District of Columbia State Plan on Aging





2024-2027

DACL
DEPARTMENT OF AGING AND COMMUNITY LIVING
LIVE BOLDLY

WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Verification of Intent

The District of Columbia State Plan on Aging is hereby submitted for the District of Columbia for the period of October 1, 2023 through September 30, 2027. The plan includes all assurances and plans to be conducted by the District of Columbia Department of Aging and Community Living (DACL) under provisions of the Older Americans Act of 1965, as amended (the Act).

The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act and is primarily responsible for the coordination of all state activities related to the purposes of the Act. For example, DACL is responsible for the development of comprehensive and coordinated community-based systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

The Plan, accordingly, is hereby approved by the Mayor and constitutes authorization to proceed with activities under the Plan upon approval of the Assistant Secretary for Aging.

The State Plan on Aging is hereby submitted and has been developed in accordance with all federal statutory and regulatory requirements.

Charon P.W. Hines — August 17, 2023

Charon P.W. Hines
Director
Department of Aging and Community Living

Date

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

August 17, 2023

Muriel Bowser
Mayor
Government of the District of Columbia

Date

2024-2027 DC State Plan on Aging

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Dear Community Members:

I am honored to present you with the DC Department of Aging and Community Living's (DACL) 2024-2027 State Plan on Aging for the period of October 1, 2023 to September 30, 2027. This plan was created with significant community input and is designed specifically to serve the District of Columbia's older adults and adults with disabilities. Through listening sessions hosted across the city, DACL heard from over 400 residents and used the lessons learned to develop our goals and strategies. This plan will guide DACL's service delivery and program development for the next four years. It will serve as a benchmark for measuring our success and effectiveness in serving you.

As your new Director, it is my pleasure to serve you and this agency. I am a third-generation Washingtonian and believe the most important role I have held to date is the role of community servant. In my roles across DC Government, I have always strived to serve the very communities that have made me the woman I am today, and that same effort will continue in the critical role of DACL's Director.

We have all been through so much in the last three years as COVID-19 changed our city and lives, with many of these changes disproportionately affecting older adults, adults with disabilities, and communities of color. DACL has worked hard to adapt and serve you in new ways, and this plan details how we will continue to do that. We are committed to ensuring you can age in your community, and we are re-committing to important services like transportation and nutrition programs that will help DC's residents age and ***live boldly***. We also remain committed to listening to you. DACL knows you are the experts of your own lives and our programs will best serve you when they are informed by you.

To these ends, DACL is proposing five goals:

Goal 1: Educating Older Adults and Adults with Disabilities to Live and Age Well

Goal 2: Older Adults Remain Connected and Stay in the Community

Goal 3: Older Adults Have Increased Awareness of Programs and Can Easily Access Services

Goal 4: Increased Efficiency and Innovation to Best Meet Community's Needs

Goal 5: The District's Senior Service Network is Strong, Connected, and Engaged

We have made great strides in advancing the needs of older adults. I look forward to your continued partnership as we accomplish great things and continue our path to make Washington, DC a place where each resident can age and live boldly.

Sincerely,

Charon P.W. Hines

Charon P.W. Hines
Director
Department of Aging and Community Living

Executive Summary

Per the requirements of the Older Americans Act of 1965, the DC Department of Aging and Community Living (DACL) submits its State Plan on Aging (State Plan) to the U.S. Department of Health and Human Services, Administration for Community Living (ACL). This State Plan will cover FY2024-2027 and was developed following the guidance provided by ACL. DACL is prepared to continue serving older adults (age 60 and older), adults with disabilities (age 18 and older), and their caregivers. The needs of these groups are diverse and changing as new generations age. The agency is prepared to continue to meet these needs and innovate to keep Washington, DC at the forefront of aging and disability services.

Since the FY2019-2022 State Plan, DACL and the residents of Washington, D.C. have experienced significant changes and challenges. COVID-19 presented unique challenges for older adults and adults with disabilities, and many of these challenges remain. This State Plan shares DACL efforts throughout COVID-19 to quickly adapt and meet the needs of older adults and adults with disabilities during times of social isolation. While many of the COVID-era programs have been discontinued, DACL's Senior Service Network learned and grew from the program adaptations. Specifically, virtual programming has increased access to programs for all residents and especially residents who are homebound or face mobility challenges, as the FY2024-2027 State Plan shares.

In the last three years, DACL also restructured how the case management and nutrition assessment services are delivered, centralizing these services to be delivered directly through DACL. This has allowed DACL to streamline how the agency identifies an older adult's needs, sets mutually agreeable goals, develops a plan of action, and provides connection to long-term services and supports. DACL's goal is to ensure case management is a short-term support that leads to a long-term solution. DACL will ensure that essential functions are not interrupted, including but not limited to, home-delivered meals, emergency case management services, and transportation for medical needs during an emergency. DACL will continue to expand access to DACL's programs and services with virtual platforms that were developed during the pandemic to reach individuals with mobility and transportation barriers.

A key focus of the State Plan was to hear directly from residents of the District and include their priorities. DACL's Future of Aging listening project meaningfully engaged over 400 residents in conversations, focus groups, and surveys. The project heard from residents of various backgrounds and in all eight wards of the city. These discussions focused on hearing the community's priorities for gaps in services and barriers to accessing existing services. The results of this project are detailed in the State Plan.

Mission of the Department of Aging and Community Living

The mission of the Department of Aging and Community Living is to advocate, plan, implement, and monitor programs in health, education, and social services for older adults; to promote longevity, independence, dignity, and choice for aged District residents, District residents with disabilities regardless of age, and caregivers; to ensure the rights of older adults and their families, and prevent their abuse, neglect, and exploitation; to uphold the core values of service excellence, respect, compassion, integrity, and accountability; and to lead efforts to strengthen service delivery and capacity by engaging community stakeholders and partners to leverage resources.

Statutory Base

DACL serves as the State and Area Agency on Aging and is responsible for the administration of programs under the Older Americans Act. This responsibility includes the coordination and development of the State Plan on Aging to receive federal funding under the Older Americans Act, as amended.

D.C. Law 1-24, codified at D.C. Code §§ 7-501.01 *et seq.* and as amended, established the Office on Aging, now known as DACL, as the "single administrative unit, responsible to the Mayor, to administer the provisions of the Older Americans Act (P.L. 89-73, as amended), and such other programs as shall be delegated to it by the Mayor or the Council of the District of Columbia, and to promote the welfare of the aged." D.C. Code § 7-503.01(a). This law stated that the District of Columbia government "shall insure a full range of health, education, employment, and social services shall be available to the aged in the District of Columbia, and the planning and operation of such programs will be undertaken as a partnership of older citizens, families, community leaders, private agencies, and the District of Columbia government."

D.C. Law 1-24 also established the Commission on Aging, a 15-person citizen's advisory group that advises the DACL Director, the Mayor, the Council of the District of Columbia, and the public on the views and needs of older Washingtonians.

Services and Supports

The Department of Aging and Community Living administers the Older Americans Act (OAA) core services from Title III and Title VII—supportive services, nutrition, health promotion, caregiver support, and elder rights services—through the agency's Senior Service Network (SSN), which is comprised of 25 community-based organizations. DACL is committed to age-friendly policies that ensure that all DC residents are active, connected, healthy, engaged, and happy in their environment. Through OAA funds, DACL will continue providing greater access to person-centered and participant-driven services and programs that promote wellness and active aging, increased accessibility to technology and transportation that reduces social isolation, and resources that support our caregivers and the direct care workforce. DACL focuses on evidence-based programs, including but not limited to balance, strength, and fitness activities, tai chi for health benefits, and health coaches to manage hypertension. DACL grantees in the Senior Service Network provide Information, Referral and Assistance (IR&A), including information about DACL's State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) services. DACL's SHIP team provides annual training to DACL staff and grantees about SHIP and MIPPA to ensure that appropriate referrals are made for these services.

Federal Grants Under OAA in FY2022	
Title III	$ 7,028,813
Title VII	$ 123,058
NSIP	$ 857,316
Total	**$ 8,009,187**

DACL has services and supports organized in the following categories:

1. Customer Information, Assistance, and Outreach;
2. Home and Community-Based Supports; and
3. Nutrition Services.

Please refer to Attachment F for DACL's budget allocation narrative, Attachment G for a list of grantees, agency programs, and support services within our Senior Service Network, and Attachment H for an explanation of each category.

History and Service Utilization

In October 1975, the Council of the District of Columbia passed legislation establishing the DC Office on Aging (DCOA) and the DC Commission on Aging. Before that time, the majority of services for older adults in the District were handled through the Division of Services to the Aging within the Department of Human Services. DCOA was established by the Council to administer the provisions of the Older Americans Act (OAA) and to promote the welfare of persons age 60 and older. DCOA was designated by the Mayor as the State Unit and Area Agency on Aging with the mandate to plan, develop, and implement programs and services for residents age 60 and older.

In 2009, DCOA expanded its scope to include services for people with disabilities between ages 18 and 59, with the addition of the Aging and Disability Resource Center (ADRC). While this State Plan on Aging addresses needs of, and services for, adults with disabilities who are under age 60, DACL acknowledges that the Older Americans Act contains limitations on the use of OAA funds for individuals under age 60, and DACL will comply with those limitations. In 2019, the agency was renamed to the Department of Aging and Community Living (DACL), and the agency's scope of services was further expanded to include the prevention of abuse, neglect, and exploitation of adults through the addition of the Adult Protective Services team.

DACL funds and partners with its Senior Service Network, comprised of 25 community-based non-profit and private organizations, to operate 40 programs that help District residents live boldly at any age, stage, or ability. DACL's programs include community activities and events, nutrition and transportation services, healthcare and insurance counseling, and caregiver support resources. Additionally, DACL funds, through Title III, six Senior Wellness Centers (SWCs) across the city in Wards 1, 4, 5, 6, 7, and 8. These centers provide comprehensive programs that promote the health and wellness of District older adults, helping them to continue to age in place. The agency's capital budget includes $11.3 million to build the District's seventh Senior Wellness Center; the center will be in Ward 8's Fairlawn neighborhood and is scheduled to open in December 2024.

DACL's Fiscal Year 2023 operating budget is $66.4 million, which is comprised of $52.2 million in local funds and $14.2 million in federal funding. The agency has 127 full-time equivalent positions. In FY 2022, the agency received 32,386 calls for information, referral, and assistance, and many of these callers were then directed to agency and network resources.

Measure	FY22	FY21
Number of residents served by DACL's Medicaid Enrollment Staff	1902	2106
Number of residents receiving case management through Lead Agencies	886	2020
Number of residents receiving options counseling	3161	2506
Number of residents transitioned from an institutional setting to the Community	133	79
Number of residents receiving homemaker services	254	280
Number of residents receiving home adaptations	942	958
Number of residents receiving home-delivered meals	5530	8357
Number of residents attending community dining sites	3537	1826
Number of residents attending Senior Wellness Centers	2178	1589
Number of residents provided transportation to medical appointments	1272	1264
Number of residents provided transportation to social and recreational activities	1270	0

Note: These numbers are not additive as residents may have been served by more than one program.

District of Columbia State Plan on Aging Narrative

DACL's FY24-FY27 State Plan relied heavily on the input of community members, staff, service providers, and experts in the community. DACL's listening project, Future of Aging, collected community input by engaging over 400 community members in listening sessions across the city. Additionally, much has changed in the landscape of DACL's community since the previous State Plan. COVID-19 increased the agency's focus on technology, meeting the needs of socially isolated older adults, and virtual programming. DACL is committed to adapting and innovating to meet the changing needs of the District's older adults.

Federal and State Coordination

DACL's State Plan goals and objectives followed guidance from ACL on the focus areas for the State Plan, which are:

1. Older Americans Act (OAA) Core Programs
2. COVID-19
3. Equity
4. Expanding Access to Home and Community-Based Services (HCBS)
5. Caregiving

These areas of focus are strongly represented in DACL's current and planned work. The FY2024-FY2027 State Plan reflects the topic areas and the associated areas to address.

Result of Objectives from Previous FY2019-FY2022 State Plan on Aging

The agency previously focused on: strengthening programs; improving customer service; integrating community feedback; expanding outreach efforts; ensuring consistent quality service across all wards; and promoting healthy living. In 2020, like every jurisdiction, DACL had to rapidly adapt to meet the new and constantly changing needs of the District's residents. While this delayed some work outlined in the State Plan, DACL responded to the needs and continued to provide core services.

Highlights include:

- Bolstered the Connector Card program, which has helped over 2,000 older adults use the transportation of their choice to get to and from any destination in the city.
- Combated food insecurity among older adults and ensured a high quality of services by bringing the home-delivered meal program and home-delivered meal assessments into the agency in 2021. The agency also expanded the agency's home-delivered meal program to include meals delivered to older adults' doors and provide a connection to DACL nutritionists and programming designed for older adults with limited mobility.
- Introduced "Eat Well Live Better!" in partnership with a community-based organization to deliver more than 16,500 grocery boxes twice a month to almost 1,000 participants, along with individualized nutrition counseling and coordinated care.
- Changed the Supermarket Tax Credit to focus eligibility to areas most in need of grocery stores, expanded support to more fresh food retailers, and added community engagement requirements for grocers, which provided more than 162,000 residents with food access points within one mile of their homes.
- Expanded the Safe at Home program to allow participants to voluntarily participate in evidence-based balance and strength training classes, medication management, and vision screening offered virtually and in person to accommodate a variety of abilities with the goal of helping to prevent falls.
- Brought case management services into the agency to create a streamlined system.

- During COVID-19, quickly met the changing needs of the community to deliver more than 2 million meals to more than 6,600 older adults.
- During COVID-19, repurposed DACL staff and grantees to prevent social isolation and promote connectedness and well-being for older adults through virtual programming and provided regular reassurance calls to participants and reached over 10,000 older adults. DACL Senior Wellness Centers continue to provide virtual programming and now offer programming in virtual, in-person, and hybrid formats, enabling greater access to programs and opportunity for social interaction.
- During COVID-19, launched the Seniors Stay Cool pilot program, which repaired and replaced window air conditioning units and inoperable HVAC centralized units, making sure income-eligible seniors could stay home and stay cool during heat emergencies.
- DACL will spend the remaining of its American Rescue Plan Act (ARPA) funding on:

  -Supportive Services: DACL assists seniors with accessing resources and services, such as assistance with benefit applications and referrals to appropriate service providers. DACL also provides exercise classes, education health talks, and socialization services including calls and visits to check-in on seniors and reduce isolation.

  -Preventive Health: DACL provides evidence-based preventive health services at Senior Wellness Centers, including SAIL (Stay Active and Independent for Life), Bingocize, Matter of Balance, Tai Chi for Arthritis, and hypertension education.

  -Caregivers: DACL supports caregivers through case management, information and assistance, support groups, and training by the SSN.

  -Ombudsman Services: DACL educates and empowers individuals receiving long-term care services to understand and exercise their rights.

  -Adult Protective Services: DACL upgraded its APS database and intake system, increased services to address hoarding issues, and reassessed its policies and procedures.
- DACL also intends to expand the public health workforce in accordance with the guidance provided by ACL.

Needs Assessment for the FY2024-FY2027 State Plan on Aging

Future of Aging: Community Listening Project:

I. <u>Background</u>

As part of the development of the State Plan, DACL launched the Future of Aging project in 2022 with the goal of listening to and learning from the community in a meaningful way. The project conducted in-person listening sessions in all eight wards of DC as well as virtual sessions and, as a result, engaged over 400 older adults, adults with disabilities, and the people who care for them. The agency also engaged with community-based organizations, community leaders, and agency staff.

The project was driven by three strategic questions:

1. **Front Door:** How might we ensure older adults, adults with disabilities, and people who care for them can access information in a way they prefer and efficiently get enrolled in needed services?
2. **Agency Interconnectivity:** How might we build interconnectivity and collaboration across programs and services to better serve DACL clients?
3. **Strategic Outreach:** How might we center the perspectives of underserved older adults and adults with disabilities to introduce them to and engage them with DACL services?

With a focus on understanding the priorities of the community, Future of Aging utilized human-centered design principles, which acknowledges that the people experiencing the problems are the ones who best understand the solution. DACL engaged community members in three phases: 1) Listening to a diverse group of community members; 2) Having community members indicate which findings to prioritize; 3) Co-designing sessions with community members to create real solutions.

DACL would like to thank every community member who participated in Future of Aging. The perspectives and stories they shared provided incredible insight into how DACL can best serve the community.

II. Methodology

The Future of Aging team worked hard to ensure that community members with various needs could share their insights and that community members of diverse backgrounds were engaged. To do this, the team held workshops, small group feedback sessions, and individual interviews. The team conducted these sessions in person across the city, over video chat, and by phone. Additionally, every participant received a gift card to honor their time and insights.

In-person workshops occurred at Senior Wellness Centers, community dining sites, and libraries across the city. These workshops were advertised broadly and allowed the project to hear from older adults not already connected to agency services. The team also visited grocery stores to hear specifically from older adults not currently engaged with DACL.

The team also held numerous virtual conversations and conversations over the phone in order to hear from community members who were unable or did not prefer to meet in person for a variety of reasons. In addition, Future of Aging held in-person workshops in Spanish and Mandarin at community dining sites.

While the Future of Aging team worked hard to be inclusive, the team recognizes that the findings are not fully inclusive of the District's older adults and adults with disabilities, particularly those who may speak other languages than the three represented or who may be visually and/or hearing impaired. Listening to and engaging the community is a continued priority for the agency as this is an ongoing practice rather than only a one-time initiative.

III. Demographics of Participants

Every participant completed a demographic survey so the project could ensure representation from a diverse group of community members. All questions were optional and self-reported. The full demographic survey is included in Attachment E.

The project predominantly engaged older Black adults (79.3%) and older adults with lower incomes (75% of participants self-reported having incomes at 225% or less of the Federal Poverty Line). The demographic survey asked participants for their household size, providing different income brackets per household size.

Residents from every ward of the District participated.

76% of participants identified as female, 24% as male, and the project spoke to one nonbinary person and one transgender person. The project worked with local groups representing Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) and Same-Gender Loving (SGL) communities to engage more nonbinary and transgender older adults but with limited success. The team held specific listening workshops to engage older adults who are part of the LGBTQ+ and SGL communities to ensure the project heard their perspectives. The project heard from 20 older adults who are part of the LGBTQ+ and SGL communities, recognizing there may have been others who did not self-report this on the survey.

Most of the participants spoke English at home (87%). Of those who responded, 31 participants spoke Spanish or Spanish-English at home, and 12 spoke Chinese (predominantly Mandarin) at home. Other languages spoken at home include Farsi and Portuguese.

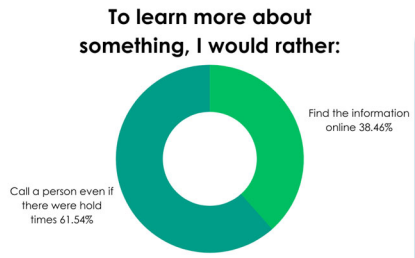
The survey also asked participants if they provide support or care for other adults and/or children at various levels:

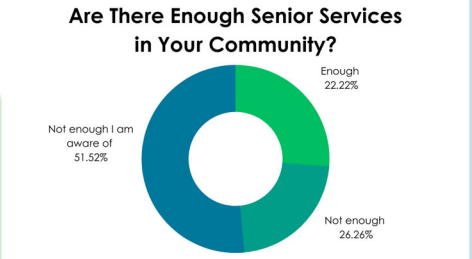
- 58% (209) reported that "I do not provide regular support or caregiving to another adult or child."
- 12% (42) reported that "I help an adult relative or friend on a regular basis with activities like paying bills, accessing the internet, running errands, etc."
- 8% (28) reported that "I provide daily care for an adult relative or friend. This may include preparing meals, helping with bathing, house cleaning, etc."
- 4% (16) reported that "I am the parent, legal guardian, or primary care provider to a child under 18."

> ***"Caregivers work extraordinarily hard and need emotional, medical, and financial support. We don't really realize how stressful and life altering the experience will be when we begin. Love and concern for the individual are the initial motivation but it does have detrimental effects, especially if caregiving is required for an extended period of time."*** **- Ward 3 Unpaid Caregiver**

IV. Findings:

Future of Aging heard many insights beyond the initial questions. Participants were gracious with their time and stories and shared many valuable things with DACL's team. Overall, the project served as a reminder that the agency serves a diverse community with varied backgrounds, needs, and preferences. This highlighted the importance of being strategic in how the agency reaches different populations, designs entry processes, and structures programs and services. During listening sessions, certain challenges and issues were heard consistently and from people across different demographics. These priorities were integral to developing the agency's Goals, Objectives, and Strategies for the next four years.





Awareness and Outreach

- **Awareness was consistently the biggest barrier to services:** When asked if there were enough services for older adults in the District, the majority of participants said, "Not enough that I am aware of." Participants regularly expressed a sentiment that they know there are more services in DC than in other jurisdictions but that they do not know everything that is available.
- **To reach older adults, the agency must employ diverse outreach methods:** An 81-year-old man told the team, "If I'm trying to find out if I'm eligible, giving me a phone number to call is a little frustrating because I would rather read the information than make a phone call. So maybe a link to another source." In another session, a 79-year-old man told the group, "I only communicate with phone calls, real phone calls." The project repeatedly heard this dichotomy, as older adults of all ages simply had different preferences than their peers. Adults over 60 are a diverse group of people who can be reached in a variety of ways, and as a service provider, DACL is prepared to match that diversity. Included in this State Plan are new ways to reach older adults and a continued commitment to listen and to be flexible to the preferences and needs of those we serve.

Technology

- **Investments in technology education remain important:** Older adults shared not wanting to or not being able to digitally access information and services for a variety of reasons. These included not being able to

access training in the appropriate language, not being able to afford devices and/or Wi-Fi, fear of scams when using the internet, or simply the preference for over-the-phone or in-person conversations. While it should not be assumed that all older adults prefer non-digital methods, those serving older adults must continue to provide information and services through various paths to truly meet the needs and preferences of older adults.

> ***[About technology] "I don't think it has to do with intelligence, it's that some of us don't have access or have the opportunity to be educated."***
>
> ***- 69-year-old Ward 7 resident***

- **Increase online and digital tools for older adults to access information:** A recent report from *Seniorly* ranked DC adults who are 65 years or older as the most tech-savvy in the country.[1] Service providers should leverage digital tools when providing information or designing applications to better capture a segment of tech-savvy older adults.

Transportation

- **Transportation is a significant concern and for older adults:** "I'm not losing my independence and transportation is key," an older adult shared with the project team. In session after session, older adults emphasized that reliable, safe, and affordable transportation is the key to accessing medical care, food, and social events.
- **Public Transportation:** Some participants rely heavily on public transportation. However, for other older adults, public transportation posed both logistical and safety issues. Older adults shared that the stations were dark, making them difficult to navigate with poor vision, and the stations are difficult to navigate with mobility issues.

- **Taxis and Ride Share:** Taxis and ride share apps offer a flexible and on-demand option for older adults, but as many shared, they are often too expensive to use regularly. A few participants shared concerns about taxis and ride-share apps. One participant noted that it can be very difficult to navigate with impaired vision as it is difficult to identify the driver and navigate the app. Another participant who was an unpaid caregiver shared that their parent was apprehensive about riding with strangers.

Social Isolation

- **Social isolation increased during COVID, and remains an issue:** Social isolation and loneliness were raised by older participants in two ways: 1) as part of getting older, and 2) as a remnant of the pandemic. Regardless of the reason, this remains a concern for older adults in the District.
- **Social isolation is part of getting older:** "Social isolation. It's a very youth-oriented culture. A lot of the older folks, once you hit [your] 60s, you're invisible. I think that's changing as the Gen Z and Millennial generation gets to 40," a 74-year-old participant shared with the project team. Other older adults described challenges in finding social events now that they have retired.
- **Social isolation is a particular challenge for the LGBTQ+ and SGL Communities:** LGBTQ+ and SGL older adults shared specific concerns and dynamics that lead to social isolation. In regards to LGBTQ+ and SGL older adults who have lost friends to HIV, a 74-year-old adult told the team, "You lose your sense of community... you are dealing with people who are frankly damaged." Another older adult shared, "If I wasn't conscious and aware of building a network of friends who were not LGBTQ and age peers, I would be isolated like most folks are. What has contributed to a lot of the gay men's social isolation [is that] they lost their peer network in the 80s and 90s." Additionally, the adults who are 65 years old and older in LGBTQ+ and SGL communities have higher rates of living alone (25%) compared to straight adults of the

same age (15%).[2] An older adult shared with the team, "In our community, among all of our people, there are those who have lived together, and when one passes away, one becomes isolated but also loses half of the income."

- **Social isolation is a longstanding effect of COVID:** Many older adults expressed remaining COVID-related concerns about being in public or in crowds. A 79-year-old woman told the team, "After the pandemic, I am still really uncomfortable with group activities." Another 75-year-old adult told the team, "A lot of people aren't participating in COVID stuff... if it's more than 4 people, that's a crowd, and I will not be there. Period." This sentiment was heard particularly by older adults in the LGBTQ+ and SGL community as well as older adults with an illness or those who care for someone with an illness.

Equity

To meet the specific needs of LGBTQ+ and SGL and Limited English Proficient (LEP) and Non-English Proficient (NEP) communities, the agency must listen and design programs accordingly.

In sessions with older LGBTQ+ and SGL adults, participants shared specific challenges for their community including:

- Financial insecurity: "Financial challenges, a lot of them [LGBTQ+ older adults] had been discriminated against in the workplace, their work history is somewhat sketchy jobs," a 74-year-old participant shared.
- Discrimination in health systems: "The thing I'm most worried about now is burning out of money...I was just denied long-term care insurance on Wednesday, the discrimination laws do not apply to health insurance," a transgender participant shared. A 63-year-old participant shared, "They say they won't ask any medical questions but the very first question is 'Do you have HIV?' Once you say yes, they don't want to give you insurance." A 75-year-old participant shared, "We are afraid of going into nursing homes and assisted living because we don't know how we'll be treated. Mistreated, harassed, financially exploited, sexually abused...what am I going to do when I become incapacitated?"

Conversations with Spanish and Mandarin-speaking adults provided valuable insights into common barriers experienced by NEP older adults, including:

- Discrimination when accessing services: "It's hard for people (Latinos) to get any kind of service because of their (immigration) status. Then you go to government places, and they treat you like trash. Like you're still stealing from them," a participant shared.
- Older NEP adults face challenges getting their needs met in the community: "When seniors [in the area] suffer from minor illness they can go to doctors that are nearby, but there are times when seniors require going to a specialist that is not located in the immediate area. Due to the language barrier, it is hard to locate and travel to the farther doctor's offices," translated from an 80-year-old Mandarin-speaking participant.

- Need for translation services: Older NEP adults requested translation services at places like ATMs and Metrorail Vending Machines: "She wants to increase Chinese-speaking services throughout DC. Most ATM machines in Chinatown have an option for directions in Chinese. Recently, the center helped lots of seniors apply for ConnectorCard and they got the card. The Metro station creates a barrier because seniors go to put more funds on their metro card, but there is no option for a Chinese translation," translated from a 73-year-old participant's response.

National Foundation to End Senior Hunger and George Washington University Nutrition Assessments:

In FY2022, DACL commissioned two reports to assess the level to which the agency's nutrition programs are serving those with the most need and to better understand food insecurity in the District.

The report commissioned from the National Foundation to End Senior Hunger (NFESH), "Accounting for the Rise in Senior Food Insecurity in the District of Columbia," included in Attachment J, reviewed the evolution of food insecurity in older adults in the District and examined trends on the leading socioeconomic risk factors of food insecurity. The report compared food insecurity rates in the District to rates in the country overall and in cities of comparable population size. Whereas the comparison cities saw rates of food insecurity in older adults trend down after the Great Recession in 2007-2009, the District rates of food insecurity in older adults increased in the decade after the Great Recession and remained high. The report concluded that "in recent years rising rates of poverty and near poverty, declines in the share of seniors who are married, and the rising share of seniors residing in rental housing account for about 60 percent of the food insecurity gap between District seniors and those nationally and in the narrower set of comparison cities." [3]

DACL also commissioned George Washington University (GWU) to conduct a review of the sociodemographic characteristics of participants in the agency's nutrition programs in 2019, 2020, and 2021, included in Attachment K.[4] This report provided the agency with an in-depth analysis of who is being served through nutrition programs. Comparing the two reports has allowed DACL to assess if the agency is serving the populations who may be most vulnerable to food insecurity per the report commissioned through NFESH.[5] Of the populations included in the GWU review, Table 1 shows the populations who are most vulnerable to food insecurity with the percentage being served by DACL:

Table 1

Vulnerable to food insecurity per 2023 NFESH Report	**Percent of 2021 participants in nutrition programming**
Older adults who are African American	87% of 2021 participants
Older adults with incomes below the federal poverty line	About 62% of 2021 participants
Older adults who are not married. *Note: GWU's report did not review marriage but if older adults lived alone, which the agency is using as a proxy.*	62% of 2021 participants lived alone
Older adults who are renters	60% of 2021 participants
Older adults living with a disability	62% of 2021 participants

DACL's FY2024-FY2027 plan continues ongoing and innovative investments in food security and nutrition equity. Additionally, the information from the commissioned reports will allow DACL to target outreach efforts.

State Plan Goal Development

The Future of Aging project revealed the following priorities of District seniors:

- Improve transportation benefits for seniors
- Advocate for public transportation to be more senior friendly
- Diversify classes and programs at senior centers to attract seniors of all backgrounds
- Increase awareness of Senior Wellness Centers
- Engage with seniors who are living alone
- Help seniors make more meaningful friendships in their community
- Set city-wide standards for senior-focused services and businesses
- Support people who care for or help seniors in any capacity

Based on the Future of Aging (FOA) findings and priorities, the NFESH report on food insecurity in the District and the George Washington University report on the participants of DACL's nutrition program, DACL developed the following State Plan goals:

Goal 1: Educating Older Adults and Adults with Disabilities to Live and Age Well

FOA participants reported common barriers to accessing services, particularly among vulnerable populations who desire targeted outreach and support to be engaged in these services. In addition, the NFESH and GWU reports revealed risk factors that contribute to food insecurity among older adults in the District. DACL is committed to educating our older adults on critical areas such as elder abuse, nutrition, health care and healthcare programs, customizing our outreach and programming to reach these populations and developing programming and services that meet their unique needs to live and age well in the District. DACL will continue to spread public awareness about Adult Protective Services, the Long-Term Care Ombudsman Program, and other resources to protect against elder abuse, neglect, and financial exploitation.

Goal 2: Older Adults and Adults with Disabilities Remain Connected and Stay in the Community

FOA participants reported social isolation, transportation, and caregiver challenges to remain connected and stay in the community. DACL heard about the need for providing safe, reliable, and affordable transportation options, engaging seniors who are living alone and desire to form more meaningful relationships, and supporting caregivers or those who help seniors in any capacity. Over the next four years, DACL is committed to expanding programming to combat social isolation, improving transportation access, and enhancing home and community-based services and caregiver support for older adults to remain connected and stay in the community. DACL supports a participant-directed and person-centered approach for older adults and their caregivers in home, community, and institutional settings. DACL will also strengthen and support caregivers and the direct care workforce by providing training and resources on best practices to care for our older adults.

Goal 3: Older Adults and Adults with Disabilities have Increased Awareness of Programs and Can Easily Access Services

FOA participants reported the need for increased awareness of DACL programs and requested easier access to services; many were unaware of senior services or believed there were not enough senior services in the District. The NFESH and GWU reports also demonstrated that DACL must increase awareness of its nutrition programs to address food insecurity and

nutrition equity. The reports will assist DACL to strategically engage those populations who may be vulnerable to food insecurity in the District. DACL is committed to increasing awareness of DACL programs and ensuring that seniors can easily access critical services, especially the Senior Wellness Centers and DACL's transportation, and nutrition programs, by developing new and diverse outreach methods to engage more seniors and reach vulnerable populations.

Goal 4: Increased Efficiency and Innovation to Best Meet Community's Needs

DACL welcomed the FOA feedback to understand the current and evolving needs of seniors and to respond to the community feedback on senior programs and priorities. For example, FOA participants expressed that most services within the District are not senior-friendly. With this, FOA recognized the need to establish city-wide standards for senior-focused services and businesses by working alongside other District agencies and external partners to ensure that seniors' needs are being met. DACL is committed to increasing the efficiency and innovation of our services by engaging with the community through a human centered design approach that recognizes that people who experience the problem or the service, has the solution and skill set to fix it. Through human-centered design, DACL is able to analyze both quantitative and qualitative data to streamline DACL services and developing new and innovative DACL programs. DACL will continue to build on this FOA experience and regularly engage seniors for feedback to best meet the community's needs.

Goal 5: The District's Senior Service Network is Strong, Connected, and Engaged

FOA participants conveyed the need for more awareness of and access to senior services, and DACL partners and funds its Senior Service Network (SSN), compromised of 25 community-based non-profit and private organizations that operate 40 programs, to provide these services through OAA funds. DACL is committed to providing training, facilitating collaboration and coordination, and supporting the SSN to ensure it is strong, connected, and engaged to inform our seniors and vulnerable populations about their services.

Local Demographics

Older adults in DC saw a similar population growth as the general population in the District, but less of a decline post-COVID (See Table 2). According to the D.C. Policy Center, younger adults (ages 25-34) left DC at higher rates during the pandemic, which may explain why the total DC population decline post-COVID was higher than that of residents over 60.[6]

Table 2

	Total DC population	Percent Change	Residents 60+	Percent Change
2021[7]	670,050	-5%	119,192	-1%
2019[8]	705,749	4%	120,007	6%
2016[9]	681,170	5%	113,644	7%
2013[10]	646,449		106,031	

However, the overall population of older adults is expected to continue to grow as the Baby Boomer generation, those born from 1946 to 1964, turn 65 and as life expectancies continue to increase.[11] According to the Administration for Community Living's "2020 Profile of Older Americans," by 2040, there are projected to be twice as many adults 65 and older (80.8 million) as there were in 2000. Additionally, the 85 and older population is expected to grow to 14.4 million in 2040, from 6.6 million in 2019.

The population of adults 60 and older grew in seven of the eight wards. While this does not account for how the redistricting of wards in 2022 may affect population numbers, the population of older residents grew in every ward except Ward 1. The most notable growth was in Ward 2, Ward 7, and Ward 8, where older residents grew by 24%, 24%, and 40%, respectively (See Chart 1 and Table 3). In contrast, the total population in other wards grew by far less.

Chart 1

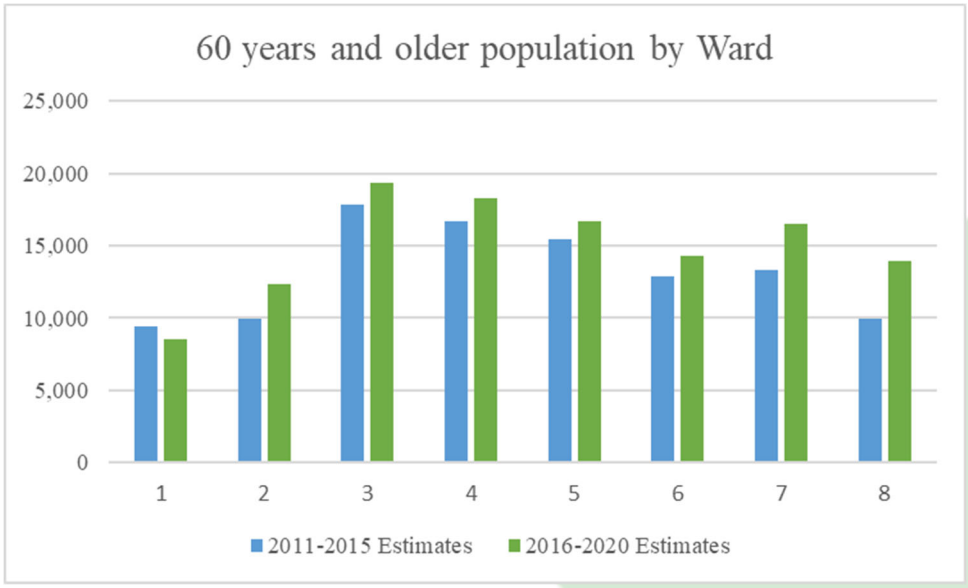


Table 3

	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
60 years and older, 2011 -2015	9,456	9,933	17,818	16,705	15,449	12,894	13,292	9,916
60 years and older, 2016 -2020	8,549	12,332	19,376	18,263	16,711	14,291	16,540	13,893
Percent change in population 60 and older	-10%	24%	9%	9%	8%	11%	24%	40%
Percent change in total population	3%	0.4%	2%	9%	12%	21%	15%	5%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates; U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

State Plan Quality Assurance

DACL maintains high standards for services to the community, and the agency is committed to the continuous quality improvement of all programs. For services delivered within the agency and through grantees, DACL collects relevant, timely, and reliable data to ensure compliance, inform decision making, evaluate program results and performance, and drive program improvements.

For services delivered through grantees, DACL leverages a team of grant monitors to track grantee-run program performance and hold grantees accountable to service standards set by the agency. DACL grant monitors meet frequently with grantees to review data and discuss programmatic trends, troubleshoot and problem solve issues, and ensure general grant compliance. Additionally, the agency leverages performance-based budgeting for all grants. For example, robust quarterly spend analyses are conducted to determine if additional funds should be added to a specific program, or if needed, moved from one program to another. DACL has developed service standards, performance goals, and outcome measures grantees are required to follow. Grantees are required to input data no more than five business days after services are delivered. Program analysts review reports and data monthly and assess programs against set standards and objectives that are in line with local and federal guidelines. When grantees may not be meeting performance measures, grant managers work with the organization and problem-solve. If needed, new suppliers for the programs are found.

Internally, supervisors monitor an array of measures on a regular, sometimes daily, basis. This allows for a quick response should a program be underperforming. DACL also works with organizations to conduct evaluations and population surveys to ensure DACL is serving the people who most need services effectively.

District of Columbia Department of Aging and Community Living's

Goals, Objectives, and Strategies

Goal 1: Educating Older Adults and Adults with Disabilities to Live and Age Well

Objective 1: Ensure residents are safe and protected against elder abuse, neglect, and financial exploitation.	
Strategy	**Description**
G1:O1:S1	Investigate instances of elder abuse, neglect, or exploitation on a timely basis. Deliver strengths-based and person-driven support to address needs. Enhance multi-disciplinary response by collaborating with the Long-Term Care Ombudsman Program, the Department of Behavioral Health and the Office of the Attorney General, when appropriate.
G1:O1:S2	Collaborate with community-based service providers to provide emergency funds for seniors experiencing elder abuse and neglect.
G1:O1:S3	Fund and improve legal assistance support through grantee partners to better reach the target population of adults most at risk
G1:O1 Outcomes	
• Short-term: Adults in potentially unsafe situations receive services and are protected from harm. • Intermediate: Risk of abuse, neglect, and exploitation is mitigated. • Long-term: Reduction in abuse of older adults.	
Objective 2: Increase nutrition security and equity through nutrition programs that increase positive health outcomes for participants.	
G1:O2:S1	Implement nutrition programming that addresses malnutrition by providing supplements to regular meals to people who have been identified as malnourished by a physician.
G1:O2:S2	Deliver virtual and in-person nutrition education as directed by agency nutritionists to sites throughout the city.
G1:O2:S3	Allow clients receiving home-delivered meals to select meals that reflect their cultural preferences and dietary and medical needs. Provide Community Dining Sites with meals from various cultures and that address dietary needs.
G1:O2:S4	Support nutrition knowledge, active living, and wellness outside of brick-and-mortar senior wellness centers by continuing to provide innovative health, wellness, and education classes at various community settings and virtual platforms.
G1:O2 Outcomes	
• Short-term: Clients' nutrition and health needs are met. • Intermediate: Clients experience more positive outcomes. • Long-term: Clients see reduced impact or instance of chronic disease, and clients experience overall improved health.	
Objective 3: Improve access to healthcare and healthcare programs to ensure older adults get needed services to live healthy lives.	
G1:O3:S1	Provide detailed information to community members on the Elderly and Persons with Physical Disabilities (EPD) waiver and non-waiver programs that are available to meet specific healthcare needs.

G1:O3:S2	Provide streamlined access to EPD waiver programs by assisting clients with application coordination and submission of applications or making the appropriate referrals.
G1:O3:S3	Continue local investments in Alzheimer's Disease and Related Dementias (ADRD) supportive services to ensure more residents with ADRDs can live longer and safer in their communities. Develop a coordinated service model that improves access and awareness of ADRD services to ADRD clients and their caregivers. These services include: Money Management; Dementia Navigator program, which provides assessment, education, and resource navigation to seniors experiencing ADRD and their care partners; and Club Memory, a stigma-free supportive social group for people with mild cognitive impairment or Alzheimer's disease and related dementias and their care partners.
G1:O3:S4	Disseminate information about Medicare fraud and abuse through general outreach channels, DACL Ambassador trainings, and partner organizations.
G1:O3:S5	Explore opportunities to develop programs focused on meeting the needs of older adults with HIV.
G1:O3:S6	Increase access to and awareness of screenings for fall-related traumatic brain injury (TBI) and other evidence-based strength, balance, health, and fitness programs and services within the SSN and Senior Wellness Centers.

G1:O3 Outcomes

- Short-term: Clients receive appropriate services in a timely manner.
- Intermediate: Clients can remain in the community and experience better health outcomes.
- Long-term: Reduced instances of Medicare fraud in the District.

Objective 4: Tailor programs to meet the individual needs of all older adults.

G1:O4:S1	Enhance and modify programs per recommendations from the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Advisory Committee.
G1:O4:S2	Expand programs serving older adults who are Asian American or Pacific Islander (AAPI), visually and/or hearing impaired, Limited English Proficient (LEP) and Non-English Proficient (NEP) populations, and those experiencing homelessness. Ensure these groups are represented in listening activities and that programs serving them are tailored to meet their needs.
G1:O4:S3	Expand programming for LGBTQ+ and Same-Gender Loving (SGL) older adults, including adding an LGBTQ+ and SGL-focused dining site and developing programming in each ward.

G1:O4 Outcomes

- Short-term: Clients who are traditionally underserved receive needed services.
- Long-term: Increased positive outcomes for residents.

Goal 1: Performance Measures

Measure	Description
G1: M1	Number of investigations opened by Adult Protective Services.
G1: M2	Number of older adults who were abused and/or neglected receiving emergency assistance funds.
G1: M3	Increase in the annual number of adults receiving nutrition services by 5% from 12,659 in FY22.
G1: M4	Increase the number of adults receiving nutrition assistance by enrolling at least 10% of eligible District seniors who are not currently receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

Goal 2: Older Adults Remain Connected and in the Community

Objective 1: Identify and expand programming for adults who are or are at risk of social isolation. Provide transportation and other needed supports to assist them to age in place and to age well.	
Strategy	**Description**
G2:O1:S1	Empower community partners to develop and provide community-based programs that identify adults who are socially isolated and implement supports and services to engage socially isolated seniors. Empower community partners to continue offering programming in virtual and hybrid formats that were developed during the pandemic to promote greater access to opportunities for social interaction.
G2:O1:S2	Provide free tablets and data services to qualified participants over 60 who are at risk of experiencing social isolation to engage in virtual events as DACL had offered during the pandemic. Provide on-demand, one-on-one, and group training sessions and a support call center. Hold events for participants focused on social engagement and nutrition.
G2:O1:S3	Provide and enhance current recreation and socialization activities through the agency's Senior Service Network and community partnerships with art organizations and providers to reduce isolation and increase engagement with the arts for older adults.
G2:O1:S4	Address suicide risk by collaborating with our sister agency, the Department of Behavioral Health (DBH) to empower Lead Agencies to combat social isolation and create hyperlocal programs to address social needs of seniors in their wards. In addition, work with DBH to train DACL social workers and case managers to escalate any concerns of suicide risk to DACL's Adult Protective Services unit.
G2:O1:S5	Overcome vaccine hesitancy and promote vaccination by working with community partners to identify and engage older adults who have not been vaccinated and recruit older adults to talk to family and friends about the benefits of vaccination.
G2:O1:S6	Partner with external stakeholders to increase access to affordable transportation options for older adults, adults with disabilities, and those who care for them.
G2:O1:S7	Coordinate with the Department of Employment Services and the Senior Community Service Employment Program to increase awareness about employment opportunities.
G2:O1 Outcomes:	
• Short-term: Increase in connectedness to resources, including transportation. • Long-term: Increase in program participant's technology skills and comfort in accessing services digitally.	
Objective 2: Promote independent living by increasing awareness of home and community-based services and fostering collaboration among external partners in the District.	
G2:O2:S1	Provide Home and Community-Based Services (HCBS) assistance by educating older adults about their eligibility and the enrollment in the Elderly and Persons with Physical Disabilities (EPD) Waiver program and State Plan Medicaid Adult Day Health Program (ADHP) enrollment.
G3:O2:S2	Partner with the Department of Healthcare Finance (DHCF), the state Medicaid agency, on the Money Follows the Person (MFP) program to transition residents from nursing facilities to home and community-based services.
G2:O2:S3	Collaborate with other DC government agencies to coordinate community-based care services for older adults currently residing in institutions or are at risk of institutionalization by participating in Olmstead Working Group meetings, tracking and reporting Olmstead performance metrics, and providing recommendations and revisions to future District-wide Olmstead Plans.

G2:O2 Outcomes:	
• Short-term: Older adults are empowered to make educated housing decisions. • Long-term: Reduction in the length of stays in long-term care facilities.	
Objective 3: Implement recommendations from the RAISE Family Caregiver Advisory Council	
G2:O3:S1	Increase available day-time support for unpaid caregivers through programming and supportive services at the new Joy Evans Therapeutic Recreation Center's caregivers suite, which is scheduled to open in 2024.
G2:O3:S2	Provide person-centered and participant-driven supports for unpaid caregivers in home, community, and institutional settings. Expand information, education, training, referrals, and care coordination for unpaid caregivers. Expand and enhance respite services.
G2:O3:S3	Strengthen community support for unpaid caregivers in the District through case management, best practices, and support groups.
G2:O3:S4	Continue renovating and expanding facilities in Ward 5, 7, and 8, areas that are predominantly African-American, providing a dedicated space for caregiver programming.
G2:O3:S5	Increase the availability of diverse counseling, training, peer support, and educational opportunities related to caregiver support through the Senior Service Network, the DC Ambassadors Program, National Technical Assistance Center on Grandfamilies and Kinship Families, DC Caregivers Institute, which is funded by the Older Americans Act, our sister agency's Children and Families Services Agency's (CFSA) Kinship Navigator Program, and other outreach efforts.
G2:O3:S6	Expand outreach to inform and educate caregivers about DACL caregiver supports, in accordance with the RAISE Family Caregiving Advisory Council recommendations, including respite services, through in-person and virtual methods, social media, and the Senior Service Network.
G2:O3:S7	Collaborate with DC Villages, in accordance with the recommendation of the RAISE Family Caregiving Advisory Council, to enhance outreach efforts and establish caregiver support groups. This collaboration will promote awareness, improve access, and increase utilization of DACL services, supports, and programs in each ward.
G2:O3:S8	Convene a working group that will examine the shortage of direct care workers and recommend solutions to strengthen and support the direct care workforce in the District.

G2:O3 Outcomes:	
• Short-term: Increased awareness and access to supports for unpaid caregivers. • Long-term: Reduced burnout and increased quality of life for unpaid caregivers.	
Goal 2: Performance Measures	
Measure	**Description**
G2: M1	Increase in the annual number of tablets distributed by 10% from the 944 distributed in FY22.
G2: M2	Increase in the number of adults receiving case management services by 10% from the 667 adults in FY22.
G2: M3	Increase in the annual number of adults receiving community-home transition services by 10% from the 133 who received services in FY22.
G2: M4	Increase in the annual number of respite hours provided to caregivers by 10% from 29,420 hours delivered in FY22.
G2: M5	Number of counseling hours provided to caregivers.
G2: M6	Number of support groups hosted for caregivers.
G2: M7	Increase the number of adults informed about DACL caregiving resources at outreach events in FY22.

Goal 3: Older Adults Have Increased Awareness of Programs and Can Easily Access Services

Objective 1: Increase strategic awareness efforts in the community.	
Strategy	**Description**
G3:O1:S1	Using learnings from listening activities, develop new outreach and awareness methods, including regular text message service and mailings.
G3:O1:S2	Prioritize awareness efforts for community members with the most in need or who are underserved per the agency's analysis.
G3:O1:S3	Continue to collaborate with the District's Office of Racial Equity and the Mayor's Office of Community Affairs, which oversees 13 community affairs offices serving the District's most vulnerable residents, to reach and engage the populations they serve.
G3:O1 Outcomes:	
• Short-term: Community members with the most in need have a greater awareness of the agency's programs and services. • Long-term: Community members receive more supportive services.	
Objective 2: Serve as an access point for services from public and private providers across the city.	
G3:O2:S1	Disseminate information related to supportive services provided by other District agencies - including transportation, assistive technology, home, and energy - through the agency's Information and Referral Assistance line and community outreach channels. Disseminate information about the DC Assistive Technology Program (DCATP) and the DCATP demonstration center across the Senior Service Network.
G3:O2:S2	Maintain a team of highly trained Information and Referral Assistance staff who provide excellent customer service and are knowledgeable and capable of providing timely, accurate, and quality information and assistance to older adults and their caregivers on programs and services.
G3:O2:S3	Connect grantee and community partners, including private organizations and other government agencies, to the appropriate resources to host outreach events and provide informational materials to adults who are in the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) and Same-Gender Loving (SGL) communities, Limited English Proficient (LEP) and Non-English Proficient (NEP) populations, visually and/or hearing impaired communities, Native Americans, or older men.
G3:O2 Outcomes:	
• Short-term: Community members are able to access information from multiple agencies in one location. • Intermediate: More enrollment into programs within underserved and hard-to-reach populations. • Long-term: Increased positive health and social outcomes for clients who received services.	

Objective 3: Grow the community's awareness of issues facing older adults and adults with disabilities.	
G3:O3:S1	Partner with grantee network to prepare, publish, and disseminate written, audio, and video materials pertaining to the health and economic welfare of older individuals.
G3:O3:S2	Prioritize outreach through flyers and forms of mass media advertisement to educate the community about the abuse, neglect, and exploitation of vulnerable adults.
G3:O3:S3	Through general outreach, DACL ambassador trainings, and a media campaign highlighting Adult Protective Services, provide information and train the community on identifying signs of elder and financial abuse and how to connect to appropriate community services.

G3:O3 Outcomes

- Short-term: Increased community awareness of abuse, neglect, and exploitation.
- Intermediate: More vulnerable adults are identified and receive services.
- Long-term: Elder abuse and exploitation is detected earlier and adults are in safe places.

Objective 4: Build Ambassador program and empower Ambassadors to raise awareness of programs in their community.	
G3:O4:S1	Develop an incentive program for DACL Ambassadors who complete initial ambassador training and subsequent additional trainings. Incentivize Ambassadors to volunteer at DACL events and to engage older adults around programs and services for seniors in DC.
G3:O4:S2	Develop a curriculum for DACL Ambassadors that is inclusive of the programs and services for DC older adults provided by the agency and partner organizations.

G3:O4 Outcomes

- Short-term: Increased awareness of senior services in the District.
- Long-term: More residents enrolled in services.

Goal 3: Performance Measures	
Measure	**Description**
G3: M1	Number of community outreach events by 5% from 179 events in FY22.
G3: M2	Increase the number of seniors served by reaching those who are currently not connected to DACL by 10% from 39,965 served in FY 2022.
G3: M3	Increase the annual number of DACL Ambassadors by 10% from 179 Ambassadors in FY22.

Goal 4: Increased Efficiency and Innovation to Best Meet Community's Needs

Objective 1: Use quantitative and qualitative data to drive new programs, program enhancements, and initiatives.	
Strategy	**Description**
G4:O1:S1	Utilize demographic data to target agency outreach and resources to appropriate DC populations, particularly underserved and hard-to-reach populations.
G4:O1:S2	Provide opportunities for staff to propose data-driven, innovative ideas to improve services. Cultivate a collaborative, problem-solving environment for all staff by encouraging ideas and recognition opportunities.
G4:O1:S3	Leverage data as a tool to innovate and pilot new programs and initiatives to better serve seniors and to iterate on and enhance existing programs.
G4:O1:S4	Collaborate with the District's Office of Planning and the Lab @ DC for data-driven approaches and methods to ensure that these populations are effectively receiving services in proportion to the Census data and address areas of improvement based on the data.

G4:O1 Outcomes

- Short-term: Community members with the most need have a greater awareness of the agency's programs and services.
- Long-term: DACL remains at the forefront of aging services and strives to meet the changing needs of the District's older adults.

Objective 2: Implement regular agency-wide practices to listen to community members and provide opportunities for community feedback on program and priorities.	
G4:O2:S1	Engage with community members throughout the year on a consistent basis to gather feedback on their priorities; ensure that older adults are engaged in the agency's annual budget formulation process.
G4:O2:S2	Ensure feedback is heard from underrepresented communities by collecting demographic data when engaging community members, comparing it to citywide data, and analyzing for missing groups.
G4:O2:S3	Engage staff members from each department in community listening activities.
G4:O2:S4	Establish regular internal processes to collect and integrate community input into the agency's programs, processes, and priorities.
G4:O2:S5	Prioritize client needs when reviewing program policies and processes. Provide opportunities for community feedback on policies and seek opportunities to adopt policies to ensure the policies meet client preferences and needs.
G4:O2:S6	Conduct outreach events, smaller focus groups, and individual surveys with participants at culturally focused dining sites that provide services in Spanish and Mandarin as well as Limited English Proficient (LEP)-focused senior centers and senior apartments, including Amharic, that have large LEP populations to determine the services needed and effectiveness of programs, policies, and services.

G4:O2 Outcomes	
• Short-term: DACL will understand the priorities of the community and the community's priorities will be at the forefront of decision-making. • Intermediate: Clients can more easily access services and programs. • Long-term: DACL's work better reflects and addresses the identified needs of the community.	
Objective 3: Launch innovative pilots, initiatives, and program enhancements that address community needs and accomplish agency goals.	
G4:O3:S1	Explore innovative nutrition and food access programs with partner organizations. Focus programs on addressing nutrition equity and food insecurity and increasing clients' ability to make educated and independent choices.
G4:O3:S2	Explore a standardized online universal membership application and intake process for seniors receiving services through our Senior Service Network. Implement individual center websites and/or direct hyperlinks to online services.
G4:O3:S3	Work with community organizations to identify rates of chronic disease, nutrition insecurity, and food insecurity in recipients of the agency's community meal programs. Develop new programming and services to address these needs.
G4:O3 Outcomes	
• Short term: Clients' nutrition and health needs are met. • Intermediate: Increase the use of online services, including program registrations, attendance, and virtual class enrollments. • Long-term: Clients see reduced impact or instance of chronic disease, and clients experience overall improved health.	
Goal 4: Performance Measures	
Measure	**Description**
G4: M1	Community member feedback received during the budget formulation process.
G4: M2	Number of recipients of new innovation projects or program enhancements.
G5: M3	Number of community members engaged in listening and feedback exercises.

Goal 5: The District's Senior Service Network is Strong, Connected, and Engaged

Objective 1: Provide training to ensure agency and network staff can meet diverse community needs and provide best practices in services.	
Strategy	**Description**
G5:O1:S1	Train DACL's Information and Referral Assistance team to uncover needs and provide or refer clients to services they may not have known about otherwise.
G5:O1:S2	Provide professional and customer service training to agency staff and professionals in the Senior Service Network to improve program service capacity and provide quality service delivery to program participants.
G5:O1:S3	Increase training opportunities that focus on trauma-informed care and knowledge to address mental health barriers.
G5:O1:S4	Provide annual training opportunities for DACL and grantee staff and ambassadors conducting outreach to these populations with the greatest economic and social need, including Language Access Act training.

G5:O1 Outcomes

- Short-term: Promote an inclusive environment for all staff and program participants and eliminate discriminatory encounters.
- Intermediate: Barriers to services are reduced and eventually removed.
- Long-term: Community members from all backgrounds feel welcomed in District services and have access to needed services.

Objective 2: Increase external collaborations to identify and address gaps, improve service delivery, and coordinate across the Senior Service Network.	
G5:O2:S1	Hold monthly coordination meetings with external partners to address gaps in services for community service clients, ensure continuity of care across providers, and discuss how to empower independence and self-determination for clients.
G5:O2:S2	Work with District agencies and community organizations to identify and address core barriers to food and nutrition access.
G5:O2:S3	Hold monthly coordination meetings with housing agencies from across the District.
G5:O2:S4	Continue to expand the engagement and collaboration from older residents, providers, advocates, and others through the DACL LGBTQ+ Advisory Committee to address the priorities and needs of LGBTQ+/SGL older adults.

G5:O2 Outcomes

- Short-term: Agency is quickly made aware of service gaps and challenges and can collaborate to find solutions
- Intermediate: Client issues are addressed in a timely manner.
- Long-term: Services are stronger and better connected to improve experience and outcomes for older adults.

Objective 3: Adopt data-driven practices across the Senior Service Network.	
G5:O3:S1	Develop and establish a strong data-driven culture amongst the Senior Services Network through key performance indicator data reporting requirements included in grant awards, providing technical trainings to grantees, and by promoting data-driven decision making in the agency's management of grantees.

G5:O3 Outcomes

- Short-term: Empower the agency to make more informed, evidence-based decisions.
- Long-term: Improved services are provided to the community.

Goal 5: Performance Measures	
Measure	**Description**
G5: M1	Number of service provider coordination meetings held.
G5: M2	Number of housing coordination meetings held.

Endnotes

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State Plan Guidance Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)

(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be—…

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual

adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

> (A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);
>
> (B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
>
> (C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)

(i)

(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C) (i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making

behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled

with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of

such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

(A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order…

July 21, 2023

Signature and Title of Authorized Official

Date

State Plan Guidance Attachment B INFORMATION REQUIREMENTS
IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)
Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

RESPONSE:

DACL will require that all programs providing OAA services comply with the assurances provided in this section and ensure that preference will be given to older individuals with the greatest economic and social need, including low-income minority older individuals and older individuals with limited English proficiency.

DACL will conduct an initial nutritional assessment through its Information, Referral, and Assistance (IR&A) line, State Health Insurance Assistance Program (SHIP), and Medicaid Services Enrollment (MES) Unit during the intake process and prioritize in assisting those in greatest economic and social need and may be at risk of food insecurity or malnutrition.

DACL grantees will be required to actively target their services for these populations, through their written agreements with DACL, as a condition of their funding.

DACL will also collaborate with the District's Office of Planning and the Lab for data-driven approaches and methods to ensure that DACL is effectively targeting services to these populations.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

RESPONSE:

DACL coordinates with DC's Department on Disability Services (DDS), which oversees the DC Assistive Technology Program (DCATP). DACL partners closely with DDS to disseminate information about DCATP across the Senior Service Network to reach and serve older individuals. DCATP also has a demonstration center where residents can visit and see the available services and technology. The center also provides virtual demonstrations of the technology.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

DC is a single planning and service area and does not have Area Agencies on Aging. However, as the State Unit on Aging, DACL maintains a Continuity of Operations Plan (COOP) that outlines DACL staff, grantee, and contractor responsibilities in the event of a localized, District-wide, or catastrophic disaster ("emergency") affecting DACL and its constituents, the Senior Service Network, or DACL services and programs. DACL's main role during and after an emergency is to supply information to vulnerable populations and to ensure that essential functions are not interrupted. Those essential functions include, at a minimum, ensuring that vulnerable adults continue to receive home-delivered meals, emergency case management, transportation to and from medical appointments, and distribution of emergency relief items that are supplied and maintained by other District agencies at designated sites. DACL requires each Lead Agency to submit a Continuity of Operations Plan (COOP) for their organization. Grantee roles and responsibilities are also outlined in the agency specific COOP.

Section 307(a)(2)

The plan shall provide that the State agency will —…

(C*) specify a <u>minimum proportion</u>* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

RESPONSE:

DC is a single service area and therefore does not allocate funds to area agencies on aging. DACL develops a budget mark for services and supports to be delivered in the community and uses population data when dividing funds across wards. The federal grants provided under Older Americans Act (OAA) are allocated by need, types of programs, size and impact of the program, and population. A minimum of 17% of funding will go to in-home services, a minimum of 10% of funding will go to access to services, and a minimum of 5% of funding will go to legal assistance.

Section 307(a)(3) The plan shall—

1. with respect to services for older individuals residing in rural areas—
    1. provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
    2. *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*
    3. *describe the methods used to meet the needs for such services in the fiscal year* preceding the first year to which such plan applies.

RESPONSE:
Does not apply to DACL.

Section 307(a)(10)
The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

RESPONSE:
Does not apply to DACL.

Section 307(a)(14)

1. The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
    1. *identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency*; and
    2. *describe the methods used to satisfy the service needs* of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

RESPONSE:
Of the estimated 116,418 older adults (age 60 and above) in the District, approximately 56.9 percent identify as African Americans. An estimated 14.7 percent of seniors are below the 100 percent federal poverty line level. An estimated 21,008 individuals aged 61 and older identify as non-white and have an income of $14,999 or below. Of these, an estimated 906 have limited English proficiency. An estimated 1,077 individuals aged 61 and older identify as Hispanic and have an income of $14,999 or below. Of these, 347 have limited English proficiency. Please refer to Attachment I titled “POPULATION 60 YEARS AND OLDER FROM 2017 TO 2021” for greater details.

DACL's programs actively serve older adults with low incomes. In FY23, DACL served 892 clients whose primary language is other than English and whose income was below the Federal Poverty Level. As reported in Attachment K, 62% of 2021 participants in DACL's nutrition programming had incomes below the federal poverty line. DACL also has specific initiatives that target the needs of older adults with low incomes. These include ConnectorCard, which provides subsidized transportation assistance on a sliding income scale and Food4Choice, which provides a monthly $125 food stipend to older adults with low incomes.

DACL also has two senior centers for older adults with limited English proficiency. One center provides services in Spanish at two different locations, and another provides services in Mandarin. DACL also has translation services for its call centers and provides outreach materials in multiple languages.

Finally, DACL's listening project Future of Aging substantively heard from older adults with low incomes – 75% of participants self-reported incomes at 225% of the Federal Poverty Line or below. The project also held listening sessions in Spanish and Mandarin to hear from older adults with limited English proficiency.

DACL uses Older Americans Act (OAA) funds to operate dining sites and Senior Wellness Centers, including dining sites and Senior Wellness Centers that serve minority older adults with limited English proficiency and older adults experiencing homelessness. DACL also uses OAA funds to support Legal Counsel for the Elderly, an organization that provides free legal services to older adults in need.

Finally, DACL's Lead Agencies receive OAA funds from DACL and provide nutrition and social isolation programming targeting low-income minority adults. DACL also has Lead Agencies focused on providing these services to populations with limited English proficiency.

Section 307(a)(21) The plan shall —
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

RESPONSE:
There is no identified Native American tribe or reservation in the District of Columbia and per 2021 US Census data, there are 103 older adults who identify as American Indian or Alaska Native (AIAN) in the District. DC includes AIAN older adults in its efforts to specifically reach older adults in minority populations with nutrition, social isolation, and caregiver services. Additionally, DACL's grantees have several initiatives to socialize through celebrating one's culture. One example is the Tell Your Story Socialization HUB, which has helped older adults trace their genealogy through Ancestry.com and celebrate ethnicity and diversity through cuisine. DACL also has provided trips and activities to educate and celebrate Native American culture and provides celebrations for National Native American Heritage month in November.

Section 307(a)(27)

1. The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
2. Such assessment may include—
    1. the projected change in the number of older individuals in the State;
    2. an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
    3. an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
    4. an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE:

DACL did not elect to do an assessment; however, the agency monitors community population and demographic changes to ensure it is best prepared to provide services at present and in future years. In addition to monitoring population and demographic trends, DACL directly engages with older adults in the District of Columbia through a host of different forums and listening sessions, including those specific to budget and grants and programming needs. DACL's most ambitious community engagement initiative – Future of Aging – resulted in over 400 community members being engaged and is helping the agency design its current and future programming model.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

RESPONSE:

DACL maintains a Continuity of Operations Plan (COOP) that outlines DACL staff, grantee, and contractor responsibilities in the event of a localized, District-wide, or catastrophic disaster ("emergency") affecting DACL and its constituents, the Senior Service Network, or DACL services and programs. DACL's main role during and after an emergency is to supply

information to vulnerable populations and to ensure that essential functions are not interrupted. Those essential functions include, at a minimum, ensuring that vulnerable adults continue to receive home-delivered meals, emergency case management, transportation to and from medical appointments, and distribution of emergency relief items that are supplied and maintained by other District agencies at designated sites. DACL coordinates closely with the District's Homeland Security and Emergency Management Agency (HSEMA) on the maintenance of the agency's COOP and emergency preparedness and management best practices.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

RESPONSE:
DACL is a supporting partner in the District's Preparedness Framework. The Director of DACL works with the Deputy Mayor of Health and Human Services—the primary entity on the District Recovery Steering Committee responsible for Health and Social Services Recovery Support Functions—to develop and review emergency preparedness plans in the District. The District Recovery Steering Committee is part of the District of Columbia's Homeland Security and Emergency Management Agency (HSEMA) governing structure for the District Preparedness System (DPS).

Section 705(a) ELIGIBILITY —
In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—. . .*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

1. *an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

DACL assures that it will establish programs in accordance with this chapter. DACL has funded the Legal Counsel for the Elderly (LCE) and the Office of the DC Long-Term Care (LTC) Ombudsman to provide legal assistance, advocacy, and support to seniors. DACL also has provided funds to assist vulnerable adults and prevent elder abuse throughout the Senior Service

Network, which is comprised of more than 25 community-based, non-profit, and private organizations that operate 40 programs in all eight wards in DC.

2. *an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

DACL assures that it will seek public input through regular community meetings and outreach, Senior Wellness Centers, the Senior Service Network, other District government agencies, the Commission on Aging, and other public forums and more to obtain the views of our older adult residents and other stakeholders about programs carried out under this subtitle.

3. *an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

DACL assures that it will identify and prioritize activities aimed at ensuring that older individuals have access to and assistance in securing and maintaining benefits and rights, including through DACL's information, referral, and assistance hotline, Adult Protective Services, Medicaid Enrollment Services, State Health Insurance Program (SHIP), Community Transition Program, Case Management, the Legal Counsel for the Elderly and Office of the DC Long-Term Care (LTC) Ombudsman, and close coordination with other District government agencies including but not limited to the D.C. Department of Health Care Finance and D.C. Department on Disability Services.

4. *an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

DACL assures that funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle to carry out vulnerable elder protection activities described in the chapter.

DACL provides oversight to the Office of the DC Long-Term Care (LTC) Ombudsman, which reports monthly to DACL about their activities and spending. The Office of the LTC Ombudsman includes advocating for residents and protecting their rights, providing education and training, and investigating, resolving, or referring complaints. DACL also receives monthly updates on its funding to assist vulnerable adults and prevent elder abuse, including abuse, exploitation, neglect, and self-neglect, through community partners in the Senior Service Network.

5. *an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

DACL assures that it will comply with the requirements outlined in this section for the designation of an Ombudsman in the District of Columbia.

6. *an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*
    1. *in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*
        1. *public education to identify and prevent elder abuse;*
        2. *receipt of reports of elder abuse;*
        3. *active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
        4. *referral of complaints to law enforcement or public protective service agencies if appropriate;*
    2. *the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
    3. *all information gathered in the course of receiving reports and making referrals shall remain confidential except—*
        1. *if all parties to such complaint consent in writing to the release of such information;*
        2. *if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
        3. *upon court order.*

RESPONSE:

DACL assures that its programs with respect to the prevention of elder abuse, neglect, and exploitation will comply with the requirements of this section and with relevant District of Columbia law. DACL regularly conducts public education, outreach, and trainings about the prevention of elder abuse, neglect, self-neglect, and exploitation and about Adult Protective Services (APS) throughout the community, other District government agencies, the Senior Service Network, and other stakeholders. DACL provides training on reporting requirements for mandated reporters and receives reports of alleged elder abuse, neglect, self-neglect, and exploitation 24 hours a day and 7 days a week through an APS hotline, which is publicized at community events, Senior Wellness Centers, and radio, social media, and other publications. DACL maintains the confidentiality of APS information when receiving reports and making referrals in compliance with this section and as authorized by D.C. Code § 7-1903. DACL provides case management services and referrals to other District government agencies and the Senior Service Network, if appropriate, with individual consent and respects the right to refuse services. APS may seek court intervention in obtaining a protection order or requesting guardianship or conservatorship for incapacitated adults in need of protective services.

State Plan Guidance Attachment C

INTRASTATE (IFF) FUNDING FORMULA REQUIREMENTS

Requirements Applicable to IFF Revisions:

OAA, Sec. 305(a)(2)(C)

"States shall,

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account-

(i) the geographical distribution of older individuals in the State; and

(ii) the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals."

OAA, Sec. 305(d)

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

The District of Columbia is single service area and not required to have an intrastate funding formula. DACL divides OAA funding in two ways: 1) fund citywide programs that serve specific needs, and 2) fund ward-specific programming through Lead Agencies, which are responsible for individual wards, and Senior Wellness Centers, which are in 6 of the 8 wards. The citywide programming provides services to people with limited English proficiency, the LGBTQ+ and SGL communities, and people with low incomes. These services include socialization programming, nutrition services, and legal assistance. Ward-specific funding is delivered through DACL's grantees and ensures older adults across the District can access services in their neighborhoods. These include congregate dining sites, counseling services, and socialization programming. Additionally, in funding for grantees, DACL requires them to detail how they will prioritize outreach and service to the following populations:

- Older adults in an ethnic or racial minority
- Older adults in LGBTQ+ or Same-Gender Loving communities

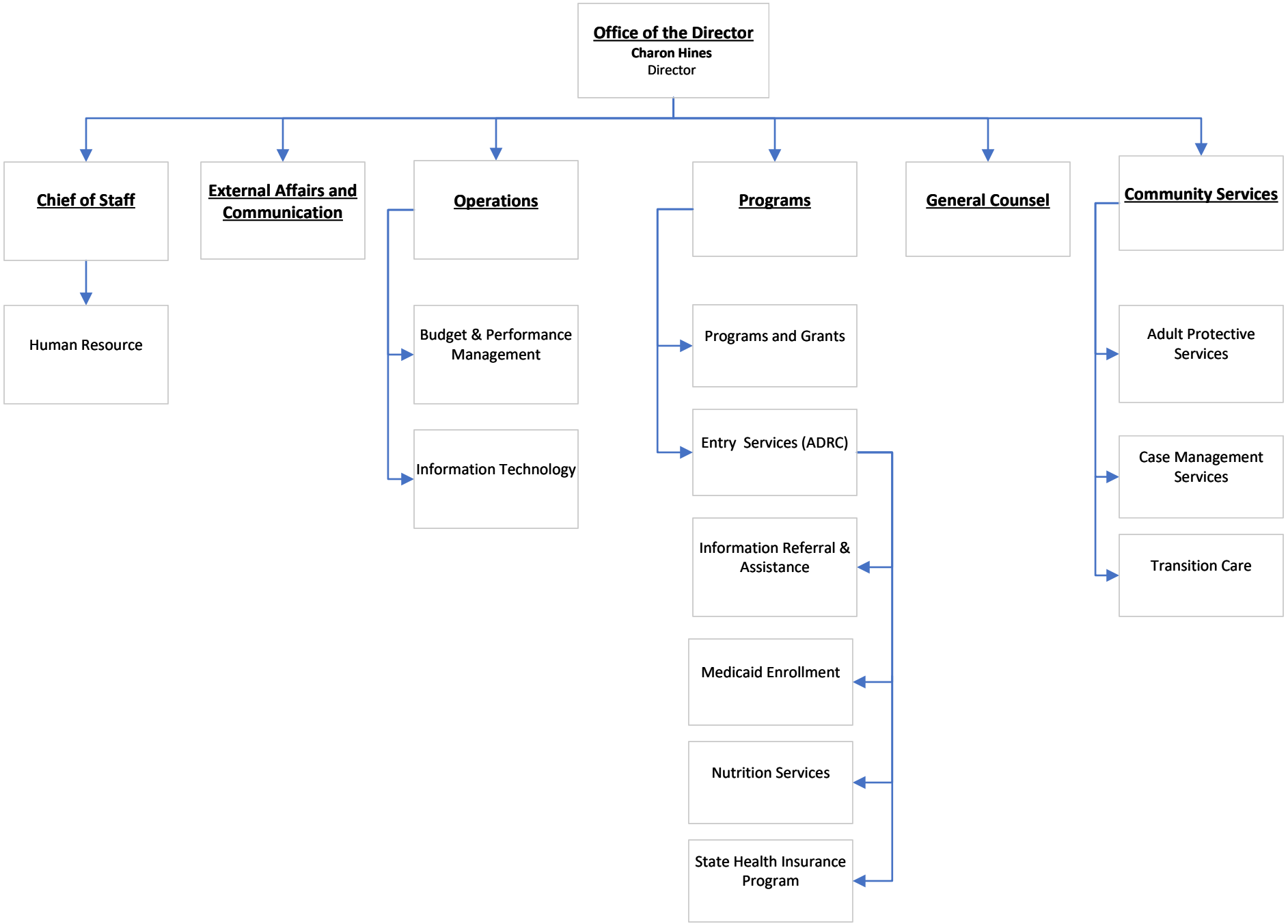
- Older adults living with a low income
- Older adults living alone

DACL reviews grant applications and grantee plans to ensure grantee's strategies will sufficiently serve vulnerable populations. Additionally, grantees report older adults served and including race and ethnicity and income. DACL currently divides fundings based on historic proportions of the population of older adults and the income level of older adults in specific wards. DACL is reviewing its fund allocation process and updating it according to demographical shifts in consultation with the District's Office of Planning and the Office of Racial Equity.

Attachment D

DEPARTMENT OF AGING AND COMMUNITY LIVING

ORGANIZATIONAL FUNCTIONAL CHART- June 2023



Attachment E

Needs Assessment: Future of Aging Listening Project

In 2022, the Department of Aging and Community Living (DACL) launched the Future of Aging project. The project focused on increasing accessibility and awareness of DACL's programming to adults age 60 and older, adults with disabilities, and the people who care for them. The project has since heard from over 400 residents in the District. The Future of Aging team is currently summarizing the research and testing new ideas that came from these conversations.

The Future of Aging Team asked brief and optional demographic questions to ensure the project heard from people of all backgrounds in the District. The results of this survey were kept confidential and only shared in the aggregate. Participants had the choice to opt-in to participate in future research. Participants also received a gift card to acknowledge their time and contribution. The Future of Aging team collected contact information for the sole purpose of delivering the gift card and following up with research opportunities if a participant opted in.

Future of Aging Participant Survey

Thank you for participating in Future of Aging! Your information will be kept confidential, and your name will not be used without explicit permission**.**

You will receive a gift card to thank you for your time once you complete this survey and the accompanying activity.

How the information will be used: We are collecting this information to demonstrate the demographical features of the people involved in this project. We will only report aggregated information and will never report individual-specific data.

The Future of Aging project is supported by the Department of Aging and Community Living (DACL). Participant information is held separately from any services or programs at DACL or other D.C. Government Agencies and does not impact program eligibility.

Name: _____

Year born: _____

What Gender are you:

_____ Female _____ Male _____ Nonbinary _____ Transgender _____ Prefer not to answer

Do you identify as part of the LGBTQ+ community? (Lesbian, Gay, Bisexual, Transgender, Queer)

_____ Yes _____ No _____ Prefer not to answer

Are you:

_____ Black/African American _____ Asian or Pacific Islander _____ White/Caucasian

_____ American Indian or Alaska Native _____ Two or More Races Other:_____

Are you of Hispanic, Latino, or Spanish origin?

_____ Yes _____ No _____ Prefer not to answer

What language do you primarily speak at home? _____

What Ward and Neighborhood do you live in?

Ward: _____

Neighborhood: _____

Which of these best describes your household income last year?

Household of 1	Household of 2	Household of 3	Household of 4+
☐ $17,000 or below	☐ $23,000 or below	☐ $29,000 or below	☐ $35,000 or below
☐ $18,000 - $31,000	☐ $24,000 - $42,000	☐ $30,000 - $52,000	☐ $36,000 - $63,000
☐ $32,000 - $55,000	☐ $43,000 - $74,000	☐ $53,000 - $93,000	☐ $64,000 - $111,000
☐ $56,000 - $75,000	☐ $75,000 - $90,000	☐ $94,000 - $160,000	☐ $112,000 - $193,000
☐ $76,000 +	☐ $91,000+	☐ $161,000 +	☐ $194,000 +

Which of the following best describe you (can select multiple):

_____I do not provide regular support or caregiving to another adult or child.

_____ I help an adult relative or friend on a regular basis with activities like paying bills, accessing the internet, running errands, etc.

_____ I provide daily care for an adult relative or friend. This may include preparing meals, helping with bathing, house cleaning, etc.

_____ I am the parent, legal guardian, or primary care provider to a child under 18.

Do you participate in or receive any services or benefits from D.C. Government?

_____ Yes _____ No _____ Prefer not to answer

If so, could you name the top three that are the most significant to you?

1.
2.
3.

Would you like to be part of other Future of Aging Activities? If so, what's the best way to reach you:

Phone Number:

Email Address:

What is Important to You?

After hearing from over 400 community members, the Future of Aging team wanted to know which key issues the community would like for DACL to prioritize. To do this, the team listed nine priorities that were brought up across the city from residents of varied backgrounds and took a survey allowing community members to vote for their top priorities. DACL delivered this survey in person at multiple events, over the phone, and through an online link. DACL has since used this information to inform programming and budgetary decisions.

What is Important to You? Survey

Are you taking this survey primarily as a:

_____ D.C. resident 60 years old or older

_____ D.C. resident under 60 years old

_____ Professional senior service provider

_____ DC Government Employee

_____ DACL Employee

_____ Prefer not to say

How involved are you in senior events and services?

_____ I consider myself to be heavily involved in the District's senior services and speak up for the needs of seniors

_____ I attend events for seniors or use senior services often

_____ I sometimes attend events for seniors or use senior services

_____ I rarely attend events for seniors or use senior services

_____ I have never attended an event for seniors or used senior services to my knowledge

_____ I don't know or I prefer not to say

What is the number one priority you want DACL to focus on?

_____ Improve **transportation benefits** for seniors

_____ Advocate for **public transportation to be more senior friendly**

_____ **Diversify classes and programs at senior centers** to attract seniors of all backgrounds

_____ Increase **awareness of Senior Wellness Centers**

_____ Engage with **seniors who are living alone**

_____ Help seniors **make more meaningful friendships** in their community

_____ Set **city-wide standards for senior-focused services** and businesses (E.g. senior housing, clinics, home health aids)

_____ Keep **seniors informed of their housing options** and how to plan for housing

_____ **Support people who care for or help seniors** in any capacity (E.g. unpaid caregivers, people who help neighbors or friends.)

What is the number two priority you want DACL to focus on?

_____ Improve **transportation benefits** for seniors

_____ Advocate for **public transportation to be more senior friendly**

_____ **Diversify classes and programs at senior centers** to attract seniors of all backgrounds

_____ Increase **awareness of Senior Wellness Centers**

_____ Engage with **seniors who are living alone**

_____ Help seniors **make more meaningful friendships** in their community

_____ Set **city-wide standards for senior-focused services** and businesses (E.g. senior housing, clinics, home health aids)

_____ Keep **seniors informed of their housing options** and how to plan for housing

_____ **Support people who care for or help seniors** in any capacity (E.g. unpaid caregivers, people who help neighbors or friends.)

What is the number three priority you want DACL to focus on?

_____ Improve **transportation benefits** for seniors

_____ Advocate for **public transportation to be more senior friendly**

_____ **Diversify classes and programs at senior centers** to attract seniors of all backgrounds

_____ Increase **awareness of Senior Wellness Centers**

_____ Engage with **seniors who are living alone**

_____ Help seniors **make more meaningful friendships** in their community

_____ Set **city-wide standards for senior-focused services** and businesses (E.g. senior housing, clinics, home health aids)

_____ Keep **seniors informed of their housing options** and how to plan for housing

_____ **Support people who care for or help seniors** in any capacity (E.g. unpaid caregivers, people who help neighbors or friends.)

Would you like to be part of other Future of Aging Activities? If so, what's the best way to reach you:

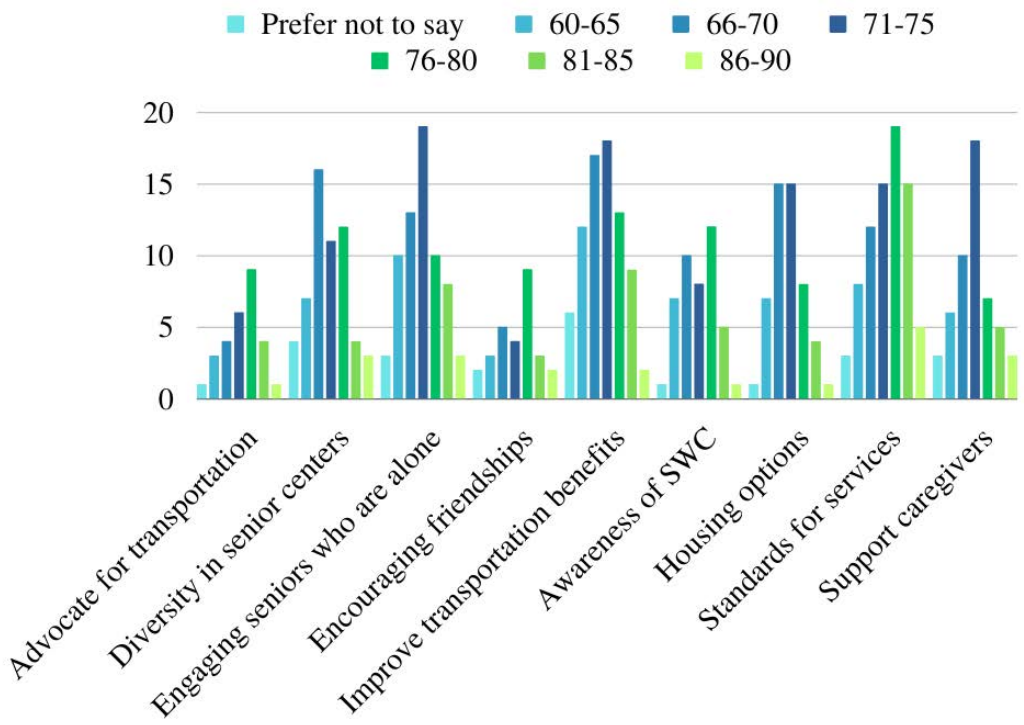
Phone Number:

Email Address:

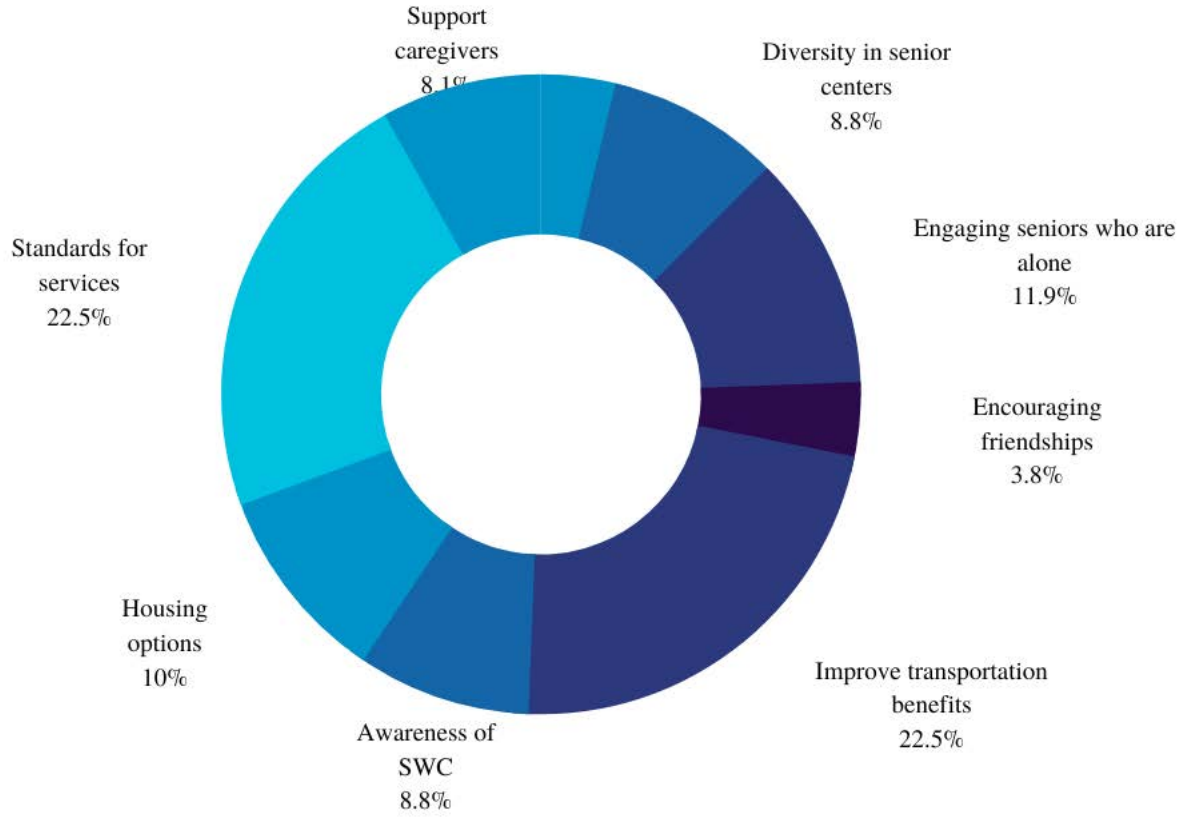
Survey Results

From the What's Important to You? Survey, the Future of Aging team collected and analyzed demographic data by top priorities picked. The Future of Aging team heard back from DC older adults, government employees, senior service providers, and DACL employees. We looked at demographic data such as race and role in the District. For many of the survey participants, improving transportation benefits and setting city-wide standards for senior-focused services and businesses were top priorities.

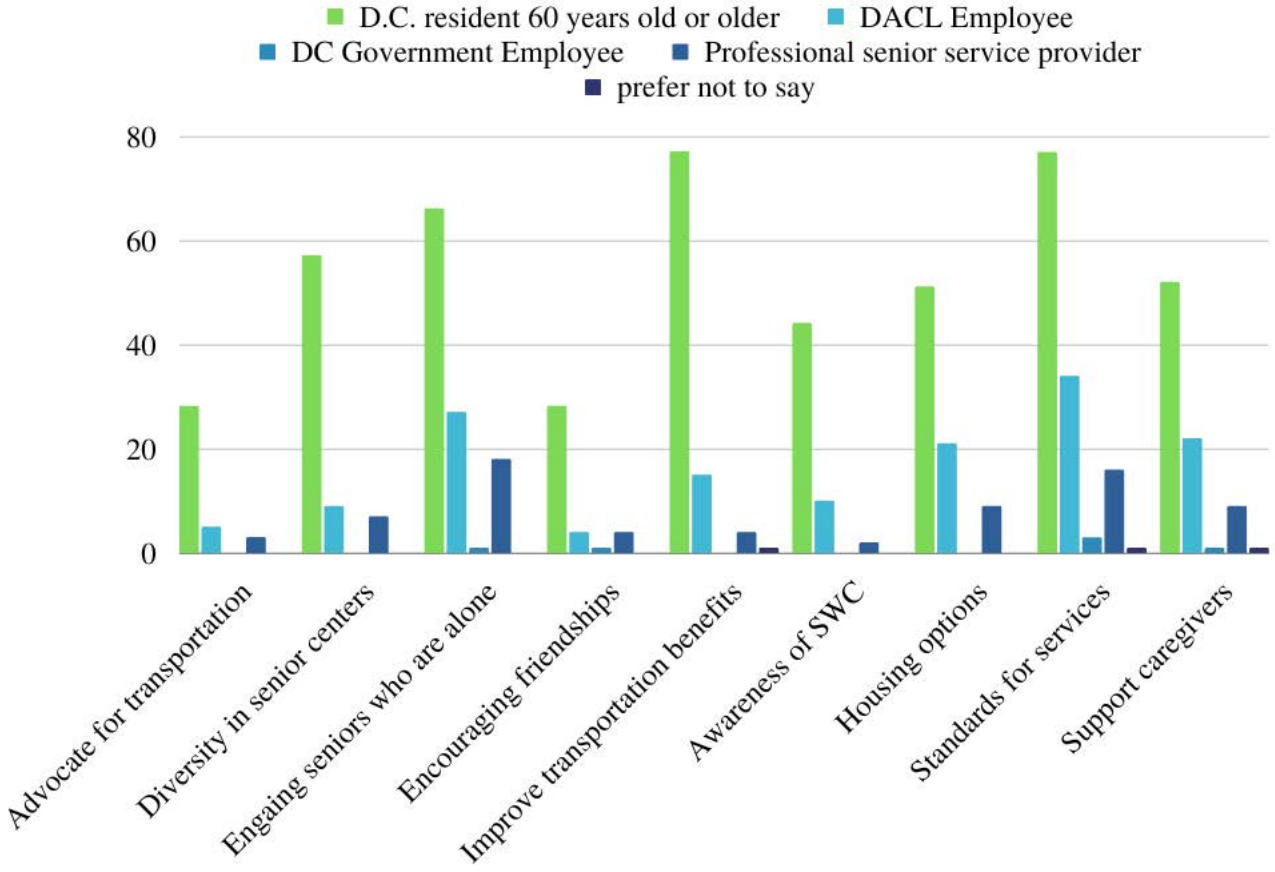
All Priorities by Age



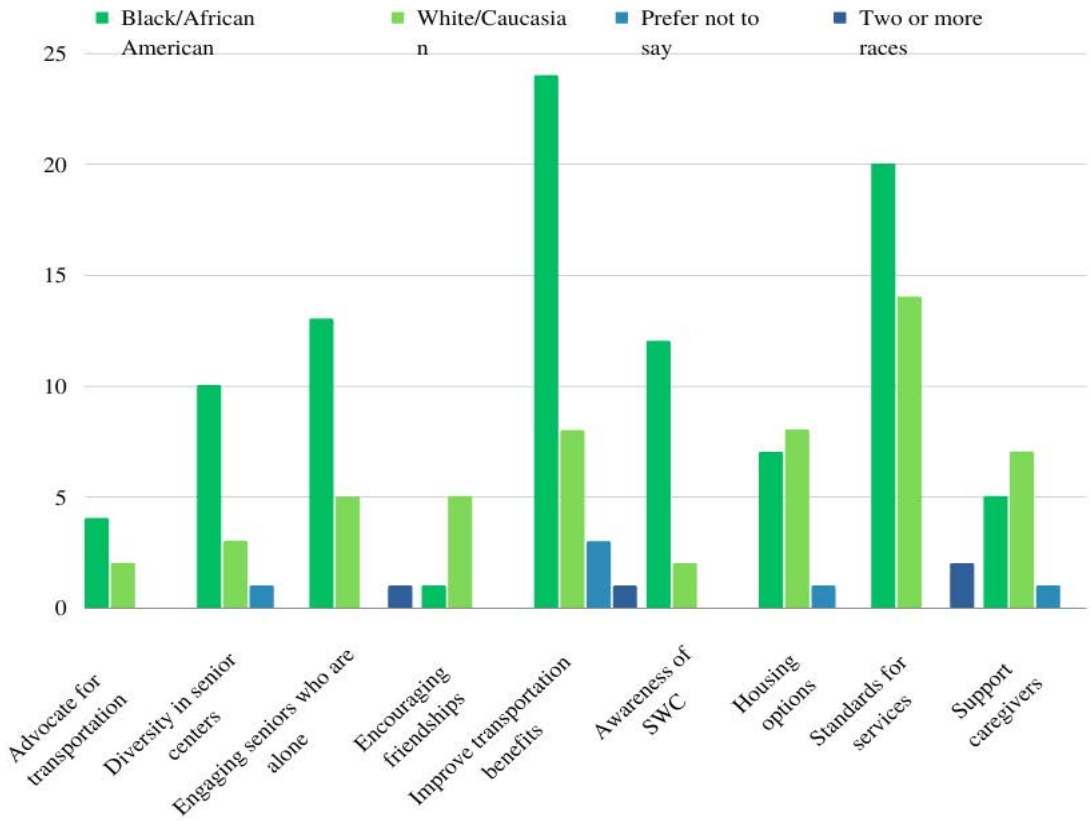
Seniors' Top Priority



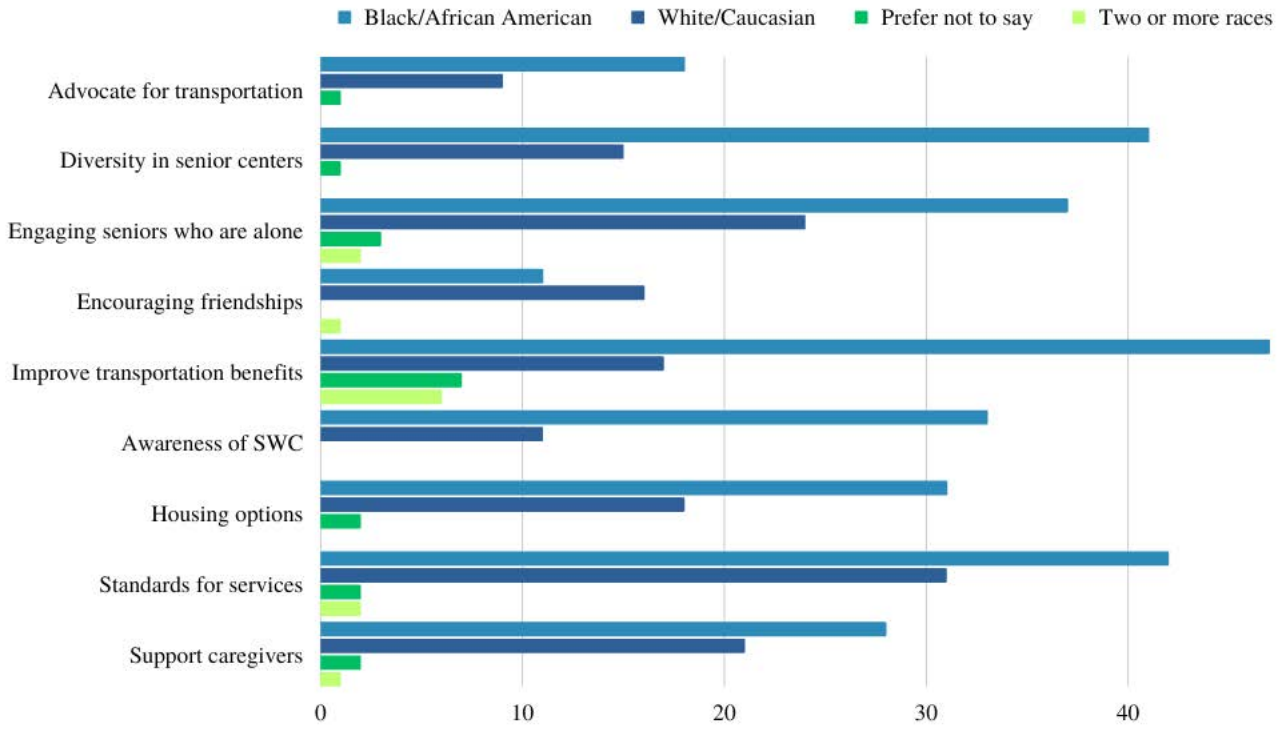
All Priorities by Role



Top Priority by Race



All Priorities by Race



Attachment F

Department of Aging and Community Living Budget Allocation Narrative

DACL provides senior services and services to adults with disabilities through a diverse network of community-based organizations. DACL funds these organizations through program specific grants. For programmatic grants, DACL develops budget targets for services and supports to be delivered in the community. A community-based organization then submits a proposal outlining the allocation of funds, service and support targets, methods for delivering the service, and other details requested by the agency. DACL uses structured evaluation process and tool that is submitted to the agency Director for final approval of the grant.

The Federal grants provided under the Older Americans Act (OAA) are allocated by need, types of programs, size, the impact of the program, and population.

- Title III B is allocated to administrative support, case management, counseling, health promotions, congregate meals, home-delivered meals services for weekdays and weekends.
- Title III C1 and C2 are allocated to contractors producing and delivering congregate meals and home-delivered meals services.
- Title III D is allocated to health promotion and wellness services.
- Title III E caregivers grants are specific for Caregiver Case Management, Caregiver supplemental, and Caregiver respite services.
- Title VII is specific for abused elderly and Ombudsman services.

Refer to Attachment G—Senior Service Network by Budget Chapter—to see what grantees in the network received federal funding.

Attachment G

Senior Service Network by Budget Chapter

CONSUMER INFORMATION, ASSISTANCE AND OUTREACH

	Title III				Title
Advocacy	**B**	**C**	**D**	**E**	**VII**
Legal Counsel for the Elderly (LCE)	X				
LCE's Ombudsman Program					X

Assistance and Referral Services

HOME AND COMMUNITY-BASED SUPPORT

	Title III				Title
Caregiver Support	**B**	**C**	**D**	**E**	**VII**
Home Care Partner's DC Caregivers Institute				X	
IONA's Alzheimer's Program					
Sibley Senior Association & Community Health					

Day Programs

The Downtown Cluster's Geriatric Day Care Center					
Zion Baptist Enterprise					
So Others Might Eat (SOME) Senior Center					
VIDA Senior Center					
First Baptist Senior Center					

In-home Services

Home Care Partner's AL-CARE	X				
SOME Homebound Senior Program					
Home Care Partner's Home Adaptation Program (Safe at Home)					
Rebuilding Together					

Lead Agency

DACL & East River Family Strengthening Collaborate Ward 1	X				
IONA Senior Services Ward 2	X				
IONA Senior Services Ward 3	X				
Genevieve N. Johnson Senior Day Care Center Ward 4	X				
Seabury for Aging Services Ward 5	X				
Seabury for Aging Services Ward 6	X				
East River Family Strengthening Collaborative (ERFSC) Ward 7	X				
East River Family Strengthening Collaborative (ERFSC) Ward 8	X				

Senior Wellness Center

Mary Center Inc. - Bernice Fonteneau SWC Ward 1			X		
Mary Center Inc.- Senior Services - Hattie Holmes SWC Ward 4			X		

Seabury Resources for Aging - Model Cities SWC Ward 5			X		
Howard University - Hayes SWC Ward 6			X		
ERFSC - Washington SWC Ward 7			X		

Providence Hospital - Congress Heights SWC Ward 8			X		
University of the District of Columbia's Body Wise					

Supportive Residential Services

Seabury Resources for Aging - Home First Residence/AIP					
SOME - Kuehner Place (Shelter for Abused Elderly)					

Transportation

Yellow Cab / Med Express & Connector Card Program	X				

NUTRITION

	Title III				Title
Congregate Meals	**B**	**C**	**D**	**E**	**VII**
Great American Corp – Congregate Meals		X			
Jewish Social Services Agency					

Home-delivered Meals

PurFoods LLC DBA Mom's Meals – Home Delivered Meals		X			

Commodities and Farmers Market

Capital Area Food Bank					

Supplemental

Run Veggie		X			

LGBTQ+/SGL Program

Metro DC Community Center Inc.					
Capitol Hill Village					

Senior Villages

Mary's House Village					
Foggy Bottom West End Villages					

Attachment H

District of Columbia Department of Aging & Community Living Service Areas

Customer Information, Assistance and Outreach

DACL provides information, assistance, and outreach for a variety of long-term care needs to older adults, people with disabilities, and caregivers regarding long term care services and supports offered in the District.

Advocacy and Elder Rights—provides legal support and advocacy for elder rights for District residents age 60 and older that need assistance with relevant state laws, long-term planning, complaints between residents/families and nursing homes and other community residential facilities for older adults (LTC Ombudsman—Title VII Funding).

Assistance and Referral Services—provides information on, connection to, and assistance with accessing home- and community-based services, long-term care options, and public benefits for District residents age 60 and older, adults with disabilities, and caregivers.

Community Outreach and Special Events—provides socialization, information, and recognition services for District residents, age 60 and older, adults with disabilities, and caregivers to combat social isolation, increase awareness of services provided, and project a positive image of aging.

Home- and Community-Based Supports

DACL provides services that enable older adults and adults with disabilities to continue living in their own homes and communities. These include:

Caregivers Support—provides caregiver education and training, respite, stipends, and transportation services to eligible caregivers (Title III E Funding).

Day Programs—provides programs at adult day health and senior centers, which allow District residents age 60 or older to have opportunities to socialize and access to core services.

In-Home Services—provides home health and homemaker services for District residents 60 years of age and older to help manage activities of daily living (Title III B Funding).

Case Management—provides core services and supports, such as case management, counseling services, health promotion, and nutrition counseling and education, for District residents age 60 or older, people with disabilities between the ages of 18 and 59, and caregivers (Title III B Funding).

Senior Wellness Centers/Fitness—provides socialization, physical fitness, and programs that promote healthy behavior and awareness for District residents age 60 and older (Title III D Funding).

Supportive Residential Services—provides emergency shelter, supportive housing, and aging-in-place programs.

Transportation—provides transportation to life-sustaining medical appointments and group social and recreational activities for District residents age 60 and older (Title III B Funding).

Nutrition Services

DACL provides meals, food, and nutrition counseling to District residents, age 60 and over, to maintain or improve their health and remain independent in the community.

Community Dining—provides meals in group settings such as senior wellness centers, senior housing buildings, and recreation centers for District residents age 60 and older (Title III C Funding).

Home-delivered Meals—provides District residents age 60 and older who are frail, homebound, or otherwise isolated meals delivered directly to their home (Title III C Funding).

Nutrition Supplements—provides nutrition supplements each month for District residents, age 60 and over, who are unable to obtain adequate nutrition from food alone. (NSIP Funding).

ACS 5-Year Estimates Subject Tables				
https://api.census.gov/data/2021/acs/acs5/subject				
	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total population	683,154	*****	116,418	±1,249
SEX AND AGE				
Male	47.6%	±0.1	42.3%	±0.5
Female	52.4%	±0.1	57.7%	±0.5
Median age (years)	34.3	±0.2	69.6	±0.3
RACE AND HISPANIC OR LATINO ORIGIN				
One race	94.3%	±0.3	97.0%	±0.5
White	40.5%	±0.2	35.0%	±0.6
Black or African American	44.7%	±0.3	56.9%	±0.6
American Indian and Alaska Native	0.3%	±0.1	0.5%	±0.3
Asian	4.1%	±0.1	2.6%	±0.2
Native Hawaiian and Other Pacific Islander	0.1%	±0.1	0.0%	±0.1
Some other race	4.8%	±0.3	1.9%	±0.3
Two or more races	5.7%	±0.3	3.0%	±0.5
Hispanic or Latino origin (of any race)	11.3%	*****	6.2%	±0.2
White alone, not Hispanic or Latino	36.7%	±0.1	32.8%	±0.5
RELATIONSHIP				
Population in households	645,897	*****	112,132	±1,355
Householder or spouse	60.4%	±0.4	89.3%	±0.9
Parent	0.7%	±0.1	3.1%	±0.5
Other relatives	29.0%	±0.4	4.2%	±0.5

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Nonrelatives	9.9%	±0.3	3.5%	±0.5
Unmarried partner	3.5%	±0.2	1.3%	±0.2
HOUSEHOLDS BY TYPE				
Households	310,104	±1,722	81,207	±1,293
Family households	42.3%	±0.8	41.5%	±1.5
Married-couple family	25.8%	±0.6	24.8%	±1.4
Female householder, no spouse present, family	13.0%	±0.5	14.0%	±0.8
Nonfamily households	57.7%	±0.8	58.5%	±1.5
Householder living alone	45.4%	±0.8	53.8%	±1.5
MARITAL STATUS				
Population 15 years and over	573,678	±80	116,418	±1,249
Now married, except separated	30.9%	±0.6	37.5%	±1.5
Widowed	3.5%	±0.2	15.1%	±0.8
Divorced	8.2%	±0.3	18.8%	±1.1
Separated	1.7%	±0.2	2.8%	±0.5
Never married	55.8%	±0.6	25.9%	±1.3
EDUCATIONAL ATTAINMENT				
Population 25 years and over	487,726	±86	116,418	±1,249
Less than high school graduate	7.8%	±0.4	12.8%	±0.8
High school graduate, GED, or alternative	15.5%	±0.5	21.4%	±1.1
Some college or associate's degree	15.3%	±0.4	19.3%	±1.1
Bachelor's degree or higher	61.4%	±0.6	46.5%	±1.5

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
RESPONSIBILITY FOR GRANDCHILDREN UNDER 18 YEARS				
Population 30 years and over	410,369	±101	116,418	±1,249
Living with grandchild(ren)	2.3%	±0.2	5.2%	±0.6
Responsible for grandchild(ren)	0.7%	±0.1	1.2%	±0.3
VETERAN STATUS				
Civilian population 18 years and over	554,941	±367	116,395	±1,250
Civilian veteran	4.1%	±0.2	9.9%	±0.7
DISABILITY STATUS				
Civilian noninstitutionalized population	673,717	±341	113,950	±1,258
With any disability	11.2%	±0.3	30.6%	±1.3
No disability	88.8%	±0.3	69.4%	±1.3
RESIDENCE 1 YEAR AGO				
Population 1 year and over	675,095	±671	116,418	±1,249
Same house	80.5%	±0.6	93.2%	±0.7
Different house in the United States	18.1%	±0.6	6.4%	±0.7
Same county	10.2%	±0.5	4.0%	±0.5
Different county	8.0%	±0.3	2.4%	±0.4
Same state	0.0%	±0.1	0.0%	±0.1
Different state	8.0%	±0.3	2.4%	±0.4
Abroad	1.4%	±0.1	0.4%	±0.1
PLACE OF BIRTH, NATIVITY AND CITIZENSHIP STATUS, AND YEAR OF ENTRY				

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Total population	683,154	*****	116,418	±1,249
Native	590,963	±2,444	99,654	±1,391
Foreign born	92,191	±2,444	16,764	±884
Entered 2010 or later	33.2%	±1.4	6.5%	±1.6
Entered 2000 to 2009	26.4%	±1.3	9.8%	±1.9
Entered before 2000	40.4%	±1.3	83.8%	±2.6
Naturalized U.S. citizen	46.7%	±1.4	73.7%	±2.5
Not a U.S. citizen	53.3%	±1.4	26.3%	±2.5
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	640,196	±71	116,418	±1,249
English only	82.7%	±0.4	87.8%	±0.6
Language other than English	17.3%	±0.4	12.2%	±0.6
Speak English less than "very well"	5.4%	±0.3	5.5%	±0.5
EMPLOYMENT STATUS				
Population 16 years and over	568,405	±559	116,418	±1,249
In labor force	71.4%	±0.4	36.1%	±1.3
Civilian labor force	70.8%	±0.4	36.1%	±1.3
Employed	65.8%	±0.5	34.0%	±1.3
Unemployed	5.0%	±0.3	2.1%	±0.5
Percent of civilian labor force	7.1%	±0.4	5.8%	±1.2
Armed forces	0.6%	±0.1	0.0%	±0.1
Not in labor force	28.6%	±0.4	63.9%	±1.3

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
INCOME IN THE PAST 12 MONTHS (IN 2021 INFLATION-ADJUSTED DOLLARS)				
Households	310,104	±1,722	81,207	±1,293
With earnings	81.9%	±0.5	53.1%	±1.4
Mean earnings (dollars)	145,322	±1,933	128,302	±7,035
With Social Security income	18.1%	±0.5	58.8%	±1.5
Mean Social Security income (dollars)	18,149	±462	19,371	±501
With Supplemental Security Income	4.9%	±0.3	8.1%	±0.7
Mean Supplemental Security Income (dollars)	9,397	±344	9,084	±509
With cash public assistance income	4.0%	±0.3	2.4%	±0.4
Mean cash public assistance income (dollars)	4,026	±316	3,529	±604
With retirement income	15.3%	±0.5	46.7%	±1.5
Mean retirement income (dollars)	43,873	±1,773	48,963	±1,991
With Food Stamp/SNAP benefits	12.5%	±0.5	15.3%	±1.0
POVERTY STATUS IN THE PAST 12 MONTHS				
Population for whom poverty status is determined	651,618	±488	113,961	±1,256
Below 100 percent of the poverty level	15.4%	±0.7	14.7%	±0.8

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
100 to 149 percent of the poverty level	5.6%	±0.4	6.3%	±0.8
At or above 150 percent of the poverty level	79.0%	±0.7	79.0%	±1.1
Occupied housing units	310,104	±1,722	81,207	±1,293
HOUSING TENURE				
Owner-occupied housing units	41.5%	±0.7	57.7%	±1.3
Renter-occupied housing units	58.5%	±0.7	42.3%	±1.3
Average household size of owner-occupied unit	2.27	±0.03	2.07	±0.04
Average household size of renter-occupied unit	1.95	±0.02	1.57	±0.05
SELECTED CHARACTERISTICS				
No telephone service available	1.4%	±0.2	1.8%	±0.3
1.01 or more occupants per room	3.9%	±0.4	1.3%	±0.3
Owner-occupied housing units	128,720	±2,367	46,866	±1,098
SELECTED MONTHLY OWNER COSTS AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	77.5%	±1.0	73.1%	±1.8
30 percent or more	22.5%	±1.0	26.9%	±1.8

	District of Columbia			
	Total		60 years and over	
Label	Estimate	Margin of Error	Estimate	Margin of Error
OWNER CHARACTERISTICS				
Median value (dollars)	635,900	±9,507	646,300	±21,158
Median selected monthly owner costs with a mortgage (dollars)	2,751	±43	2,285	±95
Median selected monthly owner costs without a mortgage (dollars)	766	±31	740	±40
Renter-occupied housing units	181,384	±2,345	34,341	±1,330
GROSS RENT AS A PERCENTAGE OF HOUSEHOLD INCOME IN THE PAST 12 MONTHS				
Less than 30 percent	56.3%	±1.0	51.3%	±2.7
30 percent or more	43.7%	±1.0	48.7%	±2.7
GROSS RENT				
Median gross rent (dollars)	1,681	±18	1,062	±33

UNIVERSITY OF KENTUCKY
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Accounting for the Rise in Senior Food Insecurity in the District of Columbia

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Executive Summary

Using two decades of data from the 2001-2021 Household Food Security Supplements to the Current Population Survey—the source of official USDA food insecurity statistics in the United States—I document the evolution of food insecurity among the senior population in the District of Columbia in comparison to seniors in the nation overall and among a select group of cities of comparable population size. I then examine trends across these areas on the leading socioeconomic risk factors of food insecurity, both factor by factor and jointly in a multiple regression framework to better understand the determinants of food insecurity. Using the estimated parameters from the regression model I then predict food insecurity in the District based on its mix of socioeconomic characteristics and how this differs relative to the nation and the set of comparison cities. Finally I relate whether any remaining "excess food insecurity" can be accounted for by city-level differences in macroeconomic forces such as the strength of local labor markets and earnings levels and inequality.

The results indicate that seniors residing in the District have experienced a sustained increase in food insecurity since 2001, especially in the decade after the Great Recession of 2007-2009. This increase in senior food insecurity in the District stands out from the national average and the comparison cities in that the District had the lowest rate of food insecurity among older persons at the start of the sample period, but for every year since 2017 it had the highest rate of senior food insecurity. The comparison cities collectively scored much worse on the metric of senior food insecurity in the early 2000s, and experienced a substantial increase in the years surrounding the Great Recession, but then had a sharp reduction such that by 2021 food insecurity in the comparison cities was similar to the rate there at the onset of the Great Recession in 2007, whereas the rate in the District remained 32 percent higher.

Using the estimated parameters, the predicted gap in food insecurity between the District and both comparison groups widened over time, suggesting a deteriorating situation facing seniors in the District. I conduct a number of counterfactual predictions on how senior food insecurity in the District would change under alternative socioeconomic conditions, and find that in recent years rising rates of poverty and near poverty, declines in the share of seniors who are married, and the rising share of seniors residing in rental housing account for about 60 percent of the food insecurity gap between District seniors and those nationally and in the narrower set of comparison cities. The implication is that policies that address falling incomes and financial hardship from rising rents could substantively improve the food security of District seniors.

I. Introduction

Food insecurity is a condition in which households lack access to adequate food because of limited resources. Nationally 11.8 percent of the population experienced food insecurity at some point in 2020, and among older persons ages 60 and over this rate stood at 6.8 percent (Coleman-Jensen et al. 2021; Ziliak and Gundersen 2022). While the rate is lower among older persons, it has increased at a much faster pace than the general population over the past two decades (Ziliak and Gundersen 2022).

Experiencing food insecurity is a concern in and of itself regardless of age, but among older persons it is magnified by evidence suggesting that it is associated with a host of negative health consequences including inadequate nutrient intakes, depression, cardiovascular disease, asthma, and limitations in activities of daily living (Afulani et al. 2015; Bengle et al., 2010; Bhargava & Lee, 2016a; Champagne et al, 2007; Gundersen et al. 2011; Oemichen & Smith, 2016; Sattler & Lee, 2013; Sattler et al., 2014; Temple, 2006; Ziliak and Gundersen 2022). Because the number of seniors is projected to increase dramatically in the coming years, this means that even if the proportion of seniors who are food insecure stays the same or even falls slightly there will be a rising number of seniors experiencing food insecurity, placing a substantial cost burden on our health care system (Berkowitz et al. 2018).

The reasons for food insecurity and subsequent health problems among older Americans are complex and varied. The leading risk factor is low incomes, but even controlling for income, prior research suggests that older persons are at greater risk of food insecurity if they have lower education attainment, are younger, are a member of a racial or ethnic minority group, are not currently married, do not own a home, are disabled, or are raising grandchildren (Lee and Frongillo, 2001; Ziliak, et al., 2008; Brewer et al., 2010; Kregg-Byers, 2014; Ziliak and

Gundersen, 2016; Brucker and Coleman-Jensen, 2017; Malani et al., 2020). This suggests that combating food insecurity requires a nuanced policy response beyond income redistribution that will depend on the mix of confounding factors underlying food insecurity at the local community level.

This report focuses on understanding the trends in and determinants of food insecurity among older persons in the District of Columbia in comparison to the overall older adult population in the US and among a select group of similarly sized cities. The aim is to isolate to the greatest extent possible whether any divergence in the food security of seniors in the District relative to the nation overall and to comparison cities can be accounted for by observed differences in socioeconomic conditions.

The organization of the report is as follows. In Section II I describe the data used in the report along with key details on the measurement of food insecurity and selection of comparator cities. Section III presents trends in food insecurity, and in Section IV I document the associated trends in primary socioeconomic risk factors of food insecurity as established in the prior research literature. This is then followed in Section V by the specification and estimation of a formal regression model that jointly estimates the determinants for food insecurity using data from the national sample of older persons. The attendant regression parameters are used to predict what we would expect food insecurity to be in the District and the comparison cities based on the demographic composition of those communities. The difference between actual food insecurity and predicted food insecurity—aka "excess food insecurity"—is then related to city-level unemployment rates, median income, and income inequality to help isolate how much of the excess food insecurity can be captured by local economic conditions. Section VI concludes with a summary of the results and possible policy recommendations.

II. Data and Measurement of Food Insecurity

The data come from the 2001-2021 Household Food Security Supplement (HFSS) of the Current Population Survey (CPS). The CPS is a monthly, nationally representative stratified random sample of approximately 60,000 households collected by the Census Bureau on behalf of the Bureau of Labor Statistics.[1] Each month respondents are asked about their labor market activity in the survey week, which is then used to produce official employment and unemployment statistics. Throughout the year a number of supplements are fielded after the monthly labor force questionnaire, and in December of each year since 2001 the USDA sponsors the food security supplement. The HFSS asks about behaviors and experiences associated with difficulty in meeting food needs due to financial constraints in both the prior 12 months and the last 30 days. Households are asked a series of 18 questions if children are present, and a subset of 10 of these for households without children. The conditions range from worrying about running out of food, to adults or children in the household going for a whole day without food. In order to reduce respondent burden, not all CPS households are fielded the HFSS. Specifically, they are screened out of the food security questions entirely if they have income above 185% of the federal poverty line (FPL) and show no indication of problems obtaining food for the household in response to two screener questions on food hardships (Tiehen, Vaughn, and Ziliak 2020).

Based on responses to the HFSS the USDA has established four categories for food security, as summarized in Box 1; namely, (1) high food security occurs when all household members had access at all times to enough food for an active, healthy life; (2) marginal food security occurs when households report problems at times, or anxiety about, accessing adequate food, but the quality, variety, and quantity of their food intake were not substantially reduced;

[1] The CPS does not include information on individuals living in group quarters, including nursing homes or assisted living facilities.

Box 1: Categories of Food Security from 18-Item Scale		
	USDA Classification	Number of Affirmative Responses to HFSS
	High Food Security	0
	Marginal Food Security	1 or 2
	Low Food Security	3 to 5 (households without children) 3 to 7 (households with children)
	Very Low Food Security	6 or more (households without children) 8 or more (households with children)

(3) low food security occurs when households reduced the quality, variety, and desirability of their diets, but the quantity of food intake and normal eating patterns were not substantially disrupted; and (4) very low food security occurs when at times during the year, eating patterns of one or more household members were disrupted and food intake reduced because the household lacked money and other resources for food. Households responding in the affirmative to at least three questions, i.e. reporting low food security or very low food security, are classified as "food insecure." The USDA uses the responses to the 12-month HFSS for their official statistics on food insecurity, and this is the definition used in this report.

The principal sample for the analysis is those individuals ages 60 and older. The age of 60 is selected as the USDA uses this cutoff for expanded access to and generosity of benefit levels from the Supplemental Nutrition Assistance Program (SNAP). Although food insecurity is measured at the household level—meaning all members of the household share the same food security status—the Census Bureau provides person-level weights that vary within the household to weight the sample up to the national population and thus I conduct all analyses at the individual level using these person weights. The unweighted sample size in a typical year across the 21 years is 21,424, which weights up to represent about 59.5 million seniors per year.

From the main national sample of people 60 and older, I use geographic identifiers in the CPS to isolate sample respondents residing in the central city portion of the District of Columbia

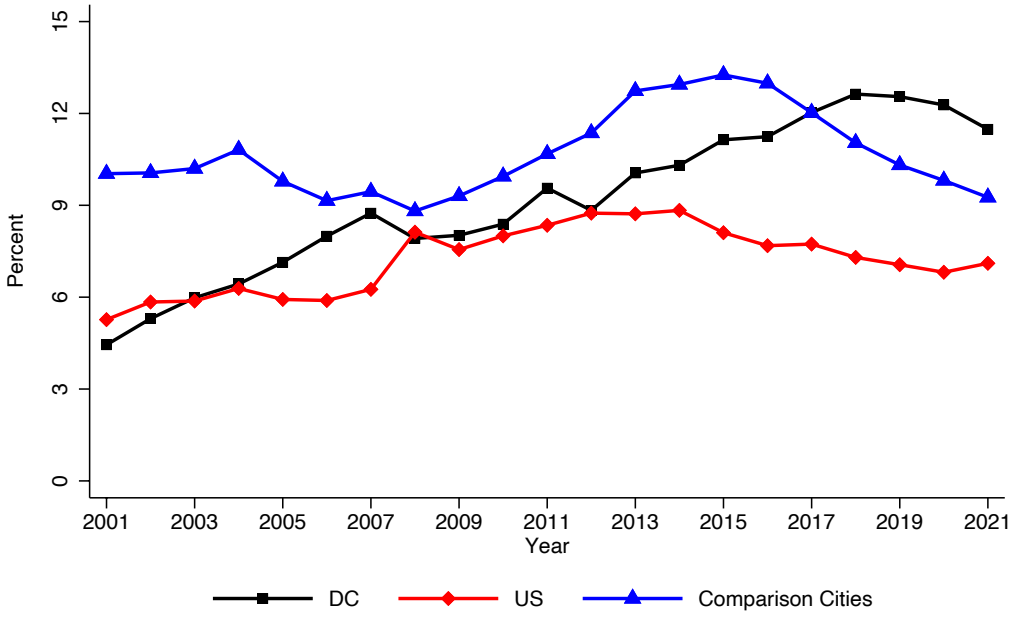
(DC). Using those same sets of identifiers, I select seniors from a subset of central cities based on the 2020 Decennial Census to serve as a comparison group to DC, which has a population of 689,545.[2] These cities, some of which are larger and some smaller, include residents of Atlanta (498,602), Baltimore (585,708), Boston (676,216), Charlotte (874,541), Columbus (905,672), Detroit (639,614), Indianapolis (887,752), Jacksonville (949,577), Louisville (632,689), Memphis (632,207), and Nashville (689,504). While the MSAs of these cities vary greatly, the central city portion is more closely aligned. Because the sample sizes of DC and the comparison cities in the CPS are much smaller than the national sample, I construct 5-year moving averages of all statistics for DC and the comparison cities in order to minimize sample variation from one year to the next.

III. Food Insecurity among Seniors

Figure 1 presents estimated trends in food insecurity for DC, the US, and the average from the set of comparison cities. The figure shows that senior food insecurity in DC stands out from the national average and the comparison cities in that in 2001 it had the lowest rate of food insecurity among older persons but for every year since 2017 it had the highest rate of senior food insecurity. Indeed, the trajectory over most of the past two decades has been toward increasing food insecurity in the District, with the period after the Great Recession of 2007-2009 notable with the widening gap between DC's food insecurity rate and the nation. The comparison cities collectively scored much worse on the metric of senior food insecurity in the early 2000s, and experienced a substantial increase in the years surrounding the Great Recession, but then had a sharp reversal such that by 2021 food insecurity in the comparison cities was similar to the rate at the onset of the Great Recession in 2007, whereas the rate in DC was still 32 percent higher.

[2] Population estimates obtained from the U.S. Census Bureau, URL: https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html#tables

Figure 1. Trends in Food Insecurity



Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

An obvious puzzle that emerges from the figure is why food insecurity among DC seniors did not decline after the Great Recession, and indeed got worse relative to the nation overall and the set of comparison cities. The US macroeconomy was quite strong in the six years prior to the Covid-19 pandemic, and while there is evidence that food insecurity among seniors in DC was starting to decline just before the pandemic hit, it was still substantially elevated suggesting that the recovery in the local DC economy was not as strong, or perhaps another underlying risk factor changed disproportionately for DC seniors such as greater instability in housing or family structure. The next sections aim to uncover the leading factors underlying this puzzle.

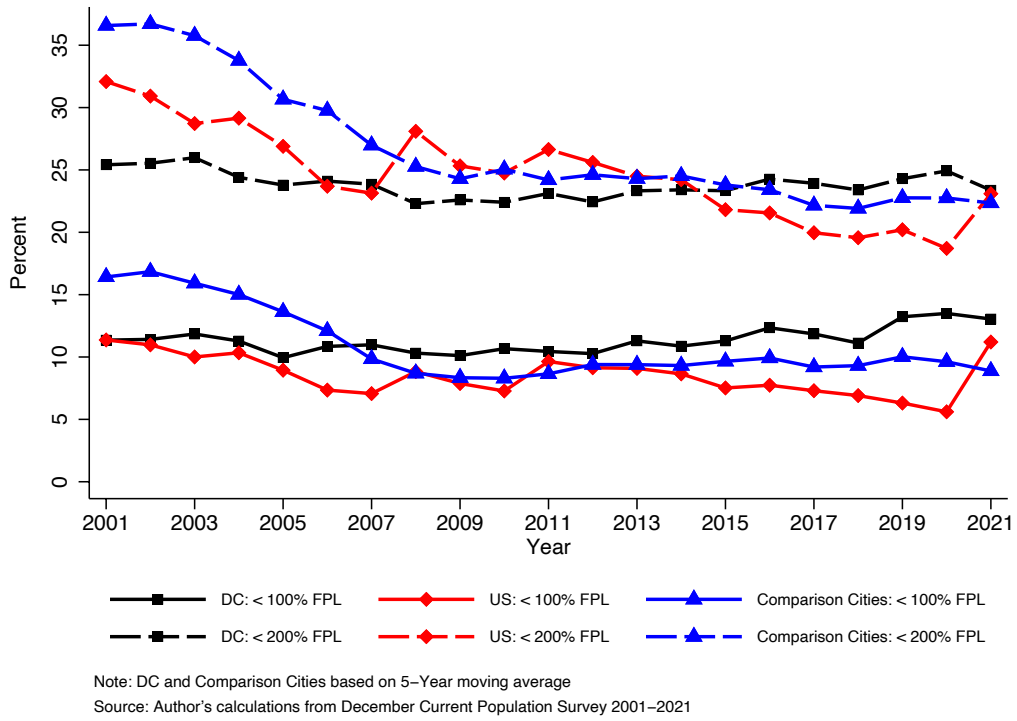
IV. Risk Factors for Food Insecurity among Seniors

A number of studies have explored the socioeconomic determinants of food insecurity among older persons (Schoenberg 2000; Lee and Frongillo, 2001; Ziliak, et al., 2008; Brewer et

al., 2010; Kregg-Byers, 2014; Ziliak and Gundersen, 2016; Brucker and Coleman-Jensen, 2017; Malani et al., 2020). An advantage of the December CPS is it contains the vast majority of the risk factors found in the literature, and in this section I explore trends in these socioeconomic characteristics across DC, the US, and the comparison cities.

The extant research literature has established that the poverty status of the household is a leading risk factor for food insecurity (Gundersen et al. 2011). This makes intuitive sense because the questions underlying the measure of food insecurity adopted by the USDA all relate to inadequate access to food because of lack of economic resources.

Figure 2. Trends in Poverty and Near Poverty Rates



Note: DC and Comparison Cities based on 5–Year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

Figure 2 presents trends in the share of seniors residing in households with annual income below the federal poverty line (FPL) as well as those with incomes below twice the poverty line,

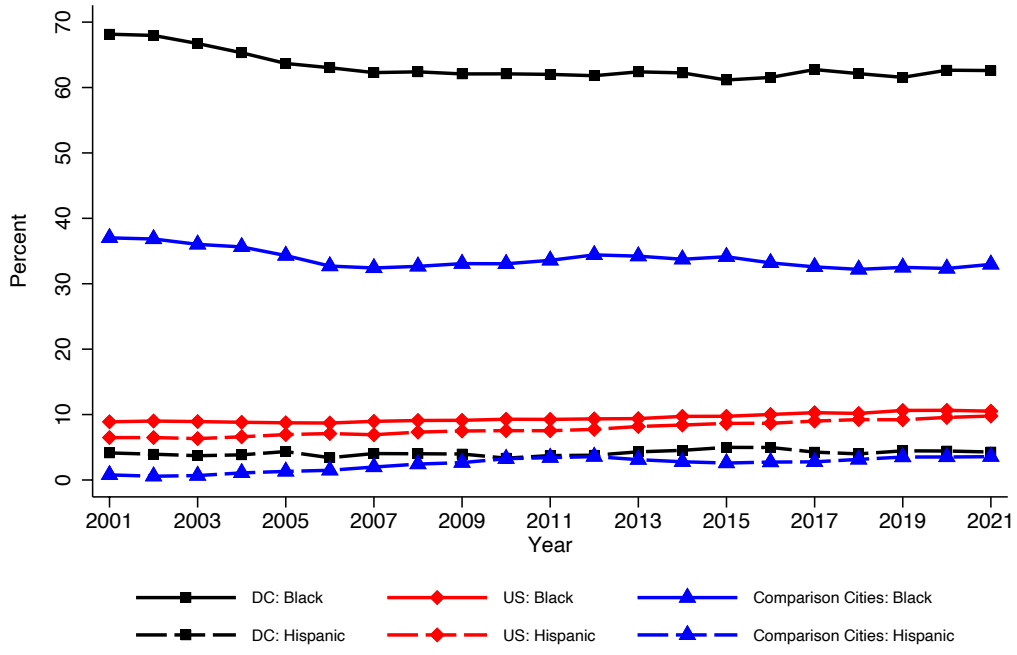
sometimes known as near-poverty status.[3] The figure suggests that the worsening income status of DC seniors is a likely contributor to the deteriorating food security status after the Great Recession. From 2007 to 2021 the poverty rate of DC seniors increased over two percentage points to 13 percent of seniors living below the poverty line (this is a 20 percent increase). Over this same period the poverty rate among comparison cities actually fell a percentage point to 8.9 percent in 2021. The national poverty rate fell even more from 2007-2020, but then increased sharply in 2021, which helps explain the uptick in national senior food insecurity in 2021 seen in Figure 1. Because I take 5-year moving averages for DC and the comparison cities the 2021 increase is smoothed over, but presumably will show up in future years.

Examining near poverty status, Figure 2 suggests that in a typical year about 1 in 4 seniors has annual income below twice the poverty line. This ratio has been remarkably stable in DC over the past two decades, whereas there were big declines in near poverty rates from 2001 to 2021 in the nation overall from 32 to 23 percent (19 percent in 2020) and in the comparison cities from 36 to 22 percent. Much of the decline in the latter groups occurred in the years before the Great Recession, but notably the trend decline continued such that after 2014 (2015) near poverty rates in DC overtook that of seniors in the nation overall (comparison cities).

The prior research literature suggests that even controlling for income older persons are at greater risk of food insecurity across a host of demographic characteristics. One of these factors is membership in a racial or ethnic minority group, and in particular those seniors identifying as African American or Hispanic are at greater risk of food insecurity than those seniors identifying as White or not Hispanic. Figure 3 depicts trends in the shares of seniors in

[3] The December CPS reports income in bins and not the actual dollar amount. Thus I assign households the midpoint of the bin where their incomes lie, and compare that to the household-size and year-specific weighted average poverty threshold established by the Census Bureau https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html .

Figure 3. Trends in Share of African Americans or Hispanics



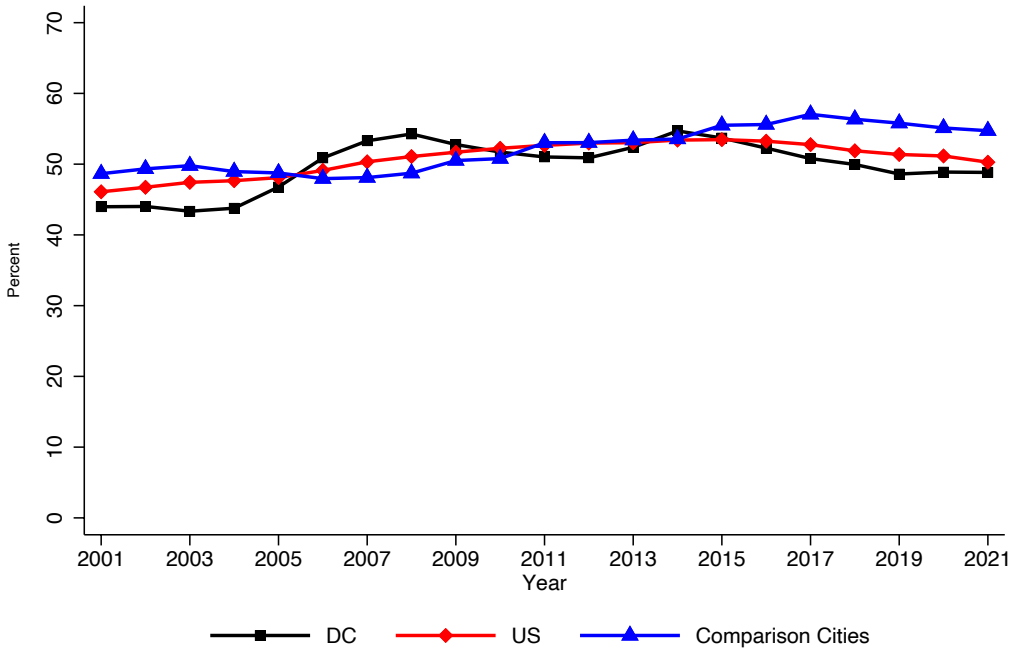
Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

each of those racial or ethnic groups. The District has a substantially larger share of African Americans relative to the share in the nation or the comparison cities. However, these shares have been stable over the last two decades, especially after 2005.[4] This suggests that all else equal we expect DC senior food insecurity to be elevated relative to the comparison groups on average, but there is no expectation that racial composition is affecting the trend over time. The share of seniors who are Hispanic has been trending upward nationally, and in the comparison cities, but not in DC, suggesting that if anything this should pull up food insecurity nationally and in the comparison cities relative to DC.

[4] Across all ages there has been a substantial decline in the African American population in DC since 2000. The fact that it is stable among older persons suggests that much of that shifting racial composition is occurring among younger people.

A striking finding in the literature has been a declining age gradient for food insecurity among older individuals; that is, older ages are protective against food insecurity. Ziliak et al. (2008) suggest a number of possible reasons for this outcome, including the targeting of senior meal services to the oldest old, the presence of time-tested strategies to meet basic needs, and declining emotional and physiological need for caloric intake. This suggests that the age composition of the population is likely to affect the level of food insecurity.

Figure 4. Trends in the Share of Seniors Ages 60-69

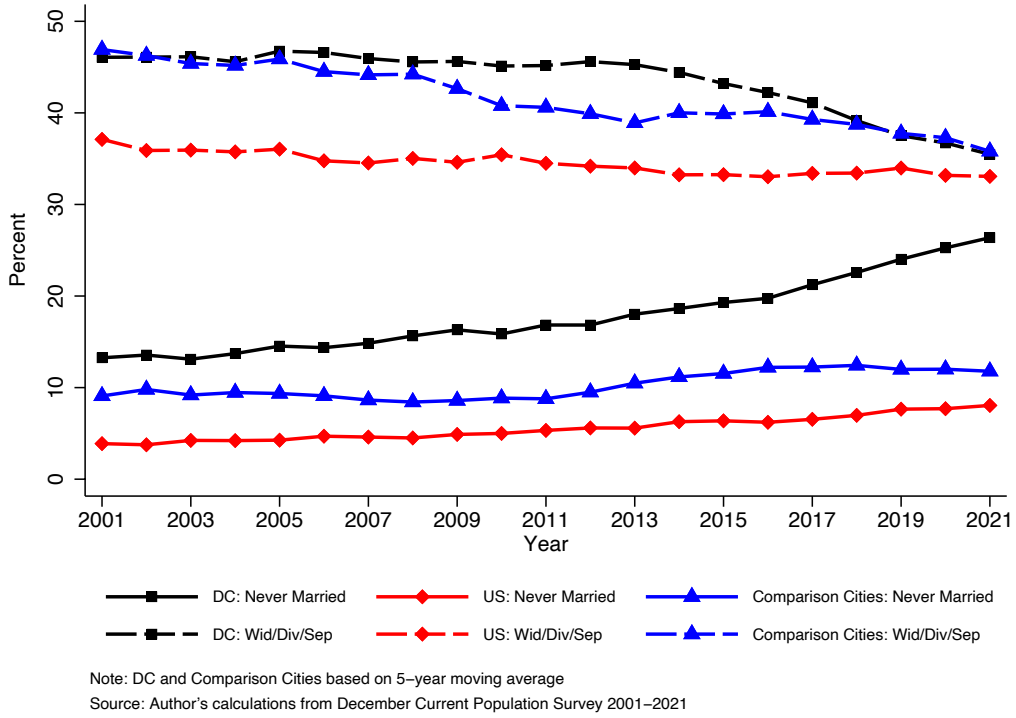


Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

Figure 4 presents trends in the share of individuals ages 60-69 among the population of persons 60 and older in each of the three locations. While there was growth in the share 60-69 in DC in the years leading up to the Great Recession, that share has declined slightly in the subsequent period after the recession. On the other hand, there was steady growth in the share 60-69 in the comparison cities over that same period. Estimates from the literature suggest that if

anything there would be downward pressure on food insecurity in DC relative to the nation and comparison cities given the relative aging among the senior population in DC.

Figure 5. Trends in Share Never Married or Widowed, Divorced, or Separated



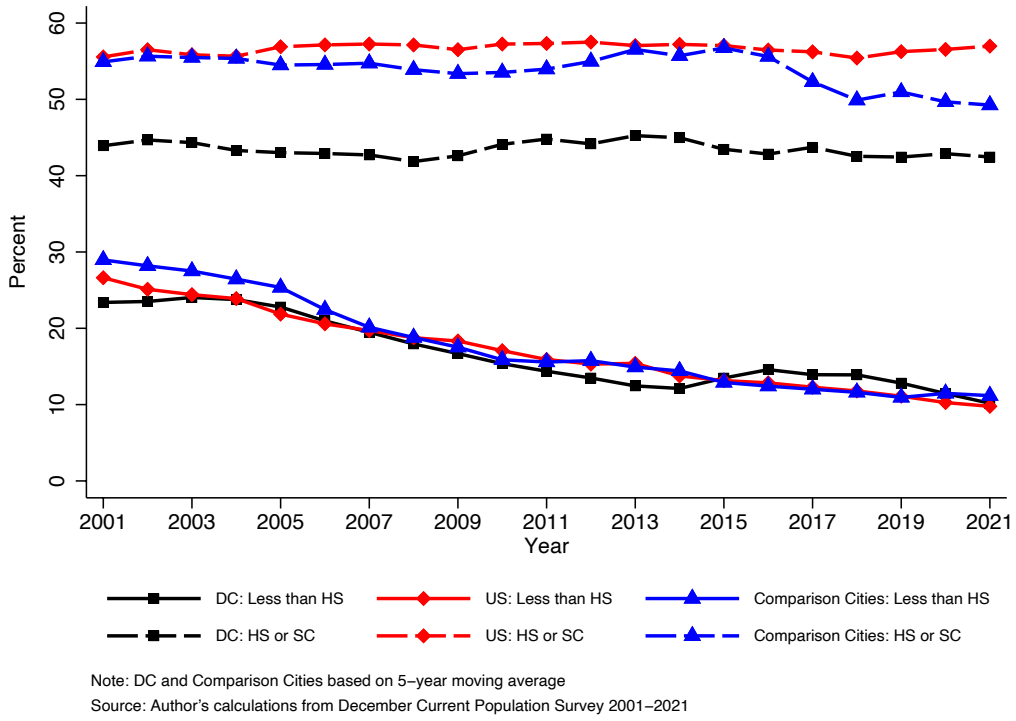
Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

Another factor found in the literature that is associated with higher risk of food insecurity is being unmarried. That is, those currently married have greater food security, perhaps because married couples on average are wealthier than unmarried individuals, or because of the emotional support of shared experiences, including preparing and eating food. Figure 5 separates the population of unmarried into those ages 60 and older who have never married, and those who are either widowed, divorced, or separated. Across the entire sample period the District had the highest share of never married seniors, and this rate doubled from 13 percent in 2001 to 26 percent in 2021. Nationally the rate also doubled, but at the much lower level from 4 percent to 8 percent. On the other hand the share never married only increased from 9 to 12 percent among the comparison cities. Interestingly much of the growth in never married over the past decade

came from reductions in the share widowed, divorced, or separated. Because it was not completely offsetting, there is a secular reduction in the share married which was most pronounced in the DC. Thus, the changing composition of household marital status could contribute to some of the differential growth in food insecurity in the District.

Education is also identified as a factor the affects the risk of food insecurity, with lower education attainment exposing households to greater risk, especially among those with less than a four-year college degree. Given that this education-food insecurity relationship holds even after controlling for income differences suggests that higher education confers knowledge on the production of good health and nutrition behaviors that potentially translate into greater food security.

Figure 6. Trends in Education Attainment

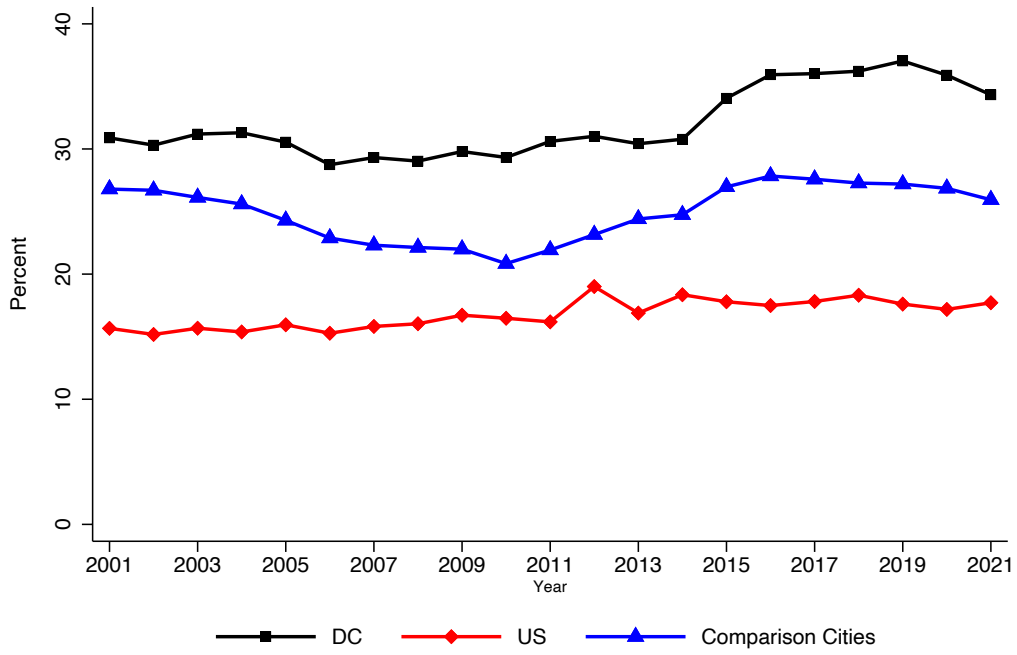


Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

Figure 6 presents the share of seniors who have less than a high school diploma, and those with a high school diploma or some college (which includes those with associates degrees.)

The figure shows that in all three areas there has been a strong secular decline in those who drop out of high school, with a 17-point decline nationally and in the comparison cities, and a 13-point decline in the District. Because high school dropouts are at greater risk of disadvantage this drop is a positive development, though it was less in evidence in the District. The share with high school or some college was stable across the period in DC and nation, and with the rate lower in the District, the fall in high school dropouts means an increase in the share of seniors with at least four years of college. This gain was again quite pronounced in the comparison cities, which aligns with the strong decline in poverty and food insecurity there relative to DC.

Figure 7. Trends in Share Who Live in Rental Housing

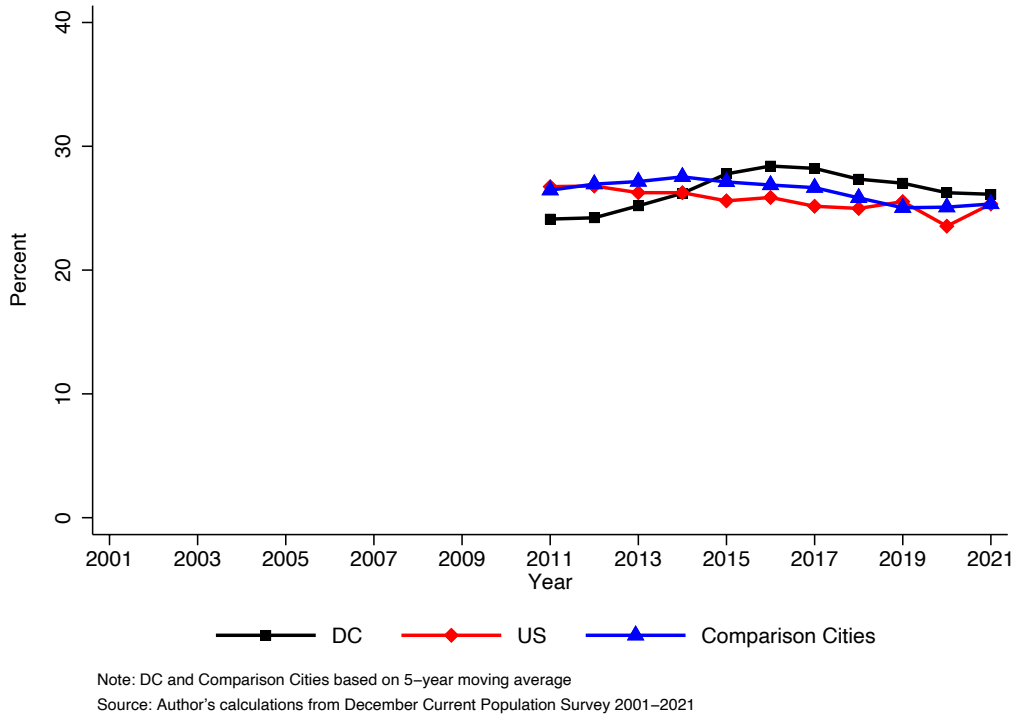


Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

Home ownership is the primary form of wealth for most Americans, and the equity in the home can be accessed to provide short-run liquidity to cover both planned and unplanned expenditures, thereby mitigating the risk of food insecurity (Loibl et al. 2022). Figure 7 presents the share of seniors living in rental housing. The figure shows a sharp increase in the aftermath

of the Great Recession among seniors in DC living in rental housing.[5] There was also a sizable increase in seniors residing in rental housing in the comparison cities, but it is notable that the widening gap between DC and the comparison cities after 2013 overlaps with the widening gap in food insecurity in Figure 1.

Figure 8. Trends in Share with Disability



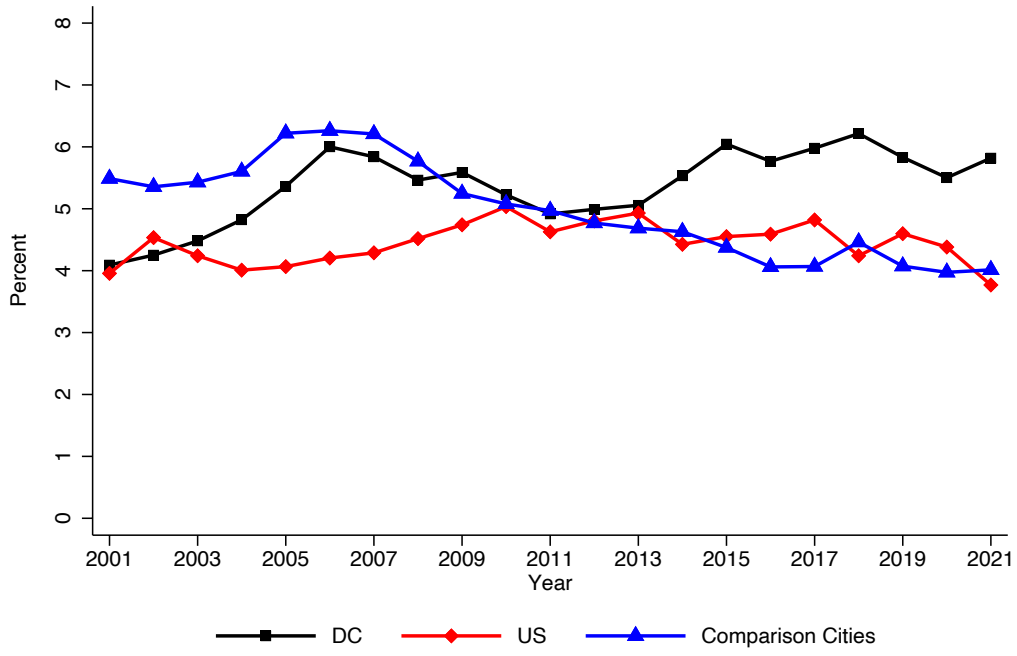
Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

The extant literature notes that seniors living with disabilities are at heightened risk of food insecurity, again a relation that holds even after controlling for income differences. The CPS began asking questions on disability status in 2009, including any physical or emotional issues that interfere with activities of daily living such as dressing, bathing, shopping, cooking, visiting a doctor, etc…. The share reporting these difficulties is depicted in Figure 8, though because of the 5-year moving average the first year that is relevant to examine DC and the

[5] The temporary increase in 2012 in the national rental rate is due to a spike in the share not reporting housing status in that particular survey year.

comparison cities is 2011. Over the past decade about 1 in 4 seniors report difficulties in these basic daily functions, and while the rates are similar across all areas, DC seniors reported an increase in disabilities over time, whereas seniors overall and in the comparison cities had slightly lower rates by the 2021, suggesting that disability status could differentially exacerbate food insecurity in DC, though this effect is likely small given the similar rates.

Figure 9. Trends in Multigenerational Households



Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

The last risk factor examined is another form of household composition; namely, whether a grandchild resides in the same household as the senior, resulting in a multigenerational household. Ziliak and Gundersen (2016) show that households with grandchildren present are more than twice as likely to have incomes below the poverty line, and have rates of food insecurity that are more than twice as high, compared with families with no grandchildren present. Figure 9 shows the share of seniors living a with a grandchild, with or without the grandchild's parent. Although this is a fairly rare occurrence—affecting only about 5 percent of

seniors in a typical year—there is suggestive evidence that doubling up is a more acute challenge for seniors in DC compared to seniors overall or residing in the comparison cities. This is most acute in the last decade where doubling up fell nationally and in the comparison cities, but increased in DC and remained elevated.

In sum, several socioeconomic characteristics of seniors in DC are potential candidates for the elevated rates of food insecurity in the years after the Great Recession, especially higher rates of income poverty, not being married, renting instead of owning a home, and caring for a grandchild. These effects are likely reinforcing, and thus in the next section I bring these together in a regression framework to examine in more detail the risk factors of senior food insecurity.

V. Regression Framework for Senior Food Insecurity

In this section I conduct a regression analysis along the lines of that found in earlier research (Ziliak et al. 2008; Ziliak and Gundersen 2009, 2016). The statistical models help us determine which factors are associated with food insecurity, such as the effect of age on the probability of food insecurity holding income, race, and other factors constant. That is, we are able to estimate the probability that households with specific demographic profiles are food insecure. I use standard social science methods for models where the dependent variable takes only one of two values—0 or 1—i.e. is the household food insecure—no or yes.

Formally, I estimate the following probit maximum likelihood model:

$$(1) \qquad FS_{it} = X_{it}p + \delta_t + v_{it},$$

where FS_{it} takes on a value of 1 if senior i in year t is food insecure and 0 otherwise; X_{it} is a vector of socioeconomic characteristics; p is a vector of unknown parameters to estimate; δ_t is a set of year fixed effects; and v_{it} is a normally distributed random error term. The demographic

Box 2: Socioeconomic Factors in Regression Models of Food Insecurity	
Income Level	Less than 100% of Poverty Line 100-200% of Poverty Line > 200% of Poverty Line (omitted) Missing Income
Race	African American Other (Asian; Pacific Islander; Native American) White (omitted)
Ethnicity	Hispanic Non-Hispanic (omitted)
Age	60-69 70-79 80+ (omitted)
Marital Status	Never Married Widowed/Divorced/Separated Married (omitted)
Education	High School Dropout High School Graduate Some College College Degree or more (omitted)
Employment Status	Employed Unemployed Out of Labor Force: Disabled/Other Retired (omitted)
Housing Status	Renter Homeowner (omitted)
Gender	Male Female (omitted)
Household Size	Lives with Others Lives Alone (omitted)
Multigenerational Household	Resident Grandchildren No Resident Grandchildren (omitted)

factors in *X* include many of those discussed in the prior section as summarized in Box 1 with some modifications (the reference group is noted in parentheses as "omitted"). Specifically I expand racial categories to include Asian, Pacific Islander, and Native Americans in the "other race" category; I separate out the high school graduate and some college group; and because disability status as defined in Figure 8 above is not available until 2009, I instead use detailed employment status (employed, unemployed, out of the labor force due to disability or some other

non-retirement reason, and retirement). The year fixed effects serve as controls for any aggregate year-specific shocks that affect all seniors the same in any given year, e.g. price spike in food, natural gas, etc...

A. Estimation Results

Table 1 presents the estimates of the regression model in equation (1) using the national sample of individuals age 60 and older from the 2001-2021 December CPS. The first column contains the coefficients from the probit regression along with the robust standard errors adjusted for heteroskedasticity, but because the probit coefficients only reveal the direction of the association between a risk factor and food insecurity and not the magnitude, the second column contains the marginal effects and the associated standard errors that provide estimated magnitude and direction of effects.

The estimates in Table 1 indicate that holding other factors constant, seniors with incomes that place them below the poverty line have a 13.7 percentage point increase in the risk of food insecurity relative to those with incomes above two times the poverty line. Given that the average food insecurity rate across the sample period is 7.3 percent, it becomes clear that poverty status is the leading risk factor for food insecurity among seniors. Looking down the column of marginal effects, we confirm the prior literature's estimated relationships in that the risk of food insecurity is higher among African American seniors who are on average 3.8 percentage points more likely to be food insecure than White seniors; younger seniors age 60-69 have a risk 3.8 percentage points higher than those age 80 and older; those who are widowed, divorced, or separated have a 3.3 percentage point greater risk of food insecurity than those married, which is higher than the risk factor for the never married (2.2 percentage points); those seniors who lack at least a high school diploma have effect sizes double the other education categories; those who

are unemployed or out of the labor force for non-retirement reasons also have very elevated risks of food insecurity compared to retired seniors; renters on average face risks of food insecurity nearly 4 percentage points higher than homeowners; and those raising grandchildren have risks 3.1 percentage points higher than seniors without resident grandchildren.

Table1. The Effect of Socioeconomic Characteristics on Food Insecurity

VARIABLES	(1) Probit Coefficients	(2) Marginal Effects
Income <= 100% FPL	0.887***	0.137***
	(0.011)	(0.002)
Income > 100% & <= 200% FPL	0.651***	0.080***
	(0.009)	(0.001)
Missing Income	0.167***	0.015***
	(0.010)	(0.001)
Black	0.348***	0.038***
	(0.010)	(0.001)
Other Race	0.160***	0.015***
	(0.014)	(0.001)
Hispanic	0.234***	0.024***
	(0.012)	(0.001)
Age 60-69	0.449***	0.038***
	(0.011)	(0.001)
Age 70-79	0.278***	0.026***
	(0.011)	(0.001)
Never Married	0.216***	0.022***
	(0.015)	(0.002)
Widowed, Divorced, or Separated	0.356***	0.033***
	(0.009)	(0.001)
Less Than High School	0.461***	0.052***
	(0.012)	(0.002)
High School	0.273***	0.025***
	(0.010)	(0.001)
Some College	0.268***	0.026***
	(0.011)	(0.001)
Employed	0.002	0.000
	(0.009)	(0.001)
Unemployed	0.574***	0.078***
	(0.023)	(0.004)
OLF: Disability or Other	0.470***	0.056***
	(0.010)	(0.002)
Renter	0.362***	0.038***
	(0.008)	(0.001)
Male	0.014**	0.001**
	(0.007)	(0.001)
Lives with Others	0.153***	0.012***

	(0.010)	(0.001)
Multigenerational Household	0.289***	0.031***
	(0.013)	(0.002)
Constant	-3.221***	
	(0.024)	
Observations	441,587	441,587

Note: Robust standard errors in parentheses. Model also includes controls for year fixed effects. Statistical significance*** p<0.01, ** p<0.05, * p<0.1
Source: Author's calculations from 2001-2022 December Current Population Survey

B. Counterfactual Predictions on Closing the Food Insecurity Gap

With the estimated parameters from the regression model, I conduct a number of counterfactual predictions on how senior food insecurity in the District evolved relative to the nation and the comparison cities over the past two decades, and how those predictions would change under alternative socioeconomic conditions.

Specifically, using the average value of the characteristics in each year and the estimated probit coefficients, I first define the predicted food insecurity gap between DC and the nation (comparison cities) as

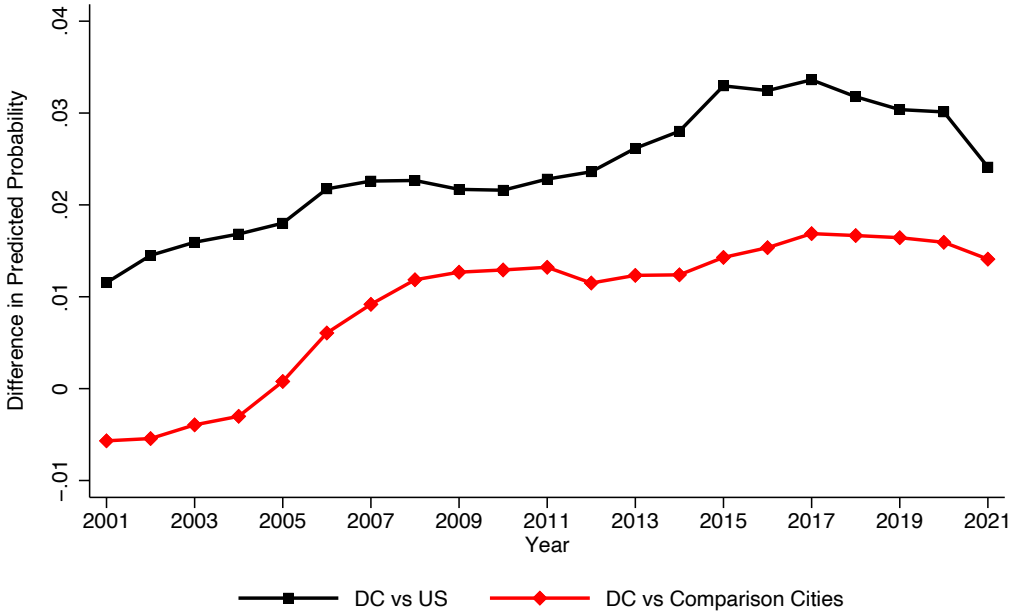
$$(2) \qquad \widehat{FI\ gap}_t = \widehat{FI}_t^{DC} - \widehat{FI}_t^{j},$$

where j denotes for the nation (US) or the comparison cities (CC), and the terms on the right hand side are $\widehat{FI}_t^{DC} \equiv \Phi(\bar{X}_t^{DC}\hat{p} + \hat{\delta}_t)$ and $\widehat{FI}_t^{j} \equiv \Phi(\bar{X}_t^{j}\hat{p} + \hat{\delta}_t)$, with Φ is the cumulative normal distribution function. The predicted values are evaluated at the sample averages of the socioeconomic characteristics $\bar{X}_t$ for DC residents and the respective comparison group, and $\hat{p}$ and $\hat{\delta}_t$ are the estimated coefficients and year fixed effects.

Figure 10 depicts trends in the predicted food insecurity gap between DC and nation and DC and the comparison cities. As foreshadowed in Figure 1, the predicted gap in food insecurity between DC and the nation widened over time, from one percentage point in 2001 to over 3

percentage points, while that between DC and the comparison cities went from -0.5 percentage point (meaning DC was predicted to be lower) to just over 1 percentage point.

Figure 10. Predicted Food Insecurity Gap Between DC and Comparison Groups



Note: DC and Comparison Cities based on 5–year moving average
Source: Author's calculations from December Current Population Survey 2001–2021

The counterfactual exercise then is to replace some of the average values of the socioeconomic characteristics in DC with those from the nation or comparison cities to examine how much of the food insecurity gap could hypothetically be closed under different demographic outcomes. That is, I replace the average values of these characteristics in the prediction for DC as follows

$$(3) \qquad \widehat{FI}_t^{j,DC} = \Phi(\bar{Z}_t^j \hat{p}_z + \bar{D}_t^{DC} \hat{p}_D + \hat{\delta}_t),$$

where $\bar{Z}_t^j$ are the subset of demographic factors set at values from the US or comparison cities, $\hat{p}_Z$ are the associated estimated probit coefficients on those variables, and the D are rest of the risk factors set at the DC values with their associated probit coefficients.

The descriptive figures in Section IV noted some important trend differences in the share of seniors living in poverty or near poverty, the share never married or widowed/divorced/separated, the share renting, and the share raising grandchildren in a multigenerational household. Thus I replace those four variables with the average levels from the US (comparison cities) in equation (3), and then examine how predicted food insecurity in DC changes under the counterfactual compared to the actual prediction in equation (2); that is, I report $\widehat{FI}_t^{j,DC} - \widehat{FI}_t^{DC}$. Values greater than zero indicate a worsening of predicted food insecurity in DC, and negative values indicate improvements.

Figure 11. Change in Predicted Food Insecurity in DC under Counterfactuals

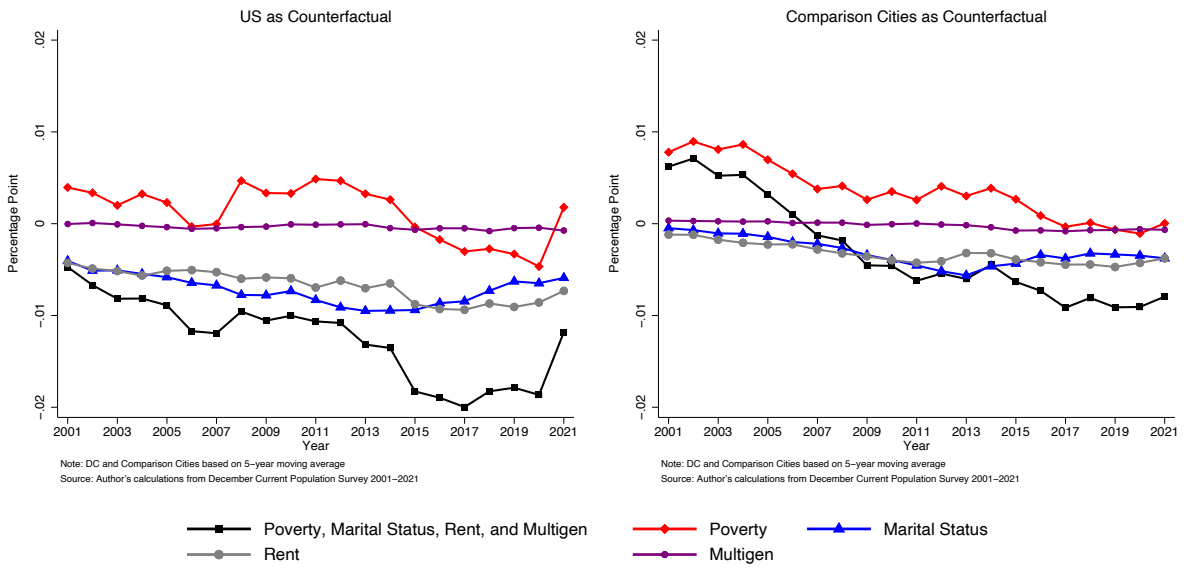


Figure 11 shows that when we replace the DC average values of poverty status (less than 100% FPL, 100-200% FPL, missing income), marital status (never married, widowed/divorced/separated), living in a rental unit, and living in a multigenerational household with either the US values or the comparison cities values then we predict a substantial decline in food insecurity among seniors in the District, especially over the last decade. For example,

Figure 10 indicates that the predicted gap in food insecurity between DC and the US is just over 3 percentage points at the peak gap year of 2017, while Figure 11 indicates that DC food insecurity was predicted to be 2 percentage points lower in 2017 if it had the US values for poverty status, marital status, rental housing, and multigenerational households. In other words, the predicted gap would be about 60 percent lower. A similar percentage closing of the gap is obtained in 2017 if we use the comparison cities values as the counterfactual.

The other lines in Figure 11 depict the reduction in DC food insecurity if we change the four factors one by one. For much of the period, poverty was lower in DC compared to the US overall and the comparison cities and thus predicted food insecurity in DC would be higher under the counterfactual. However, as noted in Figure 2, the last five years of the sample period saw a reversal with poverty in DC exceeding the US and comparison cities, and thus food insecurity would be predicted to be lower if DC's poverty and near poverty rates had been lower like the comparison groups. The two factors that exert the most deleterious influence on DC food insecurity are the lower rates of marriage and the share living in rental housing. Roughly one-third of the predicted food insecurity gap with the nation is accounted for by higher rates of rental housing. However, even though the share of seniors in DC raising grandchildren has increased relative to the comparison groups in recent years, it is such a small portion of households that it has only a negligible effect on predicted food insecurity at average values.

C. Accounting for Excess Food Insecurity

The last part of the empirical analysis is to examine whether local macroeconomic factors omitted from the empirical model of equation (1) and reported in Table 1 can account for some of the unexplained portion of food insecurity. The basic idea is to predict excess food insecurity in location *l* as

(4) $\widehat{EFI}_{lt} = \overline{FS}_{lt} - \overline{\widehat{FS}}_{lt}$

where $\widehat{EFI}_{lt}$ is the "excess" food insecurity in city *l* in time *t* that is defined as the difference between the 5-year moving average city food insecurity rate ($\overline{FS}_{lt}$) and the 5-year moving average predicted food insecurity rate from the probit regression ($\overline{\widehat{FS}}_{lt}$).[6] Note that if excess food insecurity ($\widehat{EFI}_{jl}$) is negative then the city has macroeconomic or policy factors to pull food insecurity down relative to what would have been expected given the composition of seniors in the city, while if $\widehat{EFI}_{lt}$ is positive then this suggests that city economic outcomes and policy choices are pushing food insecurity above what would be expected.

I then relate city-level economic factors to the predicted excess food insecurity for DC and the set of comparison cities by estimating the following linear regression model:

(5) $\widehat{EFI}_{lt} = W_{lt}q + e_{lt}$

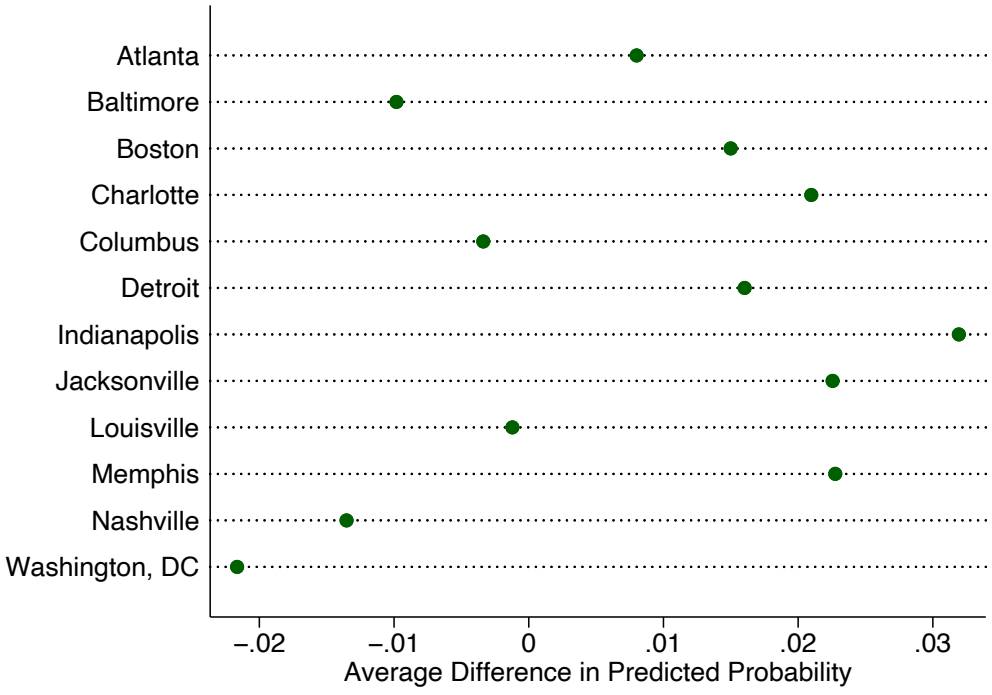
where W_{lt} are city-level factors that include measures of the macroeconomy capturing the labor-market and earnings distribution of each community. These include the unemployment rate, median earnings, and the ratio of the 90th percentile of earnings to the 10th percentile (a ratio of 1 means equality and thus inequality is increasing as the ratio exceeds 1).[7] I also control for the size of the city to adjust for any across-city differences in the potential labor force. If much of the excess food insecurity remains unexplained by local economic factors, then this potentially points to changes in local policies affecting food security of seniors. The focus here will be on DC and how it compares to the other cities of similar size and composition.

[6] $\overline{\widehat{FS}}_{lt}$ is constructed by taking the five-year moving average of individual predictions instead of predictions of five-year averages as in Figures 10 and 11.

[7] Measures of the city unemployment rate and earnings distribution come from the 2002-2022 Annual Social and Economic Supplement to the Current Population Survey. The supplement is collected in March of each year and is the official source of Census income statistics used in poverty and inequality measurement. To minimize employment and earnings volatility of very young workers, the sample used is those ages 25 and older. Similar to the food insecurity measures, I use 5-year moving averages of the city employment and earnings data.

With the estimated probit coefficients in Table 1 from the national sample and the relationship in equation (4), Figure 12 presents the average excess food insecurity for the District and each of the comparison cities listed in alphabetic order. A value of 0 means that on average the set of socioeconomic characteristics in the city included in the regression model predict what would be the expected level of food insecurity, while negative values indicate that there are macroeconomic or policy factors that decrease food insecurity relative to what the model predicts and positive values of excess food insecurity suggest additional forces pushing up food insecurity relative to what is predicted. The figure indicates that on average the District has omitted macro or policy forces that have pulled down food insecurity relative to predicted expectations, while most of the balance of cities have macro and policy factors working in the opposite direction. The cities of Columbus and Louisville have socioeconomic characteristics that on average effectively predict rates of food insecurity.

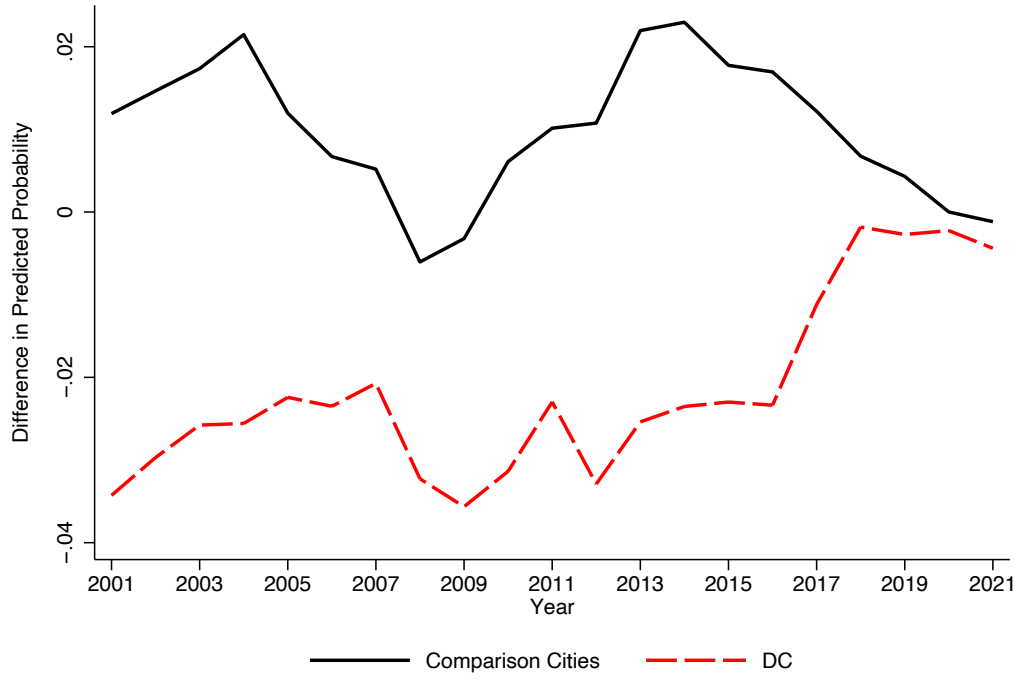
Figure 12. Average Estimated Excess Food Insecurity



Source: Author's calculations from December Current Population Survey 2001–2021

Figure 13 depicts the evolution of excess food insecurity over time instead of the average in Figure 12. For ease of presentation, I show the average across the comparison cities instead of individually. The figure shows that the forces that kept food insecurity in DC below what was expected based on DC's socioeconomic characteristics progressively dissipated over time such that by 2018 estimated excess food insecurity was zero. However, just as DC was losing the benefit of these extra factors, the comparison cities were gaining them, and pulling excess food insecurity toward zero.

Figure 13. Evolution of Excess Food Insecurity



Source: Author's calculations from December Current Population Survey 2001–2021

Because there are many years prior to 2017 where excess food insecurity lies either below zero (DC) or above zero (comparison cities), I next present estimates of equation (5) that relates excess food insecurity to local labor market conditions and the earnings distribution. The first column of Table 2 shows the baseline results of a very parsimonious regression of excess food insecurity from DC and the eleven comparison cities on those locations unemployment rate,

median earnings (in thousands of 2021 inflation-adjusted dollars), the ratio of 90-10 earnings inequality, and population (per 10,000 residents), along with a constant term. Columns (2) – (4) then augment that specification by successively adding additional control variables—first with so-called city fixed effects that control for permanent time-invariant differences across the twelve cities (e.g. Boston is permanently adjacent to water while Indianapolis is permanently land-locked); then in column (3) I add linearly trending city fixed effects which capture slowly trending differences across cities (e.g. perhaps differential economic/housing development or trending differences in health outcomes like life expectancy); and finally in column (4) I include year fixed effects, which control for aggregate factors (business cycle, political, policy) that affect each city the same in each year but differently across years. The latter permit city-level deviations in year effects from the overall regression model estimated in Table 1.

Table 2. The Effect of Local Labor Market Factors on Excess Food Insecurity

VARIABLES	(1)	(2)	(3)	(4)
Unemployment Rate	-0.0036*	-0.0026	-0.0055***	0.0024
	(0.0019)	(0.0024)	(0.0021)	(0.0027)
Median Earnings ($2021 '000s)	-0.0015***	-0.0014***	-0.0005	-0.0006
	(0.0003)	(0.0005)	(0.0007)	(0.0007)
Earnings Inequality (90-10)	0.0041**	0.0028	0.0047**	0.0072***
	(0.0017)	(0.0022)	(0.0021)	(0.0022)
Population (per 10,000)	0.0003**	0.0002	0.0010***	0.0006
	(0.0001)	(0.0002)	(0.0003)	(0.0004)
Observations	252	252	252	252
R-squared	0.1217	0.2304	0.5425	0.5857
City Fixed Effects	No	Yes	Yes	Yes
City Trend Effects	No	No	Yes	Yes
Year Fixed Effects	No	No	No	Yes

Note: Robust standard errors in parentheses. Statistical significance*** p<0.01, ** p<0.05, * p<0.1
Source: Author's calculations from 2001-2022 December Current Population Survey

Column (1) of Table 2 shows a somewhat unexpected result that higher unemployment leads to reductions in excess food insecurity, but based on the specifications in columns (2)-(4) this result is somewhat volatile and ends up switching to the expected positive sign in column

(4), though it is not statistically distinguishable from zero. We do expect higher median earnings to result in lower excess food insecurity, and this is what we find in Table 2, though again statistical significance is lost once we add unrestricted year fixed effects to the model. There is also compelling evidence that widening inequality in the distribution of earnings leads to higher excess food insecurity, and likewise cities with greater population pressures have higher excess insecurity. The R-Squared increases from 0.12 to 0.59, meaning the baseline model only explains 12 percent of the across city variation in excess food insecurity, whereas the model captures 59 percent of the variation once we add city fixed effects and trends and year fixed effects. The big increase in explained variation comes between columns (2) and (3), suggesting that much of the unexplained variation in excess food insecurity comes in the form of slowly trending factors at the city level. However, as seen in Figure 13, most of these unexplained differences in food insecurity occurred in the years before the Great Recession, and in recent years most of food insecurity in DC and the comparison cities is well accounted by the observed socioeconomic characteristics in the model.

VI. Conclusion

The District of Columbia has experienced a sustained increase in food insecurity among the older population of adults in the decade after the Great Recession. The evidence in this report points to main three factors contributing to this growth: rising rates of poverty and near poverty; declines in the share of seniors who are married; and the rising share of seniors residing in rental housing. Counterfactual predictions suggest that in recent years about 60 percent of the gap between senior food insecurity in DC and that in the nation overall and among a select group of comparison cities can be accounted for by these three factors. Addressing rising poverty and reliance on rental housing among seniors in DC are amenable to direct action on the part of local

policymakers. The third factor, marriage, is part of a broad secular change affecting all developed economies and is unlikely to be substantively altered by local policy decisions.

District policymakers could consider programs that redistribute income to low-income seniors by providing a monthly top-up to those seniors reliant on Social Security, or expanding the number and amount of supplements to those receiving Supplemental Security Income (SSI). Based on current policy, those over age 65 in the labor force without a qualifying child are not eligible for either the federal or District Earned Income Tax Credit (DC EITC). While DC policymakers cannot change federal policy, they could consider extending DC EITC eligibility to childless seniors. Several communities are experimenting with guaranteed income programs, and DC government could consider implementing such a program, and perhaps augmenting it with a rigorous evaluation to assess whether it substantively affects senior food insecurity.[8] In addition local policymakers could consider a rental subsidy program beyond the federal housing voucher program, which is severely limited in who receives assistance. The District has an affordable housing trust fund that subsidizes the construction of low-income housing, but those benefits are indirect and again limited to a select few. The housing affordability problem in the District is acute, and is particularly difficult to manage among those on fixed and limited incomes like many seniors.

Finally, given the large African American population in the District relative to the population of seniors nationally, additional research is needed to better understand whether the mechanisms and lived experiences of food insecurity differ within the District across seniors of different races and ethnicities.

[8] Guaranteed income programs generally differ from Universal Basic Income programs in that eligibility is restricted to low income households.

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DC Department of Aging and Community Analysis Summary

The DC Department of Aging and Community Living (DACL) consulted with the George Washington University to analyze sociodemographic characteristics of individuals in the District availing of nutrition services offered by the agency. This project was conducted in two phases, the first was when data from fiscal year (FY) 2021 was analyzed, and in phase 2, data across FY 2019, 2020, and 2021 was examined.

The DC DACL nutrition services includes congregate meals and home delivered meals accompanied with nutrition counseling and education. In addition, nutrition status is assessed based on a Nutrition Screening Instrument. In the FY 2019, 2020, and 2021, the DACL nutrition programs served 7314, 9015, and 8838 older residents of the District, respectively.

In general, sociodemographic characteristics of program participants were similar across the three fiscal years. For example, in the FY2019, the mean age of the participants was 76 years, 84% were African American and 68% were female. Sixty-four percent of the program participants were below the federal poverty level. About 63% of the participants being served by DACL nutrition programs reported living alone. A majority of the participants were renters (62%), followed by homeowners (32%). Fifty-seven percent of participants reported having a disability and 27% reported being frail. For Activities of Daily Living (ADL), 53% of program participants reported problems completing one or more ADL and amongst the six ADLs examined, walking was a significant concern that was reported by 47% of the program participants. Difficulties with Instrumental Activities of Daily Living (IADLs) were reported by 65% of the study participants; with ability to do heavy housework (54%), meal preparation (46%), and shopping (45%) as the top three concerns.

The DACL intake form includes a nutrition screener with 10 questions related to dietary habits and access to healthy foods. Over 75% of the participants in FY2019 reported that they took 3 or more different prescribed or over-the-counter drugs daily, and that they ate alone most of the time. About half of the participants reported that they had a condition or illness that made them change the kind or amount of food they ate (54%), that they eat few fruits or vegetables or milk products (50%), that they did not have sufficient money to buy the food that they needed (49%), and that they were not always physically able to shop, cook, and feed themselves (60%).

About 61% of the participants were classified as high risk as per the nutritional screener set of questions in FY2019. Participation in the congregate meals program was slightly higher than that for home delivered meals (47% vs. 53%). The percent of participants who were at high risk for nutrition-related concerns increased in FY2020 (68%) and FY2021 (73%), and participation in the home delivered meals was higher than that for congregate meals program (89% vs. 12% in

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FY2020 and 93% vs. 7% in FY2021)- which may be reflective of pivoting to home delivered meals due to the Covid 19 pandemic.

There was no difference in nutrition status and participation of nutrition services between men and women and between above and below poverty level across the three fiscal years examined. African American participants were more likely to be classified as being high risk for nutrition-related concerns and have a higher percent participating in home delivered meals program compared to other races. Participants in the 60-69 y age-group were more likely to be classified as having high risk of nutritional health compared to other age-groups, and older participants tend to participate in home delivered meals. Participation in home delivered meals and participants with ADL or IADL disabilities were found to be associated with high risk for nutrition health across three fiscal years.

There were also significant differences for all of the examined socio-demographic, housing and health related characteristics by race and age-groups. There was a small difference for mean age, wherein African American participants were slightly younger. When federal poverty levels were examined, Asian participants had the highest proportion below poverty level. A lower proportion of Asian and participants of other ethnic groups reported living alone. When housing arrangements were examined, a higher proportion of Asian participants reported renting. On examining health related characteristics, a higher proportion of African Americans reported having a disability, being frail, and having a limitation related to an ADL and IADL. The <60 y age-group had the lowest percentage of women across all of the age-groups examined, while the >90 y age-group had the highest. There was a direct, inverse association between age and proportion of those below poverty level. As age increased participants were less likely to report living alone. Frailty, presence of an ADL and IADL limitation all increased as age increased.