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Supporting People as They Age in Community: Information and Service Access

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This series of articles explores how Rhode Island can support people aging in community through housing, transportation, senior centers, and access to information.

Rhode Island's population is among the oldest in the country, and the number of older adults in the state continues to grow rapidly. By 2040, people over age 65 will make up a quarter of the state's population, up from 14% in 2010. The vast majority of these older adults will age in the community, rather than nursing homes or other forms of institutional care. For many people, aging in community is preferred because it offers greater independence, lower costs, and more opportunities for social interaction and community engagement. However, some older people struggle financially, physically, and emotionally to stay in homes or communities that are not designed to accommodate their changing needs. Robust programs, policies, and supports are needed in order for aging in the community to truly benefit seniors, their caretakers, and the state as a whole.

As people age, they often rely on the support of public and private programs to help them live healthy, independent lives. What if older people and their caregivers had access to a single website, phone number, or office that could connect them with all the support and resources they need, from applying for Medicare benefits and finding long-term care facilities to accessing transportation and meal delivery services?

For older adults who want to age independently in the community, access to appropriate services helps them avoid unnecessarily overburdening their caregivers or being forced to move into nursing homes or other institutional settings.[a] Rhode Island spends $6.5 million a year in state general revenue funds on the Division of Elderly Affairs, which is only a portion of the total state, federal, local, and private funding that goes toward services and care for Rhode Island seniors. A clear, coordinated information system is essential to making sure seniors benefit from these programs that can help keep them physically healthy, mentally well, and socially engaged.

Unfortunately, this kind of comprehensive "one-stop shop" for identifying and obtaining services doesn't exist in most places. Finding the right programs and resources can be confusing and overwhelming for seniors and their caregivers. How can we ensure that older adults in the community can find and access the services and programs they need? This report explores the systems currently in place to help seniors and their caregivers access information and how those systems might be improved.

> *(a) While there are a number of studies demonstrating the benefits of comprehensive case management services for seniors, the authors were not able to find any research that systematically tested the impact of information and referral services. Use of these services varies widely and would be hard to measure, as would conducting follow-ups to measure the impact of such services.[1]*

The Need for a Comprehensive, Centralized Information System

A number of beneficial programs and services are available to support people as they age, but these resources are
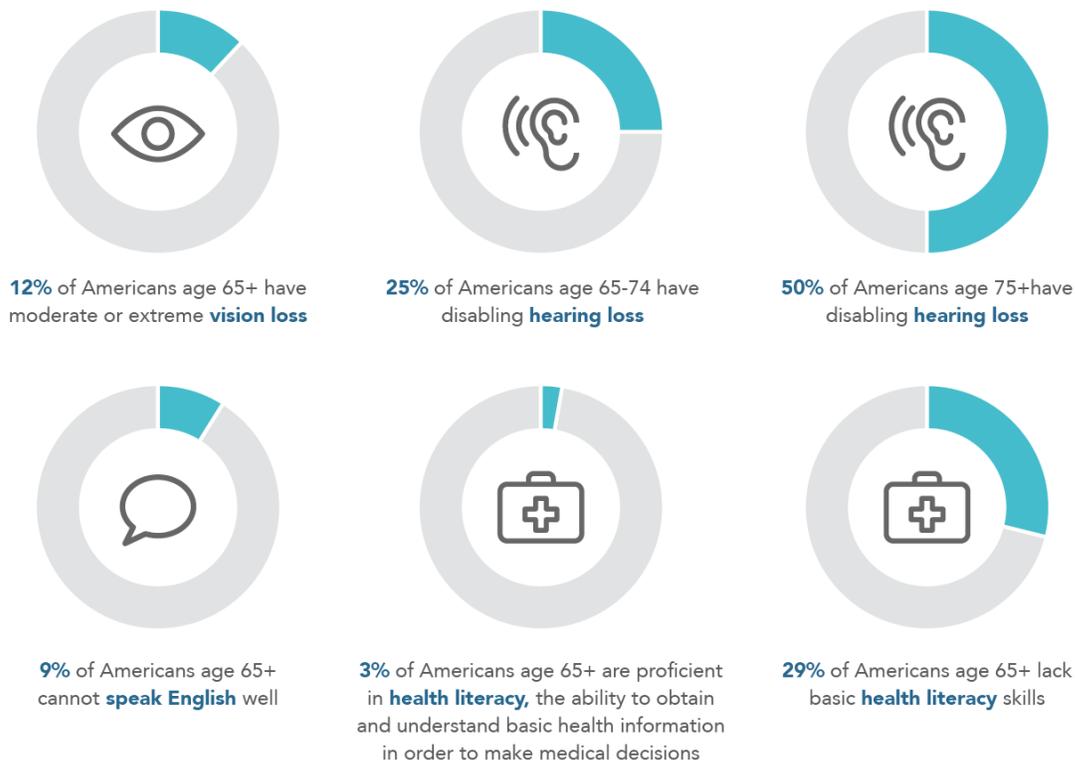
of little value if older adults and their caregivers don't know about them. In fact, information and communication constitute one of the eight domains that determine the "age-friendliness" of a community, according to the World Health Organization.[b]

Systems for providing information and referrals are essential within the vast and fragmented landscape of programs and services.[2] Aging support services are a patchwork provided by the federal, state, and local government; healthcare providers; faith-based groups; and non-profit organizations. The variety of different programs, service providers, and eligibility criteria can be overwhelming for seniors and their caregivers. Navigating this complex system to find the services one needs is often a challenge.

In addition, many programs have moved their communication and outreach online, which makes it easier for some seniors to access information, but can be a barrier for those without the means or ability to use the internet. Accessing information can also be a challenge for older adults who have hearing loss, vision loss, or other disabilities; do not speak English; or have a hard time understanding and managing their health and well being (what's known as "health literacy"). The older people who may need assistance the most are often the least equipped to find the services available to help them.

> (b) Unfortunately, other measures of age-friendliness are often prioritized over information. In Portland, Oregon, the first WHO-recognized age-friendly community in the U.S., other domains were given priority during the first years of the city's age-friendly action plans.

Fig. 1 Barriers to Accessing Information

12% of Americans age 65+ have moderate or extreme **vision loss**

25% of Americans age 65-74 have disabling **hearing loss**

50% of Americans age 75+ have disabling **hearing loss**

9% of Americans age 65+ cannot **speak English** well

3% of Americans age 65+ are proficient in **health literacy,** the ability to obtain and understand basic health information in order to make medical decisions

29% of Americans age 65+ lack basic **health literacy** skills

Source: American Foundation for the Blind (2013).[3]NIDCD (2016).[4]U.S. Census (2016).[5]CDC (2009).[6]

Where Older Adults Get Information in Rhode Island

Rhode Island's main platform for helping older adults and their caregivers access information and services is The POINT Network.[c] It is designed to be a "one-stop shop" for information, referrals, and counseling about public and private services for seniors and the disabled. In fiscal year 2015, 55,000 contacts (including telephone calls and in-person interactions) were made to the central POINT office in Providence and 11,000 contacts were made to the six regional POINT offices.[7] In 2016, an average of 4,000 contacts a month were reported. [8]

The POINT is a project of the state's Division of Elderly Affairs (DEA) that is operated by United Way through its 211 system, a nationwide program that connects people with health and human services in their area. The POINT Network also encompasses 25 community partners, including the DEA's contracted case management agencies, senior centers, the Ocean State Independent Living program, and the long-term care office of the Department of Human Services.
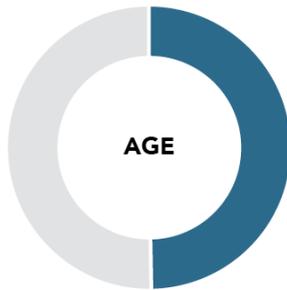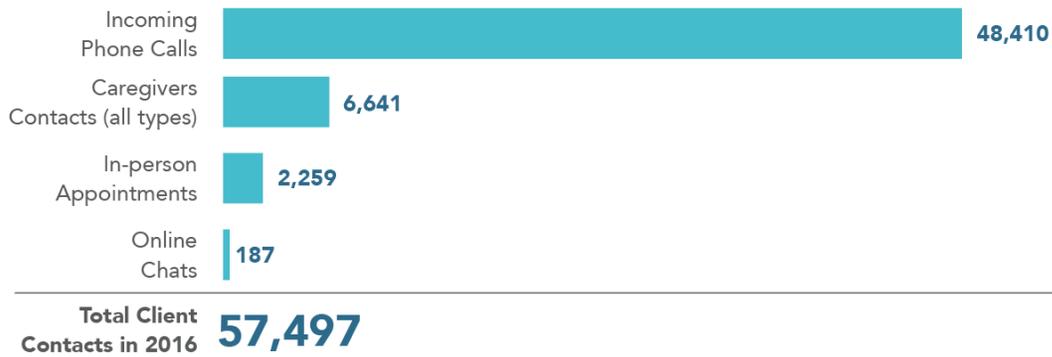
Some of The POINT's community partners are direct service providers that offer care assessments and case management so the central POINT office can refer people to appropriate services. Some partners employ DEA-funded Community Information Specialists to provide information, referrals, and assistance about aging services and long-term care and benefits. These specialists are considered part of The POINT network.

> *(c) The POINT serves as Rhode Island's Aging Disability Resource Center (ADRC). In 2003, the U.S. Administration on Aging and the Centers for Medicare and Medicaid Services introduced ADRCs to streamline access and provide a single entry point to the range of long-term care services available to the aged and disabled populations through Medicaid, the Older Americans Act, and state programs.*

Fig. 2 The POINT Clients & Interactions in 2016

CLIENT CONTACTS

Incoming Phone Calls	48,410
Caregivers Contacts (all types)	6,641
In-person Appointments	2,259
Online Chats	187

Total Client Contacts in 2016 **57,497**

AGE
- Under 60 Years Old
- Over 60 Years Old

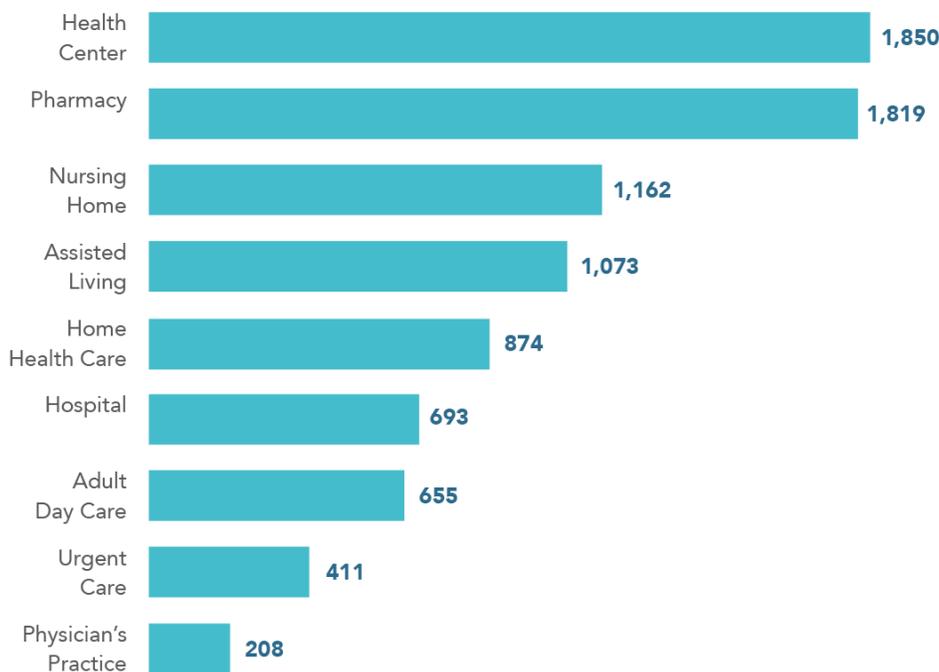### PREFERRED LANGUAGE
- English
- Spanish
- Portuguese
- Other

MONTHLY INCOME
- Below 150% of Federal Poverty Level
- Above 150% of Federal Poverty Level
- Not Collected

CLIENT NEEDS ADDRESSED

Medicare Applications & Issues	37,999
Prescription Assistance	32,242
Medicaid Applications & Issues	25,504
Home & Community Care (Public & Private)	8,610
HealthSource RI Insurance Marketplace	7,241
Transportation	4,185
Housing (Senior Housing, Emergency Shelter, Eviction)	2,338
Fraud	395
Abuse & Self-Neglect	357

REFERRALS PROVIDED

Category	Value
Health Center	1,850
Pharmacy	1,819
Nursing Home	1,162
Assisted Living	1,073
Home Health Care	874
Hospital	693
Adult Day Care	655
Urgent Care	411
Physician's Practice	208

Source: Data provided by The POINT.

The DEA also provides a pocket manual of services for older adults and adults with disabilities, available online or in print. In addition to The POINT Network, the manual directs people looking for information and referral services to Ask Rhody, a tool managed by the state's Office of Health and Human Services that provides residents of all ages with help locating services and benefits (although the *Check for Benefits* feature is currently not functional).

Rhode Islanders can also access information through the Eldercare Locator, a nationwide tool to help older adults and their families locate community-based services anywhere in the country. The system is administered by the federal government's National Association of Area Agencies on Aging and is available online and over the phone. The Eldercare Locator does not offer much information that is not already available on The POINT, however, and in fact directs most queries about services in Rhode Island to either The POINT or the state's DEA.

Opportunities to Improve Rhode Island's Current System

The POINT currently faces a number of resource constraints and technological limitations. Federal law (the Older Americans Act of 1965, as amended in 1973) requires State Agencies on Aging (the DEA in Rhode Island) to create and maintain information and referral systems like The POINT that link older adults and their families to supportive services. Despite this requirement and the growing population of seniors, federal funding for such programs has declined in recent decades[9] and represents just a small portion of the overall federal funds available for aging-related programs.[d] The DEA currently funds The POINT with $175,000 drawn from the general pool of federal money the agency receives under the Older Americans Act. The program receives no state dollars, and dedicated federal funding for systems like The POINT (i.e. the ADRCs) has ceased.[10]

The POINT has no functioning website and consequently no interactive consumer resource guide, though plans for an interactive site are in the works. On the backend, there is no system-wide, continuously updated electronic database of services specifically for seniors for POINT staff to use when searching for information on behalf of clients. Staff rely on periodic trainings offered by the DEA and on the DEA's and United Way's existing service databases.

The POINT does not yet embody the "one-stop shop for everyone" philosophy at the core of its mission. For instance, the network's community partners can help seniors with eligibility applications, but the applications are processed elsewhere, typically by the Department of Human Services or regional case management staff. The POINT's goal is to serve Rhode Island's elderly and disabled populations regardless of income level, but because of the large caseload of Medicaid clients, staff often have little time to provide options counseling for private-pay clients who do not meet the eligibility criteria for public programs.

(d) Federal expenditure on the ADRCs totaled $6.1 million in fiscal year 2015, one of the smallest outlays among all aging programs.[9]

Text Box 1. Navigating Services for Older Adults in Rhode Island

Imagine Mrs. B., an 85 year old woman living in Providence. She and her daughter Ann believe she could benefit from adult day care while Ann is away at work. Mrs. B.'s vision is not good and she doesn't know how to use the internet, so Ann decides to look into options online. She finds the federally-managed Eldercare Locator and indicates that she is looking for the adult day care facility closest to her mother's zip code. The site does not provide any specific results, but points Ann to Rhode Island's Division of Elderly Affairs (DEA).

Ann goes to the website of the DEA and downloads their pocket guide to services. In the section on adult day care, she finds the address and phone number of a day care facility that is located not far from her mother. She wants to know more about how adult day care programs work and whether there are any alternatives options, so she contacts the regional POINT office for her area using information found on the DEA website. They connect her with a community partner who may be able to help.

Focus groups of older adults convened by the Aging in Community Subcommittee of the Long-Term Care Coordinating Council reveal other concerns.[7] Many participants in the focus groups were not aware of The POINT and had difficulty finding information about available services. For some of those who did use The POINT, the program's focus on long-term care services was not perceived as relevant. Instead, these older adults were seeking information about homestead taxes, legal services, reverse mortgages, financial planning, end-of-life planning, and other non-health-related issues.

Among the focus group participants, websites were not a preferred means of accessing information, as many did not have computers or internet.[e] These findings are backed up by a 2015 survey of 50 older Rhode Islanders, which found that 60% said they would contact their local senior center, rather than seek guidance online, if they needed information about services.[11]

Older adults in the focus groups also reported challenges accessing some of the services affiliated with The POINT. They found that the Community Information Specialists employed by some POINT partners were not always available. Due to lack of transportation, senior centers and other community partners were not accessible to everyone. Among those seniors who needed to interact with the state's Department of Human Services, there were complaints of phone calls not being answered or returned, inaccurate information being provided, and an overall lack of customer service.

(e) For several years, a DEA information specialist authored a column about older adult issues in the Providence Journal, Rhode Island's only statewide newspaper, but the paper discontinued this column in 2016.

Model Approaches for Connecting Seniors to Services

States have a variety of systems in place for connecting seniors with information and referrals. A 2013 review of state Aging Disability Resource Centers (ADRCs) ten years after their launch found that the majority of ADRCs are independent non-profit organizations that partner with multiple state and local agencies.[12] Half of ADRCs have a "no wrong door" approach, in which multiple agencies are able to assist consumers regardless of which agency they contact first. Twenty-eight percent have a single point of entry approach, like The POINT, where one agency maintains the knowledge and capacity to assist clients and clients are funneled to this agency. The areas of greatest demand for information by ADRC clients are transportation, Medicaid and Medicare eligibility, personal care services, and affordable housing.

A 2010 review looked at several different studies of ADRCs in particular states, most of which used single point of entry models similar to The POINT.[13] The studies generally found customer satisfaction to be high in terms of the accessibility, responsiveness, and quality of communication with ADRC staff, however this did not necessarily translate into satisfaction with ultimate service outcomes. It was also not clear if cost savings in long-term-care were obtained from utilization of the ADRCs.

One of the few robust, fully implemented information referral systems currently available for seniors is operated by the state of Minnesota. MinnesotaHelp.info is designed to connect residents of all ages with community services, but includes a special subsection for seniors. It covers a wide range of topics relevant to older adults and their families, from adult day care and home meal services to Medicare benefits and support for caregivers.

The site also provides a guide to health care facilities and providers, links for navigating long-term care and finding assisted living facilities, and contact information for offices through which prospective recipients can apply for public benefits. If users allow the site to identify their location, they can filter services by distance from their home. For those who prefer speaking to someone by phone, rather than accessing information online, the website has a built-in chat function for talking with a specialist on services for seniors, the disabled, or veterans.

Fig. 3 Minnesota's Online Service Referral System

Source: *MinnesotaHelp*

While Virginia has yet to build a robust information system for seniors, community organizations have begun to develop principles that could guide such a system.[f] After talking to citizens, the Aging in Place Leadership Team of the New River Valley Livability Initiative identified several areas for improvement in the existing Virginia 211 and Virginia Navigator systems.[14] Many of these issues are similar to the challenges identified by seniors in Rhode Island: the inaccessibility of these systems to people without computers or digital literacy, impersonal customer service, bouncing of clients between agencies, and the exclusion of private and non-health-oriented programs from the catalogue of available resources.

To remedy these shortcomings, the initiative's action plan advocates the creation of a highly visible "aging in place" service coordinator with the following features: 1) No wrong door entry into the system; 2) 24-hour access; 3) Person-centered care tailored to individual clients' needs; 4) Comprehensive coverage of both public and private services, as well as age-friendly community activities; and 5) Concurrent transmission of information in print, via telephone, and digitally.[14]

> *(f) While the authors are not aware of any evidence-based guidelines for developing information systems for seniors, The Alliance of Information and Referral Systems (AIRS) publishes a guide of general best practices for information and referral systems. However, the guide is primarily focused*

Another source of information for older adults comes from the movement to make cities more age-friendly.[g] Many age-friendly initiatives, such as those in New York City and Portland, Oregon, have launched their own websites that provide a broader range of information than government service referral portals traditionally offer. In addition to information on senior-specific services and resources, these sites may feature volunteer opportunities, community events, age-friendly businesses, and other information of interest to older adults. Alternatively, the information may be shared in a low-tech mode, such as the community-designed and disseminated calendar of age-friendly resources produced in Bowling Green, Kentucky.[15]

A different approach to getting information to older people is to improve their ability and confidence to seek information online. The University of Rhode Island's Engaging Generations (e-Gen) Program: Cyber-Seniors is an intergenerational, volunteer-based initiative to familiarize older adults with digital technology. It brings together college student mentors and older adults at senior centers and other community sites to teach seniors how to use technological devices and apps.

> *(g) Age-friendly environments are those that promote the health, participation, and security of older adults. Efforts to improve the age-friendliness of cities have been underway around the globe, most prominently in the World Health Organization's Age-Friendly Cities Initiative and the AARP's Livable Communities Project. These initiatives work to enhance communities through partnerships between public agencies, advocacy groups, businesses, and educational, faith-based, and cultural organizations.*

Fig. 4 Internet Access Among Older Adults
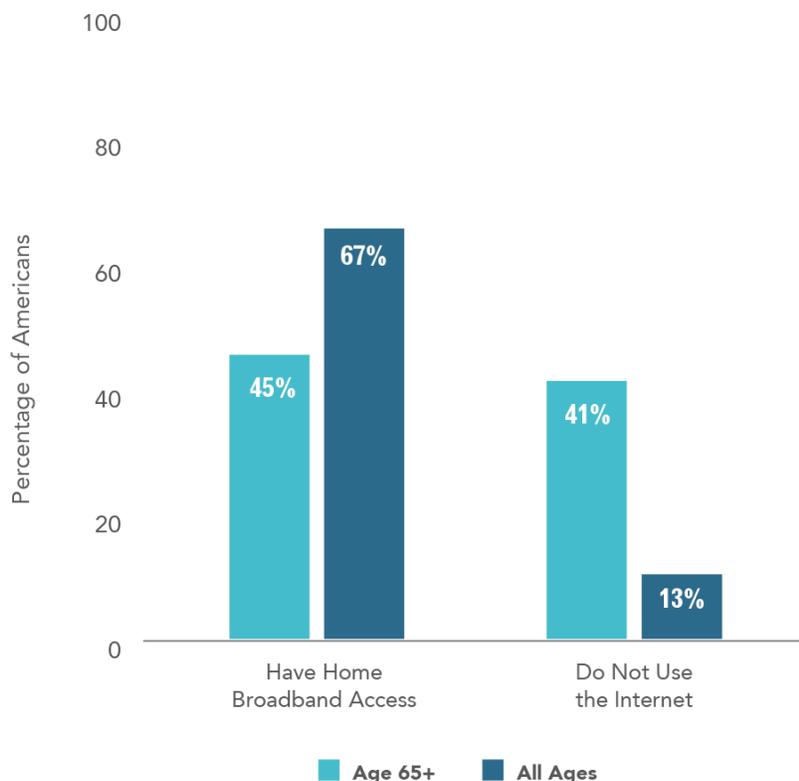
Opportunities to Expand Access to Information & Services

There are a number of ways Rhode Island's existing information and referral services might be improved following the models implemented or proposed in Minnesota, Virginia, and other states. An infusion of resources and technology into The POINT would help ensure that consumers can find up-to-date information on a vast array of topics and assistance in navigating the labyrinth of services and programs and their eligibility requirements.

Hiring additional staff could expand the system's case management and counseling capacity to serve more seniors, including private-pay clients, and provide personal guidance through face-to-face meetings or online chats. Co-locating staff from the Department of Human Services at POINT offices could expand the system's ability to provide eligibility screenings and applications for benefits.

Data sharing across agencies could also help improve POINT services. For example, if POINT staff were given permission to access Medicaid client information (with the consent of the client), this data could help facilitate the screening and program enrollment process. It is also important to consider how The POINT Network should interact with the Department of Human Service's new integrated eligibility system, which is designed to offer seamless integration of benefits across the agency, enhanced customer access and service, and faster approval processes.

There are also opportunities to promote existing information sources and ensure people can access them. A publicity campaign at venues and events that attract older adults could help spread awareness about The POINT. Trained seniors could be deployed as emissaries to spread the word about available resources. Expanding the Cyber-Seniors training program might also help increase seniors' ability to access The POINT online. A separate website on age-friendly communities could provide additional information around opportunities for seniors to remain engaged, participate in age-relevant activities, and contribute to the community.

Rhode Island's government and nonprofit organizations devote significant resources to providing the services and programs older adults need to remain healthy and live independently. Making sure older adults and their caregivers know about these resources and are able to access them is an essential part of maximizing their effectiveness.

> *In 2014, Rhode Island's state legislature passed the Aging in Community Act, which created an Aging in Community Subcommittee of the Long Term Care Coordinating Council tasked with studying the programs and services needed to support the state's growing older population. This policy brief is one in a series sharing findings from the subcommittee's final report, the result of eighteen months of research by a team of experts. The report assessed the current level of community livability and "age-friendliness" in Rhode Island, inventoried available services and resources, identified best practices, and proposed recommendations for building age-friendly communities. This brief shares the report's findings on access to information and services.*

ADDITIONAL INFO

- Type of Research

Endnotes

1. Sandberg, M., J. Kristensson, P. Midlöv, and U. Jakobsson (2015) "Effects on healthcare utilization of case management for frail older people: A randomized controlled trial (RCT)," *Archives Of Gerontology & Geriatrics*, 60(1): 71-81.

2. Koss, Shannah and Beth Almeida (2016) Community-Based Models for Aging in Place, Washington, D.C.: American Institutes for Research.

3. American Foundation for the Blind (2013) Special Report on Aging and Vision Loss, New York, NY.

4. National Institute on Deafness and other Communication Disorders (2016) Quick Statistics about Hearing, Bethesda, MD.

5. United States Census Bureau (2016) "2010-2014 American Community Survey 5-Year Estimates (Table S0103)," American Fact Finder.

6. Centers for Disease Control and Prevention (2009) Improving Health Literacy for Older Adults: Expert Panel Report, Atlanta, GA: U.S. Department of Health and Human Services.

7. Aging in Community Legislative Subcommittee (2016) Aging in Community, Providence, RI: Office of the Lieutenant Governor.

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9. Koss, Shannah and Beth Almeida (2016) All Together Now: Integrating Health and Community Supports for Older Adults, Washington, D.C.: American Institutes for Research.

10. This information was provided to Maureen Maigret on January 27, 2017 by Paula Parker of the Rhode Island Division of Elderly Affairs (who has since retired).

11. The Senior Agenda Coalition of Rhode Island conducted a survey at its eighth annual conference, "Get Involved-Make a Difference," on October 16, 2015. The results of the survey were not published but were shared in a personal communication with Maureen Maigret on March 14, 2017.

12. Barretto, T., R. Varghese, S. Pedersen, K. Phillips, S. Toor, R.M. Bertrand, and S. Jenkins (2014) Preliminary Data from The National Process Evaluation of The Aging and Disability Resource Center (ADRC) Program, Columbia, MD: Impaquint.

13. Aging & Disability Resource Center (2010) Summary Findings from Selected Aging and Disability Resource Center (ADRC) Evaluations, Washington, D.C.: National Association of States United for Aging and Disabilities.

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