

Supporting Statement for the 12th National Survey of Older Americans Act Participants



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A. Justification

A.1 Circumstances Making the Collection of Information Necessary

Introduction

This OMB package requests clearance to conduct a three-year longitudinal survey of Older Americans Act (OAA) participants. The baseline survey will be the twelfth in a series of national surveys of OAA clients. The first 11 surveys provided important cross-sectional data on service recipients (e.g., consumer assessment of services, reported outcomes, physical functioning, quality of life, and demographic information). The longitudinal survey will continue to provide rich cross-sectional data, as well as an opportunity to examine the predictors of nursing home placement and, most importantly, the relationship of the receipt of OAA services to the delay in nursing home placement.

This survey has remained essentially the same since the last OMB approval on 7/17/2014 (OMB Control No: 0985-0023). The sampling methodology and the data collection procedures are identical to the previous survey approved in 2014. The survey questionnaire is also unchanged with the exception of the removal of follow-up questions on sexual orientation, because the data from the follow-up questions did not provide additional usable information. The removal of the follow-up questions is consistent with the approach used in the current National Health Interview Survey.

ACL/AoA's Strategy of Program Improvement

The Administration for Community Living's Administration on Aging (ACL/AoA) has an ongoing strategy of program improvement through enhanced program performance measurement, in compliance with requirements of the Office of Management and Budget's (OMB) program reviews, the GPRA Modernization Act of 2010 (GPRAMA), and the OAA Section 202(f), by conducting further studies of program outcomes (see Appendix A for the pertinent legislation).

Previously, ACL/AoA conducted 11 cross-sectional surveys. The 11 surveys and their OMB control numbers are listed below:

- Two pilot studies of Older Americans Act Title III Service Recipients in 2003 and 2004 (OMB control numbers 0985-0014 and 0985-0017);
- Third National Survey of OAA Title III Service Recipients conducted in 2005 (OMB control number 0985-0020);
- Fourth National Survey of OAA Title III Service Recipients conducted in 2008 (OMB control number 0985-0023);
- Fifth National Survey of OAA Title III Service Recipients conducted in 2009 (OMB control number 0985-0023).
- Sixth National Survey of OAA Title III Service Recipients conducted in 2011 (OMB control number 0985-0023).
- Seventh National Survey of Older Americans Act Participants conducted in 2012 (OMB control number 0985-0023).
- Eighth National Survey of Older Americans Act Participants conducted in 2013 (OMB control number 0985-0023).
- Ninth National Survey of Older Americans Act Participants conducted in 2014 (OMB control number 0985-0023).

- Tenth National Survey of Older Americans Act Participants conducted in 2015 (OMB control number 0985-0023).
- Eleventh National Survey of Older Americans Act Participants conducted in 2016 (OMB control number 0985-0023).

The surveys have enabled ACL/AoA to establish baselines and performance targets for annual and long-term outcome measures required by OMB and incorporate new performance information in agency budget justifications and performance plans through FY 2018. Further, the studies demonstrated that services provided under Title III:

- Are effectively targeted to vulnerable populations
- Are provided to individuals who need the services
- Are highly rated by recipients (quality)
- Provide assistance that is instrumental in enabling recipients to maintain their independence.

Performance Measurement Requirements

GPRAMA¹ requires federal agencies to develop annual and long-term performance outcome measures and to report on these measures annually. Section 202(f) of the OAA² requires ACL/AoA to work collaboratively with State agencies and area agencies on aging (AAAs) to develop performance outcome measures.

Since the passage of GPRA in 1993, ACL/AoA has accepted GPRA and GPRAMA as an opportunity to document each year the results that are produced through the programs it administers under the authority of OAA. It is the intent and commitment of ACL/AoA, in concert with State and local program partners, to use the performance measurement tools of GPRAMA to continuously improve OAA programs and services for the elderly.

As described on ACL/AoA's website: "In order to gather information on the performance of its program, the Administration on Aging surveys the participants in its Older Americans Act programs. These national surveys provide a portrait of who receives these services and how they assess the quality of the services received."³

OAA, Title III – Home and Community-Based Program

Title III of the OAA establishes a home and community-based care program for older persons and their caregivers, to enable them to live as independently as possible for as long as possible. States and local agencies are given a great degree of latitude to design services tailored to the needs of their regions and communities. One challenge for ACL/AoA is to devise a means to improve the performance of the program nationally, while preserving and promoting the diversity of program design. ACL/AoA has chosen to work toward improved program performance throughout the Aging Services Network by working collaboratively with States and AAAs to develop performance outcome measurement tools. The tools identify elements of service quality so that states and AAAs can improve service systems at the local level. These same tools can also be employed by ACL/AoA to measure program performance at the national level.

¹ http://www.gao.gov/key_issues/managing_for_results_in_government/issue_summary

² <https://legcounsel.house.gov/Comps/Older%20Americans%20Act%20Of%201965.pdf>

³ <https://www.acl.gov/programs/oa-performance-information>

Performance Outcomes Measures Project (POMP)

From 1999 to 2011, ACL/AoA sponsored the Performance Outcomes Measures Project (POMP) demonstration, in which grants were awarded to states, who then worked collaboratively to develop survey instruments that measured elements of service quality and consumer reported outcomes for various services provided under Title III of the OAA. Surveys were developed for the following topics:

Service Domains:

- Nutrition (including congregate and home-delivered meals)
- Transportation
- Information and Assistance
- Homemaker/Housekeeper
- Personal Care
- Caregiver Support
- Case Management
- Senior Centers

Client Characteristics:

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

POMP demonstrated the ability of states and AAAs to apply statistically sound sampling techniques to obtain numeric measures of program performance.

The survey instruments developed under POMP – along with various tools necessary for implementation – can be found at <https://www.acl.gov/node/465>. These performance measurement surveys have enabled some local agencies to obtain additional financial support and improve program management. Examples of uses of performance measurement at the state and local level follow:

- The Hawkeye Valley Area Agency on Aging in Waterloo, Iowa compiled information on the level of client support and satisfaction with services and received additional funding from the United Way for exemplary programs.
- The Area Agency on Aging in Cincinnati, Ohio expanded the use of the Home Care Client Satisfaction Measure (HCSM) and incorporated it into an ongoing part of its case management process for all clients to improve service quality.
- The Florida Department of Elder Affairs developed a computer simulation model that demonstrated the impact of home care programs on reducing nursing home admissions and showed the savings in Medicaid funds

Advanced POMP

A subgroup of POMP grantees participated in the Advanced POMP project, which focused on modeling the extent to which the receipt of OAA services is related to the time delay in nursing home placement. The grantees from North Carolina, Georgia, New York, Iowa, and Rhode Island supplied the contractor with administrative datasets of AAA clients. The dataset contained information about the specific services that the clients received, measures of activities of daily living (ADLs), instrumental activities of daily living (IADLs), and demographics (e.g., age, race/ethnicity, presence/absence of a caregiver, and living arrangements). The datasets also contained the date the client started receiving services and the date the client stopped receiving services (if indeed the client did stop receiving services), and the outcome (e.g.,

nursing home placement, mortality, continue to receive services, other).

The contractor analyzed the data using a Cox proportional hazards regression model that not only examined the risk factors for nursing home placement, but examined the time in the community as a result of receipt of OAA services. The results across all states showed that the more services clients received (controlling for ADLs), the longer they remained in the community. The contractor repeated the analysis with a subset of respondents in the Health and Retirement Study (HRS) who had similar characteristics to those of the clients in the administrative datasets (e.g., age, race/ethnicity, receipt of services). The results of the analysis of the HRS were similar to the results of the OAA service recipients. The increase in the number of services received was related to a longer time in the community.

The proposed longitudinal survey builds on POMP and will provide ACL/AoA with an opportunity to model the relationship of the receipt of services to a delay in nursing home placement on a national level with increased precision. It will also provide an opportunity to assess individual change in response over time with increasing age, and reduce bias due to differential selection or confounding factors. Finally, the longitudinal surveys will also provide rich datasets for cross-sectional analysis at more than one point in time.

A.2 Purpose and Use of the Information Collection

The results of this information collection will be used to:

- Report on FY 2017 performance results as required by OMB.
- Provide data on the extent to which the receipt of OAA services is related to a delay in nursing home placement.
- Provide refined national benchmarks for use by states and AAAs.
- Provide secondary data for analysis of various Title III program evaluations.
- Provide performance information for key demographic subgroups, geographical subregions, and different types of AAAs which will enable ACL/AoA to identify variations in performance and examine the need for additional targeted technical assistance.

The data will be used by the Administrator of the Administration for Community Living/Assistant Secretary for Aging in testimony and presentations; it will be incorporated into the agency's Annual Report; and it will be used by program staff to identify areas that may need attention at the national level. For example, the ACL nutritionist is interested in examining nutritional intake information by key population subgroups to identify potential areas for technical assistance initiatives.

A.3 Use of Improved Information Technology & Burden Reduction

Use of Client Tracking Software to Generate Client Lists for Sampling

The proposed procedures and materials requesting information from the agencies, as well as the telephone surveys of respondents, have been designed in a way that minimizes respondent burden.

To reduce the burden for the Area Agencies on Aging (AAAs), the contractor has developed procedures for client sampling that utilize the same client tracking management information systems that are used by States and AAAs to create the required State Program Reports for ACL/AoA. Since the implementation of the fourth national survey in 2008, the contractor has worked cooperatively with vendors of commercial off-the-shelf client tracking software programs most commonly used by the State and Area

Agencies on Aging to develop step-by-step instructions for the AAAs to use to generate client lists by service to use for a sample frame. It is estimated that over 95% of the AAAs now have this technological capability and are able to follow the instructions to produce their client lists by service. We will provide similar instructions for the 12th, 13th, and 14th surveys. Appendix B contains an example of instructions created for agencies that use a commercial client tracking software system known as “PeerPlace.”

In specific states that have their own proprietary client tracking software, the contractor has worked directly with an Information Technology Specialist at the State-level to generate electronic client lists for all of the AAAs selected for the national survey. This further reduces the burden for AAAs in states that have their own proprietary software.

Use of Survey Web Site

A National Survey web site application <https://aoasurvey.org/default.asp> has been developed to support and assist with data collection. For the 5th-11th surveys, the contractor designed and utilized a secure website which the AAAs used to upload their lists of selected clients. That website will be updated and further refined for the 12th national survey.

The web site is divided into two major sections: the public and the restricted-access sections. The public section is accessible to the general public, without restrictions. It includes background information, frequently asked questions, and links to results of previous AoA National Surveys. The purpose of the public section is to provide State and Area Agencies on Aging, professionals in the field of aging, and service recipients and their families with information about the data collection effort and uses of the data.

The restricted-access section of the web site houses an electronic records receipt system. Area Agencies on Aging have the option of submitting private personally identifiable client data to Westat via electronic files using the project web site. Each agency's data file will be processed according to its structure and content. The contractor's programming staff will manually map and convert the data items in each agency's file to create standardized records for further processing. As each file is received, this system will log the source agency, date received, and file type.

Only agencies that have been selected to participate in the survey will have access to this area. Unique user IDs and passwords will be assigned to each AAA at the time they are selected into the sample. The ID and password will be provided with other survey materials to the AAA.

Appendix C contains for instructions for AAA restricted access to the survey website and how to submit data.

Use of Computer Assisted Telephone Interviewing (CATI)

The contractor will use computer-assisted telephone interviewing (CATI) technology to conduct the surveys of OAA service recipients and record the responses. Westat's CATI capability includes customized software systems for scheduling, interviewing, and data handling and utilizes high-speed data networks and centralized voice and data monitoring. A single database is used to monitor and direct the interviewers. The Scheduler, a computerized survey control system, makes interviewer assignments, records the disposition of sample cases, and helps survey managers monitor performance.

Westat will attempt to contact each person in the sample, making multiple calls at different times and days when necessary. To reduce the burden for the respondents, the contractor will schedule appointments for calls at times that are convenient for them. For Spanish-speaking respondents, specially trained

bilingual interviewers will be used to conduct the interviews in Spanish. If other special arrangements are necessary (e.g., interpreter, proxy needed, mail out requested, interview needed to be conducted over several sessions), the respondent can be further accommodated.

The contractor will take the ACL/AoA-approved finalized version of the survey instruments and program them into its CATI system. This involves:

- Inserting specifications into the English version of the questionnaire;
- Preparing the specifications for the CATI programmer;
- Translating the questionnaire from the specifications into Spanish; and
- Programming and testing both versions of the questionnaire into CATI.

Details of how skips will work in the questionnaire are included in the design document that goes to the CATI programmer, as are the needed question variations. For example, some questions may need to be asked differently, depending on the answers to previous questions. In particular, if a respondent told us they live with others, the next question we would ask would be, “Do you live with your spouse?” However, if the respondent told us they lived alone, the follow-up questions will not be asked, and CATI will automatically skip to the next question.

The use of the CATI system in combination with the use of highly structured telephone interviewer training and procedures will ensure that interviewers conduct the surveys in a professional, controlled, and consistent manner.

A.4 Efforts to Identify Duplication & Use of Similar Information

Every effort is being made to avoid duplication and minimize respondent burden. Over the last 11 years, the same contractor conducted the first through 11th National Surveys of Older Americans Act Participants, formerly known as the National Survey of OAA Title III Service Recipients. As a result of the information gathered, modifications have been made to the data collection procedures and to the survey instruments. We believe we have reduced agency and respondent burden to the minimum level possible to achieve the survey's objectives.

The NSOAAP is not duplicative of other survey efforts because there is no other representative survey of Older Americans Act participants. The HRS (Health and Retirement Study) collects nationally representative data on older adults every two years; however, the HRS is not able to separate out data for OAA participants. The NSOAAP is a random sample of Older Americans Act (OAA) service recipients only, and cannot be used to make assertions about the American population of older adults in general. The purpose of NSOAAP is to obtain performance outcome information that demonstrate the effect of services and illustrate client reported quality of service. In addition, service recipient demographics, health and wellbeing indicators are collected. However, the two survey efforts are complementary. Utilizing the HRS as a means to compare OAA service recipients to a nationally representative sample of older adults can help ACL better understand its program participants vis-à-vis a nationally representative sample.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

A.6 Consequences of Collecting the Information Less Frequently

It is important to follow the respondents over a three-year period to determine the extent to which OAA services help clients remain in the community. In the past, the survey instrument asked respondents about the extent to which the receipt of services helped them live at home longer than if they had not received the services at all. For all of the services, respondents indicated that the services did help them stay in the community longer. The longitudinal design of the 12th National Survey will provide quantitative data to determine the extent to which the services do enable clients to remain in the community as measured in months and/or years. The data from the longitudinal survey will allow ACL/AoA to answer a range of questions that were not possible before:

- What are the changes in physical functioning over the three-year period?
- What are the changes in health status over the three-year period?
- How do patterns of service utilization change over the three-year period?
- How does client satisfaction with services change over time?
- To what extent do clients increase or decrease the use of services over time and what indicators are associated with the change in services?
- What is the association of measures of quality of life with physical decline over the three-year period?
- What is the association of measures of satisfaction with services and quality of life over the three-year period?

Interviewers will ask respondents for the permission to conduct the telephone interview once each year for three years. Respondents that agree to participate in the longitudinal component of the study will receive reminder cards at 6-month intervals.

We believe that the collection of data at one-year intervals over a three-year period will provide sufficient information to measure change over time in physical functioning, consumer assessment of services, and self-reported outcomes. Most importantly, it will also provide an opportunity to collect information on those clients who no longer receive services for a variety of reasons, including placement in a nursing home or assisted living facility.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data collection effort will be conducted according to the guidelines specified in 5 CFR § 1320.6. No special circumstances are known that would cause inconsistency with these guidelines.

A.8 Comments in Response to the Federal Register Notice & Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the Federal Register on March 13, 2017, 82 FR 13457 <https://www.federalregister.gov/documents/2017/03/13/2017-04843/agency-information-collection-activities-proposed-collection-public-comment-request-proposed> (see Appendix D).

ACL received comments from eighty-nine (89) organizations and just over 13,900 individuals about the NSOAAP. ACL reviewed all of the comments. Eight (8) of the comments were deemed not relevant because they were: (a) programmatic in nature and not survey-related, (b) referencing other data collections and not the NSOAAP (e.g., Census), or (c) commentary without reference to the NSOAAP. For ease of review, the remaining comments and their responses have been grouped by topic or issue. The ACL responses for each topic/issue are detailed in Table A-1:

Table A-1 60-Day Federal Register Comments and ACL Responses

Topic/Issue	Comment	ACL Response
Questions on sexual orientation/gender identity	Over 13,800 individuals and over 80 organizations submitted comments on this issue. A majority of comments included the request that ACL, “reconsider and reverse your decision to remove LGBT elders from this critically important survey.” Related comments included “restore sexual orientation and gender identity (SOGI) questions to the National Survey of Older Americans’ Act Participants” and similar language on not eliminating the questions on sexual orientation/gender identity.	ACL understands the suggested change and has revised the survey instrument to retain the primary question on sexual orientation, but did not include the follow-up questions. The primary question provides important demographic information and allows ACL to compare the data over time and compare rates to those available through the National Health Interview Survey (NHIS; i.e., the original source of the question). The follow-up questions were designed to ensure that we have the fullest information possible through asking respondents for clarification of particular answers. But, the literature available on the NHIS webpage regarding these questions found that “respondents do not require terms other than those provided on the main sexual orientation question to describe their sexual identity “ and “responses to the follow-up questions did not change the estimates of the primary sexual orientation categories.” In other words, the data from the follow-up questions did not provide additional usable information. The follow-up questions were discontinued in the NHIS after 2014 https://www.cdc.gov/nchs/nhis/sexual_orientation/faqs.htm . The revised survey instrument has been posted on the ACL/AoA website: https://www.acl.gov/about-acl/public-input
	In addition, two organizations recommended that ACL continue efforts to refine the questions and survey techniques related to sexual orientation and gender identity in the	ACL will call upon the expertise of a work group currently reviewing NSOAAP data collection tools to make recommendations to ACL on refining the question and survey techniques. The NSOAAP work group is presently comprised of

Topic/Issue	Comment	ACL Response
	NSOAAP	experts on aging data and survey methodology, as well as other subject matter experts on an as-needed basis. The recommendations will inform a redesign of future NSOAAP survey collection efforts prior to the next 3-year approval
Methodological, survey design, and sampling considerations	<p data-bbox="367 436 846 940">One individual found the survey documentation “onerous,” the questions “intrusive” (item CNR9 was noted), and a “wasteful use of time and money.” Another suggested “that ACL consider offering respondents an option to reply via email.” And another commented that “language is too jargony throughout the document.” It was also recommended that gender-neutral pronouns be used throughout the survey and that the data collection “would benefit by a review from non-dominant culture community members.”</p> <p data-bbox="367 1476 846 1835">One organization “recommend expanding the sample size to increase confidence rates and to provide more useful information that can be stratified by state.” And another recommended that “sample size and power calculations should be constructed to ensure separate reporting of findings by race, ethnicity, and gender” and that “survey should include a design to report back to communities.”</p>	<p data-bbox="862 436 1451 1041">The National Survey of Older American Act Participants (NSOAAP) is a collection of annual surveys conducted by the Administration on Aging on a random sample of selected service recipients, and has been conducted for 11 years with comparable questions each year. The survey’s primary purpose is to obtain performance outcome information that demonstrates the effect of services and illustrates client reported quality of service. In addition, service recipient demographics, health and well-being indicators are collected. The statutory authority requiring this activity is contained in the Older Americans Act (OAA) (42U.S.C. 3032), as amended by the Older Americans Act Amendments of 2006, P.L. 109-365 (OAA Section 202(a)(16); 202(a)(26); 202(e)(1)(A); 202(f); 207; 212(c); 373(e); 721(h)).</p> <p data-bbox="862 1073 1451 1472">ACL recognizes the importance of reviewing the overall instrument. However, further deliberation is needed to ensure that we retain the means to obtain performance outcome information. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on these issues of jargon, gender neutral language, and data collection via email and the work group’s recommendations will inform a redesign of future NSOAAP survey collection efforts prior to the next 3-year approval.</p> <p data-bbox="862 1476 1451 1835">This feedback is most appreciated by ACL. The primary purpose of the National Survey is to obtain national performance outcome information that demonstrates the effect of services and illustrates client reported quality of service. At this time, efforts to expand the sample in order to allow for reliable estimates by state, race, ethnicity, or gender are beyond the scope of the current survey design; however, please note that at the national level and possibly regional levels, the current design could provide</p>

Topic/Issue	Comment	ACL Response
		<p>estimates for some services by race, ethnicity and gender at the margins, but not for cross-classifications by all three characteristics. It might be possible to construct a design that would provide reliable estimates for the larger AAAs, but some AAAs are so small as to not even provide some of the services of interest. ACL will call upon the expertise of the NSOAAP work group to make recommendations to ACL on refining future NSOAAP survey collection efforts prior to the next 3-year approval.</p>
	<p>One organization recommended changing the process from allowing the Area Agencies on Aging (AAAs) to determine how they want their data submitted to Westat to having the State Units on Aging be responsible for extracting and submitting the data directly to Westat for all AAA's.</p>	<p>ACL appreciates the feedback on the process of obtaining client lists to select the sample and conduct the Survey. There continues to be variability in whether States use a uniform client tracking system. ACL will continue to monitor the process for AAAs and SUAs to submit data to the contractor in an effort to minimize burden, and will seek feedback on these processes to inform a redesign of future NSOAAP survey collection efforts.</p>
	<p>One organization commented on limited English proficiency and recommended that “each module of the survey should include a question about the language preference of the service recipient and whether services were provided in their preferred language.”</p>	<p>ACL appreciates the feedback on issues of limited English proficiency and preferred language and recognizes the importance of modifying the questions and responses related to these issues. However, further deliberation is needed to ensure that we include the most appropriate and universally accepted language(s). ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language(s) to use. The work group's recommendation will inform a redesign of future NSOAAP survey collection efforts.</p> <p>Also, please note that the client lists from which the sample is obtained often have the language preference information in advance and this is pre-loaded into the computer-assisted telephone interview (CATI) program to facilitate respondent interviews. A Spanish-language version of the surveys is available and respondents are also able to engage an interpreter for other languages.</p>

Topic/Issue	Comment	ACL Response
Concerns about length of the survey.	One organization and 2 individuals expressed concern about the length of the survey.	ACL appreciates the feedback on the length of time it takes to complete the survey. Every effort is made to limit burden for respondents. Interviewers inform respondents that their responses to all questions are voluntary and they are assured that their survey responses will remain private. Respondents can refuse to answer any question, and the interviewer will move on to the next question on the survey instrument. Additionally, respondents are permitted to stop at any point and to continue the interview at a later time.
Modify questions in the Additional Services Module to improve clarity.	Modify question SVC1 to clarify what is meant by "legal assistance" to include "appealing a benefit termination" and "avoiding eviction" as examples	ACL will call upon the expertise of a work group currently reviewing NSOAAP data collection tools to make recommendations to ACL on refining the question about legal assistance. The recommendation will inform a redesign of future NSOAAP survey collection efforts.
Modify questions in the Family Caregiver Module to improve clarity.	It was noted that in CG6 "This questions uses the term "National Family Caregiver Support Program". This is the only time this phrase is used. All other questions refer to "Family Caregiver Services." Recommend being consistent in terminology as to not confuse the participant."	ACL understands this suggested change and has revised the survey instrument using the language "Family Caregiver Services." The revised survey instrument has been posted on the ACL/AoA website: https://www.acl.gov/about-acl/public-input
	One organization noted that CGC and CGDE2 both inquire about the Care Recipients gender.	ACL appreciates the question of why CGC and CGDE2 appear to ask the same question twice about the gender of a Caregiver's Care Recipient. This is the result of a skip pattern in the computer assisted telephone interview (CATI) programming which does not ask CGDE2 if CGC has already been answered.
	One organization noted that the response options for CG21 ("Which of the following has been the biggest difficulty {you have/ s/he has} faced in caring for {CARE RECIPIENT}?) were unclear.	ACL appreciates the feedback on clarifying the responses for CG21. Respondents are asked to identify the "biggest difficulty," thus they are encouraged to respond affirmatively and the interviewer can only code 1 option. The coding of "NONE" is only used when the respondent has not responded affirmatively to any of the pre-populated options or the "something else" option, and "ALL OF THE ABOVE" is only used when a respondent has indicated that all pre-populated options are the biggest difficulty. Neither

Topic/Issue	Comment	ACL Response
		<p>"NONE" nor "ALL OF THE ABOVE" are read to the respondent as response options.</p>
	<p>There were suggestions to add additional response options to CG6 (i.e., to add “consumable supplies”), CG8 (i.e., to add “place of worship”), and CG36 (i.e., to add “Information or other services that I, or my care receiver, is eligible for”).</p> <p>Recommendation about the inclusion of a question about: whether use of the service helps the respondent delay or avoid institutionalization of the care recipient.</p> <p>And recommendations to reconsider and/or rephrase questions: a) that “seem to bias towards gender binary and heteronormative stereotypes,” b) CG5: to reword to state, “Have you received caregiver training, education, counseling, and/or support groups. . .”, c) add category/response of “reimbursement for caregiving supplies” to CG7: “Of the services {you have/NAME OF CAREGIVER has} received, which services was the <u>most helpful</u>? d) CG11: “Have these caregiver services enabled {you/NAME OF CAREGIVER} to provide care for {CARE RECIPIENT} for a <u>longer time</u> than would have been possible without these services?”, e) CG24A and only ask whether the caregiver “he has any type of disability”, f) location in the survey for CG35: “{Are you/ Is NAME OF CAREGIVER} paid by {CARE RECIPIENT} or a community agency to provide care for {him/her}?”</p>	<p>Each of these recommended additions of response options is noteworthy, and for each respective question the possible response can be specified after an affirmative response to an option of “anything else?” (CG6), “someplace else?” (CG8), or “any other information?” (CG36). ACL aims to limit increases in burden wherever possible. However, after investigating the frequency of these other responses and input from stakeholders and experts, it will be possible to assess the potential impact of adding these response options.</p> <p>ACL recognizes the importance of modifying the questions and responses related to these issues. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts</p>

Topic/Issue	Comment	ACL Response
Modify questions in the Demographic Module to improve clarity.	One individual noted that “Questions in the demographic section assume the person is in a heterosexual relationship and/or cared for by family members” and recommended that “Demographics should be more inclusive as well to include multicultural choices.”	ACL recognizes the importance of modifying the questions and responses related to these issues. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
	Two organizations noted that questions in the demographic module “are nearly identical to the questions in the Family Caregiver module directed at the care receiver.”	ACL appreciates the concern that the demographic module is duplicative for the Family Caregiver. Please note that in the Family Caregiver Module the caregiver is asked to report demographic information about their Care Receiver, whereas in the Demographic Module the caregiver is asked to report demographic information about him/herself.
Modify questions related to the Nutrition Services Programs (Congregate Meal and Home-delivered Meal) Modules to improve clarity.	Two other individuals suggested clarifying what is meant by “calcium rich soy products” in CNR13, CNR14, HNR14, and HNR15 by adding “such as tofu or soy milk” to the questions.	ACL understands these suggested changes and has revised the survey instrument. The revised survey instrument has been posted on the ACL/AoA website: https://www.acl.gov/about-acl/public-input
	One organization and an individual commented that the term “Meals on Wheels” may not be consistently familiar to respondents, and recommended using “home-delivered meals” language instead.	<p>ACL understands this suggested change and has made changes to the script language in the survey instrument. The revised survey instrument has been posted on the ACL/AoA website: https://www.acl.gov/about-acl/public-input</p> <p>In addition, if the client list from the AAA includes the name of the local service provider, that name is stated in the introductory letter to potential respondents and it is pre-loaded into the computer-assisted telephone interview (CATI) program to facilitate respondent interviews.</p>

Topic/Issue	Comment	ACL Response
	<p data-bbox="367 436 846 600">One individual recommended “adding other questions to the Congregate and Home Delivered Meals surveys regarding connecting to other resources and nutrition education.”</p> <p data-bbox="367 741 837 1241">Recommendations about the inclusion of questions about: a) nutrition education, b) respondent experience with nutrition services program, c) how nutrition services support respondents needs and preferences (e.g., medical condition, therapeutic or –texture-modified meals, culture, Meatless Monday), d) barriers respondents may encounter related to the nutrition services program, e) meal temperature, f) malnutrition-specific screening questions, g) interest in nutrient analysis, h) food security, i) access to clinically appropriate health care.</p> <p data-bbox="367 1276 821 1608">And recommendations to reconsider and/or rephrase questions: a) about percentage of meal consumption, b) about the dietary intake of different foods (e.g., vegetables, potatoes), c) about any potential (negative or positive) changes respondents have seen in the nutrition services program, d) using the phrase “nutrition counselor.”</p>	<p data-bbox="862 268 1422 401">Further consideration of changing the language in the questions will be presented to the workgroup to make recommendations on the selecting the best language to use.</p> <p data-bbox="862 436 1438 737">ACL appreciates the feedback on issues related to the nutrition services program. In the Additional Services Module questions SVC1K and SVC1P ask whether respondents have a nutrition counselor and “received help getting benefits like Food Stamps and other public assistance,” respectively. We believe these questions adequately address the concerns raised by the commenter.</p> <p data-bbox="862 741 1446 936">ACL will call upon the expertise of a work group currently reviewing NSOAAP data collection tools to make recommendations to ACL on refining the questions about nutrition services. The recommendation will inform a redesign of future NSOAAP survey collection efforts.</p>
<p data-bbox="99 1650 326 1808">Modify questions related to Case Management Module to improve clarity.</p>	<p data-bbox="367 1650 821 1841">It was recommended to added further description language to assure that the respondent was clear on what was meant by case management services, and to inquire whether use of the service helps the respondent delay or</p>	<p data-bbox="862 1650 1422 1841">ACL appreciates the feedback on the case management module and recognizes the importance of modifying the questions and responses related to these issues. However, further deliberation is needed to ensure that we select the most appropriate and universally</p>

Topic/Issue	Comment	ACL Response
	avoid institutionalization.	accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
Add or modify questions related to transportation.	One organization recommended an additional question of: “If you were unable to drive (temporarily or long-term), how would you get around?” and another individual suggested that estimating percentage of trips by category (TR5) may be “difficult for participants.”	ACL appreciates the feedback on issues of transportation and recognizes the importance of modifying the questions and responses related to these issues. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
Modify questions related to Homemaker Services Module to improve clarity.	One organization recommended “adding a question that asks what specific homemaker service(s) the participant receives from the provider to further define what service is provided/ needed.”	ACL recognizes the importance of modifying the questions and responses related to the homemaker service module. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
Modify questions related to the Physical, Social, and Emotional Well-being Modules to improve clarity.	<p>One organization inquired about the need for 2 questions about the number of prescription medications that a respondent takes (HLM1 and HLM1-OV), with the recommendation to remove HLM1-OV.</p> <p>Recommendation about the inclusion of a question about: a) loneliness or social isolation.</p> <p>And recommendations to reconsider and/or rephrase questions: a) to find “better examples of “typical day”</p>	<p>ACL appreciates the attention to detail regarding the second question. HLM1-OV is a confirmation question and is only asked if the respondent reports more than 10 medications in response to HLM1, thus HLM1-OV is used to confirm the number of prescription medications.</p> <p>ACL recognizes the importance of modifying the questions and responses related to the homemaker service module. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the work group reviewing NSOAAP data collection tools to</p>

Topic/Issue	Comment	ACL Response
	activities besides “moving a table, bowling and golf” for SF2a which inquires about the respondent’s health limits their “moderate activities”, b) rewording SF4b “to say “How often do feelings of anxiety or depression interfere with regular daily activities?””	make recommendations on selecting the best language to use. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
Endorsement for importance of NSOAAP information collection.	One individual sent a comment that “this survey will provide a better way to measure and analyze need, unmet need, and outcomes associated with receipt of services in order to ensure that this valuable program receives the level of support required to continue to serve homebound older adults. The impact this survey will have on our agency; will show blueprint on best ways to provide evidence of these programs, will help determine what outcomes could and should be measured, the best possible sources of data, and how providers can collect this information effectively and uniformly.”	No action/change required to NSOAAP. ACL appreciates and values this feedback.

Efforts to Consult Outside the Agency

ACL/AoA called upon the expertise of a work group to review NSOAAP data collection tools and to make recommendations to ACL on selecting the best language to use for revising questions in the survey instruments. The NSOAAP work group was comprised of experts on aging data and survey methodology. The work group did not make any recommendation for changes at this time but will continue to review the comments and conduct cognitive testing of changes before making final recommendations for a redesigned data collection, which may occur prior to the end of the 3-year approval.

The survey instruments for this proposed information collection are based on those developed by ACL/AoA POMP grantees representing State Units on Aging and AAAs. POMP grantees who have worked on the survey instruments include state and local level representatives from Arizona, Florida, Georgia, Massachusetts, New York, North Carolina, and Ohio. The development of the survey instruments has been an iterative process. There were no areas of disagreement during the latest POMP revisions.

The POMP grantees tested the instruments with service recipients at the local AAA-level using several methods:

1. Field-tested the survey instruments with a sample of service recipients and revised the instruments based on their experience.
2. Conducted cognitive testing to ensure that the items on the survey instruments were interpreted as intended.
3. Conducted validity testing on the survey instruments.

Westat has also consulted representatives from different State Units on Aging to develop and test the instructions and procedures for generating client lists used for sampling. The state representatives who have reviewed the instructions and procedures include:

- Robin Tofil, Connecticut Department of Social Services, Aging Services Division
- Jim Burd, Pennsylvania Department of Aging
- Leonard Eshmont, Virginia Department for the Aging

A.9 Explanation of Any Payment or Gift to Respondents

No payments or gifts will be given to respondents.

A.10 Assurance of Confidentiality Provided to Respondents

After review, ACL has determined that a Privacy Impact Statement (PIA) is appropriate for the collection. A PIA was submitted to the PIA Representative at the Administration for Community Living in 2017, and will be reviewed on an annual basis following established guidance

A pledge of privacy and anonymity is a major positive incentive for potential respondents to participate in the survey. Its absence would be a significant deterrent and could create complications in implementing the survey.

The contractor will take the following precautions to ensure the privacy and anonymity of all data collected:

- All contractor project staff, including recruitment specialists, telephone interviewers, research analysts, and systems analysts, will be instructed in the privacy requirements of the survey and will be required to sign statements affirming their obligation to maintain privacy;
- Only contractor staff who are authorized to work on the National Survey have access to client contact information, completed survey instruments, and data files.
- Data files that are delivered will contain no personal identifiers for program participants; and
- Analysis and publication of survey findings for the participant survey will be in terms of aggregated statistics only.

Appendix E presents the internal corporate “Assurance of Confidentiality Agreement” all contractor project staff must sign. This agreement requires the signer to keep confidential and private any and all information about individual respondents to which they may gain access. Any contractor employee who violates this agreement is subject to dismissal and to possible civil and criminal penalties.

Westat, the contractor for administering the survey instrument and collecting the data, has extensive experience in protecting and maintaining the privacy of respondent data collected from surveys. To ensure privacy, the contractor has drawn from its experience in designing the data collection procedures incorporated in this program. In addition to the corporate Assurance of Confidentiality Agreement, the contractor has implemented several other procedures to protect privacy of survey participants.

1. Data is saved on secure network folders only accessible to authorized users. No data is ever stored on laptop computers. At the end of the survey, all private data is permanently deleted.

2. For the 12th National Survey and subsequent follow-up surveys, AAAs will be instructed to submit private personally identifiable client data to Westat via electronic files using the secure survey web site. This web site is written in Active Server Pages (ASP), HTML, and JavaScript and uses the industry-standard TLS (Transport Layer Security) 1.1/2 encryption for secure data submissions. AAAs will receive usernames and passwords that enable their staff to sign on to the file upload utility on the web site. The passwords are created by a password generator which creates random passwords that are highly secure due to a combination of lower and upper case letters, numbers and punctuation symbols. The database containing the client survey data is not accessible via the Internet; it resides on a server inside the Westat firewall. Only Westat Data Collection Program staff members have access to the master survey database.
3. For AAAs that may experience problems with the survey website and wish to send client data electronically by email, we instruct the AAAs to password protect the file containing the data. Password protection of client data sent electronically by email is required not only for transmission between the AAA and Westat, but even internally within Westat. Additionally, we provide the AAAs with an email address to a secure dedicated project email box (aoasurvey@westat.com) which cannot be accessed remotely.
4. For the small number of AAAs that are not able to generate client records by service electronically, they can submit client information in a hard copy format (fax, FedEx, U.S. Postal Service). Hard copies of client information are stored in locked filing cabinets within a locked room. At the conclusion of the survey, all hard copies of client data are shredded.
5. A secure fax machine dedicated solely to this survey is used to receive faxes from AAAs that choose to transmit their data by fax. The fax machine is located within a locked project room. AAAs that need to transmit their data by fax are asked to call to Westat staff to alert them to watch for and intercept an incoming fax. If the fax machine is busy, it does not roll over to any other fax machine.

ACL/AoA will use the data provided by respondents for exclusively statistical purposes and will hold this information in confidence to the full extent permitted by law. Respondent data are aggregated and estimates are produced and published at both the national level and at the geographic regional or demographic sub-group level.

A pre-notification letter mailed to potential respondents contains essential survey information that enable the person to make an informed decision regarding his or her voluntary participation in the data collection effort. A sample of the pre-notification informational letter sent to potential survey participants appears in the Appendix as part of the information packet sent to the AAAs.

A.11 Justification for Sensitive Questions

The ACL/AoA National Survey informs respondents that their responses to all questions are voluntary. We assure them that their survey responses will remain private. Respondents can refuse to answer any question, and the interviewer will move on to the next question on the survey instrument. Additionally, respondents are permitted to stop at any point and to continue the interview at a later time.

A.12 Estimates of Annualized Burden Hours and Costs

We estimated the respondent burden for the survey instruments based on our experience with the 1st - 11th National Surveys of OAA Participants. The value of the agency respondents' time is valued at \$20.00 per

hour (i.e., the median hourly rate for Community and Social Service Occupations according to the Bureau of Labor Statistics⁴), plus \$20.00/hour for the value of benefits and overhead (based on 100% of the hourly value), for a total of \$40.00/hour. Thus, \$160 for the agency respondent selection process (estimated at 4 hours of agency personnel time).

The cost to respondents who participate in the Service Recipient and Caregiver surveys will be in terms of their time only because most of participants are retired and no benefits and overhead are applicable to this cost calculation. The Service Recipient and Caregiver survey instruments take about 40 minutes (.67 hour). Based on the valuation of a participant's time at \$24.00 per hour as volunteer time⁵, the respondent burden for each individual participant will be \$16.08 for the Service Recipient and \$16.08 for the Caregiver surveys. Exhibit A-1 presents the estimated hour and annual cost response burden by respondent.

Exhibit A-1. Estimated Hour and Annual Cost Response Burden

Respondent/Data collection activity	Number of respondents	Responses per respondent	Hours per response	Annual burden hours	Cost per hour	Annual burden cost
Area Agency on Aging: Respondent selection process	250	1	4.0	1,000	\$40.00	\$40,000
Service Recipients: National Survey using questions from the Performance Outcome Measures Project	4,000	1	.6667	2,666.80	\$24.00	\$64,003
National Family Caregiver Support Program Clients: National survey using questions from the Performance Outcome Measures Project	2,000	1	.6667	1,333.40	\$24.00	\$32,002
Total	6,250	1	.80 (weighted mean)	5,000		\$136,005

*It is important to note that not all of the individual respondents (6000 for the national survey) will be asked to complete all of the questionnaire modules (see Sampling Plan).

A.13 Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

The total annual cost burden to agencies, excluding wages, is zero.

A.14 Annualized Cost to the Federal Government

The contract total annualized cost to the federal government is \$975,832. This amount includes costs for personnel, telephone, and other direct and indirect costs (see Exhibit A-2).

The estimated expense for Federal staff related to this data collection is approximately 10% time for one social science analyst. An average grade for a GS 13, step 1, was used for this evaluation (\$94,796)⁶

4 https://www.bls.gov/oes/current/oes_nat.htm#21-0000

5 <https://www.independentsector.org/resource/the-value-of-volunteer-time/>

6 <https://www.generalschedule.org/localities/washington-dc>

which results in \$9,480. Adding 100% for benefits and overhead comes to a total cost for Federal staff of \$18,960.

Exhibit A-2. Total Annualized Cost to the Federal Government [Based on Year 1]

Category	Costs
Personnel (T&M including staff & indirect costs)	\$848,788
Telephone (long-distance telephone survey)	\$84,372
Other direct	\$22,315
Total direct charges (per task order)	\$955,475
Indirect charges	\$20,357
Total	\$975,832

A.15 Explanation for Program Changes or Adjustments

This information collection request represents an extension of a previously approved data collection. Please see the response to A.8. This section explains the changes that were made to the data collection forms in response to comments on the 60-day Federal Register Notice published March 13, 2017 (Appendix D).

A.16 Plans for Tabulation and Publication and Project Time Schedule

Plans for Tabulation

The contractor will clean data, impute, and create variables as needed; prepare all data documentation, including quantitative codebooks; generate frequencies, means, and other descriptive analyses; and conduct any required inferential statistics. Data to be included will: (a) describe the characteristics of clients and the range of services provided by State Units on Aging (SUAs) and Area Agencies on Aging (AAAs); (b) provide a descriptive profile of OAA clients (including, activities of daily living (ADL) and instrumental activities of daily living(IADL) limitations, income, educational level, living arrangements, age cohort, gender, race and ethnicity, and area of residence by degree of urbanization); and (c) highlight the performance measures of OAA programs

Publication

The contractor will provide a report to ACL for each year of data collection. Frequencies and descriptive data will be provided to ACL for posting on a publically available website, as well as data documentation.

Project Timeline

The timetable for the baseline data collection and the two follow-up data collections is shown in Exhibit A-3.

Exhibit A-3. Data Collection Timetable

Survey Cycle	Data Collection Activity	End dates
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12th National Survey/ Baseline Data Collection	Telephone/email contact with agencies to draw sample	1 month after OMB clearance
12th National Survey/ Baseline Data Collection	Telephone survey of participants	5 months after OMB clearance
12th National Survey/ Baseline Data Collection	Data editing, coding and key entry, data analysis	7 months after OMB clearance
12th National Survey/ Baseline Data Collection	Deliver data to ACL	9 months after OMB clearance
12th National Survey/ Baseline Data Collection	Final report on baseline data collection	15 months after OMB clearance
13th National Survey/ Data Collection #2	Telephone/email contact with agencies to refresh sample	13 months after OMB clearance
13th National Survey/ Data Collection #2	Telephone survey of participants	17 months after OMB clearance
13th National Survey/ Data Collection #2	Data editing, coding and key entry, data analysis	19 months after OMB clearance
13th National Survey/ Data Collection #2	Deliver data to ACL	21 months after OMB clearance
13th National Survey/ Data Collection #2	Final report on data collection #2	27 months after OMB clearance
14th National Survey/ Data Collection #3	Telephone/email contact with agencies to refresh sample	25 months after OMB clearance
14th National Survey/ Data Collection #3	Telephone survey of participants	29 months after OMB clearance
14th National Survey/ Data Collection #3	Data editing, coding and key entry, data analysis	31 months after OMB clearance
14th National Survey/ Data Collection #3	Deliver data to ACL	33 months after OMB clearance
14th National Survey/ Data Collection #3	Final report on data collection #3	39 months after OMB clearance

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

ACL/AoA is not seeking an exemption from displaying the expiration date of OMB approval.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

ACL/AoA is not requesting any exceptions from OMB Form 83-I.

B. Collection of Information Employing Statistical Methods

B.1 Respondent Universe and Sampling Methods

Introduction

This Paperwork Reduction Act (PRA) request is to conduct a longitudinal survey of OAA service recipients. It is important to note that the 12th survey (conducted in 2017) will serve as the baseline for the longitudinal survey with data collection at the second and third anniversaries of the baseline data collection. At the second and third data collection points, we will also recruit a sample of new service recipients to ensure an adequate sample at each data collection point for both the cross-sectional and longitudinal analyses. Recruitment of new service recipients will ensure broad representation of short-term and long-term service recipients in the follow-up surveys.

For the baseline survey, we will employ a two-stage sample design for the 12th National Survey of Older Americans Act Participants (NSOAAP). The following sections discuss the respondent universe and sampling methods.

Baseline Respondent Universe

For the first stage of the sample design, we will select a probability sample of AAAs proportional to size (PPS) of the total annual budget. When selecting AAAs for the 12th National Survey, Westat will select a large enough sample of AAAs to assure participation of approximately 300 Area Agencies on Aging, which is about 48 percent of the total number of AAAs (629). The second stage is the selection of a random sample of service recipients by service within each sampled AAA, including all of the largest ones. In this way all service recipients will have a known probability of selection. A fixed number of service recipients will be selected within each service based on the size of the AAA for a total of 6,000 recipients. It is important to note that clients are sampled independently by service and no client will be asked to participate for more than one service. Further, if a client happens to be sampled for more than one service, the client will be assigned to a single service at random.

Exhibit B-1 presents the respondent universe for each module proposed for the 12th National Survey of Older Americans Act Participants (NSOAAP).

Exhibit B-1. Respondent Universe

Service Recipient Survey		
PERFORMANCE MEASURES	INDICATOR	TARGET POPULATION OF PARTICIPANTS
Congregate Meals Module	Questions on nutrition intake, nutrition risk, food security and clients' assessments of the Congregate Meals program.	Service recipients receiving Congregate Meals services
Home-delivered Meals Module	Questions on nutrition intake, nutrition risk, food security and clients' assessments of the Home-delivered Meals program.	Service recipients receiving Home Delivered Meals
Transportation Module	Questions on client's experience and assessment of transportation services	Service recipients using Transportation Services
Case Management Module	Questions on clients' experiences and assessments of case management services.	Service recipients receiving Case Management services.
Homemaker/Housekeeping Module	Questions on clients' experiences and assessments of Homemaker/Housekeeping services.	Service recipients who receive Homemaker/Housekeeping Services
Additional Services List	Questions asking service recipients if they receive other OAA services.	Service recipients. Caregivers will be asked about services received by their care recipients.
Physical Functioning Module	Revised Katz Activities of Daily Living (ADL) Scale and Quality of life measures from the Behavior Risk Factor Surveillance System (BRFSS) questionnaire	Service recipients, with the exception of Caregivers who will be asked these questions about their care recipients.
Emotional Well-Being	Questions on mood and affect from prior surveys of the elderly	Service recipients, except Caregivers.
Social Functioning	Degree of satisfaction with social activity and of health effects on social activities	Service recipients, except Caregivers.
Caregiver Survey		
PERFORMANCE MEASURES	INDICATOR	PARTICIPANTS TO BE SAMPLED
National Family Caregiver Support Program Questionnaire	Questions on caregiver support and assessment of the program based on the Caregiver survey developed for the first, second and third national surveys.	Caregivers who participate in the National Family Caregiver Support Program
Service Recipient and Caregiver Surveys		
PERFORMANCE MEASURES	INDICATOR	PARTICIPANTS TO BE SAMPLED
Demographic Information Module	Demographic Information	Service recipients and caregivers.

Response Rates from other National Surveys of Older Americans Act Participants

This is the 12th time this type of survey will be conducted. This OMB approved survey (0985-0014, 0985-0017, 0985-0020, 0985-0023) was done in 2002, 2003, 2005, 2008, 2009, 2011, 2012, 2013, 2014, 2015, and 2016. The research team anticipates an 83 percent response rate for AAAs and an 80 percent cooperation rate for the telephone survey of respondents, based on the success we had with the preceding 11 surveys.

B.2 Procedures for the Collection of Information

B.2.1 Introduction

Several data collection activities will be conducted to support the survey. They are designed to ensure as complete a sample of AAAs (stage one) and service recipients (stage two) as possible. This will provide a representative sample for the analyses and inform ACL/AoA of results according to the performance measures for state and community programs on aging under the Older Americans Act.

B.2.2 Data Collection Procedures

B.2.2.1 Telephone Contact with State and Local Agencies on Aging

Information will be collected in a two-step process. The proposed design will employ a probability sample of all AAA proportional to the size (PPS) of the total annual budget. Once an agency is selected, it will receive a Federal Express package that contains an introductory letter from ACL, along with detailed instructions for the AAA (see Appendix F)⁷. Approximately two days later, a researcher will call the agencies to explain the purpose of the participant telephone survey and provide instructions for sampling the service recipients. The researcher will explain the numbered participant lists the agency needs to generate from which the contractor will select the random sample of service recipients for each of the six services. In addition, the researcher will provide detailed instructions specific to the client tracking software used by the AAA. Previous experience has enabled us to streamline the data collection procedures for the AAAs.

At the second and third data follow-up collection points, Westat will recruit additional service recipients from the AAAs sampled at baseline to ensure an adequate sample at each data collection point for both the cross-sectional and longitudinal analyses. This additional recruitment of new service recipients also ensures broad representation of short-term and long-term service recipients in the follow-up surveys. The “refreshed sample” at Time 2 can be drawn from client lists supplied by the AAAs. We will use the AAA-supplied unique ID for each client surveyed at Time 1 and compare it to the lists obtained at the second data collection point. We will use a customized software program to compare the lists. The program will print the ID numbers of the respondents’ names that did not appear on an earlier list. We will then sample the new respondents by service at the same rate as at the baseline. We will repeat this process at the third data collection point.

The size of each refreshment sample will be a function of how many new clients there are since the last sample was drawn. The target is to have 6,000 completes with a combination of follow up calls and new calls. We estimate that 25% will be new clients.

B.2.2.2 Telephone Survey of Older Americans Act Participants and Caregivers

Pre-notification Advance Letters

Potential respondents selected for the telephone interview will receive a letter from their respective AAAs on the agency’s letterhead. The letter contains an introduction to the study, explanation about the nature of participation, and a number to call if they do not wish to participate. Those who opt out of the study are not contacted further.

⁷ State units also receive a letter with a list of AAAs selected in the state (see Appendix H).

Telephone Interview

Interviewers participate in intensive training sessions prior to data collection and are monitored during data collection to ensure the protocol is properly followed. The training covers general interviewing techniques, topics specific to administering the 12th National Survey of Older Americans Act Participants, and practice sessions.

The study sample includes people who are elderly and who may be living with disabilities. With that in mind, the training designed and conducted for the data collectors/telephone interviewers includes special guidance for interviewing and accommodating respondents who are elderly and who may have disabling conditions and/or communication problems (hearing impairments, speech disorders, cognitive impairments, memory disorders, non-native English speakers.) In certain instances, an interview with an interpreter or a proxy is arranged. Additionally, data collectors are advised to be alert to the respondent's fatigue and to suggest calling back and completing the interview during another session. For Spanish-speaking respondents, trained bilingual data collectors conduct the interview in Spanish.

At all three data collection points (baseline survey in 2017 and two follow-ups in 2018 and 2019), interviewers will conduct a 40-minute telephone survey of a representative sample of Older Americans Act service recipients and caregivers. The interview includes modules for each service (e.g., home delivered meals, congregate meals, case management, caregiver, transportation, and homemaker) as well as modules that are the same for all services on demographics, physical functioning, and quality of life. Interviewers administer the appropriate service model (i.e., the module that focuses on the service from which the participant was sampled.)

The service modules include items on the extent to which the respondents use the service, consumer assessment of services, and self-reported outcomes, such as the ability to live independently at home. The demographic module identifies age, living arrangements, race/ethnicity, and income categories. The module on physical functioning identifies the extent to which respondents are able to care for themselves (e.g., bathe dress, eat, etc.) and are able to handle paying bills, going to the doctor, and grocery shopping, for example.

Reminder Cards

We will maintain contact with participants between waves. Researchers will send a card to the participants 6 months after each interview to remind them of their participation and the approximate time frame for the follow-up interview. A sample of the reminder card is in Appendix I. Two weeks prior to data collection at the second and third data collection points, the AAA will send a letter to the respondents notifying them of the upcoming interview. The letter will contain a toll-free number that they can call to schedule the telephone interview if they prefer to know the day and time of the interview in advance. The card will also ask for an address change and/or new telephone number, if applicable.

Obtaining Outcome Data from Non-locatable Respondents at Waves 2 and 3

We plan to model predictors of nursing home placement and time in the community with the longitudinal data using the Cox proportional hazards model or a similar approach. Therefore, it is important for the research team to collect information on the reasons why respondents drop out of the study after the baseline data collection and the time at which they stopped receiving services, especially the date of any permanent nursing home placement. We will use several methods to determine if a person is continuing to receive services or has exited, including the reasons why respondents drop out of the study. First, we will contact the AAA from which we sampled the respondent to determine the outcome. If the AAA does not

collect the information, we will ask them to consult the applicable service provider to ascertain the client’s current status. If that is unsuccessful, we will conduct an Internet search for the respondent using tools, such as LexisNexis. In the event that the first two methods do not yield sufficient information, we will contact the next of kin or contact person previously specified by the respondent. The interviewers will ask the contact person whether or not the respondent still receives the service. If the respondent no longer receives the service, the interviewer will ask for the reason, the date of the termination of the service, and the reason that the individual is no longer receiving the service (e.g., nursing home placement, mortality, moved to another location, other). A copy of the script is in Appendix J.

Quality Control Procedures

Westat has quality control procedures in place for every phase of the project. Interviewers participate in rigorous training that includes general interviewer training and project specific training. Trainers observe interviewers conducting practice interviews and they monitor interviewers during data collection. During data collection, data are checked to ensure that there are no outliers in the dataset. In addition, when questions are raised during an interview, interviewers complete a form explaining an ambiguous or inconsistent response. Researchers review the forms and make any necessary adjustments.

B.2.3 Sampling Plan

B.2.3.1 Sample Design

The sample design for the 12th survey will consist of two stages, with a sample of approximately 300 AAAs in the first stage and a sample of clients, by service type, from each selected AAA, in the second stage. This design is similar to that of the 3rd-11th surveys. The client sample sizes by service type are specified by ACL as follows:

- Caregiver Services 2,000
- Home Delivered Meals 1,000
- Congregate Meals 1,000
- Case Management Services 500
- Transportation Services 1,000
- Homemaker Services 500

As in the 3rd through 11th surveys, these sample sizes will permit the production of reliable estimates both at the national level and at the geographic regional or demographic sub-group level. If measures of change are longitudinal (based on repeated interviews with the same respondents), the figures in Table B-2 likely represent upper bounds on the margins of error for estimated differences.

For a two-stage design, Table B-1 presents the half-widths of the 95 percent confidence intervals (CI) for various sample sizes and for cross-sectional estimates of target characteristics of proportions ranging from 10 percent to 50 percent.⁸ The 50 percent target is a worst-case scenario, where respondents are expected to be fairly evenly split on a particular response item, limiting the reliability of the estimate (e.g., such as trying to predict the outcome of an election where the sample of voters is about evenly divided between two candidates). Also, the precision of any estimate greater than 50 percent is the same as that of its complement, i.e., the precision of a 70 percent estimate is the same as the precision of a 30 percent estimate. The numbers in the tables are half-widths of 95 percent CIs, (i.e., the estimate, \pm the half-width

⁸ This percent range refers to the client response patterns that may occur; for example, in a yes/no question, it refers to the expected percent of respondents who will answer yes, versus no.

is the CI, where half-width is 1.96 times the standard error (SE) of an estimate). For example, Table B-1 shows that for a sample of size 1,000, for a target characteristic of around 30 percent, the CI would be the estimate \pm 3.24 percent.

The table can be used to assess the adequacy of the sample sizes for both the national and the regional or sub-group level estimates. For example, if the sample size is 1,000 at the national level then the sixth row in Table B-1 would provide the precision of the estimates at the national level. From the same table, the precision of an estimate at the regional or sub-group level can be obtained by computing the sample size that is expected for a particular region. For instance, if the region covers 25 percent of the target population, then the sample size for that region is expected to be about 250 (out of 1,000) under a proportional allocation, and the precision of the estimates for that region can be checked from the row where the sample size equals 250 in Table B-1. Similarly, if a sub-group covers 10 percent of the target population then the expected sample size for that sub-group is 100 out of 1,000 and the precision of the estimates for that sub-group can be checked from the row with a sample size equal 100.

Table B-1 Half-widths of 95 percent confidence intervals by various sample sizes and estimates of target characteristics (computed for a two-stage design with a design effect of 1.30)

Sample size	Estimates of Target Characteristics				
	10 percent	20 percent	30 percent	40 percent	50 percent
3,500	1.13	1.51	1.73	1.85	1.89
3,000	1.22	1.63	1.87	2.00	2.04
2,500	1.34	1.79	2.05	2.19	2.23
2,000	1.50	2.00	2.29	2.45	2.50
1,500	1.73	2.31	2.64	2.83	2.89
1,000	2.12	2.83	3.24	3.46	3.53
750	2.45	3.26	3.74	4.00	4.08
500	3.00	4.00	4.58	4.90	5.00
400	3.35	4.47	5.12	5.47	5.59
300	3.87	5.16	5.91	6.32	6.45
250	4.24	5.65	6.48	6.92	7.07
200	4.74	6.32	7.24	7.74	7.90
100	6.70	8.94	10.24	10.95	11.17

The total size of the target population has a negligible impact on the requirement of the sample size. For example, if a sample size of 250 is required to produce an estimate at the national level, then to estimate the same characteristic for a particular region (with the same level of precision), the required sample size from that region alone would be about 250. If there are four regions, then the required sample size at the national level would be about 1,000 (to guarantee adequate representation in each group). Therefore, to meet the objective of the proposed survey (i.e., to produce estimates at the regional or sub-group level with the same level of precision as the national estimates obtained from previous studies), the required sample size for each target region or sub-group will have to be the same as the total sample size of the previous studies.

For instance, a question was asked in the first national survey about the timeliness of the delivery of meals and an estimated 44 percent of all clients reported that the meals arrived on time, all the time. This estimate was based on a sample of 472 clients and had a CI of \pm 5.2 percent. Table B-1 shows that to

achieve a CI of ± 5.2 percent for an estimate, with a proportion between 40 percent and 50 percent, a sample of size around 480 is required. That means if this estimate is required at the regional level with the same level of confidence as the national, then the sample size in each region will have to be 480 and hence the sample size at the national level will be $480 \times 4 = 1,920$. In that case, the CI for this estimate at the national level would be much more precise than for the region (little over ± 2.5 percent). Table B-1 can be used to see the precisions of the estimates that would be achieved at various levels using the expected sample sizes at the respective levels, and it can also be used to check the sample size requirement corresponding to a desired level of precision of an estimate.

It is important to note that if the population sizes in the sub-groups or regions vary widely, then the national sample must be allocated appropriately to produce estimates from all individual sub-groups/regions with an equal level of precision. Otherwise, under a proportionate allocation, larger sub-groups will have more than the required sample size while the smaller sub-groups will have less than the sample size required. For example, if the estimates are required separately for Whites and African-Americans, then just increasing the national sample would not ensure sufficient sample size for African-Americans, because less than 15 percent of recipients are African-Americans for many services. In this situation, the national sample can be disproportionately allocated by over-sampling smaller sub-groups to ensure that sufficient samples are drawn from all target sub-groups. However, over-sampling an ethnic or demographic group will require that agencies first list all their clients with the characteristic of interest and then select a sample from this list by sub-group (which may exceed the capacity of many AAA information systems).

B.2.3.2 Sample Size for Estimation of Change

If there is interest in comparing estimates from one year with another year (not longitudinally, though), or comparing estimates of one sub-group with another sub-group, the sample size requirements are different from those that show individual point estimates at the same level of precision. The standard error (SE) of the difference between two independent estimates (for example, A and B) can be obtained by

$$SE(A - B) = \sqrt{SE^2(A) + SE^2(B)}, \text{ and the half-width of the 95 percent CI is } 1.96 \times SE(A - B)$$

Since the variance of the estimate (of a difference between estimates) is the sum of the variances of the relevant individual estimates, the required sample size for estimating a difference or change is higher than for a single point estimate.⁹

Table B-2 presents half-widths of 95 percent CIs under a two-stage design for various sample sizes and various averages of the two estimates to be compared. For example, if the average of the two target characteristics to be compared is around 30 percent (for example, A=25 and B=35) and the sample size in each sub-group is 500, to detect a difference between the two sub-groups with statistical significance, the actual difference between the two sub-group characteristics will have to be at least 6.48 percent. This is much higher than the corresponding half-widths presented in Table B-1 for each of the individual estimates. That means a sample size that is sufficient to produce a reliable point estimate for each sub-group, individually, is not necessarily sufficient to detect the difference between the two sub-groups with the same level of precision.

⁹ For longitudinal analysis, where the same individuals are interviewed repeatedly, the estimates of precision can be smaller than what is shown in Table B-2 because responses of an individual are likely to be positively correlated, which could reduce the standard error of the difference.

Therefore, if the survey is designed for use at a region or sub-group level, then the corresponding national estimates can be compared meaningfully from one year to another, or for one service versus another (e.g., the percent of each service’s clients below a certain income level). For example, if the sample size is 1,000 in each year, and if the average response proportion for the two target characteristics is around 30 percent, then a difference of 4.58 percent or more between the years is detectable. The corresponding comparison with a sub-group sample of size 500, would not allow detecting a difference unless it is 6.48 percent or more.

Table B-2 can be used to see the extent of difference that can be detected under a two-stage design, for various sample sizes, and for various characteristics to be compared either at the national or at the sub-group level.

Table B-2 Half-widths of 95 percent confidence intervals for the difference between two estimates by various sample sizes and for various averages of the two estimates (computed for a two-stage design with a design effect of 1.30)

Sample size in each group	Average of the estimates to be compared				
	10 percent	20 percent	30 percent	40 percent	50 percent
3,500	1.60	2.14	2.45	2.62	2.67
3,000	1.73	2.31	2.64	2.83	2.89
2,500	1.90	2.53	2.90	3.10	3.16
2,000	2.12	2.83	3.24	3.46	3.53
1,500	2.45	3.26	3.74	4.00	4.08
1,000	3.00	4.00	4.58	4.90	5.00
750	3.46	4.62	5.29	5.65	5.77
500	4.24	5.65	6.48	6.92	7.07
400	4.74	6.32	7.24	7.74	7.90
300	5.47	7.30	8.36	8.94	9.12
250	6.00	8.00	9.16	9.79	9.99
200	6.70	8.94	10.24	10.95	11.17
100	9.48	12.64	14.48	15.48	15.80

Nonresponse adjustment was done as part of the weighting process for the previous surveys and will also be done for the 12th National Survey. The weights of the respondents were inflated to account for the weights of the nonrespondents separately for each service. The adjustment was applied independently within nonresponse adjustment groups defined by census region and size of the agencies. That means the nonrespondents within a group are represented by the respondents in the same group. The same types of nonresponse adjustment will be done for the 12th survey.

B.2.4 Older Americans Act Participant Survey Instruments

The survey consists of telephone interviews with service recipients and caregivers. The interview is structured and will contain specific questions about the mix of services the person has received and his or her assessment of those services. Whenever appropriate, questions will contain predefined categories. Probes will be used to facilitate obtaining complete responses to all the questions. The interviews of caregivers will not include the questions that ask for physical functioning (except health conditions and

ADL and IADL limitations of their care recipients) nor the Emotional Well-being and Social Functioning questionnaires. The interviews will last approximately 40 minutes and cover the topics discussed below. This is the same process followed for each of the previous surveys.

1. **Nutrition-Congregate Meals:** If a respondent receives Congregate Meals, they will be asked a short questionnaire based on the Congregate Meals survey, used for the first, second, fourth, fifth, sixth, seventh, and eighth national surveys, as well as POMP I through VI. This questionnaire asks how long they have been attending the congregate meals program; how often they eat at the site; when the last time was they ate at the site; to rate the program; and how much of their food intake the meal provides on the days they eat at the site.
2. **Nutrition-Home-delivered Meals:** If a respondent receives Home-delivered Meals, they will be administered a short questionnaire based on the Home-delivered Meals survey, used for the first, second, third, fourth, fifth, sixth, seventh, and eighth national surveys, and POMP I through VI. This questionnaire asks how long they have been receiving home-delivered meals; how often they receive home-delivered meals; when the last time was they received a meal; to rate the program; and how much of their food intake the meal provides on the days they receive home-delivered meals.
3. **Transportation:** All service recipients who use transportation services will be interviewed using this survey module. The module asks how long they have been using the transportation; how often they use it; when the last time was they used it; trip purpose; to rate the transportation service; and about the number of times the respondent uses the service. This module is based on the instrument used for the first through eighth surveys, and all six of the POMP surveys.
4. **Homemaker/Housekeeping:** Questions on the impact of homemaker services will be asked of respondents who receive homemaker or housekeeping services. These questions were used in the fourth, fifth, sixth, seventh, and eighth national survey and are based on the Housekeeping Service Module developed by the POMP VI grantees. Again, the set of questions is similar to those asked of the other services: how long respondents have been receiving homemaker services; how often they receive homemaker services; when the last time was they used the services; to rate the program; and if they can depend on their aides to do deliver the allotted services.
5. **Case Management:** Service recipients who receive case management services will be asked questions about their experiences with the program. They will be asked: how long they have been receiving the services; how they would rate the various aspects of the case management services (e.g. ease of contact with the case managers; if the case managers understand their needs, etc.); to rate the services overall and if they contribute to the decisions about their care. This module was used in the fourth through eighth national surveys and is based on the case management module developed by the POMP V grantees.
6. **Service List:** All service recipients will then be asked about the mix of services they receive and the impact of those services. They will also be asked to rate the services overall. This module is based on the service module used for the third through eighth, national surveys, with added questions from POMP VI.
7. **Physical Functioning:** This module will be asked of all service recipients (except Congregate Meals clients). This survey module will include questions on: Activity of Daily Living limitations (e.g., difficulty with personal care activities such as bathing and dressing) and Instrumental Activity of Daily Living limitations (e.g., difficulty with such home management activities as meal preparation, shopping, and housekeeping). Questions about the respondents' health are also being asked, to help with assessing the frailty of the clients served by OAA services. Caregivers will be asked these questions about their care recipients.
8. **Emotional well-being:** This six-question module will be asked of all participants in the surveys,

except caregivers. The questions ask if the respondent has felt sad or depressed, worried or tense, and if they feel that they did not get enough rest, within the last thirty days. They are also asked to describe their overall emotional well-being by responding to a close-ended question (i.e., “Would you say...Excellent, Very Good, Good, Fair, or Poor?”).

9. **Social Functioning:** All service recipients will be asked four questions from the Social Functioning Survey. These questions ask if the respondent feels his or her social life is adequate and if health concerns have interfered with the ability to participate in social activities.
10. **National Family Caregiver Support Program Assessment:** Caregivers who receive caregiver support services through the National Family Caregiver Support Program will be surveyed as part of the 12th NSOAAP. This module has questions on services offered to caregivers through the National Family Caregiver Support Program, and the impact of those services. There are also questions about services the care recipient receives and satisfaction with and impact of those services; support the caregiver receives, either as part of a formal support group or from other relatives and friends; and what kinds of other information the caregiver would find valuable. The survey asks about the type of help the caregiver provides for the care recipient, the amount of time they provide care, benefits caregiving provides them (companionship, a sense of accomplishment, etc.), drawbacks of caregiving (financial burdens, lack of private time, etc.), and demographic and health information on the care recipient. Three of the questions for this module were adapted from an AARP survey, *Caregiving in the U.S.*¹⁰
11. **Demographic information of the respondent:** Demographic information about the respondent will be collected, including type of area of residence (urban, suburban, or rural), Zip Code, education level, race, gender, living arrangements (living alone, with spouse, or with others), and income level. This module will be administered to all participants. The caregiver survey already includes some demographic questions about the care recipient, but the demographic information on the caregiver will be gathered using this demographic module.

The NSOAAP is not duplicative of other survey efforts because there is no other representative survey of Older Americans Act participants; however, many of the national survey questions come from such commonly used vehicles as the Survey of Income and Program Participation (SIPP), (e.g., the ADL and IADL questions), the Behavioral Risk Factor Surveillance System (BRFSS) surveys conducted within each state using HHS/CDC standard questions, and other existing surveys. A benefit of using these standard questions is the ability for researchers to compare the clients in the OAA programs to a more broadly representative population of older adults and caregivers. These are virtually the same instruments used for the previous eight national surveys as well.

B.3 Methods to Maximize Response Rates and Deal with Nonresponse

Procedures for Eliciting Cooperation and Maximizing Response Rates among AAAs

The contractor will use the same procedure to select respondents for the 12th National Survey of OAA Participants as it did in the previous four surveys, which proved very successful. As part of the recruitment procedures, Westat initially contacts the AAAs by sending an introductory letter from ACL and an information package about the survey via Federal Express. A copy of these materials is also sent to each State Unit on Aging that had AAAs sampled for the survey. (See Appendices D and E for the letter

¹⁰ National Alliance for Caregiving and AARP (2004, April). *Caregiving in the U.S. Appendix C*, pp. 16-17 retrieved from AARP Web site: http://assets.aarp.org/rgcenter/il/us_caregiving.pdf

sent to the States and introductory letter and information package sent to the AAAs.) Following up by telephone and email, the Westat research team works closely with each participating AAA to generate numbered lists of clients (using client ID numbers) by service for the client sample frame. The research team uses the numbered lists of client ID numbers for the random selection of the respondents to be interviewed. To complete the random sampling process, research team members enter the total numbers of participants by service into a computer sampling program. The sampling program randomly selects line numbers from the numbered lists of clients. The number of clients to select per service is already entered into the program and is based on the size of the agency. Westat informs the AAAs of the selected line numbers. The AAAs then provide the participant names and telephone numbers associated with those line numbers to Westat.

Westat research assistants serving as recruitment specialists will encourage the participation of all selected agencies by establishing rapport with contacts within each agency, coaching them on how to generate their client lists, and assuring them that the time involved for them to complete the participant selection procedures will be minimal. For agencies that refuse to participate, Westat will send them a refusal conversion letter (already developed for the previous five surveys), and call them one more time to try to gain their cooperation. Once an agency refuses a second time, Westat will not try to contact them again. For the Evaluation of Independent Living Programs (an OMB-approved national study for the Rehabilitation Services Administration under the Office of Special Education and Rehabilitative Services, U.S. Department of Education), and for the eight previous ACL/AoA National Surveys, Westat research assistants called the original agencies, sent e-mails, and/or faxes, and resent recruitment packages via FedEx. Westat will use the same techniques to gain cooperation for the 12th survey. Additionally, to promote agency participation, we plan to gain the endorsement and support of the National Association of Area Agencies on Aging (N4A), as well as the National Association of States United for Aging and Disabilities (NASUAD).

To reduce the burden for the AAAs, Westat works with software vendors of commercial client tracking software programs commonly used by AAAs to develop step-by-step instructions for creating numbered lists of client ID numbers by service. By using agency-assigned client ID numbers to generate numbered lists of clients for the participant sample frame, Westat is able to screen the lists for duplicate client entries. Additionally, the use of agency-assigned client ID numbers helps to decrease the amount of personally identifiable client contact information collected by Westat during the survey.

Numbered lists will be developed for the following services: home delivered meals, congregate meals, transportation, case management, and homemaker services, as well as caregivers who are served by the National Family Caregiver Support Program.

To ensure a high participant response rate, each AAA will send participants who are eligible for the telephone survey a letter before they are contacted by an interviewer. Westat also offers the AAAs the option of sending the client notification letters for them. The letters will be on each AAA's letterhead, as was the pre-contact letter for the first eight surveys. Westat will attempt to contact participants at different times of the day and different days of the week to maximize the possibility of contact. Westat is also experienced in refusal conversion procedures, having achieved a refusal conversion rate of 40 percent for the earlier surveys.

Procedures for Maintaining Cooperation for the Second and Third data Collection Points

As described above, we will send reminder cards to the respondents 6 months after each data collection wave. Whenever reminder cards have been returned, a researcher will contact the next of kin or contact

person and follow the procedures discussed in Section B2.2.2.

Tracing

Tracing is an important strategy for achieving good response rates at all three data collection points. At baseline, we will trace potential respondents who are unreachable by first verifying the address with the AAA contact and then searching web-based directories.

At the second and third data collection points, we will use the same methods as described for the baseline. If those methods do not produce information about the non-locatable respondents, we will call the next of kin or contact person identified by the respondent. The interviewer will administer four questions to determine the respondent's outcome, which is necessary to model factors associated with remaining in the community and time to event (e.g., nursing home placement, mortality, remaining in the community). Please see Appendix J for the telephone script that contains the questions about outcomes.

B. 4 Tests of Procedures or Methods to Be Undertaken

As discussed in earlier sections, the individual service modules and the modules on physical functioning, quality of life, and demographics have all been field tested and validated by the POMP participants. For example, for each module, the POMP grantees drew samples of service recipients, administered the modules, and analyzed the data. The POMP grantees revised the items on the modules based on the results of the field tests and validity studies.

The majority of the items on the survey instrument for the 12th National Survey are from the previous survey instruments. Over the years, several items have been removed from the survey instrument because of ambiguity of the wording or in cases where the results of the item showed no variation across response options.

B.5 Individuals Consulted on Statistical Aspects and Individuals Collecting and/or Analyzing Data

The use of statistical sampling methods is critical to this survey. Under the supervision of AoA, Westat is responsible for selecting the sample, conducting the interviews, data weighting, and data analysis. Below are the names and contact information of individuals responsible for the statistical aspects of the study and individual collection and/or analysis of the data.

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