than the overall U.S. population over the age of 60, and slightly more likely to be African American.

FIGURE V.3

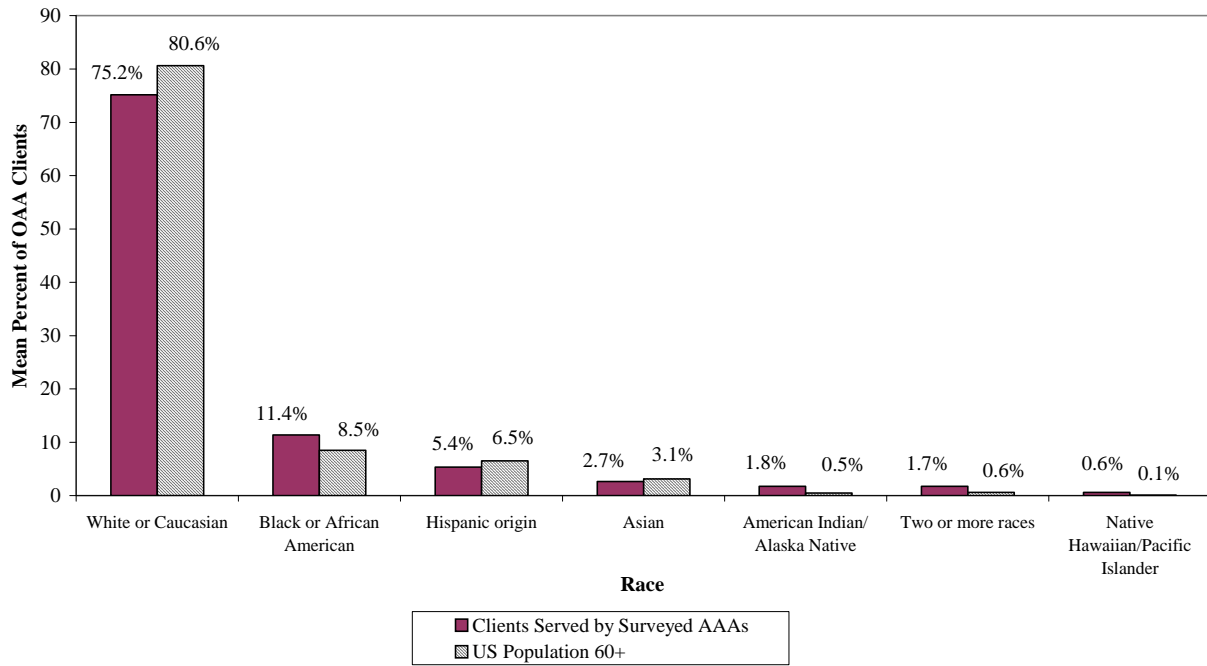


Note: Response rates to these questions varied from 62 to 69 percent. Percent of clients living in rural areas and percent of clients below poverty are percentages reported by each AAA and may not correspond to the Census definitions of these measures. Percent of clients over age 60 is calculated by the authors, based on number of total clients and number of clients over age 60 reported by each AAA.

<sup>8</sup> Racial categories do not sum to 100 percent due to rounding.

FIGURE V.4

RACE AND ETHNICITY OF CLIENTS SERVED BY SURVEYED AAAs



Note: Response rates to the race questions ranged from 63 to 69 percent. National statistics based on AoA tabulation of 2005 United States Census estimates. Statistical tests of the differences in the race/ethnicity of AAA clients compared to the 60+ U.S. population were not performed.

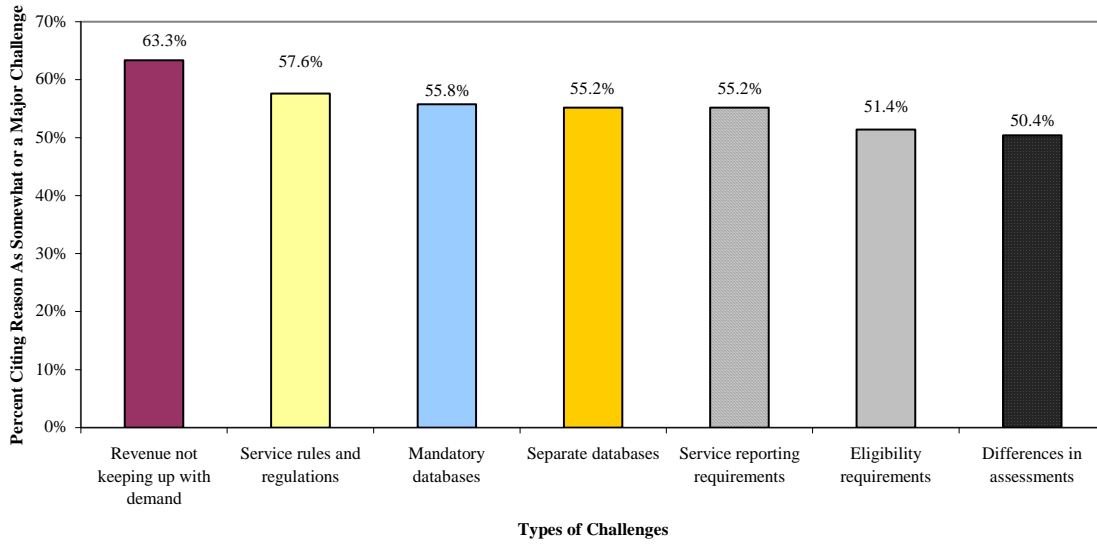
## **VI. REPORTED BARRIERS TO SYSTEM INTEGRATION**

As has been shown previously, the typical AAA administers a range of services utilizing a variety of funding sources, providers, and partners. It is not surprising then that many of the barriers to system integration that AAAs reported were procedural or infrastructure-related (Figure VI.1). More than half of surveyed AAAs reported issues with service rules and regulations (57.6 percent), mandatory databases (55.8 percent) or separate databases (55.2 percent), service reporting requirements (55.2 percent), different eligibility requirements (51.4 percent), and differences in assessments (50.4 percent).

Although many of the reported barriers are related to integrating multiple systems, the most common barrier to system integration reported by almost two-thirds of agencies (63.3 percent) was failure of revenue to keep up with the demand for services. As the Baby Boom population ages, adequate revenue to serve vulnerable elderly populations could become an increasing problem.

FIGURE VI.1

MOST COMMONLY REPORTED BARRIERS TO SYSTEM INTEGRATION REPORTED BY SURVEYED AAAs



Note: The fraction of AAAs reporting that item was either somewhat or a major challenge to service system integration and coordination. Responses rates to these questions were approximately 65 percent.

## **VII. LIMITATIONS OF THE STUDY, CONCLUSIONS, AND RECOMMENDATIONS**

The AAA survey provides useful information to AoA administrative personnel and AAAs, but has limitations that caution against generalizing or interpreting the data to a greater degree. While the overall response rate to the survey was high at 77 percent, item non-response for many of the questions in the survey is also high (up to 30 percent for some questions). Consequently, for some of the items, only about half of AAAs provided information. Without having additional information about the characteristics of AAAs that responded to the survey or to particular questions, it is impossible to discern whether the AAAs that responded are representative of AAAs more generally. For example, AAAs that act as pass-through agencies may have responded systematically differently to the questions (or not responded at all) compared to ACCESS agencies and others that directly provide services to clients. Pass-through agencies might have not answered such questions as the number of clients served and services administered, which could explain why item non-response to those questions was around 30 percent. If that is the case, the AAAs that responded to particular questions would not represent the experiences of AAAs as a whole. Therefore, we caution against overstating the results of this survey to inform knowledge about the broader experience of all AAAs without carefully considering any bias that might have resulted from non-response.

Despite these caveats, the findings of the AAA survey provide a wealth of information. They indicate that AAAs vary tremendously in the types of services they administer, the level of support they receive, and the size and scope of their budgets and client populations. Most surveyed AAAs reported partnering with a range of other agencies, coordinating a variety of services and funding sources, and facing similar barriers to improved care integration. The similarities across AAAs suggest that agencies could benefit from cross-agency collaboration



related to best practices for service integration to better meet the needs of vulnerable elderly clients. This task will become increasingly important as the size of the targeted OAA population increases in upcoming decades, and as community living for seniors and people with disabilities continues to be fostered through the New Freedom Initiative and other similar programs.