Elder Service Needs Study

Executive Summary

Central California Area Social Services Consortium (CCASSC)

June 30, 2006

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Introduction

A significant change is taking place with U.S. demographics due to the increase in elders who are over 60.   The number of those 65 years and over will double to 80 million by the middle of the 21st century (U.S. Bureau of the Census, 1999).   Torres-Gil and Puccinelli (1999) point out that the baby boomer effect will hit in 2010, when those 55 years and older will represent one fourth of the U.S. population, one in seven will be 65 years and older, there will be greater longevity, and the profile of elders will reflect more diversity. In California the current adult population age 65 or older is approximately 3.5 million and is projected to increase more than 172% over the next 40 years. The oldest of the old, those 85 years and older, are projected to increase over 200% through 2040 (Scharlach, Torres-Gil, & Kaskie, 2001).

With the burgeoning numbers of people over 65 years that is projected for California in general and the Central California region in particular, it is essential that vision and clarity about this population's needs guide the direction of the organization of the delivery system. It is also vital that collaboration between agencies in service delivery be strengthened. It is to this end that this study was conducted and the findings and recommendations are reported.

Literature Review

The literature identifies issues that especially adversely impact older adults. Among them are neglect, physical, psychological and financial abuse and the related isolation of elders that creates the environment conducive to their perpetration. In addition to vulnerability to abuse, isolated elders may find it more difficult to report their situation (Quinn & Tomita, 1986). Adjustments to aging and related mental and physical health issues can be complicated by lack of resources related to poverty, inadequate housing, isolation, lack of access to health care and other resources, lack of adequate insurance, and racial, ethnic and age discrimination (Clark, 2003). Ageism and the associated stigma contribute to the adverse quality of life that too frequently accompanies advanced age. Elders are often viewed as depressing, untreatable and are approached with anticipation of frustration or irritation due to their cognitive and physical limitations (Nelson, 2005). These views are often inculcated into the belief system of older adults themselves; that they are less useful and therefore less deserving and that quality of life isn't as important in old age (Zuniga, 1999).

Service needs of older adults in relation to the many issues and challenges confronting this population are addressed in the literature. Service delivery principles identified as valuable include working within family system, partnering with consumers and their families, and assessment of unique needs found in aging. Ideally, services to elders are culturally competent and along with case management, family work, crisis intervention, adult protective services, and advocacy, should also include transportation and housing assistance. Service delivery in the areas of health suggested in the literature, include specialized palliative and end of life care, mental health, crisis intervention and

assessment, and respite services such as adult day care and other supports for caregivers of older adults (Bellos & Ruffulo, 1999; Delon, & Wenston, 1989; Knight, 1983; Vitaliano, Katon, & Unutzer, 2004; Yurk, Morgan, Franey, Stebner, & Lansky, 2002).

A major theme in the literature is the recognition that as the baby boomers approach 65, professional communities are not prepared to respond to the increased need in services in a systematic and informed way. In order to work effectively with older adults core social work competencies are needed that enable social workers to: 1) assess one's own values and biases regarding aging, death and dying, 2) accept, respect, and recognize the right and need of older adults to make their own choices and decisions about their lives within the context of the law and safety concerns, 3) understand normal physical, psychological, and social changes in later life, 4) respect and address, cultural, spiritual, and ethnic needs and beliefs of older adults and family members, and 5) understand the influence of aging on family dynamics (Naito-Chan, Damron-Rodriguez & Simmons, 2004).

Methodology

This qualitative study was funded through a grant from the Central California Area Social Services Consortium and conducted under the direction of co-principal investigators Dr. Betty Garcia and Dolores Siegel (CSU, Fresno), in coordination with Dr. Margaret Tynan (CSU, Stanislaus), Dr. Rose McCleary (CSU, Bakersfield), and Dr. Gigi Nordquist (CSU, East Bay).

Data were gathered in three stages:

- A 1 to 1 ½ hour phone conference with county adult services directors and/or designees in the Central California region

- Eleven 1 to 1 ½ hour phone conferences with stakeholder groups ranging in size from 2 to 5 members, from of both public and non profit aging service agencies, identified through stakeholder lists provided by the CCASSC directors and/or designees

- Eight 1 and 1 ½ hour focus groups, ranging in size from 2 to 13 members, with a total number of 50 consumer participants, recruited through the use of flyers posted in senior centers and other agencies that serve elders.

Major Findings

This section presents main findings across all counties. Findings by specific county are found in Appendix A of the full report.

1. *"What do you consider to be the 5-7 biggest service needs and concerns of the older adult (over 60) population in your region?"*

The top three concerns by all three groups were transportation, affordable housing and health care. Transportation concerns of directors and stakeholders included difficulties arranging transportation to and from senior centers, medical appointments and other services. Consumers list of concerns were multiple:

- Return trips problematic
- Long waits
- Waits in the elements
- Irregular door to door assistance
- No or irregular accommodation for ambulatory equipment
- Communication difficulties for non-English speakers with drivers etc.

Housing issues included availability of affordable housing, lack of upkeep and managerial oversight for senior apartment complexes. Health care issues identified by directors included mental health services especially in-home mental health assessment and service. Stakeholders reported health care access concerns, while consumers

identified needs for both medical resources/specialists and outreach information. Also of

concern was the lack of local availability of specialized treatment and personnel which

necessitates long distance travel. Limited transportation caused further hardship.

2. ***"What is currently working well in the service delivery system to this population?"***

Collaboration was cited as working well by the majority of both the directors and

the stakeholders. A common statement was that "We are doing the best with what we

have." Nutrition programs and outreach to elders were also identified.

3. ***"What services are available to meet the needs of older adults?"***

Directors identified availability of the following:
- Multipurpose Senior Service Program (67%)
- Area Agencies on Aging (55%)
- Ombudsman Program (45%)
- Catholic Charities (27%)

Consumers identified availability of the following:
- Senior Centers (50%)
- In Home Supportive Services (50%)
- Meals on Wheels (38%)
- Transportation (38%)

4. ***"What gaps do you see between the current service delivery system and the
population needs?"***

All agreed that transportation was a service gap suggesting that, although the

presence of transportation services met needs, there are many shortcomings, such as long

wait periods and lack of door to door service, that remain problematic. Most consumers

(75%) saw this as a major gap in services, followed by stakeholders (36%) and directors

(27%). Consumers (38%) also identified others including gaps in pharmacy resources and

medications (home delivery, limited number of pharmacies in rural and mountain areas,

ability of local pharmacy to accommodated drug plan through MediCare Part D).

Program funding, mental health services and availability of professionals trained to work

with the older population were cited by both directors and stakeholders as gaps in

services.

5. ***"What issues related to consumer access to care do you see as needing to be addressed?"***

Again, all agreed that transportation and outreach were significant issues that

needed to be addressed on behalf of older adults. Issues related to outreach cited were

difficulty in keeping resource manuals updated, locating seniors in rural areas, lack of

access to the internet, cultural issues, stigma related to asking for assistance and

difficulties with MediCare Part D.

6. ***"When you consider the multiple levels of program development such as line staff training, supervision, administrative leadership, organizational leadership, policy, organizational mission, what type of changes do you think are needed to transform and improve service delivery to older adults?"***

The majority of respondents (73%) saw professional staff training as most

important to transforming service delivery. Forty-five percent of stakeholders and 36%

of directors also agreed that changes were needed in funding and resources to transform

services. Concerns were voiced about restrictions on funding streams and the inability to

blend funding for needed services. Directors and stakeholders also reported needed

changes in legislation, service coordination and service consolidation

7. ***"What obstacles they perceived in implementing these needed changes?"***

Directors and stakeholders alike saw funding and the legislature as the biggest

obstacles to change. There was agreement that there has been overall neglect of senior

issues and needs and that funding is considered on a year to year basis, depending on the

politics of the legislature. Concerns of maintaining the awareness of older adult issues

among key leaders in light of term limits was raised.

8. *"If needed resources were provided to best serve older adults, what would be different?"*

No overwhelming consensus emerged in response to this question. Some directors however, did report the need for a One Stop Shop (27%) to meet service needs of older adults.

Stakeholders identified the following:
- Healthier, happier seniors (45%)
- Education on services (36%)
- Transportation (36)
- Community services to reduce institutional care (36%)

Consumers identified the following:
- Funding (63%)
- Transportation (50%)
- Volunteer gas costs (38%)
- Media resources (38%)
- IHSS staff resources (38%)

9. *"On a scale of 1 to 5 (1 = not prepared, 5 = very prepared), how well prepared do you think professional staff are in those programs to deliver services to older adults?"*

Responses clustered into three categories; senior center staff, geriatric health care staff and IHSS staff and providers. Preparation of Senior Center staff ranked high among those who responded (91% ranked $\geq$ 4). The same held true for at least five consumers regarding IHSS social work staff. (100% = 5). Although not a representative sample, some consumers found that IHSS providers were ill prepared to provide services (60% $\leq$ 1).

Discussion and Implications for Practice

Three main themes or groupings of feedback stand out in the data analysis: 1) main findings respective to services (e.g., transportation, housing, access to services), 2)

strengths in current services, and 3) barriers to change in service delivery. These are discussed and related to the literature, with a focus on practice implications.

Some of the themes that emerged from the overall findings centered on issues that are inherent to the rural nature of Central California. These themes, transportation, access to services and isolation, are interrelated and consistent with those reported in the literature. Specific findings related to transportation suggest a need for more consistent and extended hours, as well as vehicles that can accommodate ambulation equipment. Transportation problems, although not the sole factor, contribute to limited access to services and isolation that many seniors experience. Shortages of and access to many services such as health care, mental health, social services, pharmacy and others were also identified in the overall findings.

The need for professionals who are culturally competent and possess knowledge and skills to work with older adults also emerged from this study and is supported by the literature (Naito-Chan, Damron-Rodriguez & Simons, 2004). Specifically, social worker preparation is needed in assessing elders needs and levels of functioning, taking an advocacy role as well as being informed about needed resources, demonstration of cultural competency in engaging with various senior communities and individuals, and collaboration with other human service and health professionals.

The existence of strong collaborative networks identified in this study increases the likelihood that serious and committed dialogue can explore the challenges in supporting, developing and implementing gerontology training of professionals. Existing collaborative networks and service delivery systems can be the initiators, as discussed in

the literature, of partnerships with educational institutions for the purpose of gerontology training of the future human services workforce.

Themes regarding barriers to change that emerged from the findings included limitations posed by funding streams, lack of professionals trained in gerontology or cultural competency, difficulties of many elders in accessing and utilizing computer technology as well as message menus on the telephone, need for broader coalitional advocacy, and the lack of sufficient one stop shops. Recent efforts by CSWE and NASW offer a plethora of resources for training in gerontology and supporting local, in-service efforts with current professional staff. These organizations and the CalSWEC Aging Initiative have produced competencies for social work practice with older adults. Many of these competencies are most likely valued by social work practitioners, however, supports and resources needed by staff to develop and practice these competencies require examination. Likewise, support for current and new social workers to take advantage of the many training opportunities should be explored.

The need for social workers to understand the normal aging process was addressed in several ways in the literature review that supports findings on the need for training in gerontology. The various service needs identified in the present study raise questions about the preparedness of staff to provide these services and the supports that they require to provide them effectively.

Best Practice Models for Services to Older Adults

There is no one approach to best practice that fits every situation. Review of programs implementing best practice models found that they fell into two general categories. The first category was those that were seamless system of care models, such

as the Older Adult System of Care (OASOC) model that addresses mental health needs in California. The second category was those in smaller scale, such as T.R.I.P., a Supplemental Transportation Program for Seniors (STP), located in southern California in Riverside County.

Recommendations

The data results and best practice models have important implications for practice in service delivery to older adults across the central region. Services to older adults:

- Should be based on need rather than age, and

- Earlier intervention can delay the onset of serious concerns such as, health care or housing needs.

- Extending services to transition age adults, or those in their 50's, would serve as a means of prevention and intervention at an earlier stage. This may be a useful strategy in accommodating the anticipated growth in older adult service needs with the advent of baby boomers entering older adulthood.

It is recommended that efforts for improvement and expansion of service delivery to older adults in the central California region include these key components:

- Expand existing advisory panels and collaborative networks,

- Build on the strengths of existing services for improvement,

- Promote public awareness of older adult issues, particularly in relation to outreach with the aging population in their 50's.

- Build a lobbying force for the increase and shifting of priority funding

- Involve consumers and their families in both program and workforce development.

This will be a dynamic, ongoing process that will require periodic assessment of

progress as well as forecasting emerging challenges facing those serving older adults.