



Evaluability Assessment of the Title VI Grant Program

Final Report

September 30, 2015



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BACKGROUND

Older Americans Act and Administration on Aging

The Older Americans Act (OAA), established by the United States Congress in 1965 in response to concerns over the lack of social service programs and protections for older persons, promotes the well-being of older Americans by providing a range of community and home-based services to help them live independently (Administration for Community Living [ACL], n.d.a, p. 3). Through the OAA legislation:

The Congress hereby finds and declares that, in keeping with the traditional American concept of the inherent dignity of the individual in our democratic society, the older people of our Nation are entitled to, and it is the joint and several duty and responsibility of the governments of the United States, of the several States and their political subdivisions, and of Indian tribes to assist our older people to secure equal opportunity to the full and free enjoyment of the following objectives...

Among these objectives are the right to an adequate income in retirement; the best possible physical and mental health available; suitable housing; restorative services for those requiring institutional care; the opportunity for employment; and retirement in “health, honor, and dignity” (OAA Sec 101: 42 U.S.C. 3001). To achieve this, the OAA authorizes grants to states for community planning and social services, research and development projects, and personnel training in the field of aging. The Administration on Aging (AoA), housed within the U.S. Department of Health and Human Services, is the administrative body that oversees the OAA programming. Through the OAA, a large network of service providers, the National Aging Network, was established. This broad partnership, comprising 56 State/Territory Units on Aging, 655 Area Agencies on Aging, 241 tribal organizations, two organizations serving Native Hawaiians, and nearly 30,000 service providers and volunteers, links federal, state, tribal, and local partners in the service of nearly 7 million Elders and their caregivers (Administration for Community Living, n.d.b.).

American Indian and Alaska Native (AI/AN) and Native Hawaiian populations continue to experience health and socioeconomic disparities. Compared to other U.S. populations, the AI/AN population has the highest rate of disabilities (Goins, Moss, Buchwald, & Guralnik, 2007; Centers for Disease Control and Prevention, 2008). Although AI/AN populations also have the lowest life expectancy compared to the average for the overall population, the increase in life expectancy across all populations over the past few decades means that the proportion of AI/AN adults living with a disability is expected to increase. The number of AI/ANs aged 75 and older who will need long-term care is expected to double in the next 25 years (Goins et al., 2007). In addition, the proportion of AI/ANs living in poverty is twice the rate for the overall U.S. population (U.S. Census Bureau, 2005). Taken together, these data point to a need for a

strong health and social service support system; however, a wide disparity in the availability of services for Elders in tribal communities remains.

The OAA is divided into sections, or Titles, with each Title corresponding to a component of the legislation. In the years since the initial OAA legislation, reauthorizations have amended and revised the original language and have expanded programming to include AI/AN as well as Native Hawaiians. Title II directs the AoA and establishes the Office for American Indian, Alaska Natives and Native Hawaiian Programs; Title III regulates grants for state and community programs and includes specific provisions for administration (Part A), supportive services (Part B), nutrition services (Part C), disease prevention and health promotion (Part D), and caregiver support program (Part E). In 1978, the Older Americans Act (OAA) was amended to include Title VI, which established programs for the provision of nutrition and supportive services for Native Americans (American Indians, Alaska Natives and Native Hawaiians) (<http://www.aoa.acl.gov/Index.aspx>). Title VI has since been expanded to include caregiver support services as well.

Title VI Program

Title VI specifically outlines the care for AI/AN and Native Hawaiian Elders. Under Title VI, programs provided to AI/AN and Native Hawaiians are to be “comparable to services provided under Title III” (OAA Section 601: 42 U.S.C. 3057a) and include supportive, nutrition, disease prevention and health promotion, and caregiver support services. Title VI Part A is the Indian Program and serves federally recognized tribes with at least 50 members ages 60 years and above; Part B is the Native Hawaiian Program, serving public or nonprofit private organizations that serve Native Hawaiians and represent at least 50 individuals ages 60 years and above; Part C is the Native American Caregiver Support Program, which serves all programs within Parts A and B (AoA, 2008, p. 5). To qualify for Title VI, programs must provide either Part A or B (Nutrition Services and Supportive Services) as well as Part C (Caregiver Support Services) (AoA, 2008, p. 6).

Title VI Program Grantees

In fiscal year 2014, 263 Title VI grants were awarded to tribes/tribal organizations and one organization serving Native Hawaiian Elders for the provision of Nutrition and Supportive Services; 231 grants were awarded for the Native American Caregiver Support Program (Title VI Part C). Grantees represent over 400 tribes and span the continental U.S., Alaska, and Hawaii.

Evaluability Assessment of the Title VI Program

In 2014, ICF International (ICF) was contracted by ACL/AoA to conduct the Evaluability Assessment (EA) of the Title VI Grant Program. EAs are used as a preevaluation assessment to guide and inform investments in evaluation and research. The purpose of the EA of the Title VI Grant Program was to systematically examine the Title VI Program’s characteristics, context,

activities, processes, implementation, evaluation, outcomes, and logic to determine the extent to which the theory of how the program is intended to work aligns with the program as it is implemented and perceived in the field. In this case, the EA was done to examine the program characteristics of Title VI grantees' nutritional, supportive, and caregiver support services to assess the feasibility of, and best approaches for, further evaluation of the Title VI Program. As part of the EA, a 20-member stakeholder advisory group, consisting of representatives from the National Indian Council on Aging, the National Resources Center on Native American Aging, as well as Title VI grantees, was convened to review and provide feedback on each step of the EA process, including: (1) program description; (2) selection of a smaller group of intended users for direct in-depth interviews; (3) EA design, instruments, implementation, and findings; (4) program logic model; and (5) recommendations for a rigorous evaluation, questions, design, and feasibility of implementation. Potential respondents were selected to participate in in-depth interviews to gain a more nuanced understanding of the Title VI service areas (Nutrition Services, Supportive Services, and Caregiver Support Services). Distinct interview guides were created for each service area, and six grantees were selected within each interview group, for a total of 18 in-depth interviews. Grantees were selected based on geography and size in order to gain a richer and more representative perspective of tribes. (An overview of the EA process can be found in Appendix A.)

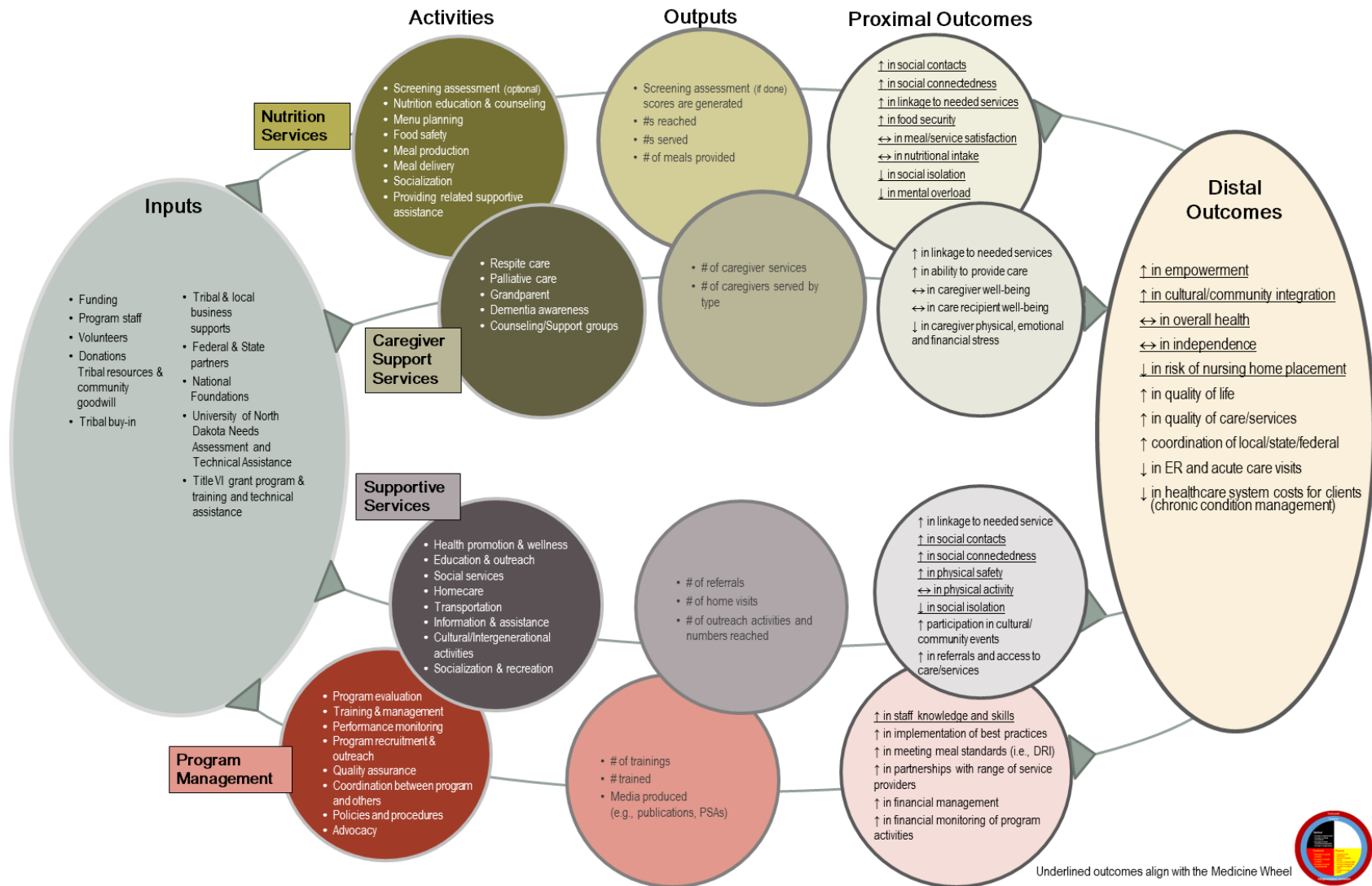
As part of this process, a comprehensive Title VI Logic Model was developed. It includes the following information:

- **Title VI Inputs and Resources** support the implementation of Title VI grant programs that include monetary and other resources (e.g., equipment, personnel, time);
- **Title VI Program Activities** comprise work done by program staff, including volunteers, to achieve program goals and objectives (e.g., delivering meals, providing transportation, educating caregivers);
- **Title VI Program Outputs** measures the level of activity (e.g., the number of people reached or the number of hours of service provided);
- **Title VI Proximal Outcomes** are direct results for those served (e.g., reductions in stress, improved nutrition/food security); and
- **Title VI Distal Outcomes** include fundamental goals of Title VI implementation guided by the OAA (e.g., improved health, independence, quality of life).

A logic model (Exhibit 1) outlines the expected activities and outcomes of Title VI Programming and is divided by service area (Nutrition, Supportive Services, Caregiver Support, and Program Management). As a whole, Title VI Program inputs include a mix of federal, state, tribal, local, and regional resources, such as funding, training, and technical assistance. Nutritional services include the provision of congregate meals and home-delivered meals, nutrition screening, and education to Elders. Supportive services include the provision of information and assistance,

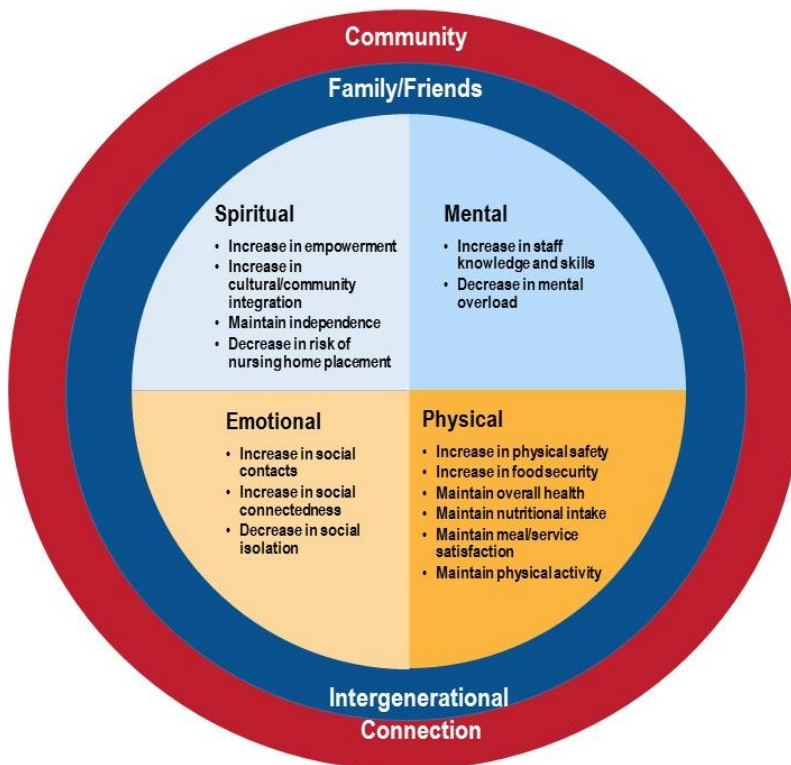
transportation, chore services, and other services that support Elder welfare. Caregiver support services assist caregivers of Elders or grandparents caring for grandchildren. Outputs include process measures, such as numbers reached and number of meals provided. Proximal outcomes vary by service area but include increased linkages to needed services, increases in social connectedness, and stasis in well-being. Distal outcomes include increased empowerment, cultural and community integration, and maintenance of Elder independence and ability to remain in the home. Appendix B serves as a compendium to the logic model and provides greater detail as well as specific examples of the types of inputs and activities referenced by the broader language found within the logic model.

Exhibit 1. Title VI Program Logic Model



Because many tribal communities do not conceptualize their programming in the linear frame laid out by the logic model, a medicine wheel was developed to orient the proximal and distal outcomes across the traditional quadrants of indigenous practice: Spiritual, Mental, Emotional, and Physical. Each quadrant is housed within the context of community, family, and intergenerational connection—highlighting the importance of each to the spiritual, mental, emotional, and physical well-being of indigenous communities and Elders. Exhibit 2 presents the Title VI Program Medicine Wheel.

Exhibit 2. Title VI Program Medicine Wheel



The program and design recommendations that follow are also informed by a review of existing and potential data sources and benefits and limitations of primary and secondary data collection. In addition, both program evaluability recommendations and design recommendations are guided by literature and best practices in public health evaluations in and with tribal populations. The recommendations in this report are guided by a participatory evaluation framework, grounded in a community-based participatory evaluation model, which is essential to conducting culturally relevant evaluation in tribal communities.

ENHANCING READINESS FOR EVALUATION—TITLE VI PROGRAM RECOMMENDATIONS

Conducting an evaluation of the Title VI grant program requires a significant commitment and investment for federal, tribal, and local Title VI stakeholders. It requires an agreement about program goals and priorities as well as the value and necessity of demonstrating program outcomes to program funders. It requires a shared understanding about how data can be used to inform, improve, and guide programs so that limited resources can be prioritized in their application. To ensure successful implementation of future evaluation efforts and to nurture the readiness for evaluation, ICF has identified multiple priorities and recommendations to support and enhance the evaluation of the Title VI grant program. The following presents specific recommendations for federal, tribal, and local stakeholders for future Title VI evaluation.

Federal Recommendations

Federal program stakeholders and funders have a critical role to play in ensuring evaluation readiness of Title VI grant programs. AoA and ACL have a shared role in demonstrating the value of evaluation to Title VI Program grantees as well as serving as an advocate for the importance of evaluation to other stakeholders who will be essential to evaluation implementation (e.g., training and technical assistance providers, service providers, federal staff, Title III stakeholders). The following presents key recommendations to enhance the readiness of Title VI grant programs for evaluation.

- **Engagement of Stakeholders.** Provide opportunities to involve Title VI stakeholders in formulating the utility and need of program evaluation—demonstrating performance, progress, and outcomes of the program. Interest, knowledge, and awareness of evaluation will diminish if grantees and other Title VI stakeholders are not regularly engaged about its importance.

The first step for engaging tribal stakeholders is education on the proposed process (e.g., roles and responsibilities, time frame, burden), with a focus on the concrete and specific value of the evaluation data to ACL and tribal grantees. It is important to explain how data from the evaluation will be shared with participating sites and that participating sites will receive support in utilizing their own data (either by itself or in combination with other data available to the tribe). Title VI regional staff, who (in some cases) have

Participatory Evaluation

Partnership approach to evaluation where stakeholders are active participants in all phases of implementation.

Zukoski & Luluquisen (2002)

more direct contact with tribes than do federal staff, are an important stakeholder group.

- **Participatory Evaluation.** Community-based participatory evaluation should be considered for future Title VI evaluation. Subsequent engagement of stakeholders (e.g., tribal leadership, line staff and volunteers, administrative staff, and Elders) for evaluation can include explanation of this model. Early engagement can also be used to gain buy-in from future evaluation participants, ensure their future participation, and get their input into framing evaluation questions. Participatory evaluation can identify data collection processes that would be appropriate and yield meaningful information for Title VI Program administrators, project directors, and stakeholders, and guiding interpretation of evaluation data gathered about the Title VI Program. It will be critical to have communication, especially early communication, come through a “trusted friend.”
- **Framing the Evaluation.** AoA/ACL should give serious consideration to how the evaluation is framed, named, and promoted to get buy-in from Title VI grantees. Certain terminology may be met with concern over whether it will impact tribal Title VI funding, distrust about what will be done in an evaluation and how information will be used, and active or passive resistance to participation in an evaluation. The terms *evaluation*, *research*, and *surveillance* can have negative connotations in tribal communities. Thus, avoiding these terms and framing the evaluation with culturally relevant and positive terms can gain buy-in from community members and frame the project in a meaningful way to tribal communities. In addition, it is important to frame the evaluation within the value that stakeholders see in the program. For example, stakeholders have indicated that they value the program for its ability to promote access to and development of home and community-based services and for having the “pulse” of tribal Elders. ICF recommends an evaluation that is framed around storytelling. Initial components of the evaluation should provide opportunities for Title VI grantees to tell their stories to share the context, meaning, challenges, and implementation of their programs (Implementation Study). To date, grantees have not had the opportunity to fully tell their story about the need for and outcomes of the Title VI Program in tribal communities. In addition, the evaluation should include information about promising and/or evidence-based programs that AoA/ACL can highlight and tribes could adopt to improve their own outcomes.
- **Performance Reporting.** The Title VI Program Performance Report (Title VI PPR) could be revised to include additional performance measures/program outcomes to ensure consistent grantee reporting on program specific outputs and outcomes. The Title VI PPR

is a potential tool for gathering critical information about program activities and outputs that can be used as a data source for the implementation study (presented below) and can be measured and reported consistently across all grantees. For Supportive Services, additional indicators can be added to gather the number of referrals for supportive services during the reporting period. In addition, numbers reached through group activities (such as tribal community events and/or celebrations) could be added to the individual outreach collected. Finally, additional details on the type of activities should be considered so that grantees are cataloging or reporting on more details about the specific nature of program activities within each program. Exhibit 3 provides an overview of additional data elements that could be reported on by Title VI Program grantees.

Exhibit 3. Recommendations for Additional Title VI PPR Data Elements

Program	PPR Enhancements
Nutrition Services (see Title VI Logic Model Activities)	<ul style="list-style-type: none"> ▪ Screening assessments (number and type of assessments used) ▪ Menu planning activities ▪ Food safety activities ▪ Provision of related supportive services
Caregiver Support Services	There is an “other” category currently listed on the PPR. Additional services could be specifically listed out to include: <ul style="list-style-type: none"> ▪ Palliative care services (consider alternative name) ▪ Grandparent support services ▪ Dementia awareness
Supportive Services	Distinction between direct supportive services provided and coordination of supportive services should be gathered on the Title VI PPR including: <ul style="list-style-type: none"> ▪ Cultural/intergenerational activities ▪ Socialization and recreation activities
Management Activities	Consider adding a management section on the PPR for management-related activities. Activities to be considered include: <ul style="list-style-type: none"> ▪ Training and management ▪ Program evaluation activities ▪ Performance monitoring ▪ Program recruitment and outreach ▪ Quality assurance ▪ Coordination between Title VI Program and other tribal programs ▪ Policy and protocol development ▪ Advocacy activities

If expanded, training and technical assistance (TTA) on collection and reporting can be provided to grantees with the revised tool. Tracking tools and training on their use can

be shared with grantees to reduce the burden on increased performance indicator requirements.

Finally, AoA/ACL should consider expanding the frequency of reports. Currently, grantees submit once annually for program activities conducted from April 1 through March 31. Although increasing the frequency of reporting may modestly increase reporting burden, regular submissions may ultimately enhance the accuracy and completeness of the data reported. By requiring more frequent reporting, mistakes in data can be corrected more easily because less time will have passed between date of service and the reporting period.

- **Needs Assessment.** Assessment data are an invaluable source of information that can be used to guide and prioritize program activities as well as serve as baseline data for demonstrating program outcomes. AoA/ACCL should consider expanding assessment requirements to year three of grants. This addition would allow for a comparison between the initial assessment conducted at the time of grant application and the assessment data collected at the end of the grant period. AoA/ACL should gather feedback from grantees on how these assessments should be conducted (e.g., with support from the National Resource Center on Native American Aging as with the pre-grant assessments, by the tribe or tribal organization with TTA support from an external evaluator).

Currently, grantees can either use the needs assessment (and TTA support) provided by the National Resource Center on Native American Aging (Identifying Our Needs: A Survey of Elders) or use their own needs assessment. AoA/ACL should consider requiring grantees to use the same measures (either use the National Resource Center on Native American Aging needs assessment survey or ask needs assessments questions the same way, using their own survey protocols). Because grantees are not required to use the same instrument at baseline (i.e., pre-grant), there is limited comparability across measures of these data. Thus, consistent data are only available with a subset (approximately two thirds) of grantees who use the National Resource Center on Native American Aging survey. In addition, grantees (who do not elect to use the Identifying Our Needs: A Survey of Elders) may not collect data on relevant program outcomes at baseline (pre-grant) (i.e., they might not collect the information at all as opposed to asking it differently than the Identifying Our Needs Survey). Exhibit 4 presents data elements that should be gathered consistently from all grantees at baseline (and year three of grants, if the recommendation above is adopted).

Exhibit 4. Required Indicators for Title VI Program Needs Assessment

Program Outcomes ²	Required Measures for Baseline and Follow-up
Nutrition Services	<ul style="list-style-type: none"> ▪ Screening (Qs 7–11) <ul style="list-style-type: none"> – About how long ago has it been since you last visited a doctor/health care provider for a routine checkup? – How long has it been since you had your blood stool tested for blood using a home kit? – (FOR WOMEN ONLY) How long has it been since you had your last mammogram? – (FOR WOMEN ONLY) How long has it been since you had your last pap smear? – (FOR MEN ONLY) How long has it been since you had your last prostate-specific antigen test (PSA), a blood test used to check MEN for prostate cancer? ▪ Social Support/Housing (Q 45) <ul style="list-style-type: none"> – How often do you get out and socialize? (Attend church/religious meetings, clubs/organizations you belong to or cultural activities/traditional ceremonies)? ▪ Weight and Nutrition (Qs 41–43) <ul style="list-style-type: none"> – How much do you weigh today? – Are you presently trying to lose or gain weight? – Over the past 30 days, what vigorous exercises did you do?
Caregiver Support Services	<ul style="list-style-type: none"> ▪ Social Support/Housing (Qs 51, 52) <ul style="list-style-type: none"> – Do you take care of grandchildren? – Are you the primary caregiver of grandchildren?
Supportive Services	<ul style="list-style-type: none"> ▪ General Health Status (Q 4) <ul style="list-style-type: none"> – How many falls, if any, have you had in the past year? ▪ Activities of daily living (Qs 5, 6) <ul style="list-style-type: none"> – Because of a health or physical problem that lasted more than 3 months, did you have any difficulty... – Because of a health or physical problem that lasted longer than 3 months, did you have any difficulty... ▪ Weight and Nutrition (Qs 43) <ul style="list-style-type: none"> – Over the past 30 days, what vigorous exercises did you do? ▪ Social Functioning (Q 59) <ul style="list-style-type: none"> – Are you now using, or if at some point you become unable to meet your own needs, would you be willing to use the following services? ▪ Health Care Access (Qs 30–33) <ul style="list-style-type: none"> – What type of health care coverage do you have? – Do you have one person you think of as your personal doctor or health care provider? – When you are sick or need professional advice about your health, to which of the following places do you usually go? – Have any of the following kept you from medical care in the past 12 months?
Title VI Program Distal	<ul style="list-style-type: none"> ▪ General health status (Qs 1, 2, 3)

² See Title VI Program Logic Model.

Program Outcomes ²	Required Measures for Baseline and Follow-up
<p>Outcomes</p>	<ul style="list-style-type: none"> - Would you say your health in general is excellent, very good, good, fair, or poor? - During the last 12 months, how many different times did you stay in the hospital overnight or longer? - Has a doctor ever told you that you had any of the following diseases? ▪ Social functioning (Qs 53–58) <ul style="list-style-type: none"> - During the past month, how much of the time were you a happy person? - How much of the time, during the past, month have you felt calm and peaceful? - How much of the time, during the past month, have you been a very nervous person? - How much of the time, during the past month, have you felt downhearted and blue? - How much of the time, during the past month, have you felt so down in the dumps that nothing could cheer you up? - We would like to ask the extent to which you feel you can personally influence things by what you do or say. How much influence do you feel over your life in general? ▪ Screening (Qs 7–11) <ul style="list-style-type: none"> - About how long ago has it been since you last visited a doctor/health care provider for a routine check-up? - How long has it been since you had your blood stool tested for blood using a home kit? - (FOR WOMEN ONLY) How long has it been since you had your last mammogram? - (FOR WOMEN ONLY) How long has it been since you had your last pap smear? - (FOR MEN ONLY) How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check MEN for prostate cancer? ▪ Social and support/housing (Qs 44, 46–50) <ul style="list-style-type: none"> - Do you participate in cultural practices that include traditional food, music, and customs? - How long have you lived at your present address? - What type of housing do you presently have? - Are you living with family members, nonfamily members, or alone? - How many (including yourself) live in your household? - Do you have a family member who provides care for you?
<p>Demographic and Other Data Elements</p>	<ul style="list-style-type: none"> ▪ Demographics (Qs 60–70) <ul style="list-style-type: none"> - Gender - Age - Current marital status - What is your personal annual income? - Have you been employed full or part time during the past 12 months? - What is the highest grade or year of school you completed? - What zip code and county/borough do you currently reside? - Are you American Indian, Alaska Native, Native Hawaiian, mixed race, or other? - Do you reside on/in a reservation, trust land, Alaska village, or Hawaiian

Program Outcomes ²	Required Measures for Baseline and Follow-up
	<ul style="list-style-type: none"> homestead? – Are you an enrolled member of a federally recognized tribe? – Have you ever served on active duty in the U.S. Armed Forces, Military Reserves, or National Guard?

Finally, if the needs assessment survey is to be used as a proxy for baseline and follow-up on Title VI outcomes, additional measures not currently gathered through the assessment but tied to explicit program goals should be considered. Exhibit 5 provides an overview of additional items to be considered for expansion of the assessment.

Exhibit 5. Additional Indicators for the Title VI Program Needs Assessment³

Program Outcomes ⁴	Required Measures for Baseline and Follow-up
Nutrition Services⁵	<ul style="list-style-type: none"> ▪ Number of social contacts within the last 60 days ▪ Explicit social connectedness and social isolation questions ▪ Food security question ▪ Nutritional intake ▪ Overall mental health question
Supportive Services	<ul style="list-style-type: none"> ▪ Linkage (or availability) of needed services (beyond willingness to use services in Q 59)
Title VI Program Distal Outcomes	<ul style="list-style-type: none"> ▪ General health status (Qs 1, 2, 3) <ul style="list-style-type: none"> – Would you say your health in general is excellent, very good, good, fair, or poor? – During the last 12 months, how many different times did you stay in the hospital overnight or longer? – Has a doctor ever told you that you had any of the following diseases? ▪ Screening (Qs 7–11) <ul style="list-style-type: none"> – About how long ago has it been since you last visited a doctor/health care provider for a routine check-up? – How long has it been since you had your blood stool tested for blood using a home kit? – (FOR WOMEN ONLY) How long has it been since you had your last mammogram? – (FOR WOMEN ONLY) How long has it been since you had your last pap smear? – (FOR MEN ONLY) How long has it been since you had your last PSA, prostate-specific antigen test, a blood test used to check MEN for prostate cancer?

³ Caregiver Support Service outcome measures are not recommended for enhancement of the community needs assessment survey, as respondents may not be caregivers.

⁴ See Title VI Program Logic Model.

⁵ Consider using questions on these topics from the National Evaluation of the Title III-C Nutrition Services Program.

- **Program Goals and Intended Outcomes.** The Title VI Program manual includes allowable activities and services, and references the purposes of Nutrition Services. However, program specific outcomes (beyond Nutrition Services) should be articulated and shared with grantees. For example, the Title VI Logic Model has clear program outputs and outcomes associated with the three primary Title VI Program areas as well as management activities. The OAA references Title VI Program objectives with no explicit link to program outputs and outcomes. The link between the Act and the specific program outcomes anticipated through Title VI should be included as part of the AoA Title VI Manual for grantees.
- **Evaluation TTA.** Evaluation TTA, distinct from programmatic TTA, should be supported to ensure consistent cross-community data collection capacity, including the development of tracking tools by Title VI grantees to observe and record program outputs. The following provides an overview of specific evaluation TTA that should be considered to prepare grantees for participation in a national evaluation of the Title VI Program.
 - Regulatory TTA (institutional review board [IRB], data collector confidentiality agreements, data use agreements, Memoranda of Understanding [MOUs], tribal resolutions)
 - Data collection TTA (primary data collection and storage, respondent recruitment, protection of personally identifiable information, tracking and monitoring tools, performance monitoring)
 - Data use to refine program activities (using data to inform and refine program activities)
- **Title VI Resource Manual.** The resource manual can be expanded to include resources for local evaluation and tools for gathering required evaluation data. Current requirements for any evaluation are vague.

Tribal Recommendations

- **Participatory Evaluation.** Title VI grantees can be engaged and recruited to help develop evaluation questions beyond the draft questions presented in the program recommendations, above. AoA/ACL should engage tribal grantees to participate in an advisory group to identify priorities for building capacity and readiness for evaluation participation. Community members should be engaged regularly to provide input on the evaluation design recommendations proposed by the external evaluator, the TTA needs associated with the evaluation design, and the data collection and procedures involved in the evaluation design. Tribal communities should maintain involvement to provide

context and interpretation to evaluation findings and to participate in dissemination activities.

- **Engagement of Title VI Program Partners.** Title VI grantees can engage Indian Health Services (IHS) and other service providers to secure MOU to access and use existing data and resources to inform and guide program priorities and refine program efforts.
- **Tribal Colleges and Other Local Evaluation Resources.** Title VI grantees, with support from the TTA provider, can engage tribal colleges to identify potential and existing opportunities to demonstrate program outcomes at the local level. Partnerships between tribal organizations and tribal colleges or local universities can build capacity of local Title VI Program staff to engage in data collection and program evaluation. Tribes, with support from the TTA provider, also should identify data resources (e.g., state vital statistics, tribal administrative data; IHS/data from Epidemiology Centers) that could be used to reduce the need for primary data collection. Tribes should perform an environmental scan of surveys being conducted with their Elders to assess burden and identify other possible sources of data.

Other Stakeholder Recommendations

- **Opportunities for Local Engagement.** Program partners (e.g., state health departments, public health nursing, local businesses) play a critical role in the success of Title VI Programs through program funding, service access, and service provision. ACL should engage local program partners to determine their interest and participation in a community-based approach to evaluation of Title VI Programs.

TITLE VI EVALUATION DESIGN RECOMMENDATIONS

In reviewing the Title VI Logic Model and inputs to support Title VI Program implementation, two distinct areas for evaluation were identified: (1) a national setting to understand the overall implementation and outcomes of Title VI grant programs and (2) Title VI tribal-specific settings and program contexts for Title VI grant programs to implement grant activities (e.g., by tribal size and number of Elders reached). The following presents an overview of the evaluation design recommendations to evaluate Title VI grant programs.

Design Summary

A multimethod evaluation design is recommended to understand the implementation and outcomes of the Title VI Program. The recommended design includes two interconnected studies to assess Title VI implementation and its outcomes at the national and tribal levels. The study design includes an implementation and outcomes study as well as special analyses to

assess the reach and outcomes of program activities of grantees that have sole-sourced versus blended funding efforts. For both studies, we propose a combination of primary and secondary (extant) data collection and analysis to determine Title VI implementation and outcomes.

The recommended evaluation design is guided by three overarching evaluation questions:

- What is the context of the Title VI Programs at the national and tribal levels? How are the Title VI Programs implemented at the national and tribal levels?
- What are the outcomes and impact of Title VI Programs at the national level and by tribe or tribal groups?
- What are the Title VI Program outcomes for programs that rely solely or primarily on Title VI funds compared to cost-shared programs that receive a significant proportion of their resources from other programs/agencies?

Although a comprehensive evaluation would address each type of question, the evaluation design and specific data collection and analysis requirements are markedly different. The first question would assess the nature and scope of program inputs, activities, and outputs across both the national and regional Title VI Program levels. The second question would examine the results of these inputs, activities, and outputs in terms of direct change in program participants' and staff behaviors and knowledge as well as program's capacity for expansion. In addition, the question would examine the impact of these changes on critical Title VI outcomes—for example, reduced risk of nursing home placement, loss of independent living, and reduction in emergency department/acute care visits. Thus, addressing the first question is a prerequisite for any attempt to address the second.

The Implementation Study includes grantee document reviews, a primary survey data collection with Title VI grant management, and the use of secondary data to understand program implementation and program context over time including Title VI PPR. The Implementation Study also includes direct data collection with Title VI

Implementation of Title VI Study

What are the context and operation of Title VI Programs at the national level? How do Title VI Programs operate at the tribal level?

Program staff to understand the implementation of each Title VI Program component, the challenges and barriers to program implementation, and how program sources are shared or sole sourced for service implementation. The following provides an overview of the Implementation Study components.

- Monitoring the Implementation of Title VI through Secondary Data—provides, at minimal cost, aggregate counts of nutrition, caregiver support, and supportive services activities as well as those reached through the Title VI Program through Title VI PPR data.

- Primary survey data collection through key informant interviews (KIIs)—assesses the implementation of Title VI Programs at the national level and regional level. This component gathers critical information on the nature and context of grant programs and management structures as well as the use of sole or blended funding to accomplish program-specific activities.
- Program implementation inventory—gathers primary implementation data on the services and activities of the Title VI Programs at the grantee level by documenting all Title VI resources, inputs, and activities by the Title VI Program component.

The Outcome Study primarily relies on extant data and analysis to assess the outcomes of Title VI implementation. This strategy would rely on three sources of data—needs assessment data⁶ at baseline and year three of grant implementation and acute care/ED visit data from IHS regions. While the use of extant data provides less precise measures of Title VI distal and proximal outcomes than those that could be obtained through primary data collection of program participants, it has the advantage of providing a lower cost and lower burden methods for getting data from the sizable samples necessary to assess change in program outcomes by variation in implementation (learned and coded through primary and secondary data in the Implementation Study) and Title VI grantee.

Title VI Implementation Study

Understanding implementation of Title VI (including program specific activities) is fundamental to assessing whether its intended outcomes (and objectives) are being achieved. Title VI implementation involves coordination of a range of resources and inputs, reliance on volunteers and donations, management strategies, and program specific practices—none of which are systematically and/or broadly captured in any extant data. So, while some aspects of the Title VI contexts and process can be gathered through extant program data, additional implementation data are necessary to fully understand program implementation. The following describes a particular instrument for such an assessment. A strategy to monitor program outputs, based on secondary data analysis, is also presented. Finally, we suggest a way to gather information on barriers and facilitators to program implementation as well as program sourcing mechanisms (sole or blended sourcing of program activities).

Title VI Program Inventory⁷

We recommend all Title VI grantees (program administrators) complete a biannual inventory to document program supports and resources, program activities by program type, and populations reached through these efforts. The inventory would result in a comprehensive data

⁶ If adopted, the needs assessment would need to be expanded to gather additional proximal and outcome data.

⁷ If enhancement of the Title VI PPR is adopted, the Title VI Program Inventory would not be necessary. Expanded Title VI PPR data requirements and bi-annual submission would replace this recommendation.

set of all Title VI Program activities within Nutrition Services, Caregiver Support Services, and Supportive Services as well as program management (what were the activities conducted, when were they conducted, who was reached through the activities). We recommend a program tracking tool (in Excel) that would enable program administrators to compile information regularly (e.g., monthly) for submission on a biannual basis. The inventory would also include assessments to document management systems and processes necessary to ensure functioning of the Title VI Program, including gathering information about collaboration and program outreach as well as oversight and fiscal monitoring.

Title VI PPR Data Extraction

We recommend analyzing all Title VI PPR data (from currently funded grantees) to demonstrate program specific implementation and Elders reached through these efforts. Information can be used to demonstrate program reach over the course of grant programs and be used to understand the outcomes of Title VI efforts. Data include numbers of congregate meals, home-delivered meals, those who received meals, other nutrition services, supportive service units provided, number and type of staff, and caregiver support services. In Exhibit 3, we have provided specific recommendations on ways to expand Title VI PPR reporting requirements to gather detailed information on the inputs and resources of programs as well as the specific activities and outputs of Title VI Programs. If adopted, the inventory would not be necessary, as these PPR data would yield the same information.

Title VI Tribal KIs

Storytelling is an integral component of tribal culture and community. To understand the context, challenges, successes, and components of Title VI Programs, tribal communities need to tell their unique stories. We recommend conducting primary data collection (qualitative) with a purposeful sample of project administrators across Title VI grantee programs. The samples will be based on the number of interviews to be reached before saturation of themes as well as the following strata: size of tribal community, tribal location (rural, frontier, village), number of Elders projected to be reached through the tribal program, and type of tribal grantee (lower 48, Hawaiian, Alaskan). Interviews will be used to document challenges and barriers to program funding and program implementation, to gather detailed information on the sourcing of activities (sole or blended), and to understand critical services that are contingent on blended funding sources.

The Title VI Outcomes Study

In order to assess the impact of Title VI implementation, information on both proximal and distal program outcomes is required as well as on natural program variation, such as program specific activities. Furthermore, since implementation of Title VI is not the result of random assignment, additional information on potentially confounding variables is indispensable, including baseline information from before Title VI implementation occurred. Multiple design options were considered to understand the outcomes and impact of Title VI, including primary

data collection on outcomes as well as the use of secondary or extant data. After thorough review, an outcome evaluation using secondary data as outcomes is recommended using a nonexperimental, pre-post design.

Using Secondary Data to Assess Outcomes

Primary data collection on pertinent Title VI Program outcomes would involve census, screenings, or surveys of a large number of Title VI eligible participants and follow up with those identified for prolonged periods of time to assess reach before and after program activities. Secondary data sources can offer a relatively inexpensive option to obtain this large longitudinal sample. Two specific types of secondary data sources to assess outcomes are presented.⁸ The proposed design would require extensive engagement and agreements with tribal communities to secure de-identified individual level data from community needs assessments. While the data would be de-identified prior to analysis, it would be necessary to include participant IDs that could be tracked at the community level so that pre and post-program data could be linked.

Needs Assessment

Identifying Our Needs: A Survey of Elders VI provides a unique opportunity to assess changes in tribal population outcomes. The needs assessment requirement of the grant serves as a necessary tool to identify health disparities within tribes to prioritize and refine program plans. In addition, these data can be used as baseline measures of a range of proximal and distal program outcomes. As administered, the survey yields robust estimates of health risk and protective conditions within communities and can be used to assess change in these conditions over time. In addition, implementation data (gathered through the program inventory) can be incorporated to understand how funding source(s) may moderate these program outcomes. Data elements include:

- General health status
- Tribe (or tribal region)⁹
- Vision, hearing, and dental
- Memory and disability
- Tobacco and alcohol use
- Weight and nutrition
- Social supports and connections
- Social functioning
- Elder demographics
- Health care access
- Activities of daily living
- History and frequency of screenings

⁸ Secondary data for post-Title VI Program efforts assumes adoption of the program recommendation to expand requirements for needs assessment to third year of Title VI grant.

⁹ MOU would be required among the Title VI tribal organization, AoA, and the evaluation contractor to ensure tribal ownership of data and no tribal or individual level data were published.

A community survey, such as the Identifying Our Needs Survey provides an opportunity to gather baseline and follow-up (year three) data on Title VI Program efforts and can be used to understand the relationship of key program outcomes with variation in program implementation. In addition, data analysis can incorporate variation in strata used to gather implementation data to understand the program contexts of significant program outcomes (e.g., type of tribal grantee, size of tribal grantee, location of tribal grantee).

Indian Health Service Acute Care and Emergency Care

In addition to needs assessment baseline and year three data, we recommend exploring availability and access of IHS acute care (emergency) data within Title VI Regions. If available, these data may serve as both baseline and follow-up data on distal program outcomes (e.g., reduction in emergency or acute care). As with needs assessment data, implementation data can be used to frame and categorize Title VI Regions by nature and reach of program activities on these outcomes.

Caregiver Support KIIs

KIIs should be used to understand the context, barriers, and implementation of caregiver support services from caregivers' perspectives. Similar to the KII approach above, a sample of Title VI grantees should be selected purposefully to ensure a range of tribal programs (using the same strata above: type of grantee, location, size, Elder population). Within each grantee, a small number of caregivers (2–4) should be recruited for KIIs to better understand implementation of program activities and outcomes of these activities. Interviews should

- Physical activity of the caregiver
- Linkage to needed services
- Number and nature of social contacts
- Social connectedness
- Social isolation
- Overall well-being and mental health of caregivers and care recipients
- Referrals and access to care and services
- Physical safety

gather information (qualitative and quantitative) around the following program outcomes:

While the KIIs are intended to be implemented face-to-face, the recruitment and interviewing of participants should be determined with the evaluator in coordination with the tribal community.

Design Framework and Methodology—A Community-Driven Approach

As described in the recommendations, a community-based participatory evaluation should be considered for the Title VI Program. AoA/ACL should work with the existing advisory group to identify strategies that engage tribal community members to tell their stories about the Title VI

Program, the context of program activities, challenges and needs to Title VI Programs, and Title VI successes. The design framework assumes ongoing participation and engagement of tribal community members and active involvement in all phases of the evaluation (evaluation design, data collection measure development and piloting of primary data collection, participant recruitment and engagement strategy development, resource development for evaluation challenges experienced by tribal communities, interpretation of Title VI data and analysis, and disseminating evaluation findings).

Methodology of Primary Data Collection

Evaluation readiness to conduct Title VI Program evaluation activities will vary across Title VI tribal communities as will preferences as to how they want their community members to be surveyed, questioned, and engaged. In addition, tribal grantees will have a range of regulatory requirements (e.g., tribal resolutions, MOUs, IRBs) that will dictate methodology of participation. As a result, the design should be focused on the core data elements (and domains) that should be collected as part of the evaluation. However, the mode of data collection should be flexible to ensure participation of the largest number of tribal grantees. It should also be expected that tribal grantees may not have human resources to support primary data collection, and the evaluation team should have supplemental TTA for direct data collection, if possible. Exhibit 6 presents an overview of the Title VI Program indicators to be gathered, the affiliated study components, and the recommended sources of data.

Exhibit 6. Title VI Evaluation Data Sources and Logic Model Indicators

Implementation Study	
Study Component	Logic Model Variables
Title VI Program Inventory	<ul style="list-style-type: none"> ▪ Nutrition Service Activities ▪ Caregiver Support Service Activities ▪ Supportive Services ▪ Program Management Activities
Title VI PPR Data Extraction¹⁰	<ul style="list-style-type: none"> ▪ Nutrition Service Outputs ▪ Caregiver Support Outputs ▪ Supportive Services Outputs ▪ Program Management Outputs ▪ Nutrition Service Activities ▪ Caregiver Support Service Activities ▪ Supportive Services ▪ Program Management Activities
Title VI Tribal KII Storytelling	<ul style="list-style-type: none"> ▪ Title VI Program Inputs ▪ Nutrition Service Activities ▪ Caregiver Support Service Activities ▪ Supportive Services ▪ Program Management Activities

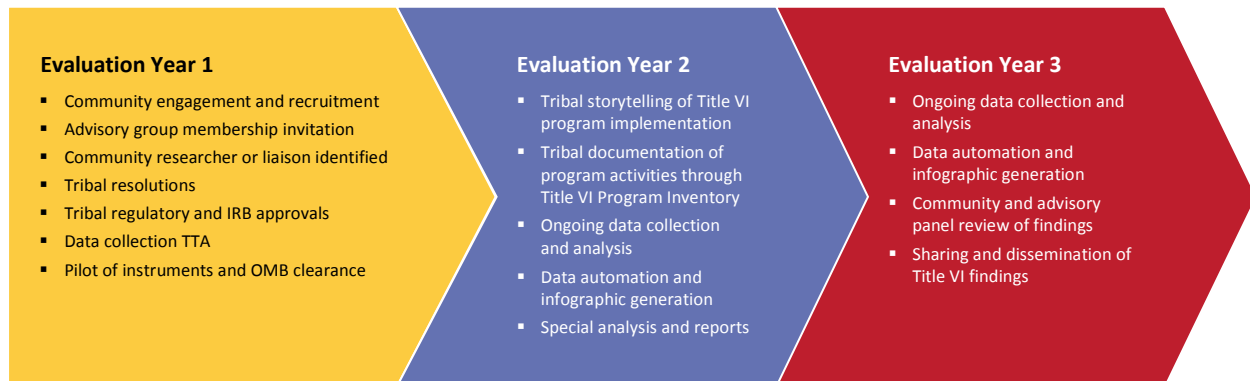
¹⁰ Nutrition Services, Caregiver Support Services, and Supportive Service activities would be available if Title VI PPR revisions are adopted as described in program recommendations.

Outcome Study	
Study Component	Logic Model Variables
Title VI Needs Assessment (Pre- and Postdesign)	<ul style="list-style-type: none"> ▪ Nutrition Service Outcomes ▪ Caregiver Support Service Outcomes ▪ Supportive Outcomes ▪ Program Management Activities ▪ Title VI Program Distal Outcomes
IHS Urgent Care Data	<ul style="list-style-type: none"> ▪ Emergency Department and Acute Care Visits
Title VI Caregiver Support KIs	<ul style="list-style-type: none"> ▪ Experience with caregiver support activities and services ▪ Challenges and barriers to accessing caregiver supports ▪ Nutritional intake ▪ Linkage to needed services ▪ Ability to provide care ▪ Caregiver well-being ▪ Caregiver physical, emotional, and financial stress ▪ Quality of life ▪ Level of independence ▪ Level of community integration ▪ Social connectedness

Timeline

The overall timeline for an evaluation of tribal programs is 36 months. This timeline allows for initial engagement and recruitment of tribal communities into the evaluation process; regular engagement of tribal communities across the lifespan to ensure community-based participation, including recruitment and maintenance of a tribal advisory group; storytelling with tribal communities as part of an Implementation Evaluation; and sufficient ongoing Outcome Evaluation data collection to document progress and program outcomes across their three-year grant cycle. The process includes components that ensure ongoing feedback of evaluation findings to tribal grantees and TTA on the use of data to refine and prioritize program activities. The timeline also includes early feedback from tribal communities and the piloting of specific instruments, OMB approval/clearance, and program-wide evaluation of Title VI Programs. Exhibit 7 provides an overview of activities to be conducted within and across each year.

Exhibit 7. Title VI Three-Year Evaluation Design



In addition to the general timeline of evaluation activities, the evaluation should be flexible relative to the specific implementation of evaluation activities. Some communities may be prepared to begin surveys (KIs) of caregivers early on in the process, whereas other communities may take longer to secure local, tribal approvals. The evaluation must have flexibility and not assume all communities participate in evaluation activities at the exact same time. Although overall evaluation milestones will need to be achieved each year, the evaluation plan must be flexible enough to accommodate grantees who experience serious challenges to participation in a national evaluation of the Title VI Program.

Evaluation Framework

The community-based participatory evaluation assumes full participation by the community in telling their Title VI stories—implementation and outcomes. However, the nature of that participation (direct data collection by tribal members) will vary across Title VI grantees. The evaluation framework is participatory in nature but must be flexible to support the variation in direct participation. For this evaluation, we propose that Title VI communities (as part of their participation) work with an evaluation team to determine the model of evaluation to be implemented, which will, in turn, guide the evaluation TTA required of each participating tribal grantee. Exhibit 8 presents a continuum of tribal engagement in the evaluation and the associated evaluation TTA necessary to support the levels of participation.

Exhibit 8. Title VI Evaluation Framework Models

Evaluation Framework	Description and TTA Needs	TTA Needs
Tribal Framework	<ul style="list-style-type: none"> ▪ Tribal grantee leads the evaluation activities for all primary data collection ▪ Tribal grantees receive training and support on the overall evaluation design ▪ Evaluation TTA is available for specific questions and challenges that arise through the evaluation ▪ Financial support/stipends are required to support tribal members for specific activities and deliverables 	<ul style="list-style-type: none"> ▪ Regulatory TTA (IRB and regulatory support) ▪ Data collection TTA (implementation and procedures trainings) ▪ Using data to inform and guide programs TTA ▪ Ongoing point of contact for data collection questions and challenges ▪ Evaluation provides ongoing monitoring, data quality assurance, and quality control procedures
Tribal and External Mixed Evaluation Framework	<ul style="list-style-type: none"> ▪ Tribal grantee works with external evaluator to implement data collection ▪ Tribal grantee designates community researcher or community liaison to facilitate data collection ▪ Community researcher is supported through a stipend from the evaluation contractor, with payment upon specific deliverables (e.g., human subjects training, implementation of data collection training, data sharing, and storage training) ▪ Both external evaluator and community researcher may be involved in primary data collection activities ▪ Evaluation TTA is available for specific questions and challenges that arise through the evaluation 	<ul style="list-style-type: none"> ▪ Regulatory TTA (IRB and regulatory support) ▪ Data collection TTA (implementation and procedures trainings) ▪ Using data to inform and guide programs TTA ▪ Ongoing point of contact for data collection questions and challenges ▪ Evaluation provides ongoing monitoring, data quality assurance, and quality control procedures
External Evaluation Framework	<ul style="list-style-type: none"> ▪ External evaluator leads the evaluation activities for all primary data collection ▪ Tribal grantees designate tribal liaison to work with external evaluator to obtain local-level approvals (IRB, tribal resolutions, data use agreements) ▪ Evaluation TTA is available to tribal community to obtain tribal approvals 	<ul style="list-style-type: none"> ▪ Using data to inform and guide programs TTA ▪ Ongoing point of contact for data collection questions and challenges ▪ Evaluation provides ongoing monitoring, data quality assurance, and quality control procedures

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APPENDIX A

Evaluability Assessment Methodology

APPENDIX A—EVALUABILITY ASSESSMENT METHODOLOGY

ICF used a six-step methodology to conduct the Evaluability Assessment (EA) of the Title VI Grant Program. The process included:

- Identifying intended users of evaluation findings;
- Including a subset of users for in-depth interviews on program reality and context, measurability of program goals, and an extensive review of the Title VI Program;
- Development of a Title VI Program logic model;
- Continued involvement of the stakeholder advisory group to assess program reality and to provide review and feedback on the logic model and potential evaluation designs;
- Analysis and synthesis of program information, including primary and extant data collection; and
- Development of evaluation design options for the Title VI Program.

Exhibit B-1 presents an overview of the six-step process.

Exhibit A-1. EA of Title VI Grant Program Six-Step Process

EA Step	Description
Identify and Engage Title VI Program Grantees	<ul style="list-style-type: none"> ▪ Define intended users of evaluation (e.g., Title VI Program grantees) ▪ Develop a list of potential users that represents a breadth of perspectives with input from Administration for Community Living/Administration on Aging (ACL/AoA) and advisory group ▪ Assure multiple levels and range of perspectives for feedback ▪ Conduct in-depth interviews across the three Title VI service areas (Nutrition Services, Caregiver Support Services, Supportive Services)
Review Title VI Program Materials	<p>Conduct extensive review of Title VI Program documents provided by ACL/AoA and gather information related to:</p> <ul style="list-style-type: none"> ▪ Program history, goals, and objectives ▪ Program organizational structures and operations processes (e.g., management, staff qualifications and years of involvement, number of dedicated staff, agency affiliation, use of volunteers) ▪ Program implementation resources and needs ▪ Program services and implementation activities ▪ Barriers to and facilitators of program implementation ▪ Program evaluations to date ▪ Existing electronic and paper-based information systems and relevant data sources
Develop Title VI Program Logic Model	<ul style="list-style-type: none"> ▪ Develop a draft logic model reflecting three Title VI service areas ▪ Clarify the rationale and the expectations of the program ▪ Delineate the logical relationships among Title VI Program goals, activities, and outputs ▪ Expand and revise logic model based on interviews and input from ACL/AoA

EA Step	Description
	and advisory group
Ensure Involvement of Key Stakeholders through EA Advisory Group	<ul style="list-style-type: none"> ▪ Solicit input from advisory group members on each EA activity ▪ Develop materials and facilitate meetings with advisory group members to gather input on the EA process and recommendations
Analyze of Title VI Program Information	<ul style="list-style-type: none"> ▪ Develop a spreadsheet to catalog information gathered through the document review, advisory group feedback on logic models, and information gathered through in-depth interviews ▪ Synthesize information across Title VI service areas and evaluation domains, including key populations, goals and objectives, program components and services, evaluation capacity and evaluation needs, and management and implementation of Title VI Programs ▪ Prepare memo summarizing findings
Develop Evaluation Recommendations	<ul style="list-style-type: none"> ▪ Develop overarching Title VI Program recommendations ▪ Develop Title VI Program evaluation recommendations ▪ Identify training and technical assistance needs for Title VI grantees to fully participate in an evaluation ▪ Draft report summarizing program and evaluation recommendations ▪ Conduct briefings to obtain input on report and evaluation designs ▪ Prepare final report

APPENDIX B

Logic Model Supplement

APPENDIX B—LOGIC MODEL SUPPLEMENT

Due to space restrictions, the logic model is not able to list every programmatic input and activity. Instead, broad categories are given. The list below expands on those categories and includes examples of the types of inputs and activities referenced by the broader category. This is not meant to be a definitive list but rather indicative of the types of inputs and activities found in that category. These overarching examples were selected based on feedback from the expert advisory group and interviewees.

INPUTS

Inputs are the human, financial, organization, and community resources that support Title VI.

- **Funding** includes federal, state, and local funding sources.
- **Program staff** includes individuals paid with Title VI funds, such as directors, grant managers, drivers, chefs, resource specialists, and caregivers.
- **Volunteers** include unpaid individuals performing activities related to Title VI Programs, such as drivers for meal delivery and caregivers.
- **Donations** include donations of food, equipment, vehicles, and supplies, etc.
- **Tribal resources & community goodwill** include advisory boards, committees, coalitions, and Elders.
- **Tribal buy-in** includes Elders' need for services and desire for socialization and tribe's interest in serving Elders.
- **Tribal & local business supports** include tribal financing; tribal provision of ancillary services; administrative support from tribal agencies; and support from casinos, school districts, etc.
- **Federal & state partners** include Administration on Aging, IHS, Bureau of Indian Affairs, Veterans Affairs, Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, Department of Justice, United States Department of Agriculture, American Cancer Society, AmeriCorps, Office of Minority Health, state health departments, public health nursing, etc.
- **National foundations** include private philanthropic and grant-making foundations.
- **University of North Dakota Needs Assessment & Technical Assistance/National Resource Center on Native American Aging** includes surveys, assessments, and guidelines

for administration from the University of North Dakota School of Medicine & Health Sciences, Center for Rural Health, National Resource Center on Native American Aging, <https://www.nrcnaa.org>.

- **Title VI Program & training and technical assistance** includes guidelines, webinars, toolkits, manuals, and the AOA Web site, <http://olderindians.aoa.gov>.

ACTIVITIES

Activities are the work of the program and include the processes, tools, and events that constitute program implementation.

Nutrition Services

- **Screening assessments (optional)** include comprehensive nutritional screening assessments or other assessments done through health care providers.
- **Nutrition education & counseling** include presentations, meal preparation demonstrations, and wellness public service announcements (PSAs).
- **Menu planning** includes planning healthy lunches according to Title III/Title VI nutritional guidelines and the use of nutritionists, dieticians, chefs and/or caterers.
- **Food safety** includes ServSafe certification, adherence to meal preparation and storage procedures, and annual inspections by the state and/or IHS.
- **Meal production** includes cooking or catering healthy nontraditional and traditional foods.
- **Meal delivery** includes transporting boxed meals, uncooked meals, and prepared meals to Elders in need of home delivery.
- **Socialization** includes interactions at congregant meal sites and special meals, gatherings, and activities hosted at the meal site.
- **Supportive assistance** includes person-centered care and referrals to other services.

Caregiver Support Services

- **Respite care** provides caregivers a rest from caregiving through a temporary care provider. It includes specialty respite care, based on a flat level of need or a continuum of need.

- **Palliative care** is specialized medical care for those with serious illness, with a focus on relief from symptoms. Palliative care support services include partnerships with and referrals to other service providers.
- **Grandparent care** includes the provision of information and assistance for grandparents raising grandchildren.
- **Dementia awareness** includes educational workshops, conferences, and a broad array of support, including stress relief and reduction for caregivers.
- **Counselling/support groups** include information and assistance services, training, supplemental services, quality assurance, education, caregiver honoring/conference, loan closet, library, and specialty training.

Supportive Services

- **Health promotion & wellness** includes chronic disease self-management education, fall prevention programs, health fairs, health screenings, and exercise programs, etc.
- **Education & outreach** includes PSAs, health fairs, Facebook posts, and newsletters.
- **Home care** includes in-home services for frail Elders, homemaker and chore-work services.
- **Transportation** includes transportation to access medical appointments, congregant meals, or other approved locations.
- **Information & assistance** include information about clinical services, veterans' services, utility and energy bill assistance, legal services, food stamps, and more.
- **Cultural/intergenerational activities** include promotion of cultural activities, such as beading, regalia making, language classes, and intergenerational activities.
- **Socialization & recreation** include promoting tribal games and other activities to increase social interaction.

Program Management

- **Program evaluation** includes UND Needs Assessments, satisfaction surveys, screening assessments, and informal discussion.
- **Training & management** includes subject specific (e.g., Elder abuse awareness) training as well as staff trainings (e.g., ServSafe certification, driver monitoring & assessment) and volunteer recruitment, training, and management.
- **Performance monitoring** includes evaluation and reporting requirements.

- **Program recruitment & outreach** includes methods of outreach, including flyers, health fairs, and referrals.
- **Quality assurance** includes data collection, data analysis, and utilization data.
- **Coordination between program and others** includes coordination between Title VI services and other clinical or ancillary services, coordination of multiple grants for service provision, and emergency management (e.g., alert and evacuate Elders during a natural disaster).
- **Policies and procedures** include written protocol for administration of Title VI Programs.
- **Advocacy** includes promoting and organizing centers or services for tribal Elders.

OUTPUTS

Outputs are the direct results of program activities and include types, levels, and numbers served/reached. Outputs are recorded through client intake forms, needs assessments, case management records, daily logs, and attendance records among others.

- **#s reached/served** includes unduplicated counts of Elders receiving congregant meals, home-delivered meals, and supportive services as well as unduplicated counts of caregivers receiving services.
- **# of services provided** includes total number of meals, transportation services, and supportive and caregiver services.
- **# of referrals** is the actual count of referrals by type provided through Title VI Programming.
- **# of activities** is the actual count of outreach activities (e.g., health fairs, PSAs) provided through Title VI Programming.

PROXIMAL OUTCOMES

Outcomes are the specific changes in knowledge, skills, and behavior as a result of the Title VI Program; proximal outcomes are short-term and attainable, within 1–3 years of program implementation.

- **↑ in social contacts** as a result of Title VI services, means Elders will have increased social contacts.

- **↑ in social connectedness** as a result of Title VI services, means Elders will have increased social connectedness.
- **↑ in linkage to needed services** as a result of Title VI services, means Elders and caregivers will be referred/connected to needed services, including legal, energy assistance, health, and respite.
- **↑ in food security** as a result of Title VI services, means Elders will have increased food security.
- **↔ meal and service satisfaction** as a result of Title VI services, means Elders will maintain their satisfactions with meal and supportive and caregiver services.
- **↔ nutritional intake** as a result of Title VI nutrition services, means Elders will maintain their nutritional intake.
- **↓ in social isolation** as a result of Title VI services, means Elders and caregivers will experience decreased social isolation.
- **↓ in mental overload** as a result of Title VI caregiver support and supportive services, means caregivers will experience lessened mental overload.
- **↑ in ability to provide care** as a result of Title VI caregiver support services, means caregivers will be better able to provide care.
- **↔ caregiver well-being** as a result of Title VI caregiver support services, means caregivers will maintain their sense of well-being.
- **↔ care recipient well-being** as a result of Title VI services, means Elders will maintain their sense of well-being.
- **↓ in caregiver physical, emotional, and financial stress** as a result of Title VI caregiver services, means caregivers will experience lessened physical, emotional, and financial stress.
- **↑ in physical safety** as a result of Title VI supportive services, including Elder abuse awareness, means Elders will be safer.
- **↔ physical activity** as a result of Title VI supportive services, including health promotion and wellness activities, means Elders will maintain their physical activity levels.
- **↑ in participation in cultural/community events** as a result of Title VI services, means Elders and caregivers will be able to participate in cultural and community events.

- **↑ in referrals and access to care/services** as a result of Title VI services, means Elders and caregivers will be referred to and have greater access to needed care/services.
- **↑ in staff knowledge and skills** as a result of Title VI Program management activities, including trainings and technical support/assistance, means staff knowledge and skills will increase.
- **↑ in implementation of best practices** as a result of Title VI Program management activities, including program evaluation, policies and procedures, and advocacy, means Title VI Programs will adopt current best practices within the field.
- **↑ in meeting meal standards (i.e., DRI)** as a result of Title VI Program management activities, including quality assurance and policies and procedures, means there will be an increase in the number of meal standards met.
- **↑ in partnerships with range of service providers** as a result of Title VI Program management activities, including coordination between programs, means there will be an increase in partnerships.
- **↑ in financial management** as a result of Title VI Program management activities (e.g., quality assurance, and policies and procedures, performance monitoring, training and management), means there will be an increase in financial management.
- **↑ in financial monitoring of program activities** as a result of Title VI Program management activities, including quality assurance and policies and procedures, performance monitoring and training and management, means there will be an increase in financial monitoring and oversight.

DISTAL OUTCOMES

Outcomes are the specific changes in knowledge, skills, and behavior as a result of your program; distal outcomes are long-term and attainable within 5 or more years of program implementation.

- **↑ in empowerment** as a result of Title VI Programming, means Elders and caregivers will feel more empowered in their daily lives.
- **↑ in cultural/community integration** as a result of Title VI Programming, means those served will feel more integrated both culturally and within their community
- **↔ overall health** as a result of Title VI Programming, means Elders and caregivers will be able to maintain their overall health.

- ↔ **independence** as a result of Title VI Programming, means Elders will be able to maintain their independence.
- ↓ **in risk of nursing home placement** as a result of Title VI Programming, means Elders will be at decreased risk of out-of-home placement.
- ↑ **in quality of life** as a result of Title VI Programming, means Elders and caregivers will experience an increase in overall quality of life.
- ↑ **in quality of care/services** as a result of Title VI Programming, means service providers will be able to provide higher quality care/services.
- ↑ **in coordination of local/state/federal services** as a result of Title VI Programming, means there will be an increase in coordination of services between local, state, and federal agencies.
- ↓ **in emergency department and acute care visits** as a result of Title VI Programming, means Elders will experience less need for acute care/emergency room visits.
- ↓ **in health care system costs for clients (chronic condition management)** as a result of Title VI Programming, means Elders' health will be better managed, resulting in decreased health care (urgent/acute) costs.