
Aging I&R/A: 2006 state survey



NATIONAL AGING I&R SUPPORT CENTER

Highlights

Anchored in the principles of *Vision 2010: Towards a Comprehensive Aging Information System for the 21st Century*, the Older Americans Act (OAA) aging information and referral/assistance (I&R/A) system continues to demonstrate remarkable growth in quality and professionalism.

For over seventeen years, the National Aging I&R/A Support Center has supported improvements in state aging I&R/A systems with an emphasis towards advancing Vision 2010.

In the fall of 2006, building on an earlier survey, the Support Center conducted a four-year follow-up to gauge the progress. Questionnaires were sent to state aging I&R/A liaisons for compilation of statewide data. One-hour telephone interviews were conducted with state liaisons representing:

- 47 States and District of Columbia
- 618 Area Agencies on Aging
- 9 Single Planning and Service Areas (PSAs)

Below are highlights of the findings.

Quality and Professionalism

Adequate Staffing

Quality aging I&R/A service requires adequate staff numbers to meet consumer needs. Realizing the expectations of the Older Americans Act, the last decade has witnessed a progressive increase overall in number of paid I&R/A specialists.

The state aggregate counts are:

- Total full time equivalent (FTE) paid staff for the respondents: 1,328.25
- Average FTE I&R/A staff per SUA/AAA in the respondent states: 2.0

Professional Standards

Across the country, states recognize the importance of professional standards to high-quality service. Professional standards define expected practices in the field and provide guidelines that I&R/As use to maximize service quality. According to the survey:

- 45 states have established standards for statewide aging I&R/A service delivery.
- 5 states have adopted the AIRS standards.
- 15 states have state-developed standards—some of which are adapted or aligned with the AIRS standards.
- 25 states actively promote the Alliance of Information & Referral Systems (AIRS) national standards.

In states where AIRS standards have not been adopted, some respondents indicated that while they supported the standards, there was a lack of resources for implementation. Others noted they have woven the standards into their state policy manuals.

Professional Certification

State and Area Agencies on Aging have made certification a clear priority. In 2002, the Support Center, in collaboration with AIRS, launched the Aging Specialist Certificate for I&R/As. Thirteen respondents to the 2002 survey reported having an emphasis on certification, with three states in the planning stages.

According to the 2006 survey:

- 32 states promote the AIRS Certified Information & Referral Specialist in Aging (CIRS-A) credential.
- 8 states require the CIRS-A for all staff.
- 2 states require the CIRS-A for the ADRCs within 1 to 2 years from date of hire.
- To date, over 700 aging & disability I&R/A professionals nationwide have earned the CIRS-A credential.

Consumer-Oriented Quality Service

Twenty-four state respondents indicated they used customer feedback or satisfaction surveys for informing aging I&R/A services. Other cited quality improvement strategies include training, monitoring, complaint handling procedures, and follow-up.

State/Local Infrastructure *Statewide Toll Free Numbers*

A majority of all State and Area Agencies on Aging continue to invest in toll free numbers as an economical way to streamline entry to their service delivery networks and eliminate the barrier that long distance line charges may have for low income persons.

According to the survey:

- 39 States operate toll free numbers
- 24 are nationwide
- 15 are statewide only
- 367 AAAs have toll free numbers

Automated Call Routing

Across the country, I&R/A providers rely on a variety of call management tools to help assure consumers get the information and assistance they seek as quickly as possible.

- **Geographic call routing:** Many states now have toll free call routing systems in place to assure a seamless experience for callers to reach the appropriate local aging I&R/A service.
- **Auto attendant (menu driven systems):** In many I&R/As, automated voice mail is effectively used to route after-hours calls.

Language Line/Interpreter Service

I&R/A systems recognize America's growing diversity, and substantial progress has been made in serving non-English speaking consumers. At the same time, states indicated there is a continuing need to expand cultural/multilingual capacity. At present:

- 17 states hire multilingual staff who can support the I&R/A as translators.
- 18 states have access to a language line.

Local I&R/A Operations

Continuing the trend over the last decade, the number of Area Agencies on Aging that provide I&R/A directly continues to grow. The 2002 survey found that 264 AAAs provided I&R/A directly, while 376 AAAs contracted for I&R/A or used a combined approach.

According to the 2006 survey:

- A total of 552 AAAs provide I&R/A directly.
- 96 AAAs contract for I&R/A service.
- 132 AAAs support a combined approach.

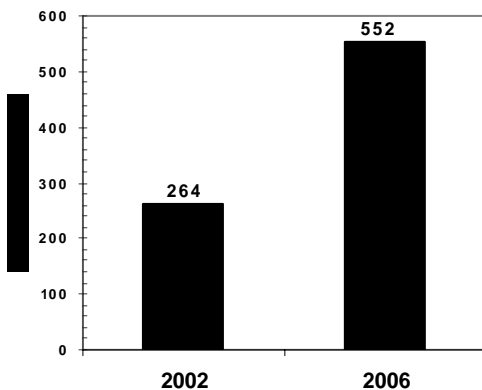
Specialized I&R/A Services

According to the survey, most aging I&R/As have some level of involvement with specialized consumer information, education and assistance services, including the State Health Insurance Counseling and Assistance Program (SHIP);

National Family Caregiver Support Program; Senior Medicare Patrols; and the highly successful Medicare Prescription Drug Education, Outreach, and Assistance Campaign.

The degree of aging I&R/A involvement with specialized programs varies, ranging from simple

Figure 1. Growth in Direct Provision of Aging I&R/A by AAAs



information provision, to intake, detailed assessment, and advocacy assistance. In some instances the programs are a shared and joint responsibility.

The survey found:

- In 37 states, the aging I&R/A program supports the information and assistance function of the National Family Caregiver Support Program.
- In 37 states, I&R/As were instrumental to the implementation of the new Medicare Part D Prescription Drug Program.
- 34 states reported that I&R/As assumed some responsibility for support to the SHIP.
- 33 states reported that I&R/A assumed responsibility for outreach, ranging from a limited role to the primary role for the aging agency.

Single Point of Entry

The idea behind “single-point entry” is to provide the consumer with easy access to information and resources. Many aging I&R/As not only support the concept, but also serve as the single point of entry to resources in their communities. The survey found:

- 347 Area Agencies on Aging now serve as the single point of entry.
- 307 locally contracted I&R/A services also fulfill this role.

Aging & Disability Resource Centers

In 2003, the U.S. Administration on Aging launched the Aging and Disability Resource Center (ADRC) initiative to assist states in creating a single, coordinated system of information and access for all persons seeking long term support. The initiative was enthusiastically received by the aging community—an initiative that could build on the well-established and trusted aging I&R/A system.

At the time of our survey, three years after the initiative’s start-up, there were nearly 120 ADRC pilots operating nationwide.

Aging I&R/A and 2-1-1

The collaborative relationship between aging I&R/A and 2-1-1 has continued to evolve and expand, a fact reflected in the growing number of memoranda of understanding (MOU), as well as in the number of aging I&R/As serving as the 2-1-1.

Of those with an MOU, the main operational aspects of this relationship involve the aging I&R/As contracting with the 2-1-1s for “after hours” coverage or for maintaining the database of resources. States also reported that many agencies have developed agreements with the 2-1-1s to

route “aging” calls directly to the aging I&R/A or ADRC.

In the interviews, states revealed there is an increased opportunity to maximize coordination between the I&R/A and 2-1-1 systems when aging network representatives are involved in the planning, thus resulting in a more seamless consumer experience.

Aging I&R/A Resource Databases

Commitment to Service

Mirroring state aging networks’ expanding mission, a significant number of aging I&R/As include resources in their databases for aging and disability targeted audiences—with 32 states incorporating resources for all disability populations.

Web Access

The importance of statewide, web-based aging I&R/A databases is widely recognized. At the same time, the majority of respondents indicated that rapid technological change creates challenges. Many of these databases are evolving with limited resources.

According to the survey:

- 33 states have a web-based database.
- 27 states have a statewide database.
- 1 state expects to have a statewide database in 2007; 11 states indicated being in the planning & development process.
- Search capability, service directories, and mapping are commonplace features of most statewide databases.

I&R/A Software

There are a variety of software tools in the current I&R/A marketplace, which can be used to customize databases. While 29 states reported statewide use of the same database software,

others spoke to problems associated with AAAs using several different systems.

Database Design & Content

A quality database taxonomy—a system for classifying, organizing, and retrieving resources—is essential to effective consumer service. Twenty-two states identified the *AIRS Info Line Taxonomy*® as the taxonomy of choice; several other states have elected to use an adapted version.

A well-defined Inclusion/Exclusion Policy is important to guide decision-making about what resources to include. While the survey found that only 10 states have formal written policies, many identified this as a key priority for the coming years.

Conclusions

State aging I&R/A systems have made substantial progress over the past four years in achieving Vision 2010. Notably, quality issues have taken center stage, with 88 percent of the 50 states and the District of Columbia having established standards for I&R/A operations and over 78 percent promoting or requiring certification of personnel.

The survey results indicate that improving consumer access continues to be a priority as suggested by the increase in the number of AAAs that are providing I&R/A directly and serving as the single point of entry, or are utilizing the contracted I&R/A as the single point of entry. Further, 56 percent of AAAs and 76 percent of SUAs operate toll free lines to facilitate I&R/A access by low income consumers.

In spite of funding limitations, considerable progress has been made in taking advantage of available technology, with 64% of states now

having web-based databases. Nearly half the states have statewide databases of resources with an additional 12 in the planning and development process.

While it can be anticipated that states will maintain the momentum in the areas where advancements are being made, the survey indicates some priority challenges in the coming years. Several states indicated an emphasis on developing or upgrading inclusion/exclusion policies that govern the resources included in databases in order to effectively address the needs of the changing profile of I&R/A consumers with variations in income levels, education, types of disability, and cultural/ethnic background. The number of I&R/As employing strategies to address non-English speaking consumers suggests that efforts to expand cultural and multi-lingual capacity can be expected to continue.

In addition to the issues emerging from the survey, the reauthorized Older Americans Act embeds Aging & Disability Resource Centers (ADRCs) into the activities of state and area agencies on aging. The survey results suggest that the I&R/A program with its supporting infrastructure is well positioned to serve as a foundation for the nationwide implementation of ADRCs.

Building on the I&R/A system, state aging networks must address the broader responsibilities associated with ADRCs to provide long term support to older persons and person with disabilities.

Meeting this challenge may necessitate re-design of current I&R/A operations, expanded databases of resources, enhanced systems for access to public benefits, and new or enhanced capacity among professional personnel, to name a few.

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