United States General Accounting Office

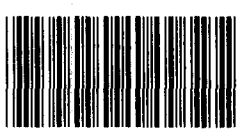
GAO

Report to the Chairman, Special Committee on Aging, U.S. Senate

August 1991

OLDER AMERICANS ACT

Promising Practice in Information and Referral Services



GAO/PEMD-91-31

GAO

United States
General Accounting Office
Washington, D.C. 20548

Program Evaluation and
Methodology Division

B-238229

August 8, 1991

The Honorable David Pryor
Chairman, Special Committee on Aging
United States Senate

Dear Mr. Chairman:

At your request, we examined information and referral programs serving elderly populations funded by title IIIB of the Older Americans Act of 1965. We collected information on 12 programs that experts cited as promising in their services for urban and rural clients from several target population groups.

This report cites examples of promising practice in information and referral programs and presents perspectives of experts and officials on these programs. In addition, we discuss the availability and consistency of data to measure the effectiveness of these programs, and we examine existing mechanisms to disseminate information about them throughout the network on aging.

Copies of this report will be sent to the Administration on Aging and will be made available to other individuals upon request.

If you have any questions or would like additional information, please call me at (202) 275-1854 or Mr. Robert York at (202) 275-5885. Other major contributors to this report are listed in appendix IV.

Sincerely yours,

Eleanor Chelimsky
Assistant Comptroller General

Executive Summary

Purpose

The 1965 Older Americans Act was intended to improve the lives of all older Americans in a variety of areas including income, health, nutrition, employment, and long-term care. Today, millions of senior citizens benefit from the services provided through the act. The Senate Special Committee on Aging asked GAO to identify promising practice in the area of information and referral services provided under the act.

Specifically, GAO addressed the following evaluation questions:

- What does the literature say about how information and referral services should be provided to the elderly? How do researchers and program practitioners define promising practice?
- What examples of promising practice can be found?
- What data are available to assess the success of services identified as promising?
- What mechanisms currently exist to disseminate information on promising practice to other information and referral service providers?

The term "promising practice" does not signify proven effectiveness but rather, the appearance of promise that still needs to be verified. The goal is not to judge outcomes but to locate and describe specific initiatives that are designed logically to work well and seem worthy of wider trial involving sound evaluation. In this study, GAO's attempt was restricted to initiatives in information and referral programs.

Background

Americans are living longer and the average age of the population is increasing. It is projected that by 2020, one in five Americans will be age 65 or older, because of improved living conditions and medical technologies that prolong life. Consequently, more elderly persons will need medical and social services and more individuals will be caregivers to their aging relatives.

The Older Americans Act mandates that information and referral services be provided to persons age 60 and older. Essentially, this is the active process of linking someone who has a need or problem with an agency that provides services meeting that need or solving that problem.

The Older Americans Act established within the U.S. Department of Health and Human Services an operating agency designated as the Administration on Aging (AOA). AOA, directed by the Commissioner on Aging, has the responsibility to administer the information and referral services program under title III. While services under the act, including

those for information and referral, are to be provided to all elderly individuals, the act requires that preference be given to older individuals with the greatest economic or social need, particularly the low-income minority elderly.

GAO gathered information on efforts being made by information and referral service providers through searching bibliographic data bases, reviewing relevant literature, consulting experts, and examining extant data for evidence of success. Because there is no central source of information about programs using different methods to provide information and referral, the number of programs using any of the specific efforts GAO examined is not known.

GAO selected 12 programs to examine that had been cited by experts as using exemplary ways of providing information and referral services to (1) diverse cultural populations (that is, those with special needs caused by cultural and social factors such as language barriers), (2) urban populations with low socioeconomic status, (3) rural populations with low socioeconomic status, and (4) Native American populations.

Results in Brief

Promising initiatives found among the 12 programs GAO studied included (1) providing information and referral where elderly persons live or frequently visit, (2) using automated information resources and telephone technology, (3) hiring minorities to serve diverse cultural populations, and (4) publicizing services through active outreach by mass media and presentations.

All the programs used multiple outreach methods, conducted some follow-up with clients or service providers, and provided training to program staff or volunteers. Some outreach methods and assistance to elderly clients were provided as necessary adjuncts to information and referral, often with funding from sources other than title III.

However, GAO's ability to evaluate success was hampered by data problems. AOA's data collection instrument and methodology contained several flaws that raised questions regarding the accuracy and reliability of the national data. Local program data were also problematic, especially with regard to accuracy (for example, duplicated counts of individuals served) and consistency (for example, differential measurement of both program participation and the ethnicity of individuals served).

No formal mechanisms currently exist for AOA to disseminate information about exemplary title III programs to other providers. Staff of these programs do occasionally exchange information through local workshops and conferences; however, these methods are neither systematic nor viewed as effective by program officials.

GAO's Analysis

Data Collection Issues

While recognizing that detailed information might not be available, GAO requested data from the 12 programs studied in the hope of developing some idea of the potential effectiveness of the identified initiatives. All 12 programs collected some data on the number of clients who gained access to their services. However, only the San Francisco program provided GAO with data on success, showing an increase in the use of program services by black and Asian persons apparently related to the hiring of information and referral workers from those ethnic communities.

Some programs' data were inaccurate, and data collection was inconsistent among the programs. Ethnicity was particularly difficult for programs to establish because of the problems involved in requesting ethnicity information over the phone.

Dissemination of Information

AOA does not routinely ask for data on potentially successful initiatives nor does it formally disseminate information about promising practice among title III programs. The evaluation of the effectiveness of specific initiatives poses many difficulties—for example, identifying comparison groups and obtaining reliable data on outcomes. And AOA does not have adequate resources to carry out many of the missions and responsibilities assigned to it under the Older Americans Act. However, evaluation approaches currently being used by other federal agencies could serve AOA as models. For example, the Program Effectiveness Panel of the Department of Education has a long-standing practice of requiring sponsors of innovative educational strategies to demonstrate program effectiveness if they want to receive federal funds supporting the dissemination of their programs. This provides an incentive to collect and provide to the department data that could allow for evaluation of those efforts.

Data limitations precluded evaluating the success of the 12 programs, but program directors' opinions were generally that the initiatives had succeeded in providing increased information and referral to target populations. Any of these promising initiatives could be implemented by other information and referral programs; however, the organizational, demographic, and geographic characteristics of the 12 programs differed widely and, as might be expected, program services were usually tailored to the needs of specific planning and service areas. Therefore, program officials should first determine that an initiative is suitable for their particular needs and service area characteristics.

Matter for Congressional Consideration

The Congress may wish to consider whether AOA should provide an incentive for programs to collect and provide to AOA data that could allow for the evaluation and dissemination of information on the success of promising initiatives. Such an incentive might be modeled on the Program Effectiveness Panel of the Department of Education.

Agency Comments

At the request of the Senate Select Committee on Aging, GAO did not obtain written agency comments on a draft of this report.

However, GAO did brief key Administration on Aging officials on the report and they had no comments on its factual contents.

Contents

Abbreviations

AIRS	Alliance of Information and Referral Systems
AOA	Administration on Aging
I&A	Information and assistance
I&R	Information and referral
NAAAA	National Association of Area Agencies on Aging
NASUA	National Association of State Units on Aging
NCOA	National Council on Aging

Introduction

More Americans are living longer than ever before because of improvements in living conditions and advances in medical care. In 1990, 42.3 million Americans—about 17 percent of the total U.S. population—were age 60 or older. It has been projected that by 2030, the population of people 60 and older will reach 83 million—about 28 percent of the population. Individuals who are 85 years of age and older represent the fastest growing segment of the elderly population. Between 1960 and 1980, this group's percentage of the total U.S. population rose from 5.6 to 8.8; it is expected to increase to 14.7 percent by 2000.

Old age is often accompanied by the development of chronic health problems, such as heart disease, arthritis, and other ailments. These conditions, as well as other complications associated with old age, often result in the elderly being dependent on their children or other family members (called caregivers) who may be geographically separated from a dependent individual. The elderly or their caregivers may obtain assistance from various providers of services, including health care, nutrition, housing, education, recreation, transportation, and legal assistance.

Not knowing where to turn for help with the problems of aging is a serious situation in U.S. society. For example, a plan for providing the elderly with assistance prepared for the city of Baltimore, Maryland, explains that significant numbers of elderly persons are not gaining access to appropriate and needed services on aging for a variety of reasons. Factors that limit access to services include lack of information on available services, changing eligibility requirements, lack of literacy and self-advocacy skills, and the inability of the elderly to perceive the need for help or to accept appropriate services.[1]

The Older Americans Act of 1965 (42 U.S.C. chapter 35) mandates that information and referral services (I&R) be provided to persons age 60 and older. Information and referral "is a service which informs, guides, directs, and links people in need to the appropriate service that alleviates or eliminates the need."[2] I&R, along with outreach and transportation, is defined as an access to medical, social, and other services. In this study, we examine the following questions: (1) What constitutes promising practice in information and referral services? (2) What examples of promising practice can be found? (3) What data are available to assess

[1]Senior Information and Assistance Area Plan on Aging, Baltimore City Commission on Aging and Retirement, Education, and Community Services, October 1, 1990, through September 30, 1991.

[2]United Way of America, "Information and Referral: Programmed Resource and Training Course," Alexandria, Virginia, 1980.

the success of services identified as promising? (4) What mechanisms currently exist to disseminate information on promising practice to other information and referral service providers?

The Older Americans Act

The Older Americans Act was established to provide assistance in the development of new or improved programs to help older persons. Assistance is provided through grants to the states for community planning and services and for training, through research, development, and training project grants. The act is intended to improve the lives of all older Americans in a variety of areas including income, health, housing, employment, and long-term care. In addition, the act provides for funds for special populations: Native American tribal organizations and Hawaiian and Alaskan natives.

The Administration on Aging (AOA), within the U.S. Department of Health and Human Services, provides Older Americans Act title III funds to 57 state units on aging for use in providing supportive and nutrition services to the elderly, including I&R services. Six hundred seventy area agencies on aging are responsible for managing the services, either directly or through thousands of publicly and privately funded local organizations, which provide such services as housing assistance, nutrition and health services, and legal assistance.

Older Americans Act Funding for I&R

Under title III of the act, AOA distributes funds through formula grants to state units on aging to develop or expand community-based social service programs. I&R, which is one type of service included under part B—Supportive Services and Senior Centers—is not funded separately.[3] AOA's fiscal year 1989 title IIIB supportive services budget was over $276 million. Title III funds are distributed to the 57 state units on aging based on each state's proportion of the total elderly population in the United States. The state agencies, in turn, distribute funds to the 670 area agencies, based on an intrastate funding formula. The states and area agencies decide the actual portion of the budget to be used for I&R services. The act provides that the area agencies can provide services themselves or through agreements or contracts with other public or private agencies.

[3]Supportive services as defined in the act include, among others, I&R, health services, transportation services, and legal assistance services.

Title III Targeting Provisions

The act requires that the states' intrastate funding formulas reflect each area's proportion of persons aged 60 years and older "with greatest economic or social needs, with particular attention to low-income minority individuals."[4] The act also requires that state units on aging ensure the use of outreach efforts that will identify individuals eligible for assistance.

Language may be a barrier for many senior members of various ethnic groups who do not speak English well enough to obtain needed information or to gain access to available services. The act specifies that if a substantial number of seniors residing in any planning and service area are of limited English-speaking ability, the state unit on aging will require the area agency to provide or coordinate I&R services in the language spoken by the predominant number of older individuals.

Functions of the Commissioner on Aging

The Commissioner on Aging is responsible for providing assistance to organizations for the establishment and operation of programs and activities related to the purposes of the act. The Commissioner is also responsible for ensuring that I&R services are provided such that all eligible older individuals within established planning and service areas are informed of the services available to them. Finally, the Commissioner has responsibility for disseminating information and collecting statistical data regarding program activities carried out with funds provided under the act.

According to an AOA headquarters official, I&R was a priority in the early 1970's when I&R programs were being established. However, during the 1980's, the aging community placed greater emphasis on direct services and less on I&R. There is now a renewed emphasis on I&R to ensure that elderly persons and those responsible for their care are made aware of the services available to them. AOA, the National Association of State Units on Aging (NASUA), and the National Association of Area Agencies on Aging (NAAAA) are collaborating on a national I&R initiative to enhance the recognition and delivery of quality I&R services to elderly

[4]The term "greatest economic need" means the need resulting from an income level at or below the poverty levels established by the Office of Management and Budget. The term "greatest social need" means the need caused by noneconomic factors, which include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation (including that caused by racial and ethnic status) and which restrict an individual's ability to perform normal daily tasks or threaten such individual's capacity to live independently.

people and those who care for them.[5] Under the initiative, two complementary components have been established: the National I&R Training and Technical Support Center and the National I&R Locator Service.[6] Reasons for this initiative include the growing older population's resulting in a dramatic growth in services and resources and the criticality of I&R in providing needed assistance to help older people remain independent in their homes and communities.

Objectives, Scope, and Methodology

The Senate Special Committee on Aging initially asked us to compile descriptive information about programs supported by Older Americans Act funds, collect and analyze data about such programs, and measure their effectiveness. Through subsequent discussions with committee staff, we agreed that this study would address the use of promising I&R practice. We agreed to evaluate the success of initiatives being used by I&R programs to effectively target certain elderly populations. GAO's term "promising practice" does not mean proven success but, rather, an appearance of success that still needs to be demonstrated. In this study, we attempted to examine and describe such initiatives in information and referral programs.

Specifically, we were asked to address the following questions:

- What does the literature say about how information and referral services should be provided to the elderly? How do researchers and program practitioners define promising practice?
- What examples of promising practice can be found?
- What data are available to assess the success of services identified as promising?
- What mechanisms currently exist to disseminate information on promising practice to other information and referral service providers?

With the committee's agreement, we focused our efforts on programs serving the following specific target populations:

[5]National Association of Area Agencies on Aging, National Association of State Units on Aging, Information and Referral in Aging: A National Initiative (n.p.: n.d.), p. 1.

[6]The National I&R Training and Technical Support Center will support qualitative improvements in I&R design, management, operations, and staff development, including establishing national standards for Older Americans Act I&R services. The National I&R Locator Service will enhance the visibility of I&R services among older people and will operate and promote a national 800 number to link consumers to the appropriate state and local I&R service.

- diverse cultural populations (those with the greatest social need caused by noneconomic factors, such as language barriers),
- urban populations with low socioeconomic status (those with the greatest economic need),
- rural populations with low socioeconomic status (those with the greatest economic need), and
- Native American populations.

To answer the first and second evaluation questions, we reviewed the I&R literature to determine what has been written about how I&R services should be provided, and we asked experts on aging for their opinions on what constitutes promising practice for the provision of I&R services.

We asked officials from national organizations for the aging—AOA, NASUA, NAAAA, the National Council on Aging (NCOA), and the Alliance of Information and Referral Systems (AIRS)—to suggest I&R programs that use promising approaches in reaching our four target populations. AOA, NASUA, NAAAA, and NCOA submitted programs for our review. Most of these officials also provided a brief description of each program as a rationale for selection.

Each organization used a different method for identifying programs. For example, AOA headquarters officials said they did not have criteria for judging I&R programs and therefore asked their regional offices to ask the state units on aging in their regions to identify I&R programs fitting our request. AOA officials also requested programs from NCOA. NASUA circulated our request letter among their staff familiar with I&R programs to solicit their suggestions.

In all, the national organizations, including AOA, suggested 71 programs.[7] From these, we selected 12 programs for our study based on (1) multiple mentions, (2) representation in our four population categories, and (3) different or unique promising methods used to target our populations. The 12 programs we selected include most types of promising practice indicated by the 71 programs. (Appendix II lists the 12 selected programs.) The four target populations are not mutually exclusive, and most of the 12 programs serve more than one of the target groups.

We obtained information through structured telephone interviews with program staff and from site visits to 7 of the program offices. We also

[7]Some programs were suggested but no (or limited) description of the program was provided, and some program descriptions did not include a particular targeting method or practice.

interviewed officials at AOA, NASUA, and NAAAA to describe the roles and responsibilities of these organizations in the provision of I&R services.

To answer the third evaluation question, we requested data on the numbers of elderly the 12 programs served before and after implementation of initiatives. We also requested data on ethnicity, where appropriate, to measure the success of each initiative in serving the target populations. Using these data, we hoped to get some measure of the success of individual efforts using a pre-post comparative analysis.

Evaluation question 4 asked about mechanisms for disseminating information about promising initiatives to other I&R service providers. We answered this question through structured interviews with the directors and staff of the 12 programs and officials from AOA, NASUA, and NAAAA.

We did our fieldwork from April 8, 1990, through November 30, 1990, in accordance with generally accepted government auditing standards.

Study Strengths and Limitations

To our knowledge, this is the first study to examine promising practice in information and referral programs and to report on their efforts. We made extensive attempts to locate and identify specific initiatives. We made firsthand observations of programs serving specific target populations. One limitation of our study is that we did not have a full list of programs using promising practice, and as a result some may have been missed.

Report Organization

In chapter 2, we answer the first evaluation question by discussing what is known about how I&R should be provided; we also define what constitutes promising practice. We then present promising initiatives identified by experts, national organizations, and program directors and describe those used by the 12 selected programs to target specific populations. Chapter 3 answers the remaining questions by presenting the results of our efforts to assess the success of the practices of the 12 programs and describing the mechanisms used to disseminate information to I&R service providers.

Promising Practice in Providing I&R to Elderly Persons

This chapter presents answers to the evaluation question concerning how I&R services should be provided to the elderly, how researchers and program practitioners define promising practice, and the examples they point to. We searched bibliographic data bases and reviewed the relevant literature, consulted experts, and used extant data, where available, to test the success of these efforts.

The Older Americans Act states that I&R services should be provided to assess the needs and capacities of older individuals, to inform them of the opportunities and services that are available, and to assist them in taking advantage of such opportunities and services. In 1978, a GAO report defined I&R as a service that informs people about the programs available and helps them effectively link up with programs appropriate to their needs.[1] According to AIRS, I&R services should deliver whatever is needed to link inquirers with available and appropriate resources at the lowest cost and without unnecessary duplication of effort.

I&R services represent a continuum of elements that range from information to counseling to referral and follow-up.[2] For example, elderly individuals often need assistance and even intervention in acquiring services because of ill health and the debilitation that sometimes accompanies old age. Assistance includes, for example, counseling and transportation. Programs providing such assistance are referred to as information and assistance (I&A) rather than I&R programs. Of the 12 programs we studied, 10 said they provided both information and assistance.

What Constitutes Promising Practice

Our term "promising practice" involves initiatives whose true effectiveness still needs to be demonstrated. When one wants to evaluate a new concept or approach in its early stages to determine if it holds wider promise, the goal is not to judge outcomes but to describe initiatives that appear logically sound and worthy of wider trial and to attempt, insofar as possible, to ensure their eventual evaluation.

We asked experts in the area of aging for their specific suggestions of program features that constitute promising practice. (See appendix I for a list of the experts we consulted.) Their suggestions, summarized in

[1]U.S. General Accounting Office, Information and Referral for People Needing Human Services: A Complex System That Should Be Improved, GAO/HRD-77-134 (Washington, D.C.: March 1978).

[2]Risha W. Levinson, Information and Referral Networks: Doorways to Human Services (New York: Springer Publishing Company, 1988), p. 8.

table 2.1, involve (1) locating I&R services in areas close to elderly people, (2) using automated telephone and resource file technologies, (3) hiring professional minority staff, and (4) publicizing I&R services through active outreach.

Table 2.1: Categories of Promising Practice Suggested by Experts

Category of suggested promising practice	Number of experts making suggestion
Locating I&R services where elderly populations live or frequently visit	5
Hiring professional staff, including minorities, to serve diverse cultural populations	5
Using automated information resources and telephone technology to effectively provide information	3
Publicizing I&R services to the elderly and their caregivers through active outreach methods	3

Five of the experts suggested setting up multiple access centers in areas where many elderly live or at locations frequently visited by the elderly, such as town squares, shopping centers, grocery stores, and drug stores.

Five experts offered the practice of hiring professional staff from the same ethnic or racial background as the elderly to be served or multilingual staff to provide information in the language of the callers.

Three experts stated that the use of automated information resources and telephone technology is effective. I&R providers could increase access to their services by placing automated information booths in areas frequented by large numbers of target group older persons and their caregivers; implementing multilingual telephone message lines in which callers can gain access to I&R services in the language of their choice and to other telephone-related technologies; implementing computer bulletin boards that provide 24-hour access to at least a subset of the I&R data base by older persons, their caregivers, and other service providers; and using computerized resource files or data bases and multilingual telephone services.

Finally, three experts stated that publicizing I&R services to the elderly and their caregivers through active outreach methods in locations they frequent, such as convenience stores and video rental stores, could lead to increased use of I&R services.

Methods Used by the 12 Programs

The 12 programs that we studied collectively served culturally diverse, urban and rural low-socioeconomic and Native American populations. (Appendix II is a list of the 12 programs.) These programs were identified by our experts and by officials at national organizations on aging as using promising methods. The programs differed from one another in such characteristics as organizational structure, size of the population served, and funding levels and sources. (Appendix III presents additional descriptive information about the 12 programs.)

Officials of these 12 programs identified 50 different methods to reach the target populations, virtually all falling into one of the four broad categories as suggested by the experts and as shown in table 2.1. Specific initiatives identified by the program officials are shown in table 2.2.

Table 2.2: Promising Initiatives Used by 12 I&R Programs

Program	Promising initiative
Atlanta Regional Commission Area Agency on Aging (Atlanta, Georgia)	
	Mass media publicity such as television, radio, and print media to target low-income elderly as well as the general elderly population
	I&A services for elderly Hispanics through a contract with the Latin American Association
	I&R subcontracts with county-based aging organizations; county organizations are more familiar with the target populations in the area
	Information Alert System, which enables the Atlanta Regional Commission to get information out to the public quickly with informational memos through publications and senior centers
	Presentations by program staff to low-income, rural, and minority elderly persons at neighborhood locations such as senior centers
	Automated resource file of service providers
Waxter Center for Senior Citizens (Baltimore, Maryland)	
	Decentralization of services by locating 14 I&A offices in neighborhood senior centers; 6 of the 14 are located in targeted minority neighborhoods
	Automated resource file of service providers
Area 7 Area Agency on Aging (Billings, Montana)	
	Native American I&R workers, who provide I&R to Native Americans, including home visits to the isolated elderly, at each of the 6 Indian reservations this area agency serves to address the language problems and to establish trust with this target population
	Public service announcements on the services available on 10 radio stations at the 6 Indian reservations
Association of South Central Oklahoma Governments Area Agency on Aging (Duncan, Oklahoma)	
	Ministerial alliance consisting of over 180 church leaders from various denominations, which informs the I&R program of elderly individuals in their congregations in need of services
	Gatekeeper program using utility company employees
	Presentations by program staff at nutrition sites, senior centers, and churches about the services available to target populations
Western Wisconsin Area Agency on Aging (Eau Claire, Wisconsin)	
	Native American benefits specialist, capable of speaking the Winnebago language, who provides I&R to the Winnebago tribe

(continued)

Program	Promising initiative
	Benefits specialists located in each of the 19 counties, who provide I&R
	Newspaper mailed in each county directly to the elderly, containing information on how to contact a particular county's benefit specialist
Office of Human Resources, Elderly Affairs Division (Honolulu, Hawaii)	
	Bilingual capability of 12 of the 20 staff provide services in Filipino (3 dialects), Chinese (2 dialects), Japanese, Korean, and Samoan. Many staff are also over 60
	Bilingual Access Line, a translation and interpretation service, which provides I&R to elderly speaking Vietnamese and Thai (these languages are not spoken by staff)
	Regular meetings of program staff with ethnic groups to share information and to assist with referrals to increase the trust and confidence of these culturally sensitive groups
	Ethnic radio, television programs, and newspapers, which provide I&R in languages other than English
	Door-to-door canvassing in low-income areas, both urban and rural
	Outreach through displays in low-income areas at senior housing, health fairs, and ethnic festivals
	Multilingual telephone line. The state unit on aging is currently implementing a multilingual telephone line, which will provide taped messages in three languages plus English; eventually there will be more languages. When a person gains access to the line, he or she will first hear a message that gives choices of languages. Once the correct language is accessed, the person then selects subjects to hear information about, such as long-term care and Medicaid. The Hawaii state unit on aging anticipates that eventually callers may have the opportunity for selection at the end of the message to talk with a live I&R worker, but this is not formally planned
Central Indiana Council on Aging Area Agency (Indianapolis, Indiana)	
	Gatekeeper program (utility companies, phone companies, and banks)
	Subcontracts with local service providers in each of the 8 counties of the service area; these local agencies can better locate and assist target groups, especially in rural areas
	Senior magazine, Lifetimes, distributed to doctors' offices, hospitals, 57 nutrition sites, 23 service providers, and seniors in the 8 counties
	Automated resource file of service providers
North Central—Flint Hills Area Agency, Community Services for Aging (Manhattan, Kansas)	
	Community Service Advisors (155 trained volunteers mostly over 60 years of age), who provide I&R in many small towns throughout the

(continued)

Program	Promising initiative
	18 counties of north central Kansas
	Bimonthly agency newspaper, Keynotes, which contains a regular "For Your Information" column, mailed to over 19,000 older adults
	Gatekeeper program, to identify elderly in need of services in the service area: enlists the help of individuals who may have contact with the elderly in the normal course of their jobs such as supermarket clerks, bank tellers, pharmacists, utility meter readers, and mail carriers. Gatekeepers learn to recognize changes in appearance and behavior and signs of confusion and disability among the elderly they have contact with, and they inform the I&R programs, which obtain the appropriate services
Nassau County Department of Senior Citizen Affairs (Mineola, New York)	
	Traveling information office, called Seniormobile, which carries professional staff to provide assistance to the elderly in the communities where they live by visiting shopping centers, libraries, senior centers, parks, and beaches. (Local taxi companies in most communities provide free transportation to and from Seniormobile)
	Translation department within the area agencies on aging to translate literature into Spanish to provide information to Hispanics in the area
	Program staff speaking at senior centers in minority areas and providing literature to these minority groups
	"Linkage Program," which contracts with Family Services Association, Catholic Charities, and Jewish Services for the Aged to perform I&A and case management (these agencies are located where minorities reside and use minority workers to reach minorities)
Senior Information Services, Inc. (Oklahoma City, Oklahoma)	
	Twenty-five multiple access centers located where the elderly frequent such as libraries, senior centers, and malls. Some locations are not staffed daily, but informational materials are always available
	Bilingual and multiethnic staff and volunteers, who serve Hispanics and blacks
	Staff who provide outreach and canvass Hispanic and black neighborhoods
	Staff and volunteers are hired over the age of 60
Department of Public Health, Office of Senior I&R and Health Promotion (San Francisco, California)	
	Black, Hispanic, and Asian I&R workers, who provide services to the ethnic communities
	Older workers, who provide I&R services
	Print materials provided in Spanish, Chinese, and other languages to reach these bilingual communities

(continued)

Program	Promising initiative
	I&R workers stationed at ethnic-specific sites, including senior centers, 1 day a month
	Solicitation of local merchants to give discounts to adults over the age of 60 who possess a merchant discount card. Seniors visit the I&R program to obtain the card and learn of other services. Program prints a directory of merchants who participate. Merchants inform the elderly where they can obtain the card
	Senior News Line, a widely publicized weekly taped telephone message of information for the elderly (the recorder, which tracks the number of callers, was donated by the San Francisco Telephone Pioneers and Pacific Bell)
	Ethnic newspapers to reach Chinese, Hispanic, and black communities
	Presentations to groups of caregivers and gatekeepers in the work place and to different ethnic, religious, and business community leaders
	Automated resource file of service providers
Seattle-King County Division on Aging Area Agency (Seattle, Washington)	
	I&A contracts with minority agencies, Chinese Information Service Center and the Asian Counseling and Referral Service; contract performance standards are used to monitor contract performance
	Program targeting policy containing minority service delivery strategies to be implemented by the agency and their subcontractors
	Automated resource file of service providers

The number of programs using each type of method to reach target populations is shown in table 2.3. While the methods identified by program officials are those they reported to be effective, all 12 programs routinely used multiple outreach methods.

Table 2.3: Number of Sample Programs Using Promising Methods by Target Population

Category of suggested promising methods	Total number of programs	Target population			
		Diverse cultural	Low-income urban	Low-income rural	Native American
Hiring minorities to serve diverse cultural populations	8	6	1	0	2
Publicizing I&R services through active outreach by					
Mass media and print	7	4	6	5	1
Presentations and canvassing	6	6	2	3	1
Using automated information resources and telephone technology	7	6	5	3	2
Providing I&R where elderly live or visit	6	4	4	4	0

Specific Approaches Used by the 12 Programs

Hiring Minorities to Serve Diverse Cultural Populations

Officials at 8 of the 12 programs considered hiring or contracting with minority staff necessary to interact with, and gain the trust of, members of their target populations. Oklahoma City and San Francisco hire bilingual and multiethnic staff to serve black, Hispanic, or Asian populations. Likewise, nine I&R staff in Honolulu speak a total of five distinct languages, including two dialects of Chinese, three of Filipino, and three other languages. Billings, Montana, and Eau Claire, Wisconsin, employ I&R staff who speak Native American tribal languages and serve a total of six reservations.

Atlanta, however, contracts with the Latin American Association to provide I&A to elderly Hispanics, and Seattle contracts with the Chinese Information Service Center and the Asian Counseling and Referral Service to provide I&A to minorities. Nassau County, New York, has a department with staff who translate literature into Spanish.

Publicizing I&R Services Through Active Outreach

The use of various mass media, printed materials, and personal contact to advertise I&R services was common among the programs we studied. The methods discussed below are those that program officials believed to be particularly helpful in reaching out to target populations.

Mass Media and Printed Materials

At least 7 programs publicized their I&R services through mass media, including printed materials. Atlanta advertises extensively, using television, radio, and print media. Honolulu also advertises its I&R program in ethnic newspapers and on ethnic radio and television in languages other than English. The program also places displays in low-income areas at senior housing, health fairs, and ethnic festivals. Billings, Montana, broadcasts public service announcements on available services over 10 radio stations at six Indian reservations. Manhattan, Kansas, publishes a bimonthly agency newsletter that is mailed to over 19,000 older adults. Similarly, the Indianapolis program's senior magazine, Lifetimes, is distributed to doctors' offices, hospitals, 57 nutrition sites, 23 service providers, and seniors in eight counties. The Eau Claire, Wisconsin, area agency's newspaper is also mailed directly to the elderly in its service area. San Francisco publishes information in ethnic newspapers and prints materials in Spanish, Chinese, and other languages.

Presentations and Canvassing

Six programs represent examples of efforts to reach out into the community through presentations by program staff and contacts with the elderly in their homes. Staff at the Atlanta, San Francisco, Honolulu, Nassau County, and Duncan (Oklahoma) programs speak to various groups, including low-income, rural, and minority elderly at senior centers and nutrition sites. They present information about I&R and issues concerning the elderly to, for example, churches, caregivers in their work place, and ethnic, religious, and business community leaders. In addition, the Honolulu and Oklahoma City program staff canvass low-income and ethnic neighborhoods, respectively, identifying and providing outreach to the elderly who need services.

Using Automated Systems and Telephone Technology

Five of the 12 programs used automated systems to maintain and update resource files, which I&R workers can use through computers to access information on services and providers. Computerized resource files are suggested as promising because they can maintain comprehensive lists of service providers in the area and can be updated quickly. For example, San Francisco uses the Stanford Public Information Retrieval System, a generic data base management system at Stanford University. Program staff access the data base through a modem in their offices. Atlanta's Aging Information System uses software developed by

Work/Family, an eldercare agency.[3] This system maintains a list of about 1,500 service providers, who can be accessed by county field offices where staff are responsible for updating it. Baltimore's computerized list of 500 providers is also updated by program staff as needed, about twice a month. Staff can access the computer file directly, and hard copies are distributed to the center's 14 neighborhood sites. Seattle's computerized resource file was developed and customized for its I&R program. Containing about 1,300 providers, the file is updated annually, primarily through telephone contact with providers.

Not all programs, however, have had success with automated resource files. For example, Indianapolis uses a system compiled and updated by United Way. Program staff prefer to use the hard copy version of its provider list because the system software is slow and difficult to access. Four programs serving predominantly rural populations did not have computerized resource files. A rural program director said that its limited funds were more effectively used when directed toward outreach efforts. The program uses various outreach methods, such as speaking before groups of potential clients or through personal contacts at senior centers and direct mail to the elderly. In fact, one rural program director said that an automated resource file did not work when a senior center attempted to implement it. The system failed after only 6 months because of hardware problems and the lack of computer consultants. Staff attrition at the senior center also resulted in new staff not knowing how to use the computerized resource file because formal training was not available.

Only the program in San Francisco has installed an automated message line. Called Senior News Line, this is a taped telephone message in English that is revised weekly. The telephone number is published in senior newspapers and flyers and at senior centers. The messages provide information of interest to seniors, including coming events and activities. Callers can dial into the system, which then activates the message. The system also keeps track of the number of calls received (2,942 calls in 1990).

We also learned that the Hawaii state unit on aging is installing a statewide multilingual telephone information line. Initially, the system is designed to provide taped messages in English and three other languages; additional languages may be added. A recorded message will

[3]Eldercare organizations are hired by national corporations to link elderly relatives of the corporations' employees or retirees with I&R providers.

indicate to callers which numbered button on their telephones to press to access a recorded message in the language of their choice. Then a message in that language will direct callers to indicate the subject about which they wish to obtain information by again pressing a numbered button. Because the system was not yet in operation at the time of our work, we were unable to evaluate it.

Although experts identified recorded-message telephone access systems as promising, we found disagreement on whether such technologies are appropriate for providing I&R to elderly populations. A state unit-on-aging official said that the future of I&R is toward computerization and strongly recommended the use of multilingual telephone messages to serve the elderly. However, some of the program staff we talked with cited a number of reasons why such a system would not work. They stressed that many elderly individuals are reluctant to use unfamiliar technologies, such as automated messages requiring push-button telephones. Also, many elderly, especially in rural areas, do not have such telephones. Many are hearing impaired, possibly hindering their ability to benefit from recorded messages. Perhaps most important, many elderly people want to talk with someone about their problems and often need assistance in determining what their real problems and needs are. For these individuals, telephone messages may not provide the needed assistance.

Providing I&R Where the Elderly Live or Frequently Visit

Six of the 12 programs we studied indicated that they provided I&R services in places where the elderly live or frequently visit. In two cases, Baltimore and San Francisco, this is accomplished by placing I&R workers in neighborhood senior centers. Baltimore has such operations in 14 locations, including 6 in targeted minority neighborhoods. San Francisco stations I&R workers at ethnic-specific sites, including senior centers, 1 day a month. The 4 other programs provide I&R services in a variety of locations. Oklahoma City provides I&R in such places as libraries and shopping malls. Some of these locations are not staffed daily, but informational materials are always available. Nassau County, New York, has carried the notion of decentralization farther by using a traveling information office, called "Seniormobile," that brings professional staff to shopping centers, libraries, senior centers, parks, and beaches. (In most Nassau communities, local taxi companies have agreed to provide free transportation to and from the Seniormobile, making I&R services even more accessible.)

Additional Outreach Methods

We found that several of the programs were using additional outreach methods that had not been identified by our experts but that program officials considered potentially useful. At least 3 programs (Duncan, Indianapolis, and Manhattan) supplement their outreach efforts through assistance from gatekeeper programs, which enlist the help of individuals in the community who have contact with the elderly in the normal course of their jobs, such as supermarket clerks, bank tellers, pharmacists, utility meter readers, and mail carriers. Gatekeepers learn to recognize changes in appearance and behavior and signs of confusion and disability among elderly members of the community, and they inform the I&R programs of such changes so that appropriate services can be arranged.

A merchant discount card is a feature in San Francisco. Local merchants participate by giving discounts to adults over 60 who possess the discount card issued by the I&R program and by advising people that they can obtain a card from the program office. Once elderly individuals arrive at the I&R office, program staff explain the other types of services available in the area. This technique, according to program staff, works for the mobile elderly in the city, where public transportation is readily available.

Assessing and Disseminating Information About the Success of I&R Methods

In this chapter, we provide answers to our evaluation questions on (1) the data that are available to measure the success of methods used by the 12 programs to serve the four target populations and (2) the mechanisms that are available to disseminate information about delivering I&R.

Availability of Data to Measure Success

To find out the extent to which I&R use data were available at the program level, we attempted to gather data collected by AOA and the 12 programs. We recognized that such data were not likely to be sufficient to permit us to evaluate the success of the initiatives, given that no requirement for such an evaluation exists and funds for data collection and analysis are scarce.

Limitations of AOA's Data

Each year, AOA collects and reports national data on services provided to individuals with title III funds. The states are required to provide AOA with unduplicated counts of people participating in each supportive service, including I&R. The states also report the ethnicity of clients served under title III, but it is not required that ethnicity be reported for I&R separately.

AOA's nationally collected data on I&R could not be used to evaluate success in local programs. As previously reported, our analysis of AOA's data collection instrument and methodology identified several flaws that raised questions regarding the accuracy and reliability of the national data.[1] AOA headquarters officials stated that national I&R data are not very useful because the state units on aging, area agencies, and local providers do not collect these data consistently across states, and these inconsistent data are aggregated at the area and state levels.

Limitations of Data Collected by the 12 Programs

The inconsistency in local data collection noted above arises from differences in what data are collected and how data collection is carried out. The 12 programs we reviewed differed on the amount of demographic information they obtained on their clients. For example, 11 programs collected information on age and sex, 8 on income and race and ethnicity, and 5 on clients' level of impairment. Even within these categories, there were differences; among the 8 programs that collected

[1] Eleanor Chelimsky, U.S. General Accounting Office, "Minority Participation in Administration on Aging Programs," statement before the Subcommittee on Aging, Committee on Labor and Human Resources, United States Senate, Washington, D.C., March 15, 1991.

information on race and ethnicity, 4 did so only when clients were provided with assistance, not just information. The programs also differed in whether they recorded the use of their services by the number of phone calls, walk-ins, or brochures distributed or by units of service or service months.

However, we found a number of problems in using these data for evaluating the effects of suggested promising approaches on use rates. First, each program used multiple methods to provide services, but data on the number of people gaining access to the programs were not collected in a way that would allow the effects of each method to be estimated separately. In fact, the available data were not sufficient to determine whether any program use could be attributed to the implementation of one or more I&R practices, changes in I&R staffing, or growth in the eligible population. For one thing, use data were not collected consistently from year to year. Further, when several promising initiatives were implemented at the same time, what data were available did not relate changes in practice to specific methods, so we could not determine which methods (if any) accounted for any increased use.

Second, some programs' data may reflect duplicated counts of individuals served. For example, all 12 programs provided I&R over the telephone, but at least one program did not routinely obtain the names of individual callers when only information was provided. Thus, data could include repeat calls for information from the same person.

Third, the programs used inconsistent methods to measure participation. For example, all the programs used presentations to elderly groups as a method of informing the eligible population about the programs. While 10 of these programs counted individuals reached during presentations, 2 of them did not and therefore may have underreported use. However, 3 programs included the number of brochures distributed as part of their counts of I&R clients served, so use may have been overreported for these programs.

Fourth, data on the ethnicity of individuals served were also inconsistent. For example, 4 programs recorded ethnicity only when a client was provided assistance. One program with 97 percent white elderly in the community identified client ethnicity only by the caller's accent or last name. However, accurate data on ethnicity are needed to ensure that I&R providers are effectively targeting culturally diverse populations and those in greatest economic or social need.

Program staff stressed the difficulties they encountered in collecting the ethnicity data. I&R workers were often unable to obtain such information from clients over the telephone or from other service providers. Staff of 2 programs reported that their state units on aging instructed them not to ask for ethnicity over the phone because of confidentiality concerns. Yet the states require the programs to report on clients served by ethnic group. Consequently, these 2 programs used in-person data to project the ethnicity information for clients served over the phone. Overall, data on ethnicity were not accurate and could not be used to measure the effect of promising approaches in reaching specific target populations.

The program in San Francisco did have data relevant to success. The Office of Senior Information, Referral, and Health Promotion in San Francisco provided us data that indicated an increase in the use of program services by black and Asian persons apparently related to the hiring of information and referral workers from those ethnic communities.

The program hired a black outreach worker for the first time in September 1988. The program served 1,844 black clients in fiscal year 1986, 1,819 in fiscal year 1987, and 1,883 in fiscal year 1988. In fiscal year 1989, following the hiring of the black worker, the program served 2,288 black clients, a 24-percent increase over the average of the previous 3 years.

The program also employed a Chinese-American worker to serve clients from that group. This worker went on maternity leave in May 1990 and returned in September 1990. Prior to the leave, during April and May, the program served 153 and 155 Chinese clients, respectively. In June, July, and August, it served an average of 89 Chinese clients each month. Then, in September, after the worker returned, the program served 147 Chinese clients.

The data describing these cases were available in part because the workers made direct contact with members of the target populations in the ethnic communities, and the program director required her staff to collect data on the ethnicity of all clients who called for information or assistance. Also, according to the program director, data collected on the number of clients who called for information were less likely to represent duplicated counts because staff were instructed to ask whether the clients had used the program's services previously and whether they were first-time clients.

While these data are informative, it is possible that other program changes were introduced concurrently with the hiring of the black outreach worker, which would make it impossible to determine how much of the increase stemmed from the presence of that worker. Similarly, the decline in Chinese-American clients while the outreach worker from that group was on leave may mean no more than that participation declines when the number of workers goes down. To address these types of concerns, a next step would be to plan a more rigorous program evaluation designed to increase confidence that these apparently favorable results can be attributed to the hiring of minority outreach workers.

Although the programs we studied could not provide the data we requested on program use prior to and following implementation of all their initiatives, the program directors told us that in their opinions the methods they used were effective in increasing service use.

Methods Available to Disseminate Information

To address the evaluation question concerning methods available to disseminate information about promising initiatives for delivering I&R, we examined AOA's role in the dissemination of information about the programs to other members of the network on aging.

AOA Dissemination Mechanisms

The act does not specifically address the dissemination of promising initiatives for title III programs, including I&R. As a result, AOA does not routinely obtain information about successful or promising methods used by I&R providers, and it has no mechanism to disseminate such information. In fact, AOA officials told us that they had neither criteria for judging success nor adequate knowledge of what individual programs accomplish. It is important to underscore, as we previously reported, that AOA has experienced significant reductions in program funding, administrative resources, personnel, and travel funds over the past decade, while simultaneously facing a substantial growth in its constituency, mission, and mandates.[2]

Further, no formal mechanisms exist to disseminate innovative or promising practice at the level of the state or area agency. However, for the National I&R Training and Technical Support Center, NASUA, NAAAA, and AIRS are planning to establish a national information data base that

[2]Eleanor Chelimsky, U.S. General Accounting Office, "The Administration on Aging: Harmonizing Growing Demands and Shrinking Resources," statement before the Subcommittee on Human Services, Select Committee on Aging, House of Representatives, Washington, D.C., June 12, 1991.

would include best practices used by I&R programs to serve target populations. At present, they plan to make information in the data base available on request.

Title IV of the act provides for grants for research and demonstration projects to design and test innovative ideas in programs and services. The dissemination of title IV project results appears to be the only existing formal mechanism by which AOA currently disseminates information on innovative approaches. However, according to AOA officials, title IV grants are not usually used to demonstrate promising practice for delivering I&R. In any case, a recent GAO study found that AOA does not systematically disseminate results of title IV research and demonstration projects, nor does it monitor dissemination or evaluate the effectiveness of results.[3]

We recognize that the evaluation of the effectiveness of specific initiatives poses many difficulties—for example, identifying comparison groups and obtaining reliable data on outcomes. We also recognize that AOA does not have adequate resources to carry out many of the missions and responsibilities assigned to it under the Older Americans Act. However, we believe that many other evaluation approaches currently being used by other federal agencies could serve as models for AOA. For example, the Program Effectiveness Panel (originally, the Joint Dissemination Review Panel) of the U.S. Department of Education has a long-standing practice of requiring sponsors of innovative educational strategies who want federal funds in order to support the dissemination of their programs to demonstrate program effectiveness. This provides an incentive to collect and provide to the department data that could allow for program evaluation.

Program Dissemination Mechanisms

To examine the extent to which the 12 programs disseminate information, we asked the staff how they inform other programs about their methods or techniques and how they in turn become aware of methods used by others. The programs' staff reported that they have occasionally exchanged information with other service providers about successful I&R methods through training sessions, workshops, professional gatherings, various magazines and newsletters, and their state units on aging. Five program directors said they had presented information on

[3]Joseph F. Delfico, U.S. General Accounting Office, "Older Americans Act: Dissemination of Research and Demonstration Findings Could Be Improved," statement before the Subcommittee on Human Services, Select Committee on Aging, House of Representatives, Washington, D.C., September 11, 1990.

their I&R programs at professional meetings. However, funds are often not available to attend these meetings, especially if travel is involved; in fact, one program director said she had traveled to a meeting at her own expense in order to give one presentation. Two programs reported getting ideas from publications such as Older Americans Reports, Generations Magazine, and an AIRS newsletter.

Despite these occasional and informal opportunities to exchange information, 10 of the 12 programs reported they only seldom or sometimes obtained information on successful methods or techniques used by other I&R or I&A service providers. The dissemination that did occur was primarily within a state or occasionally within regional boundaries or among those who attend national NAAAA or AIRS meetings.

In summary, AOA does not obtain and disseminate information about promising initiatives for title III programs, including I&R. While I&R programs occasionally exchange information through conferences and workshops, program officials stated that such mechanisms are not very effective in allowing them to obtain the information they need.

The Quality and Generalizability of Information on I&R Practice

In our review, we found little or no data to evaluate the approaches used by the 12 programs. Neither the national data AOA collects nor the data maintained by local I&R programs were adequate to measure success. AOA's data are aggregated across states, and individual program data cannot be disaggregated. At the local level, inconsistent data collection procedures and methods resulted in under- or overreporting of use and questionable data on the ethnicity of program clients.

However, program directors generally reported that in their opinions, these methods were successful. Any of these methods could be implemented by other I&R programs, but it may be important to consider the characteristics of the programs and their target populations to determine whether a specific practice is appropriate. Organizational, demographic, and geographic characteristics of the 12 programs differed widely and, as might be expected, I&R program services were tailored to the needs of planning and service areas. For example, officials of rural programs in particular reported that they needed to retain the flexibility to design programs to meet the needs of their specific populations, which often include geographically isolated individuals. In making decisions about whether to implement a particular method that appears promising, I&R program officials may want to determine that it is suitable for their particular program and service area characteristics.

Matter for Congressional Consideration

Based on the activities of the 12 programs we studied, it is unlikely that data on program use, as currently collected, would allow for the valid linking of quantitative analysis of program use to particular initiatives. The Congress may wish to consider whether AOA should provide an incentive for programs to collect and provide to AOA data that could allow for evaluation and dissemination of information on the success of promising initiatives. Such an incentive might be modeled on the Program Effectiveness Panel of the U.S. Department of Education.

List of Experts

Dr. Robert Binstock
Case Western Reserve University
Cleveland, Ohio

Dr. Paul Ephross
School of Social Work and Community Planning
University of Maryland
Baltimore, Maryland

Dr. Kia Gallagher
Colorado Foundation Trust
Denver, Colorado

Dr. Robert Hudson
Boston School of Social Work
Boston, Massachusetts

Norman Maas
Alliance of Information and Referral Services
Joliet, Illinois

Dr. A. Monk
School of Social Work
State University of New York
Albany, New York

Dr. S. Palley
School of Social Work and Community Planning
University of Maryland
Baltimore, Maryland

Larry Rickards
National Association of Area Agencies on Aging
Washington, D.C.

James Whaley
Management Forum on Aging
National Association of State Units on Aging
Washington, D.C.

I&R Programs Selected for the Study

1. Atlanta Regional Commission Area Agency on Aging
Atlanta, Georgia

2. Waxter Center for Senior Citizens
Baltimore, Maryland

3. Area 7 Area Agency on Aging
Billings, Montana

4. Association of South Central Oklahoma Governments Area Agency on Aging
Duncan, Oklahoma

5. Western Wisconsin Area Agency on Aging
Eau Claire, Wisconsin

6. Office of Human Resources
Elderly Affairs Division
Honolulu, Hawaii

7. Central Indiana Council on Aging Area Agency
Indianapolis, Indiana

8. North Central—Flint Hills Area Agency on Aging
Community Services for Aging
Manhattan, Kansas

9. Nassau County Department of Senior Citizen Affairs
Mineola, New York

10. Senior Information Services, Inc.
Oklahoma City, Oklahoma

11. Department of Public Health
Office of Senior I&R and Health Promotion
San Francisco, California

12. Seattle-King County Division on Aging Area Agency
Seattle, Washington

Program Characteristics

Organizational Characteristics

Organizational, demographic, and funding characteristics of the 12 I&R programs studied are presented in table III.1. Ten programs were area agencies on aging and the remaining 2 programs were a nonprofit agency (Senior Information Services, Inc., in Oklahoma City) and a county agency (Office of Senior I&R and Health Promotion in San Francisco). The program budgets shown in the table are not necessarily comparable because of differences in the types of I&R services each program provides.

Table III.1: Jurisdictions, Populations, and Budgets of 12 Programs

Program	Number of jurisdictions in service area	Approximate number of elderly in service area	I&R budget[a]	Title III funds[a]
Atlanta, Ga.	8 counties, 52 municipalities	260,900	$244,800	$211,000
Baltimore, Md.	1 municipality	134,600	150,100	3,200
Billings, Mont.	6 Indian reservations	1,800	7,000	7,000
Duncan, Okla.	8 counties	45,000	35,400	27,400
Eau Claire, Wis.	19 counties, 2 municipalities, 2 Indian reservations	127,600	112,300	56,600
Honolulu, Hawaii	1 county, 1 municipality	131,800	298,300	55,600
Indianapolis, Ind.	8 counties, 68 municipalities, 88 townships	193,600	187,500	95,100
Manhattan, Kans.	18 counties	74,800	121,300	108,800
Mineola, N.Y.	1 county, 2 cities, 3 towns	281,600	[b]	[b]
Oklahoma City, Okla.	4 counties	120,900	178,500	148,100
San Francisco, Calif.	1 county	175,100	387,000	196,000
Seattle, Wash.	1 county	227,000	2,896,600	432,800

[a]These figures are rounded to the nearest $100.

[b]The Nassau County Department of Senior Citizens did not account for I&R separately in its program budget.

One similarity among the programs is that they supplemented their title III funds with other federal, state, local, and private funding. However, the sources of additional funding varied among programs. For example, table III.1 reveals that only 15 percent of Seattle-King County's annual I&A budget came from title III funds. The majority of its budget came

from both other federal funds ($1.4 million), including community development block grant and title 19, and state funds ($1 million). Approximately half the I&R budget for the Office of Senior I&R and Health Promotion in San Francisco was provided by the Department of Public Health. Only 19 percent of the budget at the Elderly Affairs Division in Honolulu was from title III funds; the rest was comprised of city and county funding. Almost all (98 percent) of Baltimore's Waxter Center budget was made up of state funds. However, title III funds constituted 83 percent of the annual budget for the Senior Information Service, Inc., in Oklahoma City.

Outreach Methods

Each of the 12 programs used multiple outreach methods, listed in table III.2, as routine practices to reach the target populations. Although we did not obtain details on all, some may be additional examples of promising approaches, similar to those presented in chapter 2.

Table III.2: Outreach Methods the Programs Used

Method	Number of programs using method
Informing other agencies, advocacy groups, or coalitions	12
Speaking before groups of potential clients	12
Print media	12
Providing and obtaining information through hospitals	11
Providing information through libraries	9
Television or radio	9
One-on-one at shelters, senior centers, churches, soup kitchens	8
Placing staff in locations such as shopping centers, grocery stores, pharmacies	7
Direct mail to elderly clients	6
Placing staff at housing facilities	5
Door-to-door	4
Providing information on utility bills and bank statements	3

Follow-Up

All the programs had ways of following up with clients using their I&R services. However, how the programs conducted this follow-up differed. Some programs followed up with the clients, some with service providers, some with caregivers, and some with a combination of these. For example, the Central Indiana Council on Aging mails 40 questionnaires to a randomly selected sample of clients each month. In contrast, the Division of Human Resources, Elderly Affairs Division, in Honolulu tries

to follow up on each referral with the agency to which the client was referred.

Training

All the programs provided training to staff, and most provided it to volunteers at regularly scheduled intervals. This training consisted of, to name a few topics, Medicare procedures, information-giving and referral procedures, follow-up techniques, cultural sensitivities, needs assessment, and advocacy training. The training was provided by various organizations, including state units on aging, outside consultants, universities, AIRS, and the American Society on Aging.

Major Contributors to This Report

Program Evaluation and Methodology Division

Patrick Grasso, Assistant Director
Sushil Sharma, Assignment Manager

Denver Regional Office

Arleen Alleman, Project Manager
David Powner, Deputy Project Manager
Cynthia Schilling, Writer-Editor

Bibliography

Abrams, Rosalie S., Maryland Office on Aging. "The Older Americans Act: Information Systems for Consumers and the Aging Network." Statement before the U.S. Senate Special Committee on Aging, Washington, D.C., April 19, 1990.

Administration on Aging, Department of Health and Human Services. Annual Report for Fiscal Year 1989. Washington, D.C.: n.d.

Administration on Aging, Department of Health and Human Services. "Program Instruction," AOA-PI-75-09, Washington, D.C., August 28, 1974.

Administration on Aging, Department of Health and Human Services. "Program Instruction," AOA-PI-90-01, Washington, D.C., November 21, 1989.

Administration on Aging, Department of Health and Human Services. "Program Instruction," AOA-PI-90-06, Washington, D.C., April 10, 1990.

Al-Ibrahim, Mohamed S., Frank J. Hooper, and Debra S. Wertheimer, University of Maryland Medical School. "Reauthorization of the Older Americans Act." Statement before the U.S. Senate Special Committee on Aging, Washington, D.C., April 19, 1990.

Bechill, William D., School of Social Work, University of Maryland at Baltimore. "Information Flow within the Aging Network." Statement before the U.S. Senate Special Committee on Aging, Washington, D.C., April 19, 1990.

Bogat, G. Anne, and Leah K. Gensheimer. "The Role of an Information and Referral Service in the Selection of Child Care." Children and Youth Services Review, 8 (1986), 243-56.

Chelimsky, Eleanor, U.S. General Accounting Office. "The Administration on Aging: Harmonizing Growing Demands and Shrinking Resources." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., June 12, 1991.

Chelimsky, Eleanor, U.S. General Accounting Office. "Minority Participation in Administration on Aging Programs." Statement before the Senate Committee on Labor and Human Resources, Subcommittee on Aging, Washington, D.C., March 15, 1991.

Colorado Trust. "Information and Referral Services For Denver's Elderly: System Status and Issues to Address." Denver, Colorado, n.d.

Cook, Curtis D., National Indian Council on Aging. Statement before the U.S. House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

Croneberger, Robert Jr., and Carolyn Luck. "Defining Information and Referral Service." LJ Library Journal, Information and Referral Service: An LJ Series, series no. 1, November 1, 1975.

Cutler, Neal E. "Minority Targeting in the Older Americans Act, 1978-1988: From 'Greatest Economic or Social Need' to Meek v. Martinez." National Resource Center on Minority Aging Populations, San Diego, California, August 1989.

Davis, Karen. "Health in an Aging America." CRS Review, September-October 1990, pp. 32-34.

Delfico, Joseph F., U.S. General Accounting Office, "Older Americans Act: Dissemination of Research and Demonstration Findings Could Be Improved." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., September 11, 1990.

Dracup, Kathleen, and Pamela Frerichs. "Evaluation of a Community-Based Health Information Service." American Journal of Preventive Medicine, 2:1 (1986), 6-8.

Federal Register. Part II, Department of Health and Human Services, Administration on Aging. Fiscal Year 1990 Discretionary Funds Program; Availability of Funds and Request for Applications; Notice, February 9, 1990.

Federal Register. Part VI, Department of Health and Human Services, Office of Human Development Services. 45 CFR parts 1321, 1326, and 1328, August 31, 1988.

Felcher, Toby, National Association of Nutrition and Aging Services Programs. "Testimony for a Hearing on Reauthorization of the Older Americans Act." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

Gerontological Society of America. "The Aging Society and Opportunities for the New Administration. Part I." Washington, D.C., December 1988.

Gerontological Society of America. "The Aging Society and Opportunities for the New Administration. Part II: Building a Base for a Sound Public Policy." Washington, D.C., March 1989.

Harris, Phyllis Braudy. "On Developing and Implementing a Telecomputing-Based System for Delivering Information on Alzheimer's Disease 1989." Gerontological Society of America, Washington, D.C., 1989.

Levinson, Risha W. Information and Referral Networks: Doorways to Human Services. New York: Springer Publishing Company, 1988.

Logan, Robert D., and Nancy Perszyk. "Computerized Care Coordination System," Council on Aging of the Cincinnati Area, Inc., n.p., n.d.

Lovell, Beverly, "Information and Referral Service: Insights and Affirmations." Public Welfare, Winter 1975, pp. 38-43

Martin, Gail H., National Association of Meals Programs. "Reauthorization of the Older Americans Act." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

National Association of Area Agencies on Aging and National Association of State Units on Aging. Information and Referral in Aging: A National Initiative. Washington, D.C.: 1991.

National Association for Hispanic Elderly. "Implementation of the Older Americans Act Amendments of 1987: The Aging Network." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

National Association of State Units on Aging. Elderlink: Towards a National Community Access System Feasibility Study. Washington, D.C.: January 19, 1989.

National Association of State Units on Aging. Toward a National Strategy to Enhance Information and Referral Systems for Older People in the 1990s. Washington, D.C.: April 1, 1990.

Otwell, Janet, National Association of State Units on Aging. "Implementation of the 1987 Older Americans Act Amendments and Issues Related to the 1991 OAA Reauthorization." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

Seattle-King County Division on Aging. "Information and Assistance/ Case Management Services System." For the U.S. Senate Select Committee on Aging Workshop on the Reauthorization of the Older Americans Act of 1965, Washington, D.C., April 19, 1990.

Simmons, Samuel J., National Caucus and Center on Black Aged. "Implementation of the Older Americans Act Amendments of 1987: The Aging Network." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

Straw, Gretchen. "Getting Information about Long-Term Care, A Consumer Perspective: Results of a National Survey of Adults Age 40 and Over." Washington, D.C., 1990.

T. Baugh & Company. "Topline Summary of Focus Groups Discussions on Provision of Long-term Care Information." Submitted to the American Association of Retired Persons, Washington, D.C., April 9, 1990.

Thursz, Daniel, National Council on the Aging, Inc. "Older Americans Act Amendments of 1987." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

United Way of America and the Alliance of Information and Referral Systems. National Standards for Information and Referral. Alexandria, Va.: United Way of America, 1983.

U.S. General Accounting Office. Information and Referral for People Needing Human Services: A Complex System That Should Be Improved, GAO/HRD-77-134. Washington, D.C.: March 1978.

U.S. General Accounting Office. Long-Term Care for the Elderly: Issues of Need, Access, and Cost, GAO/HRD-89-4. Washington, D.C.: November 1988.

U.S. General Accounting Office. Older Americans Act: Administration on Aging Does Not Approve Intrastate Funding Formulas, GAO/HRD-90-85. Washington, D.C.: June 1990.

U.S. General Accounting Office. Older Americans Act: Dissemination of Research and Demonstration Findings Could Be Improved, GAO/T-HRD-90-53. Washington, D.C.: September 1990.

U.S. General Accounting Office. Promising Practice: Private Programs Guaranteeing Student Aid for Higher Education, GAO/PEMD-90-16. Washington, D.C.: June 1990.

U.S. General Accounting Office. The Social Security Administration's Supplemental Security Income Outreach Activities, GAO/T-HRD-90-22. Washington, D.C.: April 1990.

U.S. Senate, Special Committee on Aging. Older Americans Act Amendments of 1987: A Summary of Provisions, Public Law 100-175, Serial No. 100-C. Washington D.C.: U.S. Government Printing Office, December 1987.

U.S. Senate, Special Committee on Aging, and House of Representatives, Select Committee on Aging. Legislative Agenda for an Aging Society: 1988 and Beyond. Washington D.C.: U.S. Government Printing Office, November 1987.

U.S. Senate, Special Committee on Aging, and House of Representatives, Subcommittee on Human Resources of the Committee on Education and Labor. Compilation of the Older Americans Act of 1965 as Amended Through December 31, 1988, Serial No. 101-A for House and 101-B for Senate. Washington D.C.: U.S. Government Printing Office, March 1989.

Williams, Margaret, National Association of Area Agencies on Aging. "The Implementation of the Older Americans Act of 1987." Statement before the House Select Committee on Aging, Subcommittee on Human Services, Washington, D.C., March 27, 1990.

Wollert, Richard. "The Self-Help Clearinghouse Concept: An Evaluation of One Program and Its Implications for Policy and Practice." American Journal of Community Psychology, 15:4 (1987), 491-508.

Glossary

Advocacy or Representation	Action taken on behalf of older persons to secure their rights or benefits. Includes receiving, investigating, and working to resolve disputes or complaints. Does not include services provided by an attorney or a person under the supervision of an attorney.
Caregiver	Family members and others who care for and assist elderly relatives and friends with their daily living activities.
Case Management	Assisting certain functionally impaired adults to obtain and effectively use necessary support services. Includes a comprehensive assessment of individual needs and the development of a detailed plan of services and related activities.
Follow-Up and Evaluation	Determining the quality or effectiveness of a service to an individual client. Usually performed as a component of case management or to assess the results of information and referral. The activity is distinguished from diagnosis, assessment and screening, and project evaluation.
Information and Referral	The provision of concrete information to a client about available public and voluntary services, resources, and linkage to ensure the service will be delivered to the client. Includes contact with the provider.
Information and Referral Specialist	A paid or volunteer staff person adequately trained and proficient in the direct provision of information, referral, and follow-up in service inquiries.
Information-Giving	The process of providing basic and detailed information to the inquirer carried out by a paid or volunteer staff person.
Inquirer	Any person or organization seeking assistance.
Interpreting and Translating	Explaining the meaning of oral or written communication to non-English speaking or handicapped persons unable to perform the function.

Intervention	A special service provided for clients when the agencies that indicate they provide the services fail to provide them. Also known as advocacy.
Outreach or Client-Finding	Intervention initiated by a provider to identify clients and to encourage the use of existing services and benefits.
Referral-Giving	The process of assessing inquirer needs and suggesting appropriate resources. Active participation in linking the inquirer with needed services may include the paid or volunteer staff's scheduling of appointments, three-way calling, or negotiating for the inquirer.
Resource File	An organized, cross-indexed file of information on services and programs in the area covered by the system.

Ordering Information

The first five copies of each GAO report are free. Additional copies are $2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

U.S. General Accounting Office
P.O. Box 6015
Gaithersburg, MD 20877

Orders may also be placed by calling (202) 275-6241.

United States
General Accounting Office
Washington, D.C. 20548

Official Business
Penalty for Private Use $300

First-Class Mail
Postage & Fees Paid
GAO
Permit No. G100