

Vision 2010:
Toward an Aging Information Resource System
For the
21st Century



National Aging Information and Referral Support Center

Funded by the Administration on Aging

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I. INTRODUCTION

Over the past twenty years, our society has witnessed a dramatic expansion in the range and diversity of products, services, and technologies available to its citizens. This ever growing market-basket of options offers the opportunity for selections responsive to the needs, interests, and preferences of individual consumers. However, successful negotiation of this maze of choices demands a more informed and empowered consumer. Older consumers are no exception.

Today, older Americans and their caregivers face a complicated array of choices and decisions about their health care, pensions, insurance, housing, financial management, and long term care. Changing benefits in public programs and an expansion of private sector services contribute to this confusing consumer climate. The following examples illustrate some of the circumstances confronting senior consumers:

- ◆ **Health Insurance.** Medicare will soon make the most extensive modification of its benefits package since the program was first established three decades ago. Fee-for-service was long the only option available. Now Medicare beneficiaries will have to weigh the advantages and costs of fee-for-service coverage, managed care options, or even a medical savings account.

Fees for insurance to supplement the basic Medicare hospital coverage (Part A) are rising, prompting seniors to search for the best value. Over the next few years, Medicare Part B premiums for outpatient medical services are slated to increase, and premiums for private Medigap policies have recently begun to escalate significantly.
- ◆ **Managed Care.** The world of managed care is foreign to most seniors today and to those who will join them over the next decade. Yet, like most other Americans, they soon will find it expensive to avoid managed care because of Medicare changes. They will need to learn the differences between preferred provider organizations and point-of-service plans, among other managed care variations, and most critically will need to learn how to identify and evaluate the best managed care plan for their particular situation.
- ◆ **Income Security.** Tomorrow's seniors will likely have to become more involved than is now the case in managing their retirement nest egg and, consequently, will need sound advice. Growing numbers of workers are participating in defined contribution pension plans which require some degree of active management of pension investments. As Social Security, the public supplemental retirement income program, comes to grips with its long term financial future, it likely will make changes. One proposal for change is privatization of the system, which could mean some seniors may have to manage their own Social Security accounts.

- ◆ **Housing.** Next to health care and economic security, housing is a major concern for seniors. Nearly all older people prefer to continue living independently in their own homes. To be able to do so, some seniors need home care services. Many need assistance and advice in evaluating the best home care options and providers for their circumstances.

For those older people no longer able to continue living in their own home but not sick enough for a nursing home, assisted living is a burgeoning new housing option that is not as closely regulated as the nursing home industry. Consequently, seniors and their care givers need careful consumer advice about selecting appropriate facilities.

The largest portion of seniors' assets is invested in their homes. For those experiencing income problems, their homes can produce a steady stream of income through a comparatively new financial instrument known as a reverse equity mortgage. Very few seniors and their caregivers understand the ins-and-outs of this option.

- ◆ **Long Term Care.** The prospect of the need for and cost of long term care concerns many seniors. Whether planning for the future or actually having to confront the imminent need for long term care, they require knowledgeable assistance in deciding the best way to finance it - their own resources, long term care insurance, or Medicaid. Medicaid rules can be arcane, and insurance policies complex. Moreover, policies governing Medicaid are subject to change as state and federal governments try to control costs.

In the midst of this confusing consumer climate three paramount issues clearly stand out:

- **What kind of supports and assistance** do older Americans and their caregivers need to navigate complex environment of public and private sector benefits and services and to chart courses for successful aging?
- **What resources are currently available** to inform and educate senior consumers and to help them resolve problems?
- **How can these resources be enhanced or modified** in order to cope with the growing complexity of decisions faced by older people and to respond to the potential avalanche of requests for information and assistance from tomorrow's rapidly increasing number of seniors?

Scope and Basis of Paper. This paper addresses these and other issues relevant to the looming challenge of empowering seniors to become knowledgeable consumers of services and benefits. A recent national survey of all State Units on Aging (SUAs) regarding information and referral/assistance (I&R/A) services at the state and local levels forms a baseline of information for this paper. Thirty-nine SUAs responded to the comprehensive survey conducted in late spring, 1997 by the National Information & Referral Support Center which is funded by the Administration on Aging (AoA). Survey results are incorporated into a separate report, profiling the status of information and referral/assistance services in each responding state.

The goal of this paper is, first, to set forth a vision for an aging information resource system adequate to meet the needs of seniors in the next century and, second, to propose policies and actions contributing to realization of the vision. The paper first reviews the state of current consumer information services for older people. Next, it discusses future demographic and other trends and briefly analyzes their implications for an aging information resource system. A vision for a future system is laid out in the third section. This is followed by a discussion of policy and programmatic issues related to development of such a system. The concluding section presents policy and program recommendations for AoA and its Older Americans Act (OAA) network at the state and local levels.

II. STATUS OF AGING INFORMATION SERVICES

Relative to individual circumstances and needs, the assistance and support senior consumers require can be as simple as factual information and materials or as involved as advocacy and intervention on behalf of the frail and vulnerable. Between these two extremes, some seniors may want advice or a decision support process for thinking through tough choices. Others may need to be informed of their rights and then counseled on how to exercise them. Above all else though, seniors need assistance and information that is unbiased, authoritative, and accessible.

Traditionally, older Americans have sought advice and information from both informal sources--family, friends, clergy, doctors--and institutional sources. A multitude of public and private entities currently provide information on topics of interest to older persons--American Association of Retired Persons, United Way, Alzheimers' Association, Health Care Financing Administration, Social Security Administration, as well as for-profit organizations such as Work/Family Directions and corporate employee assistance programs. (A graphic depiction of the key information and counseling providers is available on page 6.) Frequently, the information is distributed in print form through direct mail, although several of these entities may offer some level of counseling, advising, and/or advocacy support to the older consumer.

Taken together, their efforts contribute substantially to the development of an informed older consumer population. However, **taken separately**, their activities are often limited in scope of issues, geographic reach, access to older persons, and/or time frame. Further, public skepticism about some of these information sources has grown as a result of dissemination of partial, inaccurate, or biased information.

Another critical source of information and assistance for older consumers is the **OAA network**, composed of the federal Administration on Aging, 57 State and Territorial Agencies on Aging, 670 Area Agencies on Aging, and over 27,000 service provider organizations. It stands apart from other information and assistance resources and is unique in its ability to educate and empower older consumers for several reasons.

--Under the authority of the OAA, the aging network has a federal, state, and local infrastructure that encompasses and provides a presence in all geographic areas of the country.

--With the leadership of the Administration on Aging, state aging networks have--over the past three decades--developed complex service delivery systems that reach and serve 8 to 10 million older adults annually.

--Through various access, community-based, in-home and advocacy service programs, it has skills and experience in providing outreach, information, education, and counseling;

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empowering older persons to act on their own behalf; advocating on behalf of frail and vulnerable older individuals; and advocating for systems change.

--As a result of the broad range of responsibilities articulated in the OAA, the aging network has the capacity and expertise to respond to a full spectrum of topics and issues of importance to the older consumer.

--Over the past thirty years, the OAA aging network has worked hard to establish and currently enjoys substantial credibility among older adults as a source of accurate and unbiased information and assistance.

Clearly, the OAA aging network is the **pre-eminent** system for providing information and assistance on the broadest range of topics for the greatest number of older adults. However, its individual information programs evolved over time in response to specialized needs of older adults. Consequently, they often are poorly coordinated, resulting in fragmentation, duplication of effort, and inefficiency. By reconceptualizing and redesigning them to function as an **aging information resource system**, the aging network will be positioned to provide the kind of information and assistance needed by tomorrow's older consumers.

Description of Current Information Programs.

Since the passage of the OAA in 1965, the aging network has developed a wide range of programs that provide information, counseling, education and/or advocacy services of benefit to older adults. Currently, these programs include: Information and Referral/Assistance, Long Term Care Ombudsman, Legal Services, Nutrition, Senior Center, Pension Counseling, Health Insurance Counseling, and Home and Community Based Care's Case Management Programs. (Graphic depiction is provided on page 11.) The role, functions and scope of service for each of these programs is described below.

◆ The **Information and Referral/Assistance Program**, established by the 1973 Amendments to the OAA, is a federally required service intended to inform, guide, and link older persons to available, appropriate, and acceptable services to meet their needs. Currently, there are over 3,500 OAA information and referral/assistance services covering all geographic areas of the country.

Functions essential to the operation of the I&R/A service include: assisting older persons and caregivers in assessing their needs, identifying the most suitable services to meet their needs, and linking them to the organizations providing the services. I&R/As also conduct follow-up activities with the client and/or the organization to which the referral was made. Advocacy on behalf of an individual or groups of individuals is provided when necessary to obtain needed services and to affect policy or program changes to ensure service access.

Often the first point of contact for assistance, I&R/As receive the broadest range of inquiries for older persons. They may be contacted for simple information about the location of a senior center, securing transportation, or the availability of literacy programs. On the other hand, I&R/As also handle complex requests such as those related to housing options and securing services by persons with multiple disabilities. Based on the design of the state system, the I&R/As may provide pre-screening for case management services; initial eligibility determination for public benefits; or immediate connection to appropriate agencies for crisis intervention.

I&R/As provide direct service to older persons and caregivers through over 12 million contacts annually. Further, they devote significant time and resources to pro-active outreach resulting in contacts with an additional 1.5 million older persons each year.

◆ The **Long Term Care Ombudsman Program**, implemented by 52 state and 565 local/regional programs, investigates and resolves complaints related to residents of long term care facilities; educates residents and their families about rights and benefits; provides information and consultation for individuals--most often in selecting and paying for a nursing home or alternatives to nursing home placement; and advocates for systems reform. In 1995, ombudsmen investigated over 218,000 complaints made by over 162,000 individuals.

◆ The **Legal Services Program** offers advice, counsel and legal intervention to older persons on issues such as public benefits, health care, financial exploitation, consumer problems, landlord-tenant problems, advanced directives, and guardianship. In addition to local legal service providers, OAA funds several statewide legal hotlines. Many legal service providers conduct seminars, workshops and other community educational events for older persons and their families. Utilizing attorney and paralegals, the program provides nearly 1.4 million hours of legal counseling and assistance annually.

◆ The **Nutrition Program**, established in 1972 under the OAA, is designed to provide nutritious meals and health education for older persons both in community settings and in their own homes. State aging networks contract with over 6,000 provider organizations across the country for congregate and home delivered meals. The nutrition programs have regular - often daily - contact with older persons and, therefore, are often the first place the participants turn for assistance. The nutrition program provides a broad range of health related educational programs for older adults.

--The Congregate Nutrition Program provides 123 million meals per year to over 2.4 million older persons. Regular nutrition and health education are major elements of the program.

--The Home Delivered Meals Program provides nearly 1 million homebound elderly with 119 million meals annually. Staff who deliver the meals often provide health and nutrition counseling and serve as a primary contact for accessing other needed information and services.

◆ The **Senior Center Program**, with Older Americans Act funds supporting over 6,000

centers, serves millions of older persons each year. As a result of regular contact with staff, older persons often turn to the senior center as the key source of information and assistance. Centers conduct educational programs on the full spectrum of topics of interest to the older population.

◆ The **Pension Counseling** demonstrations, funded by AoA, educate older workers and retirees about types of pensions, pension rights and personal pension management; assist individuals resolve problems and disputes; and link clients to benefit and supportive service programs for which they qualify.

In addition to the OAA-funded services, State Units on Aging administer other programs that aim to inform, educate, and empower older persons.

◆ The **Health Insurance Counseling and Assistance (ICA) Program**, authorized under the 1990 Omnibus Budget reconciliation act, educates and advises--and may intervene and advocate for older consumers--regarding Medicare, Medicaid, Medicare supplemental insurance policies, long term care insurance, and other health insurance issues. The fifty-three statewide programs, funded by the Health Care Financing Administration, have served 5 million older consumers since their inception in 1993. The program is implemented through the efforts of paid staff at the state level and approximately 12,000 highly trained volunteers. Program staff perform varied tasks, such as securing answers about claims and billing issues; preparing case files; resolving disputes between health care providers and insurers; serving as advocates in appeals of coverage denials by Medicare, Medicaid, or other insurers; and assisting beneficiaries file grievances and complaints with the appropriate oversight agencies about unethical or illegal provider practices. ICA programs offer both telephone access to counselors and face-to-face problem solving with older consumers by outstationing counselors at various community sites, such as senior centers, Social Security offices, and hospitals.

◆ The **Home and Community Based Care Case Management Program** is funded through Medicaid waivers, state general revenue, Social Service Block Grant, and the Older Americans Act. Professional case managers--who conduct initial assessments, develop a care plan, coordinate and monitor services--provide individualized counseling and assistance to older adults on a variety of topics. Due to the multiple funding sources, the total number of older persons served is difficult to estimate. However, in 1995 the OAA alone supported over 500,000 older persons requiring case management services. The Medicaid waiver program has continued to grow at the rate of 30% per year over the last 5 years.

These state and local programs are augmented by other national information and assistance resources supported by AoA.

◆ **Eldercare Locator**, a toll-free directory service, is designed to link the caller with the best source of information about programs, resources, and services in the community where the older person lives. The Locator maintains a database of over 5,000 state and local providers of general and specialized information and assistance, such as the I&R/As, ombudsman programs, legal

hotlines, and insurance counseling programs.

◆ **National Aging Information Resource System** is designed to provide data and share information about current approaches to practice and policy. Although not specifically intended to be a resource for consumers, its bibliographic database and collection of reports on the demographic, health, social, and economic status of older Americans may hold some interest for a subset of older persons. In addition, it could be redesigned to make consumer information materials more accessible.

◆ **AoA Web-Site** offers the largest and most comprehensive on-line directory of aging internet sites available in the country. Through this well organized directory, consumers and their families have ready access to over 2,500 internet informational sources. Further, it provides information about AoA and the aging service system and serves as an important link to the web sites maintained by the State Units and approximately 1/3 of the Area Agencies.

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III. FUTURE TRENDS AND THEIR IMPLICATIONS

We can identify today with a fair degree of reliability many significant characteristics of the environment in which tomorrow's consumer information and assistance programs will operate. Some key elements of this environment and their potential impact on the provision of information services are explained below.

- ◆ **An escalating population of elders.** From 35.3 million in 2000, the number will grow to 40 million in 2010 and to 53.3 million in 2020. More than 16% of all American residents in 2020 will be at least 65 years of age.

Implication: These sheer numbers alone will severely strain, and perhaps overload, the capacity of current information programs, not to mention all aging services. For example, assuming an increase in the number of I&R/A service contacts in FY 1995 proportionate to the growth in population, by 2020 there could easily be 20 millions requests for information and assistance each year.

- ◆ **A more ethnically and culturally diverse population of older Americans.** During the first half of the 21st century, the rate of growth of Hispanic, African-American and Asian-American elderly will surpass that of non-Hispanic white elderly by factor of two or three. In 2020, approximately 22% of all elderly will belong to a minority group (up from 14% in 1990), and by the same year it is anticipated that Hispanic elderly will constitute the largest group of minority older Americans.

Implication: Consumer information programs will not be able to ignore this demographic shift in the ethnic and racial composition of older Americans. Among many other things, outreach strategies will have to be adapted to appeal to this diverse population.

- ◆ **A significant subset of older Americans unable to speak English very well.** Currently, more than 1 million elderly report that they have difficulty with English. This number will likely increase in the next two decades as younger immigrants continue to bring their elderly parents to this country and as immigrants and refugees who arrived during the 1980s and 1990s age. Most of these elderly newcomers trace their origins to Latin America and Asia.

Implication: The multilingual capabilities and cultural sensitivities of consumer information programs in many regions of the country will have to be enhanced.

- ◆ **Rapid growth of seniors 85 years and older.** By the year 2030 the number of “old-old” seniors will increase to roughly 7.8 million from the present 4.1 million.

Implication: The aging of America’s older population suggests a probable increase in the need for health and supportive social services, and by extension a potentially heavier demand for consumer information and assistance.

- ◆ **A rise in the elderly’s overall level of educational attainment, counterbalanced in part by a significant portion of elderly with insufficient education to cope easily with many everyday situations.** In 1994, 35% of Americans 75 or more years old had at least one year of college education, as did 45% of those between the ages of 65 and 74, and 57% between 55 and 64 years old. Yet, almost five percent of the elderly had less than five years of schooling.

Implication: Consumer information and assistance programs will need to be prepared to serve better educated consumers who are more likely to want greater access to information and to expect more sophisticated information. At the same time, information programs cannot afford to overlook services and outreach to the lesser educated seniors.

- ◆ **Increasing improvements in and expanded utilization of technology in the workplace and at home.** Computerization of work functions will continued to grow, and the prevalence and use of personal computers at home will increase. Households headed by individuals 50+ years old who own a personal computer will number approximately one in two by the year 2015, according to an AARP projection. Slightly more than one in five of these households will be predisposed to using computer-based electronic communication.

Implications: To provide the most efficient and effective service, consumer information programs will need to improve their automated and computerized capabilities. They will also want to capitalize on the ability of the World Wide Web to economically serve seniors and their caregivers.

- ◆ **Continued stagnant growth of fiscal resources from federal and state governments to provide social services.** The stagnation of fiscal support for social services can be illustrated by the funding for Title III of the OAA between 1973 and 1995. Although the absolute dollar amount of appropriations for Title III increased fourfold over this period, the relative value of funding declined by slightly more than 50 percent. Taking into account annual inflation and the net growth of the older population, 1995 appropriations should have been \$1.7 billion to maintain parity with the 1973 funding level. In fact, appropriations amounted only to \$831 million.

Implications: In a tight fiscal climate for social services, the value of consumer information programs, relative to other services, may be enhanced because they can economically help the growing numbers of seniors make appropriate use of the complex mix of available resources. Even if information programs are favored with greater support, they will probably need to do more with less, thereby, forcing them to take advantage of the efficiencies of technology. Restricted funds from public sources may also stimulate them to seek partnerships with the private sector in order to expand services.

- ◆. **A greater diversity of choices and decisions facing seniors.** Medicare and other major government benefit programs will continue to undergo modifications to either achieve savings or improve available options. Likewise, the private sector, in response to new ideas and opportunities to fill in gaps left by government, will continue to develop and provide new services. The recent development and spread of assisted living facilities is a case in point.

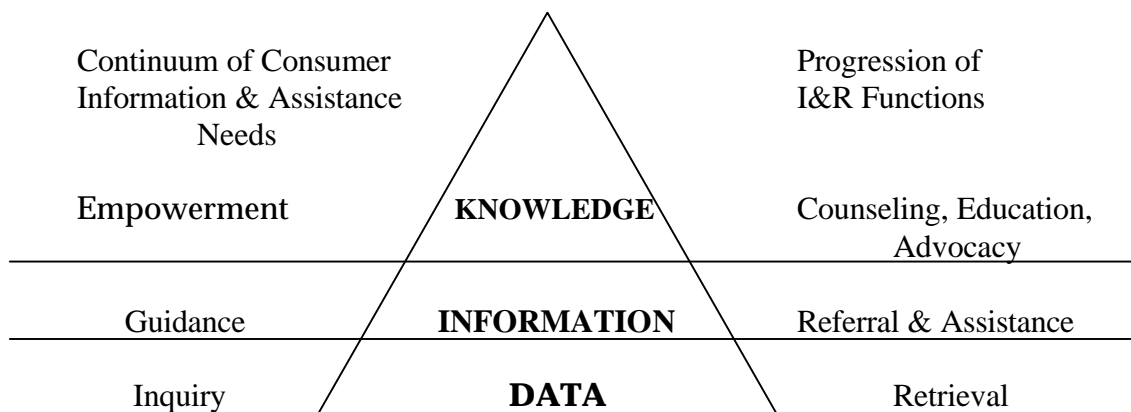
Implication: This greater diversity of choices and the complexity of changes in programs will place an even heavier decision-making burden on seniors and their families and make consumer information programs all the more needed.

IV. VISION FOR AN AGING INFORMATION RESOURCE SYSTEM

Knowledge Management. Over the past half century the management of information has progressed through three stages. Formerly the availability of information, as well as the collection and organization of isolated bits of data such as statistics and reports, were critical concerns for organizations. With the proliferation and increasing power of computers, gathering large bodies of data, analyzing them and then shaping them into different meaningful patterns – in other words, transforming the data into information – became commonplace. Now organizations at the forefront of management practices are moving to the third and newest stage – knowledge management defined as the generation and productive application of knowledge derived from a wealth of information.

In the face of today’s information glut, organizations and individuals alike realize they need knowledge. Knowledge management, therefore, is becoming an essential tool for success. Organizations must leverage the value of available information and transform it into knowledge in order to serve customers more effectively, to achieve better performance, in short to become smarter. Individuals require knowledge so that they can utilize information for their own benefit. When they acquire knowledge, they are fully empowered.

Data/Information/Knowledge Pyramid. The diagram below depicts a hierarchy of data, information, and knowledge paralleled by levels of consumers’ information needs and by a progression of consumer information program functions. At the base of the pyramid are **data** – independent facts, statistics, and references that have not gone through any filtering or significant organizing process. **Information** is produced when raw data has been organized into accessible meaningful patterns and when these patterns of data can be compared, mixed and reshaped into different ways. **Knowledge** lies at the pyramid’s apex. It is information that has been analyzed and synthesized so that it can be directly and creatively used to solve a complex problem or predict trends. Knowledge enhances learning and decision-making.



Corresponding to this hierarchy of data, information, and knowledge are the functional levels of consumer information programs and the continuum of consumer's needs for information and assistance. The following paragraphs apply this conceptual framework to the current operation of the OAA aging information and assistance programs and services, and relate it to a vision for an aging information resource system.

Hierarchy of Needs and Functions. At the lowest operating level, an aging information program primarily serves a **retrieval** function whereby data and references are collected, collated, and then retrieved upon request. Retrieval satisfies the **inquiry** need of consumers seeking answers to specific questions of a limited nature (e.g., what transportation services are available in my community?). A few aging information programs around the country still seem to operate at this level or slightly above it, because they lack adequate staff and computer resources to manage data. The Eldercare Location largely functions at this level, too.

Most current programs in the aging information network operate at the intermediate or information level. Their capability can best be described as **retrieval & assistance**. They are able to respond to consumers' need for **guidance** regarding general issues or particular problems (e.g., what can I do to dispute a claim that Medicare did not cover?). These aging information programs have organized data and sources in a meaningful way (ideally according to accepted taxonomies), are able to make some comparative judgement about the information they relay, and offer limited advice to consumers. These programs also collect from inquirers and service providers a limited amount of data from which they produce information that can be useful to planning by SUAs and AAAs.

At the optimum level of functioning, aging information programs serve as source of **counseling, education, and advocacy**, generating and disseminating knowledge drawn from a broadly based, integrated system of information and sources. They contribute to consumers' **empowerment** by leading through and teaching them a process of decision support or of advocacy for their rights. These ideal programs counsel consumers to handle complex problems (e.g., what is the best course of action to deal with my mother's mental condition that has deteriorated to the point she needs assistance in her home or to move into a facility?) and educate them to become more knowledgeable themselves.

Knowledge-based aging information programs are a valuable resource not only for external consumers, but also for internal customers, i.e., agencies in the aging network. They gather and interpret information acquired from external sources; for example, common problems consumers are experiencing in the community. Or, as the central repository of any new information affecting consumers, they can inform - perhaps even train - other parts of the aging network about the latest developments.

To reflect this more sophisticated level of service and operational level of aging information programs as just described, a new terminology is needed. The term “**aging information resource system**” more closely reflects the type of consumer-oriented, knowledge-based assistance that seniors and their caregivers need to be fully empowered in the next century.

Vision. To meet the challenges of the next century, a knowledge-oriented aging information resource system must be developed with the following critical characteristics.

- ❖ **Leadership** at the national state, state and local levels in order to effect change and insure that the looming information needs of seniors and their families are met.
- ❖ **Integration**, or at least better coordination, of some existing consumer information programs and of different databases in order to provide seamless service.
- ❖ **Scope** of information and knowledge which is comprehensive, so that the aging information resource system becomes, in effect, one-stop shopping centers for seniors and their caregivers.
- ❖ **Funding** beyond present levels and with increases proportionate to the expansion of services needed for and demands of a growing number of seniors.
- ❖ **Personnel** who are properly trained and sufficient in number to meet the anticipated level of requests for information and to provide counseling, advocacy, and decision-support assistance appropriate for empowering consumers.
- ❖ **Technology** to gather, analyze and disseminate information and to reach greater numbers of seniors in a cost-effective manner.
- ❖ **Responsiveness** to the wide variety of seniors’ and caregivers’ needs and to their ethnic and cultural diversity.
- ❖ **Quality** pursued through evaluation and by study of best practices in consumer education.
- ❖ **Partnerships** between public and private organizations in order to maximize effectiveness and share costs.
- ❖ **Service** to internal customers as well as external consumers.

Summary. The OAA network must move aggressively if it is to accommodate the broader

scope and more intensive level of educational, decision, and empowerment supports the growing population of older consumers will require to age successfully in an increasingly complex consumer climate.

- ◆ First, the OAA network must **re-conceptualize** the information services it operates directly as a **comprehensive system** for providing information, counseling and advocacy support to older consumers.
- ◆ Within that framework, it must
 - re-define** the roles and relationships among its discrete information programs and services;
 - re-structure** the programs to enhance coordination and efficiency; and
 - re-tool** the skills of the program personnel.
- ◆ Secondly, having re-designed its own system, the OAA network must **enhance linkages** with the larger universe of information providers.

Through such an effort, the nation will make significant progress in preparing for the increased demand for information and assistance by older consumers in the next century.

V. POLICY AND PROGRAMMATIC ISSUES

Realization of the vision for a future aging information resource system involves decisions by AoA and other agencies in the aging network on a series of policy and programmatic issues. These are discussed in the context of the ten features of the ideal aging information resource system outlined in the previous section. Where appropriate, relevant results from the Support Center's survey of SUAs on their I&R programs are included.

1) Leadership

As the chart of the universe of aging information resources depicts, there are many providers of consumer information services, both public and private, and they operate at different levels – national, state, and local. Within this universe there is no single, clear locus of leadership.

Several states, including Hawaii, Florida, California, Delaware, Oklahoma, and Texas, have recognized the need to improve information and assistance services for the future. They have embarked on major studies of their aging information systems in the context of other services provided specifically to seniors and more generally to the populace as a whole.

Issues:

- At the national and state levels should there be focal points for stimulating, coordinating, and leading the development of aging information services undertaken by different departments and organizations? Are AoA and SUAs the appropriate agencies for this purpose? If so, how can they achieve this objective?
- In order to promote and assist expansion and strengthening of an aging information resource system, what should be the role and function of AoA's central office? Should AoA position itself in the minds of consumers as a major provider of information? How can AoA organize itself for this purpose?

2) Integration

From the perspective of the consumer seeking information and assistance, a primary source seamlessly integrating and providing information on all relevant topics holds strong appeal. Currently, such a source is not available, although in a number of localities close relationships exist between the various programs which provide information and counseling services, such as I&R/A, legal assistance and the long-term care ombudsman. A critical question for the future is how information and assistance programs at all levels can be better coordinated, if not integrated, to facilitate one-stop shopping by consumers.

In addition to any organizational realignments or linkages, an essential key to enhanced integration/coordination of information and assistance is integration of databases. A few states, including Florida, New York, New Jersey, and Texas, have already undertaken projects to link or integrate databases and certain social service programs electronically.

Before there can be effective integration of databases, a common taxonomy of human services needs to be widely adopted and applied. Even in the I&R/A program, the recent survey reveals that only a quarter of the responding states use a common taxonomy. Without it, intrastate, not to mention interstate, integration and comparison of information and data are not possible. A common taxonomy is fundamental to assistance provided through the computer and over the telephone.

Issues:

- What degree of integration and coordination of consumer information activities is needed at the national, state and local levels? What degree of integration is realistically possible given the prerogatives of agencies and organizations and the cost of designing complex computer systems linking databases and programs?
- Within the aging network should the I&R/A program or some other information program be charged with integrating and coordinating the generation and delivery of consumer information for seniors?
- Should a common taxonomy of human services be established for all I&R/A and other information programs? If not, how can state and local information and assistance programs be effectively encouraged to adopt a common taxonomy?

3) Scope

Title III of the OAA envisions a comprehensive scope of services, including information and assistance services, to older Americans. Among the topics for information and assistance are:

- a) “services designed to provide to older individuals legal assistance and other counseling services and assistance including tax counseling and assistance, financial counseling, and counseling regarding appropriate health and life insurance coverage;”
- b) “services to encourage the employment of older workers, including job and second career counseling;” and
- c) “services designed to provide preretirement counseling and assistance in planning for and assessing future post-retirement needs with regard to public and private insurance, public benefits, lifestyle changes, relocation, legal matters, leisure time and other appropriate

matters.”

Issues:

- Should and can AoA’s aging information resource system realistically provide such a comprehensive scope of information and assistance? Should priority be given to any categories of information, and if so which ones?
- Does AoA’s mandate to provide information and assistance on such a broad range of subjects lead to overlap with consumer information services of other agencies, and if so, how should this overlap be minimized or eliminated?
- Should the aging information resource system gather and disseminate information about for-profit programs and organizations as well public and nonprofit programs?

4) Funding

If the aging information resource system is to be knowledge-based and if it is to be able to cope with the dramatic increase in the number of seniors in the next century, it requires sufficient fiscal support. In FY 1995 slightly less than \$70 million was expended on the I&R/A program--the program which reaches the largest number of consumers with needed information--out of OAA Title III and individual state appropriations. Clearly, additional funding is necessary for the future.

Issues:

- Given the reality that appropriations from the OAA will not significantly increase in the future, how and what funds can be reallocated to support an enhanced aging information resource system?
- What, if any, federal funding other than from OAA appropriations can be found to underwrite the work of aging information resource system? Can states be expected to shoulder a larger fiscal burden for aging information services?

5) Personnel

The effectiveness of an aging information resource system in large measure depends on an adequate staffing level and on the abilities of paid and volunteer personnel. If they are to empower consumers with knowledge as opposed to make information referrals, they need a high level of specialization and skill.

Within the I&R/A program, SUAs that offer I&R/A services have, on average, the equivalent of slightly more than two full time personnel assisting consumers. They are not necessarily designated specially as I&R staff but can be personnel whose primary function is other than information and counseling assistance. At the local level, even fewer AAAs or other I&R providers have specifically designated I&R staff.

Certification of personnel can be an effective means of enhancing their professionalism, yet the practice of certifying I&R/A staff according to an accepted certification standard is rare. The Support Center's recent survey reveals that in only one state, Mississippi, is certification required of local I&R/A paid and volunteer staff. Maryland indicated that it is developing the Alliance for Information and Referral Systems (AIRS) certification training.

Issues:

- If resources do not permit an adequate expansion of professional staff, can volunteer staff be expected to make up the difference? How can volunteers best be recruited and trained?
- Do current training materials, approaches and opportunities meet the needs for a future aging information resource system predicated on delivering knowledge? If not, how and who should prepare new training curricula?
- How can certification of paid and volunteer staff be enhanced or required at the state and local levels?

6) Technology

Computerization. An aging information resource system's ability to transform the large body of available information into knowledge inevitably depends on the use of technology, especially computers. The current technological capability of SUA and AAA information services varies widely. States such as Florida, New Jersey, New York, and Texas and AAAs, such as the Atlanta Regional Commission, are well along in the development of computer systems that integrate client tracking, case management, I&R assistance, and record-keeping functions or that link I&R programs and databases. Information programs in other state and localities lag far behind.

Issues:

- Where can the necessary resources be found to enable aging information resource system to become more technologically up to date?
- How feasible is a technology transfer, especially of software programs for aging information services, from more technologically advanced states to those in the preliminary stages of development? What role, if any, can AoA play in this?
- How can the services of the Eldercare Locator be technologically enhanced to provide the level of assistance needed for a knowledge-based aging information resource system?
- How can existing and new staff in an aging information resource system be adequately trained to take full advantage of computerized information systems?

Information On-line. On-line services are a cost-effective way to convey basic consumer information to large numbers of people, especially long-distance caregivers. Greater reliance on this mode of transmitting information will free information providers to give consumers higher level assistance, such as counseling.

Most SUAs today have a site on the World Wide Web, and approximately 1/3 of the AAAs have developed a site. The quality of these Web sites varies enormously. None can be said yet to have user-friendly sites rich with consumer content. In contrast, AoA has developed a comparatively fertile site with many links. Its intended audience broadly includes researchers as well as consumers.

Issues:

- Should AoA enhance its Web site for consumers, by clearly focusing it on consumer needs and presenting an extensive body of information that is national in scope?
- Would it be useful to develop a model aging information Web site for aging agencies and establish standards for state and local consumer information sites?

7) Responsiveness

Like the American population as a whole, older people in the next century will reflect much greater cultural and ethnic diversity than today. A critical issue for today and tomorrow, therefore, is how can an aging information resource system address the particular needs of minority elderly and their families in a culturally sensitive and appropriate fashion.

Some states are already taking positive steps to serve a multicultural population. Hawaii, for example, has paid and volunteer staff with multilingual capabilities and has conducted focus groups of different minority ethnic groups to identify better ways to encourage them to utilize I&R/A services. To cite another illustration, Colorado has translated a number of brochures into Spanish, Korean, and Vietnamese.

Issues:

- For development of written materials in different languages, would a national clearinghouse provide a useful service to states and localities?
- How can states and localities facilitate the recruitment and training of multilingual staff for an aging information resource system?
- What are the most effective outreach strategies for reaching minority elderly and their families, and how can they be broadly disseminated?

8) Quality

Enhancing the quality of consumer information services for older people requires careful analysis of the process, practices, needs and results of consumer education and assistance activities, as well as the materials designed for them. The public health field has extensively studied patient education. However, with the exception of some studies funded by HCFA to understand the role of information in consumer selection of health plans, little applied research exists on providing seniors and their families consumer education about a broad range of subjects and through a variety of approaches. Further, the necessary research and development of outcome measures for consumer information and empowerment remains to be done.

Several years ago AoA's National I&R Support Center developed and promulgated a set of standards against which aging I&R/As can measure themselves or be evaluated. A few states have also established their own standards, Washington being a notable example. With these as a starting point, existing standards will need to be re-examined and modified in terms of their appropriateness and applicability to both individual information programs and the comprehensive aging information resource system.

Issues:

- What applied research studies are needed to help enhance the quality and effectiveness of aging information services? Who should fund this research?
- Are the existing standards adequate for a knowledge-based aging information resource system? What modifications, adaptations or additions are required to make them relevant for a comprehensive aging information resource system?

9) Partnerships

In an era of fiscal restraint in public support of social services, collaborations among public agencies and programs and partnerships between public and private organizations can prove an effective way to compensate, in part, for stagnant government support. Interagency collaborations to maximize resources and efforts are not a new phenomenon. Public/private partnerships, however, are in a rudimentary stage of development, at least as far as aging information services are concerned.

To cite two examples of partnerships, in Oklahoma several I&R/A programs have established partnerships with educational institutions. In Baltimore, Maryland a partnership has emerged between the I&R/A program and the Baltimore Gas and Electric Company to develop case management services for low-income seniors.

Issues:

- Should incentives be created to encourage the development of partnerships? What guidelines should be established to insure that the public interest is not compromised by partnerships?
- Are any lessons to be learned from the creation of public/private partnerships in other fields applicable and beneficial to aging information services? If so, how should these lessons be discovered and disseminated?

10) Service

An aging information resource system must be strategically positioned to serve not just external consumers but also internal customers, i.e., agencies in the aging network. As a vital link routinely soliciting information from the outside world, they can generate knowledge useful for improving aging network services and anticipating future problems.

Judging by the manner in which most current I&R/A programs collect and analyze data, only a few SUAs and AAAs fully reap the benefit of knowledge generated by that service, and none has integrated the information available through all the information and assistance programs.

Since an effective aging information resource system must stay up to date on matters relevant to senior consumer interests – managed care, for example – it can easily transfer this same knowledge to internal customers. In other words, it can perform a potential service of training.

Issues:

- What kind of data are currently collected by the various information programs? What type of information would be most useful and for what purposes?
- How can an aging information resource system be given sufficient impetus to carefully collect and analyze data? Should AoA develop a centralized system for aging information resource system to collect data? Or, should this responsibility fall to SUAs?

A Call-to-Action

NASUA calls upon the Aging Network to:

- ◆ Assume a strong leadership role in promoting the current Older Americans Act's information and assistance programs as the essential foundation upon which to build a comprehensive and coordinated aging resource system to address the needs of older consumers and their family caregivers in the next century.
- ◆ Develop consensus among key national, state and local stakeholders on the vision for a national aging information resource system.
- ◆ Promote the vision with the full range of human service organizations and external publics using a full range of outreach and media resources available to the aging network.
- ◆ Advocate for legislative and/or regulatory policies that facilitate the development of the envisioned system.
- ◆ Establish as a state and local priority the development of such a system with the goal of achieving one-stop shopping for senior consumers and their families.
- ◆ Develop multi-year strategic plans, including the identification of key design options, operational features, and transition issues for implementing such a system.
- ◆ Secure new resources and re-align existing funding to achieve a comprehensive and coordinated system.
- ◆ Enhance capabilities of aging information programs to meet the needs of racially, culturally and ethnically diverse groups of senior consumers and their families.
- ◆ Take full advantage of available technologies to maximize both information systems management and consumer access to information resources.
- ◆ Ensure an adequate complement of staff with the necessary general and specialized expertise and promote their continued development through regular and progressive levels of training.

The approach each state will take to achieve a comprehensive and coordinated system for consumer-centered information, education and assistance will vary according to its needs, current structures, and prevailing customs. However, across the country State Agencies on Aging must assume a primary leadership role in advocating for and designing such a system.

NASUA recognizes the complexity of this undertaking and the need for partnerships among a wide and diverse group of agencies and organizations to advance the development of information resource systems. NASUA commits itself to this important partnership in meeting the challenges in developing national, state, and community strategies to address the information, education, counseling, and assistance needs of older persons and their families in the 21st century.

**Vision 2010:
Toward An Aging Information Resource System
For the 21st Century**
