

AREA AGENCIES ON AGING
SELECTED BEST PRACTICES



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Office of Inspector General

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This Report

Entitled, "Area Agencies on Aging -- Selected Best Practices," this study was conducted to identify innovative programs for the elderly established by Area Agencies on Aging around the country.

The report was prepared by the Regional Inspector General, Office of Analysis and Inspections, Region III. Participating in this project were the following people:

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INTRODUCTION

The Older Americans Act of 1965, as amended in 1973, required State Units on Aging (SUAs) to divide their States into planning and service areas (PSAs) and designate networks of Area Agencies on Aging (AAAs) to plan and develop comprehensive systems of services for the elderly within those areas. Within the framework of policies and plans established by SUAs, AAAs are responsible for being focal points within their PSAs and catalysts for planning, coordinating, developing and pooling resources to create comprehensive systems of services for the elderly.

By law, the major function of AAAs is to assist communities to plan, develop and implement comprehensive and coordinated systems of services for the elderly. AAAs foster systems development through conducting needs assessments, developing area plans for State approval, contracting with local agencies to provide specific services, and working with other community entities to promote awareness of elderly concerns and stimulate additional funding sources.

An inspection was conducted at the request of the Administration on Aging (AOA). Its purposes were to determine whether AAAs have created comprehensive systems of services for the elderly, how AAAs are perceived within their communities, whether AAAs are part of a national aging network, and whether providing direct services interferes with AAAs' planning and coordination responsibilities. We also identified best practices in the States and areas visited.

Fieldwork consisted of visits to 17 State Units on Aging and 25 AAAs, and discussions with 179 community agencies and 122 elderly clients. The sites visited were not based on a statistically valid random sample, but were generally selected based on recommendations from AOA.

The results of our inspection are reflected in two reports. This report, entitled "Area Agencies on Aging -- Selected Best Practices," describes innovative programs identified during the fieldwork phase of our inspection. The programs described in this report are in no way intended to be a comprehensive listing. Rather, they were the programs which particularly impressed our team members during field visits to 17 States and 25 AAAs. They are presented to serve as illustrative examples of the types of innovative practices being undertaken by AAAs visited which might be of interest to other AAAs around the country.

The report is divided into sections on community systems development, nutrition, promoting independence, outreach and the ombudsman program. Several of the best practices presented incorporate aspects of more than one of the above categories. Nevertheless, we felt that it would be useful to have discrete sections, rather than to present the practices in an undifferentiated listing.

Under separate cover is a companion report, entitled "Community Systems Development under the Older Americans Act." It contains the findings and recommendations of the inspection relating to the success of AAAs in fulfilling their community systems development responsibilities under the Older Americans Act.

BEST PRACTICES IN COMMUNITY SYSTEMS DEVELOPMENT

The development of comprehensive systems of services for the elderly within their planning and service areas (PSAs) is a major AAA responsibility which most AAA directors consider to be their highest priority. The four examples presented below illustrate how AAAs have used their leverage and influence within their communities to serve as catalysts in bringing together public and private entities to establish new services or improve existing services for the elderly.

Senior Campus

The AAA director for a midwestern city has forged a partnership with county agencies and the private sector to develop a 42-acre parcel of county-owned land into a senior citizens housing complex with a variety of service agency offices on the same "campus." This long term plan for the senior citizen center is the latest use for the county property, which has at various times served as the site of a home for the aged, a county hospital, a tuberculosis sanitarium and a medical school campus.

The project, which is expected to take up to a decade to complete, will include a variety of residential facilities for the elderly, including shared, congregate and independent living arrangements. The county has already put about \$1.4 million into the roads, parking lots and utilities which will serve the complex. Construction funds are being loaned by a local bank.

Numerous public and private agencies serving the elderly have agreed to locate offices in the senior citizen administration building, which is envisioned as the entry point for seniors to gain access to a network of available services and programs. In addition to a senior center and recreational programs, a service center for the well elderly will contain such businesses as beauty and barber shops, a pharmacy, a library and a medical supply store. A full range of services for functionally impaired individuals will also be available on the campus, including home-delivered meals, homemaker and chore service, respite care and adult day care.

Contact for more information:

Area Agency on Aging of Northwestern Ohio, Inc.
2155 Arlington Avenue
Toledo, Ohio 43609
419-382-0624

Senior Peer Counseling Program

This program is a joint effort of the AAA, the county department of human resources, the State welfare department and a local hospital. It was developed through efforts of the county aging and mental health task force, which consists of representatives from 22 county agencies and organizations with an interest in addressing the needs of the county's elderly.

The program's goal is to respond to the mental health needs of the elderly using a volunteer corps of senior peer counselors. In addition to the types of mental illness common to people of all ages, the specific mental health needs of the elderly include coping problems associated with the multiple losses commonly experienced through aging. Supportive counseling is also available to the caretakers of the elderly, who are considered high risk.

The program has three service objectives:

1. Primary prevention, including maintenance and enhancement of the mental health of the elderly.
2. Secondary prevention, including specific interventions and attempts to reverse the course of and to eliminate an acute disorder.
3. Tertiary prevention, such as stabilizing as much as possible a chronic disorder, minimizing the handicapping potential of the disorder and preventing additional deterioration of health from secondary problems.

Since services began in 1985, about 10,000 hours of counseling have been provided to 850 clients by 20 peer counselors, following initial interviews and screening by 4 paid counselors.

Contact for more information:

Delaware County Services for the Aging
Government Center
Media, Pennsylvania 19063
215-891-4463

Social Services Task Force

The establishment of a social services task force by one AAA demonstrates how problems identified during the case management process can be incorporated into an AAA's planning and systems building activities.

Case managers at this New England AAA, which provides case management services directly, found long waiting lists for homemaker services at all area social service agencies. Upon studying the problem, the AAA planning staff found that the generally high socioeconomic status of PSA residents made it difficult to find homemakers willing to work at the rates which local social service agencies could offer. The AAA also found there was a tendency on the part of social service agencies not to share their knowledge of available services with other social service agencies.

The AAA was the catalyst in convening a task force of local social service agencies to share information about these limited community resources. The result has been that those most in need of homemaker services are now receiving the highest priority for service.

Contact for more information:

Minuteman Home Care Corporation
83 Hartwell Avenue
Lexington, Massachusetts 02173
617-862-6200

Dental Care for the Homebound

This program uses volunteer dentists and private donations to provide free dental care for the elderly. A nutritional assessment of 220 home-delivered meals program participants conducted by the AAA in 1985 found that only 17 percent were receiving regular dental care, as compared with 80 percent who have regular visits with a physician. About 25 percent of the respondents could not eat meat, salads or other fibrous foods, such as asparagus or crackers, and were in danger of being malnourished.

The AAA sent letters to all dentists in one rural county describing the survey findings. In response to the AAA's request, all of the dentists agreed to set aside one afternoon to provide free dental examinations, x-rays and teeth cleanings to three homebound individuals. The AAA provided transportation to and from the dentists' offices and assisted in completing the necessary paperwork.

Many of the 36 clients who received the free dental exams had not seen a dentist for several years, and were pleasantly surprised to learn that a visit to the dentist need not be the painful and traumatic experience they remembered from years past. Eighty percent of those who were found to need additional dental treatment decided to have the recommended treatment at their own expense. Twenty percent were unable to afford followup care. To meet this continuing need, the AAA has begun to approach area service organizations to sponsor a senior or make a contribution.

The AAA plans to repeat the program later this year in the same county, and expand it to the remainder of the PSA next year.

Contact for more information:

East Central Florida Area Agency on Aging
1011 Wymore Road
Winter Park, Florida 32789
305-645-3339

BEST PRACTICES IN NUTRITION

The Older Americans Act has supported an extensive program of congregate and home-delivered meals since the early 1970s. In recent years, some AAAs have expanded their efforts to focus on individuals with special needs who cannot be accommodated by the regular AAA-funded nutrition programs. Three examples are described: one for patients recently discharged from the hospital, one for individuals who need companionship as much as a meal, and the third for low-income homebound seniors in need of an evening meal.

Senior Crisis Meals

A southwestern AAA has developed a special emergency meals program for discharged hospital patients funded entirely by contributions. The program was established in response to a need identified by AAA staff for a brief period of post-hospitalization in-home supportive services, including emergency home-delivered meals, for elderly recuperating after stays in the hospital.

After a year of education and negotiation, the AAA convinced the local restaurant association to cosponsor the "Senior Crisis Meals" program. Small collection cannisters placed next to cash registers in half of the 200 member restaurants are now generating \$800 per month in donations.

All funds collected are used to buy food. Meals are purchased wholesale from the supplier used by the AAA's home-delivered meals contractor, who delivers them to individuals using their regular delivery system. Meals are provided on an emergency basis only, for an average of 3 days following hospital discharge. While there is no charge for meals, voluntary contributions are welcome. Most clients are referred to the program by hospital discharge planners or the home-delivered meals contractor.

The program has been operating for over 2 years. The AAA is now working to expand the program to area hotels and resorts through discussions with the local innkeepers' association.

Contact for more information:

Pima Council on Aging
103 East Alameda
Tucson, Arizona 85701
602-624-4419

Happy Nooners Program

Since last summer, the community council in a popular suburban retirement area has been locating lonely seniors to participate in a once-a-week lunch at a local nursing or retirement home. The program operates 7 days a week at 7 different nursing and retirement homes. Each day, a different nursing or retirement home hosts 8 to 12 seniors for lunch. Altogether, about 60 seniors now participate in the program. The home's food costs are partially defrayed by a \$2 lunch charge collected from the participants.

Volunteers, mostly from local churches, publicize the program through flyers, ads and newspaper articles. They also provide transportation and greet participants. The AAA funds the volunteer coordinator position.

The program has benefits for both the seniors and the nursing and retirement homes. For seniors, it is an opportunity to socialize with new friends while having a nutritious meal. For those who may someday become permanent residents of the homes, the chance to visit and become familiar with them can ease the transition later on. For retirement and nursing homes, the program serves as public relations and outreach to potential future residents.

Efforts are underway to expand the program to more nursing and retirement homes. This will enable current seniors to participate more than one day a week, and will eventually allow the program to accommodate more participants.

Contact for more information:

Maricopa Council on Aging
1366 East Thomas Road
Phoenix, Arizona 85016
602-264-2255

Evening Meals for the Homebound

This program in the midwest is the result of a partnership between a local developmental disability agency and a private nonprofit community center, with homebound seniors as the beneficiaries. Two years ago, the developmental disability office established a food service training program to prepare the developmentally disabled for jobs in the food service industry. The training takes place at the local community center, which also pays for the food.

The AAA assisted with information and technical assistance during the start-up phase, and the AAA nutritionist continues to review planned menus to insure that meals will be nutritionally balanced. The local restaurant association has been involved in approving the student curriculum.

Every weekday evening, developmentally disabled students prepare and deliver nutritionally balanced dinners to some 65 low income individuals, of whom about 60 are homebound seniors. Many are also disabled. Efforts are now underway to expand the program, as well as to find ways to make it self-supporting.

Contact for more information:

Eastern Nebraska Office on Aging
885 South 72nd Street
Omaha, Nebraska 68114
402-444-6536

BEST PRACTICES IN PROMOTING INDEPENDENCE

One of the broad policy objectives upon which the Older Americans Act is based is to assure older Americans maximum independence, financial as well as personal, in planning and managing their own lives. The following are examples of efforts to enable the elderly to continue living independently within their communities as long as they wish to and are capable of doing so. One enables senior home owners to work in exchange for credit toward local property taxes. The other matches trained retirees with the elderly and their families in need of respite care in their own homes.

Senior Tax Work-Off

In one western county, senior property owners are able to work off part or all of their city and county property taxes through a program administered by the AAA. Now in its sixth year, the program was the brainchild of a senior citizen who approached the city with his idea.

To be eligible to participate, individuals must own their homes and be at least 60 years old (65 for the city program). While there are no income guidelines, the AAA does try to target low income applicants. Some 60 individuals are participating in the county program this year.

Seniors wishing to participate in the program complete an application describing their skills and capabilities and are interviewed by the program coordinator, herself a senior tax work-off program participant. City and county agencies submit work orders to the coordinator, who then matches individuals with available tasks. While most work orders were initially for clerical help, seniors now perform tasks as varied as drafting and engineering, 5-year capital improvement plan development, driving a city van, and rototilling at public parks.

Participants earn credit toward their taxes at the rate of hourly minimum wage, with total credit limited to \$250 for the county program. The city has no upper limit. Credit for both programs cannot exceed the total taxes owed.

Contact for more information

Larimer County Area Agency on Aging
Department of Human Development
P.O. Box 1190
525 South Oak Street
Fort Collins, Colorado 80522
303-221-7440

Real Help and Respite Care Registry

In an east coast suburban area, the Retired Senior Volunteer Program (RSVP) established Real Help, a program which matches retirees with elderly individuals who pay for a variety of small tasks, such as minor repairs, chores and help with shopping. The retired workers are paid by the elderly individuals at mutually agreed upon rates.

In 1983, recognizing the increasing need for respite care, and mindful of the fact that most caregiving is done through informal systems, the AAA approached RSVP to create a Respite Care Registry in conjunction with the Real Help program.

To be enrolled in the Respite Care Registry, applicants must complete a 25-hour Respite Care Training Course offered by the American Red Cross. The curriculum covers emergency first-aid, as well as such topics as grooming, toileting, bathing, dressing, eating and walking.

After completion of training, workers are enrolled in the Registry. When inquiries are received, the Registry Coordinator matches a worker with the requesting individual or family, who together determine the terms, conditions and length of employment as well as the hourly rate. Hourly rates range from \$5 to \$8.

AAA funding covers a full-time Registry Coordinator and the Respite Care Training Course. The AAA also pays for the cost of respite care for clients unable to purchase the service on a private pay basis. Registry workers are technically considered private providers, not employees of RSVP. For those clients for whom the AAA subsidizes the payments, the respite workers are considered contract employees.

Last year, an average of 40 respite workers were listed on the registry. Some 40 people received subsidized respite care and about 30 individuals paid for respite care each month. Over 2,500 hours of care were delivered each month, of which 80 percent was on a private pay basis.

Contact for more information:

Delaware County Services for the Aging
Government Center
Media, Pennsylvania 19063
215-891-4463

BEST PRACTICES IN OUTREACH

Identifying those in need of services was mentioned by AAAs visited as one of the most difficult responsibilities to carry out using traditional methods. The following two examples illustrate outreach programs which have proven to be particularly effective.

Neighbor to Neighbor

For the past 3 years, a midwestern AAA has been recruiting and training elderly volunteers for the neighbor to neighbor program. Neighbor to neighbor was designed to use local residents to help their homebound elderly neighbors to live independently in their own homes.

Each volunteer is provided with a copy of the AAA's aging services directory, and is trained to provide information and referral services to their elderly neighbors. Volunteers call or visit their neighbors on a daily or weekly basis. The fact that the volunteers are their neighbors, rather than professional outreach or social service workers, has resulted in greater receptivity and a high degree of trust among the elderly homebound. When problems are identified, the volunteer helps the elderly resident to make contact with the appropriate service agency.

Volunteers are recruited through churches, local senior clubs and the media. Although there is turnover, approximately 50 trained neighbor to neighbor volunteers are active at all times. Well over 1,000 elderly residents have been identified and helped since the program started.

Contact for more information:

Eastern Nebraska Office on Aging
885 South 72nd Street
Omaha, Nebraska 68114
402-444-6536

Gatekeeper Project

This statewide program is a joint initiative of the State aging network and the State's major utility company. Field staff and others with customer contact at the utility company noticed that raises in utility rates were often causing financial problems for elderly area residents living on fixed incomes. They also noticed when individuals were experiencing other kinds of difficulties, but felt they were powerless to help.

After a comprehensive developmental process, the State Unit on Aging initiated a program to train utility employees who have customer contact to refer elderly customers who appear to be in difficulty by calling the elderly information and assistance (I&A) agency in their county. Since the training could be completed in less than an hour, it was feasible to train virtually all utility employees with customer contact. During its initial pilot phase in one community, 27 percent of all referrals came from community "gatekeepers." The program now covers the entire State, and has resulted in countless referrals and inquiries to I&A offices in each county. This simple, yet effective, concept can also be used with other "gatekeepers," such as police, mail carriers, and grocery clerks.

Contact for more information:

Bureau of Aging and Adult Services
Department of Social and Health Services
OB-43G
Olympia, Washington 98504
206-753-3768

BEST PRACTICES IN THE OMBUDSMAN PROGRAM

The nursing home ombudsman program was established to assist in the resolution of complaints and problems identified by nursing home residents or their families regarding living conditions and quality of care provided by nursing homes. The ombudsman is seen as an interested but neutral third party who can mediate between the complainant and the nursing home to facilitate resolution of problem situations to everyone's satisfaction.

Below are three examples of ombudsman programs which have made special efforts to establish the strongest and most effective programs possible, to meet needs identified by the AAAs.

Full-Service Ombudsman

This unique ombudsman program in a southwestern State is not limited to nursing home residents. It assists anyone aged 60 or over who is eligible for social services, as well as local organizations and agencies which provide the services.

The rationale for the broadened coverage is that approximately 95 percent of the elderly do not live in nursing homes. Although organizationally placed within the AAA, the ombudsman's salary is fully paid by the county.

The ombudsman responds to inquiries and deals with a wide range of problems in such areas as Social Security, Medicare, transportation, supplemental security income, food stamps, and hospital stays, as well as problems encountered by nursing home residents. He also responds to referrals from other parts of the country. During a recent 1-year period, nearly 2,000 clients were served.

Contact for more information:

Pima Council on Aging
103 East Alameda
Tucson, Arizona 85701
602-624-4419

Coordination with Case Management

In this western AAA there is a special arrangement between the ombudsman and the case management staff regarding referral of elderly individuals to area nursing homes. The ombudsman, who is also a registered nurse, monitors the treatment of nursing home residents, including patient chart review. When she receives a complaint or identifies a problem at a particular nursing home, she notifies the AAA case management staff, who discontinue referrals to that nursing home until the problem is resolved.

By interrelating the ombudsman and case management functions, referrals to problem facilities are avoided. This arrangement also serves as an incentive to nursing home owners to resolve problems and complaints quickly in order to avoid an interruption of referrals by the AAA to their homes.

Contact for more information:

Marin County Area Agency on Aging
Civic Center
San Rafael, California 94903
415-499-7396

A Medical Component

While the ombudsman in a midwestern AAA does not have medical training, she has found a way to incorporate medical expertise into the program. Through an arrangement with a local medical school, geriatric residents accompany the ombudsman on nursing home visits as part of their regular training.

The program has a dual benefit:

- o The ombudsman program's effectiveness has been enhanced by the residents' knowledge and expertise. Nursing home resident problems of a medical nature which might have escaped the notice or been beyond the competence of the ombudsman herself can be recognized and dealt with by this team effort.
- o Program participation is considered a vital part of the residents' educational experience. They are learning first-hand about medical problems facing the elderly, as well as the psychosocial and environmental problems they experience which can affect their health and well being.

Contact for more information:

Area Agency on Aging of Northwestern Ohio, Inc.
2155 Arlington Avenue
Toledo, Ohio 43609
419-382-0624