

Application for Data Collection

National Longitudinal Survey of Older Americans Act Participants: Supporting Statement



February 6, 2018

Supporting Statement B

B. Collection of Information Employing Statistical Methods

B.1 Respondent Universe and Sampling Methods

Introduction

This Paperwork Reduction Act (PRA) request is to conduct cognitive testing for an updated survey instrument and a three-year longitudinal survey of OAA service recipients. It is important to note that the 14th survey will serve as the baseline for the longitudinal survey with additional data collection at the second and third anniversaries of the baseline data collection.

The following sections discuss the respondent universe and sampling methods.

Cognitive Testing

For the cognitive testing, we will employ a convenience sample of 20 respondents per each of the six services for a total sample size of 120 clients.

Baseline Respondent Universe for the NLSOAAP

For the baseline survey, we will employ a two-stage sample design for the baseline National Longitudinal Survey of Older Americans Act Participants (NLSOAAP). For the first stage of the sample design, we will select a probability sample of AAAs proportional to size (PPS), where the size measure is the individual AAA's total annual budget. When selecting AAAs for the baseline survey, Westat will select a sample of AAAs large enough to recruit approximately 300 Area Agencies on Aging, which is about 48 percent of the total number of AAAs (629). The largest AAAs by size measure will be selected with certainty. The second stage is the selection of a random sample of service recipients by service type within each sampled AAA. By sampling 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 6,600 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 baseline NLSOAAP.

Exhibit B-1. Respondent Universe

Service Recipient Survey		
PERFORMANCE MEASURES	INDICATOR	TARGET POPULATION OF PARTICIPANTS
National Family Caregiver Support Program Module	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
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.
Emotional Well-Being	Questions on mood and affect commonly used in surveys of the elderly.	Service recipients, with the exception of Caregivers.
Social Functioning	Degree of satisfaction with social activity and of health effects on social activities.	Service recipients, with the exception except Caregivers.
USDA Food Security	Questions about available of money to buy food.	Service recipients, except Caregivers
Falls	Questions about instance of falls and worry about falling. ¹	Service recipients and Caregivers.

¹ This data collection is separate from the data collection for the Falls Prevention Program from ACL's Administration on Aging. The data collection for the Falls Prevention Program is to assess program effects, whereas the NLSOAP data collection about "falls" is to gain a better understanding of the day to day experience that clients have regarding falls.

Life Changes	Questions about any life changes that may have occurred to motivate clients to contact the AAA.	Service recipients and Caregivers.
Social Integration	Questions about the degree service recipients feel left out.	Service recipients and Caregivers.
Demographic Information Module	Demographic Information	Service recipients and Caregivers.

Response Rates from other National Surveys of Older Americans Act Participants

The baseline data collection for the National Longitudinal Survey of Older Americans Act Participants is the 14th time this type of survey will be conducted. This OMB approved survey (0985-0014, 0985-0017, 0985-0020, 0985-0023) was done in 2003, 2004, 2005, 2008, 2009, 2011, 2012, 2013, 2014, 2015, 2016, and 2017, and another will occur in 2018. 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 achieved with the preceding surveys.

B.2 Procedures for the Collection of Information

B.2.1 Data Collection Procedures for the Cognitive Testing

Section A.3.1 describes the recruitment procedures for the cognitive testing. The contractor will contact AAAs that were not selected to be part of the 12th NSOAAP to recruit participants. Cognitive testing does not require a random sample of participants because respondents' answers to the survey questions are not analyzed. Therefore, approximately six AAA directors will be asked to nominate at least 20 clients (by the six services) to participate in the cognitive testing. Once the contractor receives the clients' names, research assistants will send a recruitment letter to each of the selected individuals. A copy of the recruitment letter is in Appendix C.

Approximately one week following receipt of the letter, an interviewer will contact the selected individuals by telephone. The interviewer will administer the survey questions relevant to the services the respondent receives. Once the interviewer administers a question, she will ask probes (only for selected survey items). Examples of probes are:

- Can you tell me in your own words what that question was asking?
- What does the word [term] mean to you as it is used in this question?
- Tell me what you were thinking when I asked about this topic.
- How well does that question apply to you?
- How did you come up with that answer?

Additionally, when a respondent answers "don't know" or refuses to answer a question, the interviewer will probe for the participant's reaction to the question.

The cognitive interview will be audio recorded and note takers will listen to the tapes and record instances in which respondents had issues with

questions. Once all the notes have been recorded, analysts will compile the results by question. A final report will include the cognitive testing methodology and the results by service type and by cross-cutting module (e.g., additional services, USDA food security, falls)

B.2.2 Data Collection Procedures for the NLSOAAP

Several data collection activities will be conducted to support the longitudinal 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 to inform ACL/AoA on results of performance measures for state and community programs on aging under the Older Americans Act.

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 AAAs proportional to size (PPS), the size measure being the total annual budget of the AAA. Once an agency is selected, it will receive a Federal Express package that contains an introductory letter from ACL/AoA along with detailed instructions for the AAA (see Appendix D).² 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 to select the random sample of service recipients for each of the six services. In addition, detailed instructions will be provided specific to the client tracking software used by the AAA. Previous experience has enabled Westat, the contractor, to streamline the data collection procedures for the AAAs.

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.

Telephone Interview

² State units also receive a letter with a list of AAAs selected in the state (see Appendix D).

Interviewers participate in intensive training sessions prior to data collection and are monitored during data collection to ensure that protocol is properly followed. The training covers general interviewing techniques, topics specific to administering the 14th 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 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 will conduct the interview in Spanish.

At all three data collection points (baseline survey in 2019 and two follow-up waves of data collection in 2020 and 2021), 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 module (i.e., the module that focuses on the service for 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 H. 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.

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 when they stopped receiving services, especially the date of any permanent nursing home placement. When the respondent is not locatable at the second or third data collection point, a Westat interviewer will call the contact person provided at baseline and administer a short interview to determine the status to the respondent (e.g., changed phone number, moved, nursing home placement, or death). If respondents changed phone numbers then an interviewer will call the respondents and administer the survey instrument. If the contact person indicates that the respondent is no longer able to participate in the survey, the interviewer will administer a brief questionnaire about the participants' outcome.

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 baseline 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-13th surveys. The client sample sizes by service type, as specified by ACL/AoA, are as follows:

- Caregiver Services 2,200
- Home Delivered Meals 1,100
- Congregate Meals 1,100
- Case Management Services 550
- Transportation Services 1,100
- Homemaker Services 550

These sample sizes are 10 percent higher than in the previous NSOAPPs to account for attrition over the follow-up periods. The completed sample size 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.³ 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 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

³ 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.

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 sample size equal 100.

The total size of the target population of service clients has a negligible impact on the sample size requirement. 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 Census region (with the same level of precision), the required sample size from that Census 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 ± 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 (a 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. The table can also be used to check the sample size requirement corresponding to a desired level of precision of an estimate.

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

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 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, in the case of two independent samples the required sample size for estimating a difference or change is higher than for a single point estimate.⁴

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 in the case of independent samples. 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.

Therefore, if the survey is designed for use at a regional 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

⁴ 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.

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 baseline 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 14th 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 about themselves from the Physical Functioning, Emotional Well-being, and Social Functioning modules. 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. **National Family Caregiver Support Program Module:** Caregivers who receive caregiver support services through the National Family Caregiver Support Program will be surveyed as part of the baseline survey. 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.*⁵⁴
2. **Nutrition-Congregate Meals:** Respondents receiving Congregate Meals will be asked a short questionnaire based on the Congregate Meals survey, which has been updated based on the results of the cognitive testing. This questionnaire asks: how long they have been attending the congregate meals program; how often they eat at the site; when was the last time they ate at the site; to rate the quality of the program; and how much of their food intake the meal provides on the days they eat at the site.
3. **Nutrition-Home-delivered Meals:** Respondents receiving Home-delivered Meals, will be administered a short questionnaire based on the updated home-delivered meals survey. This questionnaire asks: how long they have been receiving home-delivered meals; how often they receive home-delivered meals; when was the last time they received a meal; to rate the quality of the program; and how much of their food intake the meal provides on the days they receive home-delivered meals.
4. **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 was the last time they used it; trip purpose; to rate the transportation service; and about the number of times the respondent uses the service.
5. **Case Management:** Service recipients who receive case management services will be asked questions about their experiences with the

⁵⁴ 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

program. They will be asked: how long they have been receiving the services; how they would rate the aspects of the case management services (e.g., ease of contact with the case managers; if the case managers understand their needs); to rate the quality of the services overall and if they contribute to the decisions about their care.

6. **Homemaker/Housekeeping:** Questions on the impact of homemaker services will be asked of respondents who receive homemaker or housekeeping services. The questions 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; the last time they used the services; to rate the quality of the program; and if they can depend on their aides to do deliver services.
7. **Additional Services List:** All service recipients will then be asked about the individual services they receive and the impact of those services. They will also be asked to rate the quality of the services overall.
8. **Physical Functioning:** This module will be asked of all service recipients (except Caregiver clients). This survey module will include questions on: activities of daily living limitations (e.g., difficulty with personal care activities such as bathing and dressing) and instrumental activities of daily Living limitations (e.g., difficulty with home management activities such as meal preparation, shopping, and housekeeping). Questions about the respondents' health are also asked to help assess the frailty of the clients served by OAA services. Caregivers will be asked these questions about their care recipients within the National Family Caregiver Support Program Module.
9. **Emotional Well-Being:** Participants in the surveys, except Caregivers, will respond to these six items. 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?").
10. **Social Functioning:** All service recipients, except Caregivers, will be asked four questions about social functioning. These questions ask about the adequacy of social interactions, and the interference of health concerns with participation in social activities.
11. **USDA Food Security Questions:** The USDA food security module contains three questions from the U.S. Household Food Security Survey Module: Six-Item Short Form, Economic Research Service, USDA. The questions cover whether the respondents had enough money to buy

food, could not afford to eat balanced meals, and had to cut the size of their meals or skip a meal because of lack of funds. All of the respondents with the exception of the caregivers respond to the USDA food security questions

12. **Falls:** The falls module contains four questions from the National Aging and Trends Study (NHATS) on respondents' experiences with falls. The questions ask about experience with falls, worry about falling, and limiting oneself because of worrying about falling. Interviewers administer the falls questions to all respondents.
13. **Life Changes:** The life events module has two questions. The first asks whether respondents experienced any life events, such as illness or death. If respondents answer affirmatively, the follow-up question asks: Did the event motivate them to seek services? Interviewers administer the life changes questions to all respondents.
14. **Social Integration:** The module contains three questions adapted from the UCLA Social Integration Scale and one question from the Health and Retirement Study (HRS). The questions from the UCLA scale ask about how often respondents feel a lack of companionship, feel left out, and feel isolated from others. Respondents are also asked how often they feel alone. Interviewers administer the social integrations questions to all respondents.
15. **Demographic Information:** Demographic information about the respondent will be collected, including urban, suburban, or rural classification, 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 about the caregiver will be gathered using this demographic module.

Many of the NLSOAAP survey questions come from nationally representative surveys such as the Survey of Income and Program Participation (SIPP), (e.g., the ADL and IADL questions), the National Health and Aging Trends Study, and the Health and Retirement Study.

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

Procedures for Eliciting Cooperation and Maximizing Response Rates among AAAs

The contractor will use the same procedure to select respondents for the baseline data collection as in previous NSOAAP surveys, which proved very successful. As part of the recruitment procedures, the contractor initially contacts the AAAs by sending an introductory letter from ACL/AoA and an information package about the survey via Federal Express. A copy of these materials is also sent to each state unit on aging (SUA) that had AAAs sampled for the survey. (See Appendices D and E for the letter sent to the States and the introductory letter and information package sent to the AAAs.) Following up by telephone and email, the contractor 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 contractor 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, the contractor 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. The contractor informs the AAAs of the selected line numbers. The AAAs then provide the participant names and telephone numbers associated with those line numbers to the contractor.

The contractor 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, the contractor will send them a refusal conversion letter (already developed for the previous national surveys), and call them one more time to try to gain their cooperation. Once an agency refuses a second time, the contractor will not try to contact it again. For the Evaluation of Independent Living Programs (an OMB-approved national study for the Department of Rehabilitation Services Administration Office of Special Education and Rehabilitative Services, U.S. Department of Education), and for the thirteen previous ACL/AoA National Surveys, the contractor research assistants called the original agencies, sent e-mails, and/or faxes, and resent recruitment packages via FedEx. The contractor will use the same procedures to gain cooperation for the **baseline** survey. Additionally, to promote agency participation, we plan to gain the endorsement and support of the National Association for 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, the contractor 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, the contractor 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 the contractor 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 the interviewer calls them. The contractor 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 prior surveys. The contractor will attempt to contact participants at different times of the day and different days of the week to maximize the possibility of contact. The contractor 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 I for the telephone script that contains the questions about outcome.

B.4 Tests of Procedures or Methods to Be Undertaken

The home-delivered meals and congregate meals underwent cognitive testing with nine clients each, in the Redesign – Phase I project. The results of the cognitive testing of the questions informed the revisions of the nutrition survey questions and the cross-cutting modules. During the Redesign- Phase II project, the contractor tested the caregiver questions, and relevant cross-cutting modules, with nine National Caregiver Support Program clients. The results of the cognitive testing informed the revisions of the caregiver survey questions.

Under this PRA request, the contractor will conduct cognitive testing of each service module with 20 clients who receive the particular service for a total of 120 clients. A team of interviewers will conduct the cognitive testing over the phone with a purposive sample of clients recruited from approximately six AAA. The interviews will be audiotaped. Coders will review the audiotapes and note issues for any of the questions. The notes will be reviewed and based on issues identified in the testing, the questions will be updated.

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 ACL, the contractor (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 collection and/or analysis of the data.

Administration for Community Living Personnel Responsible for Deliverables

Heather L. Menne, PhD
Social Science Analyst, Office of Performance and Evaluation
Center for Policy and Evaluation
Administration for Community Living
US Department of Health & Human Services
Washington, DC 20201

Telephone: 202-795-7733
Email: Heather.Menne@acl.hhs.gov

Westat Staff

Dwight Brock, Ph.D. – Role: statistician with responsibility for study design, development of the sampling plan, weighting, and data analysis
Senior Statistician

Westat
1600 Research Blvd.
Rockville, Maryland 20850
301-517-4026
DwightBrock@westat.com

Kathryn Engle – Role: Data collection supervisor
Telephone Operations Manager

Westat
1600 Research Blvd.
Rockville, Maryland 20850
301-610-4911
KathrynEngle@westat.com

Katie Hubbell - Role: Oversees systems staff members who samples and weights data, as well as prepare tables of results
Senior Systems Analyst

Westat
1600 Research Blvd.
Rockville, Maryland 20850
301-294-2020
KatieHubbell@westat.com

Robin Ritter – Role: Project Director
Senior Study Director

Westat
1600 Research Blvd.
Rockville, Maryland 20850
301-240-314-5804
RobinRitter@westat.com

Jacqueline Severynse – Role: Design of the sampling plan, weighting, and data analysis.

Senior Statistician
Westat
1600 Research Blvd.
Rockville, Maryland 20850
301-517-8058
JacquelineSeverynse@westat.com

