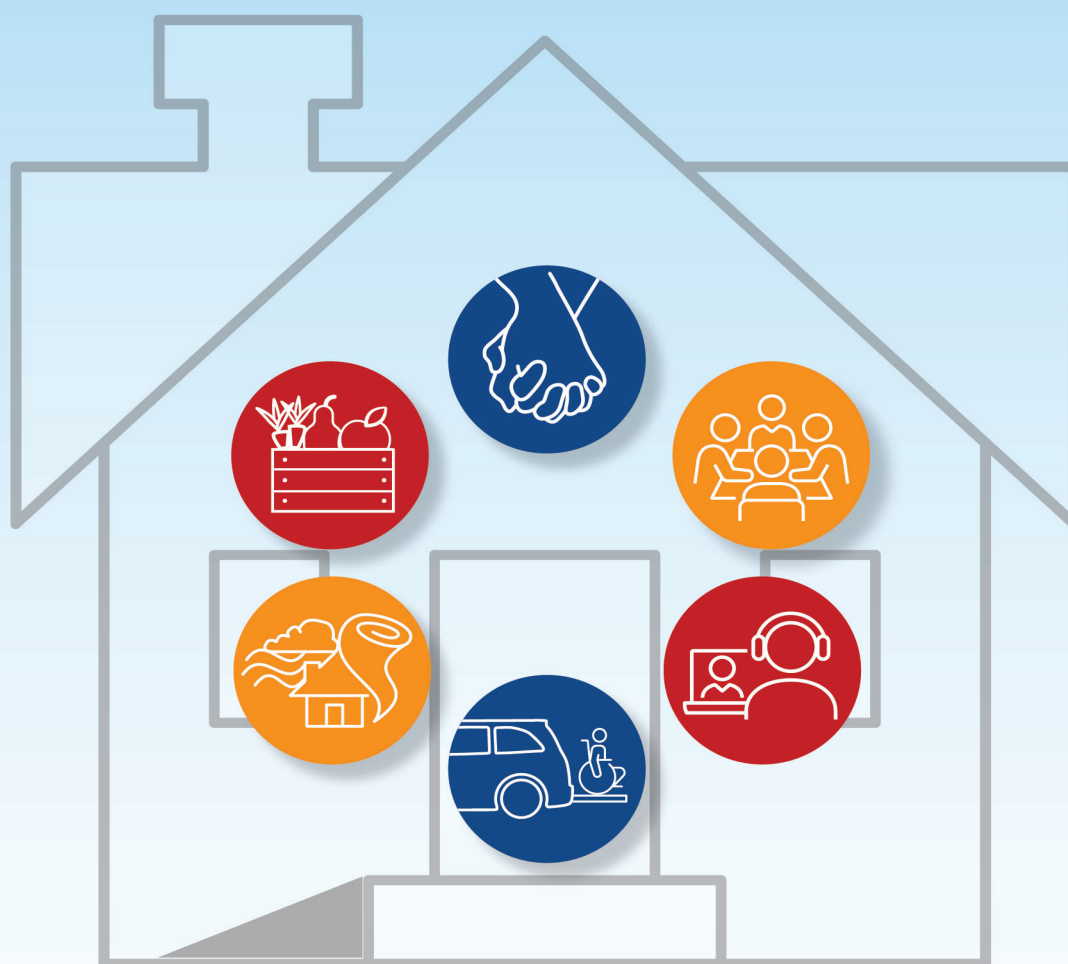


ACL Rapid Cycle Research and Evaluation



Serving Native Elders During the COVID-19
Pandemic: Findings From an Analysis of
Title VI Grantee 2020 Program
Performance Report Data

Serving Native Elders During the COVID-19 Pandemic: Findings From an Analysis of Title VI Grantee 2020 Program Performance Report Data

Contract Number: HHSP233201500039I / 75P00120F37027

Submitted on: June 1, 2022

Recommended citation: Administration for Community Living. (2022). *Serving Native Elders During the COVID-19 Pandemic: Findings From an Analysis of Title VI Grantee 2020 Program Performance Report Data*. U.S. Department of Health and Human Services.

We would like to thank the RTI team, Melissa Hunter, Marque Long, Becky Durocher, Natalie Mulmule, and Michael Hayes, for preparing this report. We gratefully acknowledge the many contributions of ACL staff, especially our project officer, Kristen Hudgins, PhD. Michelle Myers provided excellent editing and document preparation.

Contents

Section	Page
Executive Summary	1
Background	1
Results	2
Impact of COVID-19	2
Nutrition Services	2
Congregate Meals	3
Home-Delivered Meals	3
Other Nutrition Services	4
Health and Safety	5
Personal Protective Equipment	5
Access to Prescriptions and Health Services	5
Durable Medical Equipment	6
Wellness Checks	6
Social Supports	6
Group Activities	6
Individual Activities	7
Virtual Programming	8
Intergenerational Activities	8
Caregiver Support	8
In-Home Supports	8
Household Items	9
Home Safety	9
Access Services	9
Information, Referral, and Benefits Enrollment	9
Transportation and Errand Assistance	10
Technology	10
Communication	10
Newsletters and Flyers	11
Text Message or Phone Call Check-Ins	11
Card Deliveries	11

Mass Media..... 11
Other Communication Techniques..... 12
Conclusion 13

Appendices

Methods..... A-1

EXECUTIVE SUMMARY

Title VI grantees are Native organizations and service providers that offer nutrition and supportive services to older American Indians, Alaska Natives, Native Americans, and their caregivers. They receive funding through the Older Americans Act (OAA) to provide services that keep Native Elders safely in their homes and communities. During the 2020 reporting period, grantees received additional funding through the Families First Coronavirus Response Act; Coronavirus Aid, Relief and Economic Recovery Act; and other sources in response to the COVID-19 public health emergency (PHE). Grantees were also given spending flexibility because of the Major Disaster Declaration during this time.

Grantees report annually on how they spend funds provided to them through OAA, and during the 2020 reporting period, which ran from April 1, 2020, through March 31, 2021, they were also asked to report on how they spent their supplemental funds. They provide quantitative data about how many people they serve and how many units of service they provide for each service category. They are also given the opportunity to provide written responses to various prompts to better illustrate the work they are doing in their communities.

The 2020 reporting period was during the peak of the COVID-19 PHE. The Administration for Community Living sought to learn more about how grantees served their communities during this time. This report analyzes the qualitative responses provided by Title VI grantees in their 2020 Program Performance Reports (PPRs) to better understand what Title VI grantees said about their programs during this time. Analysts reviewed grantee responses to each of the three qualitative prompts in the PPR, coded the responses based on the content, and identified recurring major themes.

Findings fall into several main themes: the overall impact of COVID-19; how grantees continued to provide nutrition services, health and safety supports, social supports, in-home supports, and access services to Native Elders; and changes in communication techniques used by grantees. Each of these is expanded upon in the report, with specific examples from grantees provided.

BACKGROUND

Title VI grantees are Native organizations and service providers that offer nutrition and supportive services to older American Indians, Alaska Natives, Native Americans, and their caregivers. They receive funding through the Older Americans Act (OAA) to provide these services each year. Grantees received additional funding through the Families First Coronavirus Response Act; Coronavirus Aid, Relief and Economic Recovery Act; and other sources, and spending flexibilities because of the Major Disaster Declaration, in response to the COVID-19 public health emergency (PHE) during the 2020 reporting period. These additional funds and flexibilities were meant to help grantees address the needs of their communities during the pandemic.

Each year, Title VI grantees report on how they spent their funds in a Program Performance Report (PPR). All grantees provide quantitative data on the number of people they served and total service units they provided for each OAA service. They are also given the opportunity to respond to prompts related to what other supportive services they provided through their Part A/B funding; what is included in their financial reporting; and how the community benefited from their Title VI programs during the PPR reporting period. While the first two prompts are related explicitly to Part A/B funding, the storytelling prompt provided grantees an opportunity to share about the impact of Part C (caregiver) services as well.

The 2020 PPR reporting period ran from April 1, 2020, through March 31, 2021, as grantees were navigating the COVID-19 PHE. Grantees continued to serve their Native Elders while maintaining social distancing and other public health safety requirements. The Administration for Community Living (ACL) sought to learn what Title VI grantees said about their programs during this unique and challenging time. This report summarizes findings from Title VI grantees' written PPR responses to answer this question.

RESULTS

IMPACT OF COVID-19

It is no surprise that the 2020 reporting period was a difficult one for many grantees. Some grantees reported completely stopping services for Native Elders for some amount of time during the reporting period. Others noted that they were busier than ever trying to keep up with new clients and ever-



“I would like to acknowledge our dedicated staff. They have been very brave in providing services to our elders through the toughest times.”

— Pueblo de Cochiti Elder Program

changing public health precautions. Many grantees were working with fewer available staff because of furloughs or resignations. When staff positions did become available, it was difficult for grantees to fill them. Despite these challenges, they noted that their staff were courageous in the face of COVID-19 as they continued trying to serve Native Elders.

Fifty-five grantees noted that they stopped in-person services during this reporting period—particularly home visits, congregate meals, and visits to nursing homes or assisted living facilities. Several grantees (n = 4) specifically said that this led to increased isolation or depression for the people they serve. Others reported that some of their Native Elders and staff contracted the virus, and that there was constant fear about the spread of COVID-19. Even so, grantees worked to implement new services and help Native Elders in any way they could.

NUTRITION SERVICES

Nutrition services—including congregate and home-delivered meals, nutrition education, and nutrition counseling—are integral to helping Native Elders stay safe and supported in their communities. Service delivery was drastically altered during the 2020 reporting period because of the PHE. The number of people enrolled in nutrition services increased for many grantees, with several reporting that they had record numbers of people registered for meals during this time. Leech Lake Band of Ojibwe, for example, reported the number of participants in their nutrition program increased 150% during the 2020 reporting period. Grantees needed to find ways to provide nutrition services to more people under difficult circumstances.

Congregate Meals

Congregate meals are served in a group setting and provide an opportunity for Native Elders to not only access healthy meals, but also socialize with others in their community. At the onset of the pandemic, many Title VI grantees made the difficult decision to close their congregate meal sites to prevent community spread of the coronavirus. Of the 53



“...our title VI program has provided the only place for Elders to gather and have a meal together. This congregate meal site has only been operating for a little over a year now and during the COVID-19 pandemic it was the only steady, reliable meal that Elders received during this time.”

— Aleutian Pribilof Islands Association, Inc

grantees who mentioned congregate meals in their qualitative reporting, 55% (n = 29) noted that sites were closed or non-operational during this time. However, some made the decision to stay open as much as possible because they were the only available place for Elders get a meal and they recognized “the need for our people to be together and share a meal.” Many grantees (n = 28) reported that they shifted to providing food boxes or curbside pickup of meals at congregate meals sites instead of sit-down meals. This gave Elders an opportunity to get out of their homes if they wanted to get the meals themselves. Sonoma County Indian Health Project said, “drive-through meals [ensured] that our seniors were still able to get daily hot meals, some social interaction, and interaction with staff.” It also gave grantees an opportunity to provide supplemental food items to Elders outside of premade meals.

Home-Delivered Meals

Those participating in home-delivered meal programs must be unable to leave home without difficulty because of illness, disability, or fragility. During the 2020 reporting period, however, eligibility requirements were relaxed because of the closure of congregate meal sites, and grantees were able to enroll more people into their home-delivered meal programs.

A total of 148 grantees reported on their home-delivered meals programs. Their delivery programs were staffed by volunteers and program staff, and deliveries ranged between 2 and 7 days a week. Most deliveries were hot meals with fresh meats, fruits, and vegetables, but some grantees also noted including frozen foods and snacks in the deliveries. Several grantees provided coolers and ice boxes to keep food fresh if it needed to be dropped off on porches.

Home deliveries also afforded staff the opportunity to conduct welfare checks on Native Elders to confirm that they were staying healthy and had enough to eat. Grantees reported that even though staff were masked and distanced, Elders were still happy to see someone briefly during meal drop offs. Some grantees seized on the meal deliveries as an opportunity to include additional services and supplies to Elders who were unable or unwilling to leave their homes during the PHE. Examples of these add-on services included providing art activities, masks, and wellness resource information. Grantees included flyers and memos with home-delivered meals as a way to ensure that Elders were receiving accurate information. White Earth Reservation Tribal Council even reported providing the COVID-19 vaccine as a part of their home-delivered meals program.



Other Nutrition Services

For some grantees, funds were used for activities beyond the traditional congregate and meal delivery programs. Six grantees reported spending funds on vehicles to help with meal delivery or other food distribution purposes, and five noted that they used funds to pay for fuel used during deliveries. Grantees (n = 5) also spent funds on freezers or other kitchen equipment to help expand their nutrition services.

Craig Tribal Association distributed 109 vegetable plants to their Elders. Funds in Port Gamble S'Klallam Tribe went toward maintaining a community garden that Elders could visit to gather fresh produce. One tribe (Confederated Tribes of Siletz Indians) purchased a cow, and another worked to get buffalo and beef donations (Fort Peck Assiniboine & Sioux Tribes). Yakama Nation distributed 100 boxes of seafood donated from the Nisqually Tribe. Two grantees noted that they provided water and other hydration delivery in addition to food.

Several grantees (n = 5) noted that the price of food increased during this reporting period and that the COVID-19 supplemental funding helped them deal with those price increases. Nine grantees provided Elders with grocery store gift cards or vouchers to help them manage these price increases.

HEALTH AND SAFETY

Personal Protective Equipment

Title VI grantees reported using their funds to ensure the health and safety of their Elders in various ways. The pandemic was the focus of much of these efforts, and many grantees (n = 47) reported that they provided their communities with personal protective equipment (PPE) such as masks, gloves, and face shields. Several grantees (n = 22) also provided items like cleaning supplies and hand sanitizer. These items were either purchased by the grantees themselves using OAA or other supplemental funds or obtained through community partnerships with local hospitals or other community health organizations.



“The senior center staff is committed [to] keeping our Elder community healthy and safe by providing protective masks, PPE, disinfecting supplies, hygiene items and distributing COVID-19 updates via flyers.”

— Pascua Yaqui Tribe

United Indian Health Services Inc. for Tolowa Dee-ni' Nation purchased sewing machines and supplies so that Elder volunteers could make masks. These masks were then handed out in monthly to-go packs that included water bottles, hand sanitizer, and health information, and distributed during meal deliveries or available for curbside pickup at community centers. It was important to grantees that these materials were easily accessible to their Elders to prevent the spread of COVID-19.

Access to Prescriptions and Health Services

Once COVID-19 vaccinations became available, several grantees reported efforts to ensure that Elders could safely receive the vaccine. Many (n = 19) reported including information about where vaccines were available in newsletters and flyers. They also helped Elders schedule their appointments and provided transportation to those appointments. Some (n = 5) held vaccination clinics at their community centers. For Elders who were homebound or did not have transportation, a few grantees (n = 2) were able to provide the vaccine in the Elder's home, including during meal deliveries.

It was important that Elders continued to receive normal health care services throughout the year as well. Grantees (n = 8) made sure that Elders continued to have access to their prescriptions by doing prescription pickup and delivery or helping Elders set up online prescription delivery. Others (n = 12) reported providing transportation to routine medical appointments.

Durable Medical Equipment

The transition to sheltering in place during the PHE was a significant change, and grantees wanted to make sure that their Elders were remaining safe in their homes. Some grantees (n = 6) purchased durable medical equipment like grab bars, wheelchairs, canes, walkers, and shower chairs. These could either be delivered upon request or were available for pickup at the senior centers' lending closets. One grantee (Wilton Rancheria) reported installing safety grab bars in 17 Elders' homes and another purchased a hospital bed to have on hand for Elders returning from hospital stays (Makah Tribe). Two grantees purchased emergency monitoring devices like bracelets and necklaces that could connect Elders to emergency services in case of a fall.

Wellness Checks

Grantees tried to be proactive about anticipating the needs of their community members.

Several grantees (n = 16) emphasized the importance of doing wellness checks, especially to help monitor Elders living alone at home. Many completed wellness checks over the phone, but some also used their meal or supply delivery services

as an informal wellness check and were able to chat with Elders while social distancing. Grantees were able to determine whether an Elder needed personal care services or additional durable medical equipment, or was running low on PPE through these wellness checks.



“The Title VI program also was able to monitor elders at [their] homes and help to meet their medical needs such as being able to make telephone or online medical appointments, and to assist with getting their groceries in a safe manner.”

*— Toiyabe Indian Health Project, Inc. –
Southern*

SOCIAL SUPPORTS

Social connectedness has beneficial physical and mental health impacts, but the PHE limited people's ability to gather in person, and many grantees stopped their usual visits to people in their homes, including nursing homes and assisted living communities (n = 6). Despite this, Title VI grantees worked to combat social isolation and ensure that their Elders remained connected by providing activities to promote companionship and a sense of security.

Group Activities

Twenty-five grantees reported on ways they continued to gather safely during this time. One of the most common activities grantees hosted was bingo. Eleven grantees noted that they held “car bingo” events, in which Native Elders gathered in a parking lot and played bingo from their cars. Grand Portage Band of Lake Superior Chippewa said this gave people an opportunity to

“enjoy the afternoon outside of their homes.” Similarly, Ottawa Tribe of Oklahoma noted that it helped “to keep the spirits of our Elders up and reduce social isolation.”

Grantees also turned to outdoor cultural activities as a way to help Elders remain connected to their communities. Big Valley Band of Pomo Indians, for example, arranged some traditional tribal activities, including gathering seaweed and picking medicinal plants. These cultural activities varied based on the tribe, but five grantees noted that they were able to continue or revive these activities during this time.

Despite the unusual circumstances, grantees attempted to cultivate some normalcy for their Native Elders. Three noted that they continued to hold celebrations for holidays or special events, and three others reported that they still had social events, but they were physically distanced. One grantee (Kiowa Tribe of Oklahoma) reported holding a themed parade of cars so that tribal Elders could see each other.

Individual Activities

Another way grantees attempted to stave off boredom among their Native Elders was by providing them activities they could complete on their own. Thirty-nine grantees reported that they provided individual activities to their Native Elders. Most of these grantees (n = 32) said that they created activity packs that were



“When meals were delivered, there would on certain occasions be activities included for making crafts or supplies for giving out Halloween candy safely. There were also videos made by staff on how to make crafts and also Tai Chi exercise videos made by staff.”

— Squaxin Island Tribe

then delivered to Native Elders, often with deliveries of food or other essentials. These activity packs included arts and crafts materials, puzzles, word games, adult coloring books, and more. The arts and crafts kits were sometimes accompanied by a how-to video Elders could watch to complete the craft. While these sorts of activities were to be completed alone, they helped Native Elders feel connected to their communities at large.

Nine grantees created challenges or competitions that Elders could complete alone and turn in the results of to receive a prize. These included completed puzzles for an entry into a weekly raffle, participation contests such as door decorating, and scavenger hunts held outside. One grantee (Ottawa Tribe of Oklahoma) created Elder Bingo events where Elders would get bingo cards with various activities like reaching out to a friend, eating an apple, or taking a walk. These cards helped Native Elders remain connected and encouraged healthy behaviors.

Virtual Programming

Sixteen grantees reported pivoting from in-person activities to virtual programming during the 2020 reporting period. Virtual activities included talking circles and informal chats held via Zoom, cooking demonstrations, and cultural singing and drumming. They also included informational opportunities, such as Elders Council Meetings, question and answer sessions, and health presentations. Staff were often at these meetings and events to provide technical support to Native Elders. The switch to virtual programming allowed for continued connection among Native Elders, and one grantee said they will likely continue offering hybrid options for participation moving forward as a way to be more inclusive of all Native Elders.



“We have provided many opportunities for our Elders to gather virtually... These Elders are feeling more included than they have in the past when events were not offered virtually. In the future, when we are able to gather in person, we will maintain the opportunity for virtual participation in our meetings.”

— Confederated Tribes of Siletz Indians

Intergenerational Activities

Grantees continued to create opportunities to bring generations together. Ten grantees specifically noted holding intergenerational activities during this reporting period. Central Council Tlingit & Haida Indian Tribes of Alaska said that they used a “two generation approach” to connect Native Elders and youth to each other as mentors, where each person is learning from the other. They also reported holding a monthly community service project in which youth from a local high school partner with Native Elders to complete art projects. One youth participant said of the program, “Together we helped each other see our worth.”

Caregiver Support

Several grantees (n = 7) noted that the pandemic limited the support they were able to provide caregivers. Grantees provided telephonic support and written materials to caregivers, and some provided activities for grandparents caring for grandchildren. Two grantees reported that they still actively provided respite to caregivers during this time.

IN-HOME SUPPORTS

Grantees reported on ways they kept Native Elders safe and comfortable in their homes during the health pandemic. They did this by providing everyday household items (n = 24) and improving home safety (n = 25).

Household Items

Grantees purchased items to help Native Elders maintain their day-to-day household activities. Items included personal hygiene or toiletries (n = 12), cleaning supplies (n = 6), bedding (n = 6), and more. Common examples of personal hygiene items included soap, toothpaste, and toilet paper. Grantees who reported the total units they provided often noted the high volume of materials they purchased. For example, Fort Belknap Indian Community reported purchasing and distributing 16,867 packages of toilet paper during the reporting period.

Home Safety

Grantees also spent funds on enhancing Elders' homes to provide them with independence. Some common categories of spending included chores or home maintenance (n = 12), home modifications or purchases made to increase at-home mobility (n = 9), and heating services (n = 7).



"...with the help of our Title VI employee, our Tribal Housing Department, and our Tribal Medical Team, we were able to make her house accessible for her to move around and be comfortable in her own home. Having departments work together to provide services to this one elder changed her housing situation. She was able to return home and be with her family..."

— Nooksack Indian Tribe

Common chore and home maintenance activities included everything from lawncare to plumbing to salting icy sidewalks and driveways. Home modifications included installing ramps and grab bars. Grantees also helped provide heating services, which ranged from paying for utility bills to providing wood to heat Elders' homes.

ACCESS SERVICES

Access services help individuals get the information, referrals, and support they need to remain safely in their communities. Native Elders turned to local organizations as sources of reliable health information and for assistance with accessing services during the pandemic. Grantees reported providing information and referrals, benefits enrollment, transportation, legal support, case management, translation services, direct financial assistance, and more.

Information, Referral, and Benefits Enrollment

Many grantee organizations remained open during the PHE. Even if they were not seeing people face to face, they continued answering phone calls, responding to questions, and checking in on their Native Elders. Eight grantees mentioned maintaining or increasing their information and referral services during the pandemic. The cases they reported on in their PPRs

were often complex, as clients had more than one emergent need. Grantees worked with other organizations to meet these needs and provide wraparound services.

Four grantees reported that they helped clients enroll in various benefits programs during this time. These included Medicare and Medicaid enrollment, COVID assistance, Department of Veterans Affairs benefits, Supplemental Nutrition Assistance Program enrollment, disability applications, and Social Security. These critical sources of financial support helped Native Elders during a particularly challenging time, as costs for everyday items increased. One grantee (Wichita and Affiliated Tribes) also reported that they helped with voter registration during this time. Four grantees assisted Elders with temporary housing or provided research or legal services to help secure housing.

Transportation and Errand Assistance

Transportation is another critical access service for Native Elders. Two grantees specifically noted that they stopped transportation services during this time, while eight others reported that they continued to provide transportation as safely as possible so that Native Elders could get to appointments, grocery stores, post offices, and more. Eight grantees also mentioned that they started



“Our solution was COVID Shopping Assistance. We collected orders by phone...and delivered them to their homes on a pre-determined day. We worked with a local convenience store to fill the orders. We paid for the groceries using COVID funding, removing the need for staff to handle cash and allowed the Elders to keep what cash [they] did have until they could get to bank.”

— Saint Regis Mohawk Tribe

providing or increased shopping or errand assistance for Native Elders as a replacement for transportation services, as many Elders felt nervous to leave their homes during the pandemic.

Technology

Seven grantees discussed how they helped ensure that Native Elders remained connected and able to access each other and information during this time. Six reported that they bought and handed out electronic devices like laptops, tablets, and phones to help with this. These devices allowed Native Elders to participate in community events and social activities and stay in touch with loved ones.

COMMUNICATION

Grantees changed their communication techniques during the 2020 reporting period to match social distancing requirements and the reduction of in-person services. Thirty-nine grantees reported communicating with Elders through newsletters and flyers; telephone calls and texts;

cards and letters; and mass media such as TV, radio, and social media. Many grantees provided information about the pandemic, how to remain healthy, and what was going on in the community. Grantees also communicated with Elders to learn how to meet their needs and socialized with them to counteract some of their feelings of isolation and loneliness. Depending on the type of communication, grantees communicated with Native Elders on a daily, weekly, or monthly basis. Some grantees had multiple communication strategies.

Newsletters and Flyers

Nineteen grantees disseminated newsletters and flyers to Elders through the mail, in newspapers, and with home-delivered meals or drive-by meal pickups. Newsletters and flyers had information about COVID-19, reminders to stay safe during the pandemic, and non-COVID health-related updates such as exercise and nutrition tips. Leech Lake Band of Ojibwe sent out flyers and memos with meals for all health updates, procedure changes, and upcoming events. Jicarilla Apache Nation began a newsletter to keep Elders engaged and informed with medical advice and updates on COVID-19 in the community, health education, dietary advice, recipes, exercises, and meditation recommendations.

Text Message or Phone Call Check-Ins

Sixteen grantees called or texted Elders to check up on them and to provide them with vital information about resources, such as the availability of vaccination appointments and symptoms to watch out for if exposed to COVID-19. Southcentral Foundation reported increasing their monthly phone calls from once a month to once a week to help isolated Elders feel connected. Yerington Paiute Tribe reported having daily or weekly phone calls with Elders to learn about their needs so a staff member could respond to it and run errands for them.

Card Deliveries

Four grantees distributed cards and letters to Elders to socialize with them and provide them with emotional support throughout the pandemic. Little River Band of Ottawa Indians wrote notes on to-go containers and provided Elders with the materials to write a letter back. For Elders who had little to no family contact, sharing notes with them helped to cheer them up. One Elder wrote the grantee back to express how much she looked forward to the notes and how much she liked writing back. She told staff that it was the only thing she looked forward to. In Jicarilla Apache Nation, a pen pal project was started with another senior center between Native Elders who were living alone.

Mass Media

Seven grantees conveyed key information through TV, radio, social media, and other types of mass media. Mass media may have helped grantees promote information on a larger scale than other forms of communication. Inter-Tribal Council of Nevada, Inc. (Battle Mountain) created a TV commercial that had community members speaking in their own language to encourage people to follow CDC Guidelines and remind Elders they were not alone in the pandemic. Oglala

Sioux Tribe relayed information on the tribal website, weekly webinars, and on a radio program to keep Elders informed about the pandemic.

Other Communication Techniques

Six grantees reported other communication strategies to communicate with Elders in their PPR. Pleasant Point Passamaquoddy reported that one of their programs made color coded 8" x 11" sheets of paper for Elders to place on their doors: green paper with the words "I am okay"; yellow paper with "I need cleaning supplies, masks, gloves"; orange paper with "I need someone to talk to"; and red paper to indicate "I need medical attention." Staff checked the signs several times a day, 7 days a week, and responded accordingly to the signs.

CONCLUSION

The pandemic created many new, unexpected challenges for Title VI grantees and the communities they serve. However, it is clear that the Title VI grantee programs provided important support to their communities and many grantees (n = 33) expressed how grateful they were to be able to continue providing these services during the PHE. Grantees went above and beyond ensure that their community members were safe and healthy in their homes by providing food and PPE deliveries, transportation to medical appointments, arranging for home health or personal care services, and providing up-to-date information on COVID-19 testing and vaccinations. The grantees were especially proud to have been able to provide a sense of normalcy and connection to their Elders during a challenging time.

APPENDIX A: METHODS

The majority of the Title VI grantees responded to at least one of the qualitative prompts in the PPR, as shown in **Exhibit 1**. Of the 282 Title VI grantees, only 40 did not respond to any of the three prompts.

Exhibit 1. Grantees with Qualitative Data

PPR Prompt	N	%
Other Supportive Services	145	51
Financial	175	62
Storytelling	185	66

Source: ACL-provided download of Title VI 2020 PPR data

The team conducted a thematic analysis of all grantees' responses to the three prompts from the 2020 reporting period. Each prompt was analyzed separately to ensure that all data were reviewed and themes were captured. An Excel workbook was created for each of the three qualitative prompts, into which coded responses were entered. RTI used a combination of deductive and inductive coding for this process, starting with a set of predetermined codes for the prompts related to other supportive services and financial qualitative reports and generating all codes for the storytelling prompt. The initial codes for other supportive services and financial qualitative matched the areas for which grantees were required to provide quantitative data. For other supportive services, initial codes were Social Events; Health Promotion and Wellness Activities; and Nursing Facilities/Home or Residential Care Communities Visits. The initial codes financial qualitative were Part A/B: Staffing; Part A/B: Nutrition Services; Part A/B: Access Services; Part A/B: In-Home Services; and Part A/B: Other Supportive Services. A purely deductive approach was taken to coding the storytelling responses, so there were no initial codes provided to analysts.

Analysts reviewed grantee responses to each of the three prompts and assigned all or some of the text to codes based on the themes they saw in the response. A grantee's response may have been assigned to more than one code depending on how extensive the response was. If an analyst reviewed a grantee response and found that a relevant code did not yet exist, they used descriptive coding to summarize the content of the text into a word or phrase that captured what the grantee reported. The new code was added to the workbook for that prompt, and the relevant text or excerpt was copied into that column in the grantee's row. This process was repeated for all grantee data in each of the three workbooks. Each time an analyst read a grantee response, they first reviewed the available codes to see if it fit somewhere before creating a new code.

The team next combined the qualitative data from the three prompts into one workbook so that all grantee data for each of the three prompts were included in one place. Codes were reviewed and merged into similar concepts. This process led to the development of a set of overall themes that told the story of how grantees served their communities during the 2020 reporting period. These themes included the general impact of COVID-19, nutrition services, health and safety, social supports, in-home supports, access services, and communication techniques.