**The National Council on the Aging**

# A National Survey of
# Health and Supportive Services
# in the Aging Network

Conducted by
**The National Council on the Aging**

In collaboration with
**National Institute of Senior Centers**
**National Association of State Units on Aging**
**National Association of Area Agencies on Aging**

Funded by
**The Robert Wood Johnson Foundation**

Survey administered by
**Seniors Research Group**

Summer, 2001

# Acknowledgments

A study of this scope requires the commitment and hard work of many people and organizations. First and foremost, we want to express our appreciation to the leaders of high quality programs throughout the United States who committed the time and effort to complete and return our survey. The agencies that participated in this study and agreed to be acknowledged are listed on the following page. Hopefully, the results of their efforts will lead to greater visibility and support for the work of community-based organizations that serve older adults.

Within The National Council on the Aging (NCOA), many staff members made important contributions to this effort, including Alixe McNeill, Constance Todd, Diane Webb, Binod Suwal, Janette Hoisington and Lynn Beattie. In addition, the NCOA Board and leaders of our constituent units were especially helpful in nominating programs to participate in the study and pretesting early drafts of the survey. The leadership of the National Institute of Senior Centers worked very closely with NCOA staff on this study.

The National Association of State Units on Aging (NASUA) helped solicit nominations, and they prepared the special supplement to this report on statewide initiatives in health and supportive services. We recognized early in this effort that our mail survey would not be able to capture the details of statewide initiatives. NASUA agreed to identify innovative health and supportive services initiatives at the state level, interview key informants and prepare the attached report. Special thanks to Greg Case, Theresa Lambert and Dan Quirk for their support.

The National Association of Area Agencies on Aging (N4A) was especially helpful in soliciting nominations of area agencies on aging, recruiting participants for the four focus groups and designing the survey. Janice Jackson and Adrienne Dern at N4A and board members Robert Logan and Pam Piering shared their years of experience and knowledge of local service networks with this project.

The Seniors Research Group, Inc. in Livonia, Michigan provided research design and analysis support throughout the project. Additionally, they managed the entire mail survey process. Their efforts exceeded expectations and reflected their longtime commitment to strengthening community services and improving the quality of life of older adults.

Several consultants, each with many years of experience in the aging network and innovative programming, contributed their expertise and insights to this effort. We want to acknowledge the contributions of Susan Lutz, John Krout, Ph.D., Rick Fortinsky, Ph.D., and Laura Wilson, Ph.D.

Without the support of the Robert Wood Johnson Foundation, this study would not have been possible. Beyond the grant funding, Robin Mockenhaupt, Ph.D. and Jane Lowe offered their support and guidance throughout the project. Their commitment to the aging network and to improving the quality of life of older Americans led to their support of this project and to the development of major new initiatives at the Foundation.

Nancy Whitelaw, Ph.D.
Project Director
The National Council on the Aging

# Agencies Participating in Survey

55 Kip Center
55 Plus Center
A-HOME (Apropos Housing Opportunities & Management Enterprises Inc.)
Adams Co. Senior Services
ADSP at Area Agency for Developmental Services, Inc.
Adult Day Services of Orleans Co.
Aging & Adult Care of Central WA
Aging & Disability Resource Center of Marathon Co.
Aging & Independence Services
AL Dept. of Public Health, Arthritis Prevention Branch
Allen Co. Council on Aging
Alliance for Aging, Inc.
Alzheimer's Assoc. – Upstate S.C. Chapter
Alzheimer's Assoc. - Southeastern WI Chapter
Alzheimer's Assoc. - Mid-Willamette Chapter
Alzheimer's Assoc. - Central MD Chapter
Alzheimer's Community Care Assoc. of Palm Beach and Martin Counties, Inc.
Anderson Senior Center
Ann M. Healy
Area Agency on Aging - South AL Regional Planning Commission
Area Agency on Aging for Luz/Wyo Counties
Area Agency on Aging for North FL, Inc.
Area Agency on Aging for Northeastern VT
Area Agency on Aging of Broward Co.
Area Agency of Aging of Central FL, Inc.
Area Agency on Aging of Northwest MI
Area Agency on Aging of Pasco - Pinellas, Inc.
Area Agency on Aging of Texoma
Area Agency on Aging of the Concho Valley
Arlington Area Agency on Aging
Arlington Co. Dept. of Human Services Nursing Case Management Unit
Arlington Co., Dept. of Parks, Recreation Community Resources, Office of Senior Adult Program
Arlington Heights Senior Center
Art Therapy Inspirational Art for Seniors, Inc.
Arthritis Foundation
Arts & Aging Program / Ages on Stages Program
ASI
Augustana Care Corporation
Avenidas
Baltimore City:AAA
Baltimore Co. Dept. of Aging
Banta Activity Center

Barrington Area Council on Aging
Bay Area Agency on Aging
Bay Ridge Center
Bayshore Manor
Beardall Senior Center
Berthoud Golden Links, Inc.
Bethany Homes
Bethany Village Apartments
Beverly Council on Aging
Blaine Co. Senior Council, Inc.
Bloomington Senior Program
Boone Co. Council on Aging
Boulder Community Hospital
Boulder Co. Aging Services Division
Boulder Senior Services
Bourne Council on Aging
Bozeman Senior Center
Brighton Senior Center
Bureau of Geriatric Psychiatry AL Dept. of Mental Health and Mental Retardation
Butler Senior Center
Calvert Co. Office on Aging
Canton Senior Adult Program
Cardinal Ritter Institute
Caring Hands Volunteer Caregivers Program
CASA (Care Assurance System for the Aging & Homebound) of Madison Co.
Catawba Area Agency on Aging
Catholic Charities
Catholic Charities Elderly Services
Catholic Charities Northern
Catholic Charities of Santa Clara Co.
Catholic Charities of the Archdiocese of Chicago
Catholic Charities of the Archdiocese of St Paul MN
Catholic Charities / St. Martin de Porres Family Center
Catholic Charities, Archdiocese of Milwaukee
Catholic Charities, Archdiocese of NY
Catholic Family Service Inc.
Cenla Area Agency on Aging, Inc.
Center in the Park
Center in the Woods, Inc.
Central AL Aging Consortium
Central FL YMCA
Central MA Agency on Aging
Central MO Area Agency on Aging - Westside Senior Center
Central MO Area Agency on Aging - Tipton Nutrition Center
Chapel Hill Senior Center
Charles Co. Dept. of Community Services
Charles Walker Senior Center
Charlotte Mecklenburg Senior Centers, Inc.
Chester Co. Dept. of Aging Services
Chicopee Council on Aging
Child and Family Service

Children of Aging Parents
Choctaw Nation of OK
Christian Communities Group Homes
CICOA The Access Network
City of Avondale Social Services
City of Bowie, Senior Citizen Services
City of Foster City
City of Houston
City of Longmont Senior Services
City of Phoenix Human Services Dept. Senior Services Division
City of Phoenix Police Dept., Squaw Peak Senior Center
City of San Angelo - Senior Services
City of Sunrise Senior Center
City of Warwick, Dept. of Human Services, Division of Senior Services
Clifton Heights Senior Center
Clinton Township Senior Center
Coastline Elderly Services, Inc.
Colonial Club Senior Activity Center
Columbia - Montour Area Agency on Aging
Commission on Aging and Retirement Education, Balto. City
Community and Economic Development Assoc. of Cook Co., Inc.
Community Health Ministry St Peter Villa Rehabilitation Center
Community Resource Center
Copperas Cove Parks and Recreation
COPSA Day Program
Council for Jewish Elderly
Council of Senior Tyler Countians, Inc.
Council of Spanish Speaking Organizations of the Lehigh Valley, Inc.
Council on Aging of Elkhart Co.
Country Neighbor Program Inc.
CP Sutton Community Center for Seniors of Edgar Co.
Cranston Dept. of Senior Services
Cuba Senior Center
Culpeper Dept. of Social Services - Adult Service Program
Culver City Senior Center
Daily Living Centers, Inc.
Darts
Davidson Co. Dept. of Senior Services
Daviess Co. Senior Services
District III Area Agency on Aging
Division of Aging & Adult Services (AK)
Dominican Sisters Family Health Service, Inc.
Dorot, Inc.
Denver Regional Council of Governments Area Agency on Aging
East Brunswick Dept. on Aging
East Lansing Seniors Program
Eastern Area Adult Services
Eau Claire Co. Dept. on Aging
Elder Services of Merrimack Valley
Elders in Action

Emmaos Services for the Aging
Enoch D. Davis Center
Episcopal Senior Ministries
Erie Co. Dept. of Senior Services
Evangelical Good Samaritan Society
Evelyn Cole Senior Center
Evergreen Commons Senior Center
Fairfax Area Agency on Aging
Family & Children's Services of Central MD
Family Caregiver Alliance
Family Service - Upper OH Valley
Family Service Agency of Santa Barbara
Family Service of Milwaukee
Fitchburg Senior Center
Flushing Area Senior Center
Fort Collins Senior Center
Fox Valley Older Adult Services
Frasier Meadows Retirement Community
Friendship Terrace
Ft. Washington Houses Services for the Elderly
Fullerton Senior Multi-Service Center
Fulton Co. Office for Aging
Gallia Co. Council on Aging
Garden Haven Adult Day Center
Genevieve N. Johnson Senior Program
Germantown Seniors Activity Center
Gilman Senior Center
Golden Partners
Good Samaritan Communities of Windom
Good Samaritan Elder Care Family Services
Grafton Co. Senior Citizens Council Inc.
Grant Co. Senior Center
Great River Bend Area Agency on Aging
Greater GA Chapter of the Alzheimers Assoc.
Greater Lakewood Shepherd's Center
Greater Orlando Chapter - Alzheimer's Assoc.
Green River Area Development District Area Agency on Aging
Greenfield Council on Aging
Gulf Coast Jewish Family Services
Haitian American Foundation, Inc.
Hamilton Co Senior Services
Hancock Co. Agency on Aging
Hardy Co. Committee on Aging
Hartland Senior Center
Hawkeye Valley Area Agency on Aging
Healthcare Consortium of Illinois Senior Care Program
Heart to Heart Program, Dunn Co.
Hebrew Home and Hospital
Heritage Day Health Centers
Howard Co. Office on Aging
Hughes Senior Center
Huntington Memorial Hospital Senior Care Network
Independence Co. Senior Citizens Program
Innovative Speech Therapy
Institute of Applied Gertonology at Yauapai College
Intercommunity Action, Inc.

Interfaith Caregiver Program of Chippewa Co. MN
Interfaith Carepartners
Interfaith Housing Center
Interfaith Volunteer Caregivers of C.O. dba Interact Inc.
Intergenerational Innovations
Iona Senior Services
James F. McGuire Senior Center
James Lenox House
Jewish Family & Children's Service
Jewish Family & Childrens Service of Long Beach
Jewish Family Service
Jewish Family Service Assoc. of Cleveland
Jewish Family Service of Akron OH
Jewish Family Service of CO
Jewish Family Service of Greater Cincinnati
Jewish Family Service of Los Angeles
Jewish Family Services, Baltimore
Jewish Social Service Agency
Jewish Vocational Service, Inc.
Johnson City Seniors' Center
Kalamazoo Co.. Area Agency on Aging 3A
Karen L. Stillwell
Kenneth Young Center
Kersey Senior Center
Kin on Community Health Care
Kit Clark Senior Services
Lafayette Senior Center
Laguna Beach Seniors Inc.
Lakes Area Senior Activity Center, Inc.
Lancaster Co. Office of Aging
Legacy House / Seattle Chinatown International District Preservation & Development Authority (SCIDPDA)
Lend A Hand, Inc.
Life Stream Services
Lincoln Trail Area Agency on Aging
Linkage House
Little Brothers - Friends of the Elderly
Littleton Area Senior Center
LIVE Inc. (Living Independently through Volunteers for the Elderly)
Living at Home/Block Nurse Program, Inc.
Loaves & Fishes Centers, Inc.
Lowry City Senior Center
Lutheran Family Services
Lutheran Home & Services - Arlington Heights IL
Lutheran Social Ministries of NJ
Lutheran Social Service of MN
Lutheran Social Services
Lutheran Social Services of IL
Lutheran Social Services of South Central PA
Lutheran Social Services of the Miami Valley
Lutheran Village of Columbus
Luzerne, WY Co. Area Agency on Aging/Pittston Senior Center
Madison School Community Recreation Dept.
Maine Health
Marford Co. Office on Aging
Mark Swanson

Marquette Co. Commission on Aging
Martin Luther Homes of IA, Inc.
Max E. Muravnick Meriden Senior Citizens Center
McMinn Co. Senior Citizens, Inc.
McMinnville Warren Co. Senior Center, Inc.
Meals on Wheels of Palestine, Inc.
Meals on Wheels Program & Services of Rockland, Inc.
Meals-on-Wheels of Johnson Co.
Meigs Co. Council on Aging, Inc.
Menomonee Falls Senior/Community Center
Merrill Senior Center
Mesa Senior Services, Inc.
Metropolitan Area Agency on Aging
Metropolitan Family Services
Metropolitan Retiree Service Center
Mid IL Senior Services
Mid-Willamette Valley Senior Services Agency
Middleton Outreach Ministry
Middleton Senior Center
Miller Center for Older Adult Services
Milwaukee Christian Center
Milwaukee Co. Dept. on Aging
Milwaukee Public Schools - Fifty-Five Plus Program
MN Indian Area Agency on Aging
Mohler Senior Center
Moiliili Community Center
Monroe Co. Area Agency on Aging
Monroe Co. Office for the Aging
Montachusett Home Care Corporation
Montgomery Co. Area Agency on Aging.
Morehouse Council on Aging, Inc.
Morningside Retirement and Health Services
Mountain Empire Older Citizens, Inc.
Multnomah Co. Aging & Disability Services
Murray City Heritage Center
NANAY, Inc.
Nashin Assoc. for the Elderly, Inc.
Network for Elders
Nicotine Recovery Services of Carle Foundation Hospital
NJ Dept. of Health & Senior Services
Noble Co. Council on Aging Inc.
North Shore Senior Center
Northeast FL Area Agency on Aging, Inc.
Northshore Senior Center
Northwest Berger Co. Senior Center
Norwood Council on Aging
Novi Parks and Recreation
Nutrition & Services for Seniors
NV Rural Counties RSVP Program, Inc.
NYC Chapter of the National Caucus & Center on Black Aged
O. G. & E. Electric Services
Oak Park Township Senior Services
Oakwood Village
Oceans Co. Council on Aging
Office of Community Services & Advocacy
Office of Human Concern - Senior Services Program

Ogle Co. Senior Services, Inc.
OH Co. Senior Services
OH District 5 Area Agency on Aging, Inc.
OK Rural Elderly Coalition
Old Bridge Office on Aging
Oneida Co. Office for Aging and Continuing Care
Oneida Tribe Elderly Services
Orange Co. NY Office for the Aging
OR Cascades West Senior Services
Orland Township
Palatine Township Senior Citizens Council
Parkinson's Support Group of Westchester Co.
Pasadena Senior Center
Pavilion Senior Center
Pelham Senior Center
Pender Adult Services, Inc.
Philadelphia Corporation for Aging
Philadelphia Senior Center
Pima Council on Aging
Pittsfield Council on Aging
Plainville Senior Citizens Center
Plows Council on Aging
Pontotoc Co. Adult Day Care Center, Inc.
Portage Senior Center
Portland Police Bureau
Poudre Valley Health System Senior Services Program
Prime Time; The Center for Healthy Aging
Putnam Co. Achievement Services, Inc.
Rapides Senior Citizens Centers, Inc.
Reaching Out to Senior Adults (ROSA)
Resources for Seniors, Inc.
Retired Senior Volunteer Program
Richmond Senior Community Center
Riverdale Senior Services, Inc.
Rockville Senior Center
RSVP Neighbor to Neighbor Program
RSVP of Dane Co., Inc.
Russellville Active Day Center
Sage
Saline Co. Eldercare
Satanta Aging Program, Inc.
Sayers Senior Center
SE MN Seniors Agenda for Independent Living (SAIL) Project
Seabury Retirement Community
Seneca Area Agency on Aging
Senior & Disabled Services of Lane Council of Governments
Senior Assistance Center
Senior Center Services of Bartholomew Co.
Senior Citizen Center
Senior Citizen Services of Metro Atlanta
Senior Citizens Activities Network
Senior Citizens Council of Clinton Co., Inc.
Senior Citizens Industries, Inc.
Senior Citizens of Greater Dallas
Senior Citizens of Westbury, Inc.
Senior Citizens, Inc.
Senior Community Services
Senior Companion Program

Senior Companion Program of Our Lady of the Lake Regional Medical Center
Senior Companion Program, Fort Hays State University Hays, KS.
Senior Concerns
Senior Friendship Centers of Lee Co.
Senior Neighbors of Chattanooga, Inc.
Senior Outreach Services
Senior PHARMAssist
Senior Resource Alliance
Senior Services Center of Will Co.
Senior Services Inc.
Senior Services North Fulton, Inc.
Senior Services of Seattle/King Co.
Senior Services Plus, Inc.
Senior Solutions of Southwest FL (An Area Agency on Aging)
Seniors Helping Seniors
Seniors, Inc.
Seniors Resource Center
Seniors! Inc.
Serve Senior Centers of Callaway Co.
Services Now for Adult Persons Inc.
Shadow Oak Active Day Center
Share Care of Louisville
Share Your Care, Inc.
Shenendehowa Senior Citizens, Inc.
Shepherd's Center of Raytown
Shepherd's Centers of America
Sheryl Ford
Shrewsbury Council on Aging
Siouxland Aging Services
Skagit Valley Family YMCA
Snohomish Co. Division of Long Term Care and Aging
Somerset Co. Office on Aging
South Santee Community Center
South Side Help Center
Southcentral Counseling Center
Southeast Focal Point/Joseph Meyerhoff Senior Center
Southeast IA AAA, Inc.
Southwest AK Development Council
Southwest Improvement Council - Denver, CO
Southwest Suburban Center on Aging
Southwestern CT Agency on Aging
Sowega Council on Aging
Spanish Speaking Council of Reading & Berk Co.
Spokane Regional Health District
St Ann Center for Intergenerational Care, Inc.
St.Clair Co. Council on Aging
St Clair Street Senior Center
St Louis Area Agency on Aging
St Luke's Home
St Martin de Porres Senior Center
St Mary Magdalen Adult Center
St Paul Community Senior Center/ Midland AAA
Steuben Co. Council on Aging
Stickney Public Health Dist. Community Care Program
Stickney Township Office on Aging
Store to Door
Stoutland Senior Center
Strongsville Senior Center
Suburban Area Agency on Aging
Sunnyside Community Services

Sunshine Multi-Purpose Senior Center
Sussex Co. Division of the Office on Aging
Sussex Senior Center
SWIC Programs & Services for Older Persons
Tabitha Health Care Services
Tallahassee Senior Center
Tarcog Area Agency on Aging
The Arc of Iroquois Co.
The Becoming Center at Artman
The Burden Center for the Aging, Inc.
The Center of Concern
The Center: South Kingstown Senior Services
The Committee on Aging for Randolph Co., Inc.
The Gathering Place
The Homemakers of Strafford Co.
The Senior Citizens Council of Greater Augusta and CSRA Agency on Aging
Town of Southampton Senior Services
Traverse City Senior Center
Tri-Valley Elder Services, Inc.
Tulsa Area Agency on Aging
Two Rivers Senior Center
United Services for Older Adults
University of the DC - Institute of Gerontology's Body Wise Program
Upper Cumberland Development District Area Agency on Aging
Versailles Nutrition Site
Village Adult Services, Inc.
Village of Morton Grove
Vintage, Inc.
Virtua Health
Visiting Nurse Association of Central FL, Inc.
Wabash Co. Council on Aged and Aging, Inc.
Warren Senior Center
Waterford Senior Center
Wayne Co. Community Service Org., Inc.
Webster Co. Commission of Senior Citizens
Webster Co. Senior Services
Weld Co. Area Agency on Aging
West Allis Senior Center
West Central IL Area Agency on Aging
West Side One Stop for Coordinated Senior Services, Inc.
West Windsor Senior Center
Westchester Co. Office for the Aging
Western CT Area Agency on Aging, Inc.
Western Reserve Area Agency on Aging
White Crane Wellness Center
White Settlement Senior Services
Wilkes-Barre Family YMCA
Willoughby Senior Center, Willoughby OH
Wilmington Senior Center
Winter Park Health Foundation
Wise Senior Services
Wood Co. Senior Citizens Assoc., Inc.
Wood Co. Committee on Aging
Working People's Free Clinic
Wright Co. Public Health
Young at Heart Senior Center
YWCA - Madison CNA Career Alliance

# Introduction

With the findings of the National Survey of Health and Supportive Services in the Aging Network, The National Council on the Aging is pleased to contribute to the growing body of evidence that community-based organizations are empowering and assisting thousands of older people in communities throughout the country to achieve vital aging.

This study documents the work of many leading community organizations in the aging services network including senior centers, area agencies on aging, multi-service and faith-based organizations and housing facilities.  It describes the impact of these organizations in improving health outcomes and supporting older people in their own homes and shows the vitality and diversity of agencies and services in the aging network.

This network, built with the strength and foresight of community, state and national leaders over the last 50 years, helps older people age with vitality and, with their families, respond to life's challenges. The agencies provide such services as: evidence-based physical activity programs operating in senior centers; visiting and in-home support by volunteers; as well as education and respite for caregivers.

The study illuminates the range of innovative services offered to older adults in diverse settings and geographic areas. For example, they operate in clinics, churches, community centers and in residences of the homebound in inner cities, urban, suburban and rural areas.  It also identifies the resourcefulness of agencies in recruiting and employing certified professionals and engaging well-trained volunteers.  The study then reports their success in measuring program outcomes seen in positive changes in health status, health practices and quality of life.

The high quality programs in this study make extensive use of partnerships to leverage funding and meet client needs.  More than 50% have partnerships with health systems.  Others partner with universities, public agencies, and local businesses.  Cost sharing is used extensively with 67% reporting fees and donations as important funding sources.

This study has identified hundreds of exemplary programs.  NCOA will be analyzing some of the programs in further detail to offer best practices to community organizations ready to replicate these approaches.   Furthermore, a special addition in this report was prepared by the National Association of State Units on Aging to describe replicable statewide initiatives targeted at disease self-management or caregiving.

On behalf of NCOA, I thank NCOA Director of Health and Aging Services Research, Nancy Whitelaw, Ph.D., for directing this study and The Robert Wood Johnson Foundation for funding it.  I also want to acknowledge the work of our partners, the National Association of State Units on Aging, the National Association of Area Agencies on Aging and the  Seniors Research Group. This important work will strengthen public policy, societal attitudes and business practices that promote vital aging.  It goes a long way toward helping community organizations to enhance the lives of older adults through innovative programs.  It certainly complements our organization's mission and goals.

James Firman, Ed.D.
President & CEO
The National Council on the Aging

# Table of Contents

# I.  Report on Health and Supportive Services in the Aging Network

A.  <u>Background and Methods</u>

In 2000-2001, The National Council on the Aging conducted a study of health and supportive services programs in community organizations around the country. The Robert Wood Johnson Foundation provided support for this work.  Collaborators on the study included the National Association of State Units on Aging, the National Association of Area Agencies on Aging and the National Institute of Senior Centers. Focus groups and the mail survey that were a part of this study were administered by the Seniors Research Group of Livonia, Michigan.

The purpose of the study was to gather evidence about innovative community programs and to learn about barriers to service expansion.  Specific programs of interest are:
- social support (e.g. in-home services, case management, companionship)
- caregiving (e.g. caregiver education, resources and support, respite)
- chronic disease self-management/ health promotion (e.g. information, classes, support groups to improve health, manage chronic diseases and reduce risk of disability)
- physical activity (e.g. exercise and other activities to improve fitness).

Furthermore, the study was designed to identify the essential features of successful community-based programs regarding such topics as: recruitment, referral, and retention of clients; accessibility; strategies for improving the quality of life of clients; staffing, volunteer roles and training; funding; partnering; and program management and measures of performance.

In the summer of 2000, we asked national experts to nominate health and supportive services programs with a reputation for innovation and/or quality.  Nomination forms were distributed to 253 experts identified by the National Council on the Aging, the National Association of State Units on Aging and the National Association of Area Agencies on Aging.  Included among these experts were the leaders of every state office on aging.  These experts nominated the 1198 programs that were sent a mail survey in late 2000.  Completed surveys were returned by 628 program leaders.

Though this was not a random sample, the organizations that participated are representative of many agencies in aging network.  Among the programs studied, 174 were in senior centers, 118 in area agencies on aging, 202 in multi-purpose social service organizations, and 105 in other organizations such as adult day care, faith-based, health care and others.  Surveys were received from 47 states and the District of Columbia.

The survey was designed by researchers at The National Council on the Aging working with our collaborating associations, academic consultants, and the Seniors Research Group.  Four focus groups were held in the summer of 2000 to learn from program leaders key features of quality programming and topics that should be addressed in the survey.  The survey was pretested by agency leaders around the country who provided valuable feedback on how to bring greater focus to the questions.  The final survey was 12 pages in length and included mostly closed-ended questions.

B.  Overview of Health and Supportive Service Programs

In preparing this report, our main goal is to describe these 628 programs and to highlight differences, when they occur, across the four types of programming – social support, caregiving, disease self-management and physical activity.  Thus, these data provide a broad descriptive overview of health and supportive services programming that can help us understand current and potential capacity in the aging network and suggest ways in which the aging network can further enhance its impact on the quality of life of older Americans.

The first page of the survey asked agency leaders to select ONE high quality health or supportive services program within their agency.  Most of the survey asked questions about this one program.  The following data are about this single program—not the total agency.  Of the 628 programs studied, 59% are social support, 16% are caregiving, 11% are disease self-management and 14% are physical activity.  The fact that over half the agencies selected a social support program is not surprising, given the attention to in-home supportive services within the aging network.

## Chart I. Program Type



These four types of programming cover a broad array of services and supports.  Most programs in the aging network are developed locally to meet local need and to coordinate with other local agencies so as to provide comprehensive but non-duplicative services throughout the community.  Therefore, it is difficult to provide a single description of each of our four program types.  Below, we provide a general overview of each program type and more detailed information on the programs studied.

*Social support programs* generally serve frail or vulnerable older adults, often in the home but also in an adult day center or other facility. They may offer or coordinate many types of services and often include assessments, case management, referral and care coordination. For the social support programs in this study, the most common services offered are information and referral, transportation, friendly visiting, case management and congregate meals. On average, these social support programs offer seven to eight different services from the list of nineteen in the survey.

Nearly three out of four programs include the active engagement of the family as a standard feature of their social support programming. Just over one-third include door-to-door outreach as a standard way to identify clients in need. Phrases commonly used by respondents to describe their social support programs include "one stop shopping," "comprehensive," "personal," and "allows older adults to remain in their own homes."

**Chart II. Social Support Services**

| | |
|---|---|
| Information & referral | |
| Transportation | |
| Friendly visiting | |
| Case management | |
| Congregate meals | |

0%    25%    50%    75%    100%
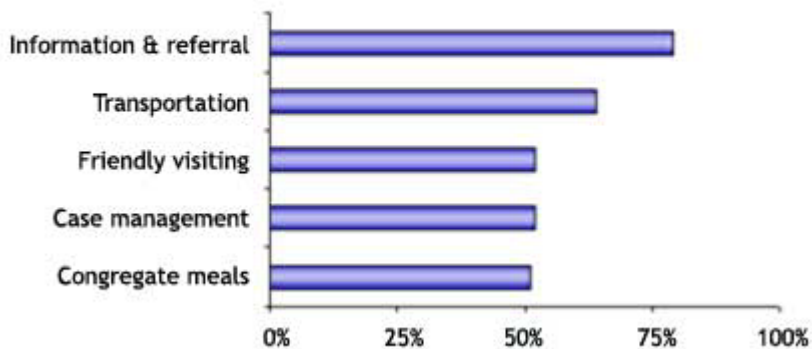
*Caregiving programs* are targeted toward a family member or other "informal" caregiver, and may also include supplementary services for the frail older adult. Many caregiver programs address the specific needs of caring for an older adult with dementia. In this study, frequently mentioned supports for caregivers include training in the care of frail elderly, operating a resource center, formal assessments of caregiver needs and caregiver support groups.

The most common services for older adults and/or the caregiver are respite, case management, social stimulation, personal care and adult day services. Certified or licensed paid caregivers are available through 64% of these programs; one-third of programs offer services 24 hours/day and 7 days/week. Descriptive phrases used by survey respondents with caregiving programs include "family-centered," "client-directed," and "flexible, individualized relief for caregivers."

## Chart III. Caregiving Services
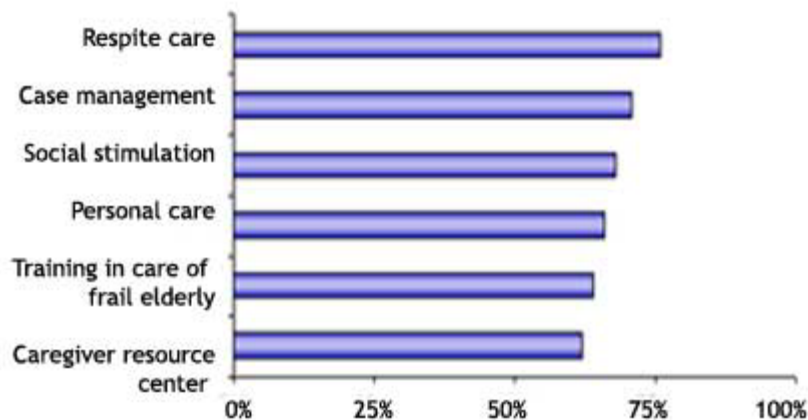


*Chronic disease self-management and/or health promotion programs* work with older adults to promote healthy life styles and self-care skills, and to slow possible progression of functional decline or disability. Often these programs are run as health education classes, workshops or support groups, but they may also include health fairs, immunization drives, health screenings, and individualized health assessments among other formats. For the programs in this study, the most common diseases being addressed are diabetes, hypertension, heart disease, arthritis and osteoporosis. On average, these programs address seven to eight of the fifteen diseases/conditions listed in the survey.

Most frequently, the educational content in these programs includes nutrition/diet, physical activity, appropriate use of medications, and health literacy. Two-thirds of programs have paid or contract staff available with certified expertise in specific diseases or health problems. Health care providers frequently partner with community organizations to operate these programs. Phrases used by leaders to describe these programs include "holistic," "empowering," and "preventive and wellness focus."

## Chart IV. Disease Self-Management Programs



4
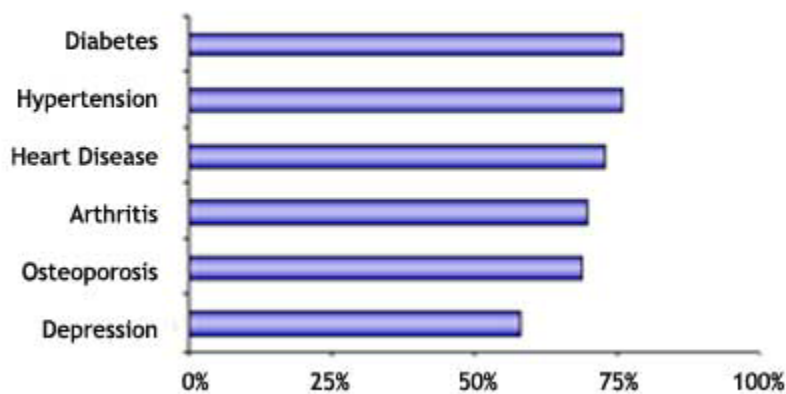
*Physical activity programs* offer mixtures of exercise and health education targeted at improving balance, flexibility, strength and/or endurance, as well as overall health. Most are delivered through group classes, but in some cases participation is individualized. These programs are not just for healthy, active seniors. Many involve older adults who are frail, disabled or homebound. For the physical activity programs in this study, walking, aerobics, weight training and dancing are the most common forms of exercise. From the survey's list of ten types of physical activity, the average program offers four to five.

Nearly all programs include educational content on the importance of physical activity and how to engage in physical activity safely. Eight in ten programs have paid or contract staff available with certified expertise in physical activity for older adults. Phrases used to describe these programs include "diverse options," "fitness-focused," "fun, social," and "educational."

## Chart V. Physical Activities
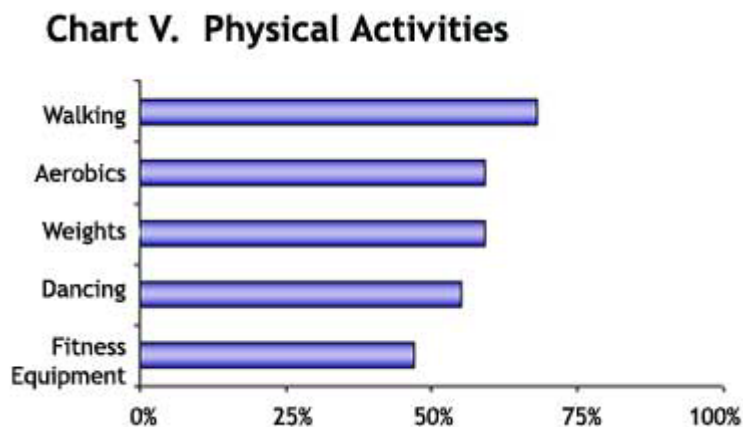


For all types of programs, our study wanted to identify which ones are based on a well-recognized model and which models are commonly used. Among our respondents, about 35% are using a well-recognized model. Examples of such models include: Brookdale National Group Respite Program, Interfaith Volunteer Caregivers, Social Model of Adult Day Center, Senior Companion Program, Arthritis Foundation Programs, Body Recall, Strong Living Program and the YMCA Active Older Adult Program. Those that are using models such as these report very little difficulty in fitting the model program to their agency. The use of a well-recognized model is most common in caregiving programs and least common among physical activity programs.

C. Descriptive Findings

The programs studied vary widely in the numbers of clients reached. Some of these programs involve one-on-one services, others are for small groups and yet others, such as health fairs, reach large numbers. Across all programs, two in ten reached more than 2000 clients in 1999 while two in ten reached fewer than 100 clients. The average is approximately 1200 clients annually; however the median is about 500. This indicates that a few very large programs are raising the overall average. In general, social support and disease self-management programs reach larger numbers of clients than caregiving and physical activity programs. This may be due, in part, to differences in the size and types of funding available to these four types of program.

## Chart VI.  Clients Reached in 1999



100-749
40%

750-1999
21%

2000+
19%

<100
20%
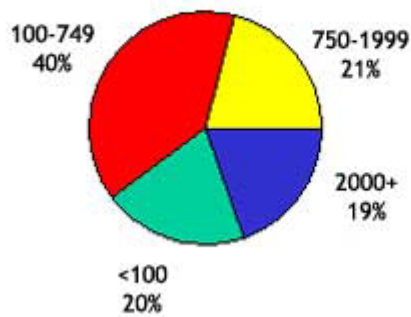
Programs of all types appear to be serving older adults with the greatest needs. In over half the programs, at least 60% of clients are low income and/or over age 75. In at least one-fourth of the programs, 35% of clients are members of a minority group. And in one-fourth of the programs, 70% of clients live in rural areas. In approximately two-thirds of these programs, clients receive services for at least one year, suggesting that these programs have success in maintaining continuity in the relationship with the older person.

The survey asked agency leaders to rate the quality of many aspects of their programming as "compared to similar programs with which you are familiar." A 7-point rating scale was used anchored by 7=Excellent and 1=Poor, with a Not Applicable option. For reporting purposes, this scale has been collapsed and labeled as: Excellent=7, Good=6,5 and Needs Improvement=4,3,2,1.

How programs help older adults access their own services, and other community services, is an important aspect of health and supportive services programming. Survey respondents most frequently rate their programs as 'excellent" in linking clients to various other services and "good" at various access items related to their own program (e.g., meeting transportation needs, adapting schedules to meet client preferences, motivating hard to reach elders to participate, and marketing through mass media).

Programming is offered in a variety of locations including the agency, the client's home and other community organizations.

## Chart VII. Quality of Access
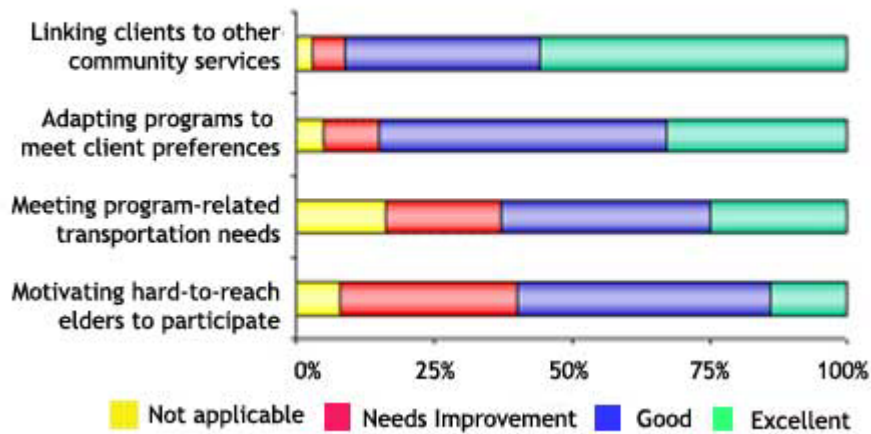


Agency leaders were also asked various questions designed to tell us how their program seeks to improve the quality of life of clients. We were specifically interested in learning if programs are trying to improve self care and/or communication skills, and enhance self-efficacy. In general, respondents rate their programs as "good" on improving skills for communicating with family or physicians. About 25%-35% of respondents indicate that addressing one or more of these skills is not applicable to their program. Most respondents rate themselves as "good" on self-efficacy items such as teaching clients to develop their own service/improvement plan and incorporating peer-to-peer support in programming.

The survey included questions on staffing, use of volunteers, funding, partnering and overall program management. These are key components of any community-based program. Based upon our data, high quality programming does not necessarily require large numbers of staff or funding, however, there are sizable differences across the program types. Social support programs require the most staff and volunteers, whereas physical activity programs often operate with 1 or no paid staff and few volunteers. Similarly, nearly two-thirds of physical activity programs had budgets under $50,000 in 1999 compared to only 16% of social support programs. In fact, one-fourth of social support programs had budgets in excess of $750,000. Across all programs studied, 60% started with grant funding.

## Chart VIII. Improving Quality of Life



| | |
|---|---|
| Not applicable | Needs Improvement |
| Good | Excellent |
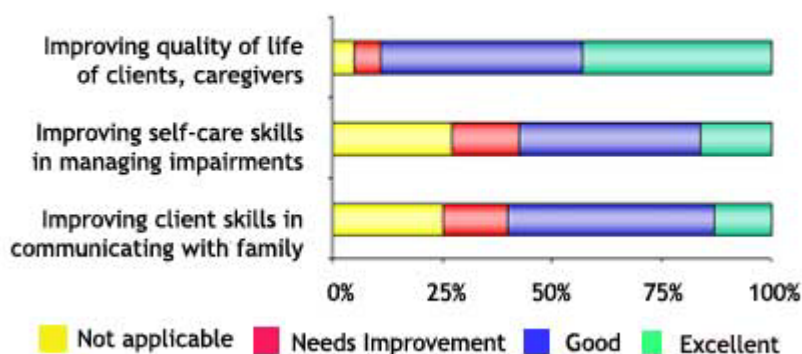
Though many start with grant funding, most of these health and supportive services programs sustained themselves over the long term, with 60% operating at least 10 years. Disease self-management programs are newer; nearly half are less than five years old. One factor that contributes to program survival is partnering with other local organizations. Such partnerships are fundamental to the aging services network. Not surprisingly, the most common partner is the area agency on aging. However, other common partners are health care organizations, other aging agencies and municipal agencies. The most important functions of these partnerships are to provide funding and to refer clients, but partners also assist with program evaluation, training and/or strategic planning. About 25%-35% of respondents rate their partnering efforts as "excellent."

## Chart IX. Types of Organizational Partners
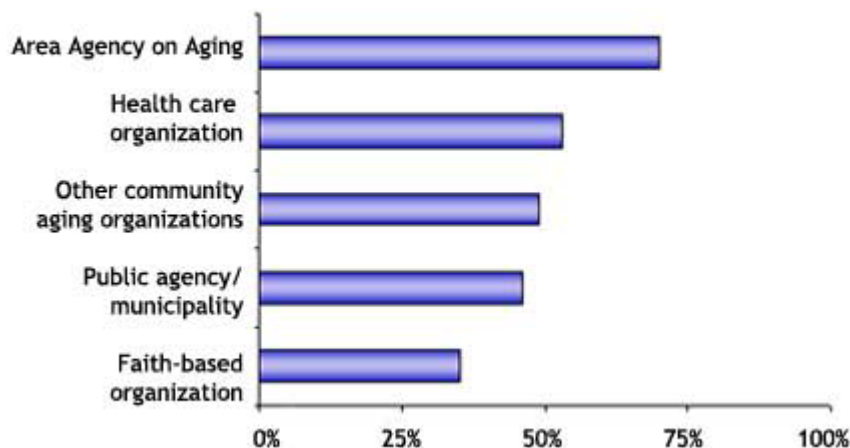


Pulling all the pieces of quality programming together takes strong program management. One aspect of management that we are especially interested in is performance and

outcome measurement. Forty to forty-five percent of respondents rate their programs as excellent in tracking actual vs. expected revenues and/or clients served. Somewhat fewer (30%-35%) give excellent ratings to indicators of "continuous quality improvement," such as using performance data to revise and improve the program and using written objectives to focus on desired outcomes. Outcome measurement is challenging, even for these high quality programs. About one in four respondents rate their programs as excellent in various categories of outcome measurement (changes in quality of life, health status, health behavior and/or health care use). Disease self-management programs are much more likely to give themselves excellent ratings for measuring changes in client health status, and caregiving programs are more likely to be excellent in measuring changes in the quality of life of clients/caregivers.

Given that these programs were nominated for their quality, we wanted to learn what barriers stand in the way of program expansion. Not surprisingly, the leading barrier is difficulties in securing funding. However, at least 40% of respondents cited each of the following as a medium or high barrier: shortages of volunteers, rules and regulations of funding agencies, shortages of in-home personal care workers and/or shortages of staff with appropriate certification or training.

## Chart X. Barriers to Expansion
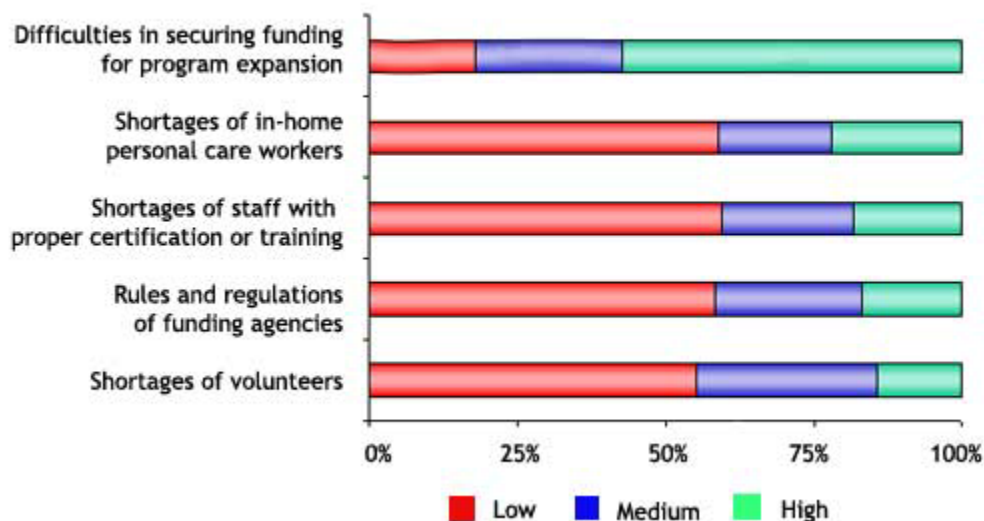


Finally, our survey covered some basic descriptive information about the entire agency, even though the focus of this study is a specific health or supportive services program within the agency. We gathered data on the agencies to better understand the organizational setting in which these programs operate. Among the programs studied, 117 were in senior centers, 115 in area agencies on aging, 202 in multi-purpose social service organizations and 104 in other types of organization. Typical of the aging network, the data indicate that these are solid, stable agencies that have been a part of their communities for several decades. Over 70% of these organizations were established at least 20 years ago; over half have annual budgets exceeding $1,000,000. Half are independent agencies and half are part of a larger organization—most often a city, county

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or regional authority.  Frequently, those with smaller budgets are a part of a much larger agency.  Over half employ more than 20 staff and have over 100 volunteers. Approximately 40% serve more than 4000 seniors annually; nearly two-thirds reach at least 2000 seniors.

D.  Conclusions

Overall, these data document the valuable work being done by agencies in the aging services network to improve the health and quality of life of older adults.  The programs described include social support, caregiving, disease self-management, and physical activity.  Within these broad program areas, there is great variety in number and types of specific services and educational content provided to older adults throughout the country.

The wide variation in program size (budget, staffing, clients served) is indicative of the success of these programs in adapting to local needs and resources.  There is no "one size fits all."  Even programs based upon a well-recognized model must fit the model to the local situation.  Though target populations vary by program type and geographic location, in general these programs reach those in greatest need – minorities, persons of low income, those over age 75, and/or those in rural areas.

The collaborators on this project see this survey as a way to identify areas to target for future initiatives, technical assistance, training, and best practice studies.  Drawing upon the survey data, we have identified some specific services and/or program features that we believe are likely to become increasingly important in the years ahead.  Special initiative funding from foundations or the public sector could help community agencies expand programming.

An area of specific interest was the extent to which the programs studied are built off of well-recognized models.  We learned that one-third of the programs are based on such models.  Some of the models named were not designed from strong evidence or documented outcomes.  The number of intervention studies with documented positive outcomes for older adults is growing, but too rarely these studies are translated into "real world," effective programs that could reach millions of older adults through community agencies.  Despite considerable recognition of the importance of translating research evidence into programs, there has been very little leadership or funding for such work.  Recently, The John A. Hartford Foundation has stepped forward to provide funding to The National Council on the Aging to bring more evidence-based model programs to the aging network.

The study also indicates that whether or not these programs are based on well-recognized models, many appear to have a long and successful history of addressing critical needs of older people.  This study provides an excellent platform for identifying best practices around the country that are suitable for replication.  While the survey offers a broad overview of programs, it needs to be supplemented with in-depth, on-site studies of how best to bring together all the components (e.g. funding, partnering, staffing, management, services and supports) to run high quality, sustainable, client-centered programs. The 628 programs participating in this study have provided a wealth of information that can be used to identify best practices.  They have valuable lessons to share with the aging network—whose members are eager for best practice information.  Such best practice material can also serve as the basis for training and technical assistance, and the design

and implementation of relevant outcome measures.  Through such efforts, tens of thousands of older adults nationwide could reap the benefits of stronger programming.

We looked at services and features offered by each of the programs to identify areas that may need expansion.  For each of the topics listed below, fewer than 40% of respondents indicated that their program is currently including this service or feature.  The National Family Caregiver Support Act will expand some of these services, but more resources are needed.

- Social Support – adult day services, elder abuse services, door-to-door outreach
- Caregiving – special assistance to long distance caregivers, internet support groups, services available 24/7
- Disease Self-Management and Health Promotion – attention to alcohol-related problems and pain management
- Physical Activity – tools for client goal setting and monitoring progress, replication of an evidence-based program

Though our data indicate that some of these services are not widely available, this may not always be the case.  Our data were gathered on specific programs within larger agencies – agencies that are part of a community network working to provide comprehensive services to older adults.  Services not offered in the specific program may be offered elsewhere in the agency or in a local partnering agency.  For example, one-third of these programs have caregiver support services available every hour of every day.  However, this round-the-clock service may be provided by some other local agency, or may not be in great demand in some communities.  A study that maps the services available in an entire community, and how those services are or are not linked for clients, would provide an excellent complement to these data.

We also looked at the quality ratings to identify the topics that respondents are less likely to rate as "excellent."   Such areas may be targeted for developing and delivering best practice information, and training and technical assistance to community-based agencies.  Listed below are selected topics for which fewer than 25% of respondents rate their programs as "excellent."

- Accessibility – motivating hard to reach elders to participate, marketing through the mass media
- Self-care – improving clients' skills in self-care
- Staffing – training on cultural competence, using computer-based training tools
- Funding – engaging broader community to meet funding needs
- Outcomes – measuring changes in health status and/or health behaviors

In addition to these quality ratings, the most frequently mentioned barriers to expansion also provide opportunities for new initiatives, including training and technical assistance.  Clearly, identifying new funding sources or expanding existing ones is key to reaching more older adults.  Fostering consistency across regulatory agencies and eliminating unnecessary rules and regulations would also lead to service expansion.  A first step could be to document the most problematic regulations at the state and federal levels, and the negative impact that these regulations have on getting needed services to older adults.

Despite considerable attention to the problem of shortages of volunteers and in-home personal care workers, these shortages continue to pose serious barriers to program expansion. One way to address some of these shortages is to support new initiatives that recruit and train older workers for employment in personal care. Greater investment in finding solutions to the shortage of volunteers and staff is crucial if older adults are to receive the services they need and deserve.

The fact that 59% of respondents selected a social support program to describe in the survey is not surprising, given the long history of development of in-home support services. However, we know that caregiving, disease self-management/health promotion and physical activity programming is also necessary and needs to be expanded. Two new initiatives should help expand these programming areas: The National Family Caregiver Support Program and the planned RWJF initiative to promote physical activity among older adults. Additionally, the RWJF Initiative on Community Partnerships for Older Adults will strengthen the comprehensiveness and integration of supportive services programs.

We hope that this study will be used by leaders across the country to document the value and capacity of existing programs for older adults and to identify ways to expand and improve services. In fact, it has already increased visibility and support to expanding and improving services in the aging network. The Robert Wood Johnson Foundation used these findings to develop their recent initiatives on community partnerships and physical activity. The National Council on the Aging has drawn upon this study to conduct two best practices studies – one on caregiving and one on health promotion – that will be published soon. NCOA also drew upon these findings in gaining support from The John A. Hartford Foundation to strengthen model programs in health and supportive services and foster teamwork between local agencies and healthcare providers.

# II. Statewide Initiatives in Health and Supportive Services
Prepared by the National Association of State Units on Aging (NASUA)

While the National Study of Health and Supportive Services in the Aging Network was designed to focus primarily on quality in community-based programming, it is important to recognize that a number of quality program initiatives have been established statewide. In this section of the report, several replicable statewide models are summarized in order to provide an understanding of how coordinating efforts on the state level can lead to quality cost-effective health and supportive services programming. Programs in the areas of chronic disease/health promotion/physical activity and caregiving/supportive services are described. Information on these statewide programs was obtained from telephone interviews conducted by NASUA and from printed materials. These statewide programs were not part of the mail survey described earlier in this report.

A. Disease Self-Management and/or Health Promotion

- *Pennsylvania*

The PrimeTime Health Program of the Pennsylvania Department of Aging focuses on health promotion and disease prevention activities for older Pennsylvanians. The overall goal of the PrimeTime Health Program is to promote optimum health and well being. Two of the most successful statewide Primetime programs are FRIENDS and PEPPI described below.

*The Fall Reduction Initiative: Establishing New Directions for Safety* (FRIENDS) program was developed in 1997 to help identify people with a high risk of falling and to help raise awareness of ways to reduce their risks. Operated through the area agencies on aging, fall risk screenings are offered on the local level through senior centers, senior housing facilities, hospitals, faith based groups and other community organizations. In FY 1999 approximately 3000 clients were served using $13,700 in state funding.

Participating organizations are given the materials and instructions for conducting the screening. The screening consists of three physical skills tests: a timed get up and go; functional reach; and the one leg stand. Participants also answer 10 questions concerning fall risk. Participants are given their results at the time of the screening and if rated at medium to high risk, they are given a copy to take to their physician as well as educational materials related to their particular risk factors. Other referrals, such as to the PEPPI program, are made as appropriate.

The Department of Aging contracts with the University of Pennsylvania for evaluation of the FRIENDS program. Three months after participating in the screening, each participant is sent a postcard which asks them to check off the follow-up steps they took after the screening: went to see a doctor; had their eyes checked; started an exercise program; saw a physical therapist and others. In addition, each FRIENDS site is annually given a composite report that details the results of their participants. These reports assist the site in planning educational programs for the next year.

*Peer Exercise Program Promotes Independence* (PEPPI), as with the FRIENDS program, partners the Pennsylvania Department of Aging with area agencies on aging to establish exercise programs at various community locations such as senior centers, senior housing, fitness centers and other locations. Older volunteers, committed to maintaining their independence and fitness, are trained to lead the exercise programs that include strength training, walking, and educational programming.

Through a consumer satisfaction survey, PEPPI program clients are tracked to measure improvements in their health status, behavior, and their knowledge of the benefits of good health practices including exercise. Performance data are used to revise and improve the program. Aging network support for the program is strong and marketing occurs largely at the local level. Incentive gifts and local recognition programs assist in the recruitment and retention of clients. In FY 1999 3000 clients were served statewide for less than $30,000.

- *Minnesota*

The Minnesota Board on Aging strives to increase consumer awareness and knowledge of health issues by annually focusing on a different acute or chronic disease. Each year they form a new partnership with state agencies and disease management organizations to pool resources, develop health promotion messages and implement an education campaign. In 1999, they partnered with the National and Minnesota Stroke Associations, the Minnesota Twins Baseball Team and others for the *Strike Out Stroke* campaign that won the Minnesota Association of Government Communication Award of Excellence. In 2000, they partnered with Minnesota's Arthritis Foundation and Department of Health for the *Arthritis Doesn't Have to Slow You Down* campaign. By focusing on a different topic each year, they not only educate consumers on a variety of issues, but also are able to develop lasting new partnerships, which continue on beyond the campaign. Upcoming campaigns will focus on Alzheimer's disease, diabetes, and heart disease.

The low cost programs ($12,000 in 1999) are conducted at senior nutrition sites and through the home delivered meals program. Promotional and educational materials are distributed providing consumers with basic information as well as resources for gaining additional knowledge. For example, the arthritis campaign materials instruct consumers on how to obtain additional written or on-line information and how to sign up for arthritis self-help courses.

Each year, new program objectives are established and outcomes are measured to not only determine how well the objectives are met but to assist in planning for the next year's campaign. An evaluation of the stroke campaign surveyed area agencies on aging and nutrition providers and site managers on quality and type of materials as well as feedback they received. Approximately 19% of the 342 sites responded to the survey. 65% of these rated the campaign materials as excellent or good. Respondents offered a number of useful suggestions for future campaigns. One participant reported that they had had a slight stroke and would not have known but for the campaign. For the arthritis campaign, the Health Department received CDC funds to conduct an on site evaluation of the program at select sites. The results are not yet available.

- *New York*

The New York State Office for the Aging conducts their *Health Promotion and Disease Prevention* program using a combination of Older Americans Act, state and private funding. Working in conjunction with the area agencies on aging, the New York Office for the Aging forms partnerships with a variety of public and private community organizations to conduct media campaigns, training and education programs for consumers and professionals and to develop resources related to health promotion and prevention.

A health and wellness web site (http://agingwell.state.ny.us), *Aging Well: A Health and Wellness Village for Mature Adults,* is one of the most visible products developed by the New York Office for the Aging effort to date. Funded by GlaxoWellcome and a number of health organizations, this site assists consumers and professionals in learning about nutrition, health and safety, specific diseases and disease prevention, and directs them to resources where additional information can be obtained.

In another effort, the New York Office for the Aging partnered with Pharmacia (formerly Upjohn) in an effort to educate older persons and their caregivers about urinary incontinence. This effort came about when Urinary Incontinence Centers funded through the National Institutes of Health noticed that they were not effectively reaching the older population. They produced a video training seminar called *Good Bladder Health* and distributed it through adult day care programs, caregiver support groups, and senior centers. Outcome measurements indicate that as a result of this training, visits to physicians for treatment of incontinence increased.

As a result of their work in the area of health promotion, they have gained new opportunities to educate physicians. Two Office for the Aging staff have been invited to sit on the Governing Board of the American Geriatrics Society. In this capacity, they have the opportunity, both for the American Geriatrics Society and their New York Affiliate, to review materials intended for physician training that relate to the field of aging.

B. Caregiving

- *Oregon*

The state of Oregon has developed a unique program in an attempt to reach caregivers during the early stages of their caregiving. Partnering with Oregon Public Broadcasting, area agencies on aging, faith based organizations, AARP and others, the Oregon Senior and Disabled Services Division (SDSD) took a multi-faceted approach which included a two hour television broadcast augmented with readily available information resources including a Web site (www.oregoncare.com), an 800# for caregivers, and written resource packets.

The two-hour broadcast aired twice in October 2000 and consisted of four documentary segments followed by an expert panel and studio audience discussion. Over 20,000

households viewed the program.  Viewing "parties" sponsored by faith based organizations and other non-profits gave viewers an opportunity to watch the program with their peers.  Plans for a second show are underway.

A caregiver web site was designed and launched with the show.  The goal of the site is to help family caregivers access timely, low cost assistance which may help reduce or delay participation in public-funded services.  Caregivers and other consumers were involved in the design of the site.  Feedback on the television broadcast was sought through a survey posted on the web site.  An additional web survey seeks input from consumers about their information and resource needs.  Based on the results to date of this ongoing survey, new information on caregiving for younger people with disabilities will be added to the web site.

For more personalized assistance, or for those without web access, SDSD developed a toll free help line to provide caregivers with information, referral and consultation.  Educational resource packets are distributed through the web site and 800# and were also handed out at the viewing parties.  As ongoing activities, the web site and 800# are also marketed separately from the broadcast.

- *New Jersey*

New Jersey's statewide Respite Care Program was started in 1988.  The New Jersey program operates at the county level and takes the approach that the caregiving family is the client.  A formal assessment of caregiver needs is conducted and the client is involved in the design of her/his plan of care.  The program is a partnership between the New Jersey Division of Senior Affairs, area agencies on aging, and local service providers.  It is funded entirely through casino revenues.  Each county level sponsor contracts with local agencies to provide the services.

A typical plan of care might include support groups or educational programming for the caregiver, as well as respite services through the provision of home health care, adult day care, temporary nursing facility placement, companion/sitter services and other supportive services for the elder family member.

The New Jersey Respite Care Program is well established and major program marketing is not required.  Though the program was funded at $6 million for 2,500 client families in 1999, most counties maintain a waiting list for the program.  Written program objectives guide the program; performance is measured; and the resulting data are used to revise and improve the program as necessary.  The most recent program evaluation indicated that program flexibility is one of its greatest strengths.  For example, when one family wanted to take their father with them on vacation to North Carolina, the respite program contracted with a North Carolina home health service agency to provide assistance during their vacation.

- *Wisconsin*

The Wisconsin Bureau of Aging and Long Term Care Resources has been operating the Alzheimer's Family and Caregiver Support Program since 1985.  The program was

created by the Wisconsin legislature in response to the growing number of families trying to care for relatives with Alzheimer's or related dementia at home. Designed with the entire family in mind, this program provides families with the funds necessary to obtain goods or services that allow the family to keep their loved one with Alzheimer's in the community setting.

Over 900 Wisconsin families received services in 1999 using state funds totaling $1,877,000 with some client cost-sharing. The program is available in every county and counties may use the funds to develop or expand services, and to fund families directly.

The Wisconsin program provides caregiver training and support groups in addition to helping families obtain such services as respite care, adult day care, home care services, personal care, nutritional supplements, security systems, adaptive equipment and other needed supports. Case management services assist clients in determining their needs and setting up the appropriate plan of care.

- *Connecticut*

The Connecticut Elderly Services Division partners with the Alzheimer's Association and area agencies on aging to offer a statewide Respite Care Program. Begun in 1998, this program served over 200 client families in 1999 with $500,000 in state appropriations.

In Connecticut, a comprehensive assessment assists caregivers in determining their needs. A plan of care is established with client input. Caregivers directly benefit from support groups, depression screening and case management. A Caregivers Resource Center is sponsored by the Alzheimers Association. The state additionally contracts with supportive services such as adult day care, personal care services, 24-hour respite services, home health and other programs to provide direct services. Depending on the care plan, a family can be funded up to $3,500 per year for securing services.

At the end of the program year, each family is given the opportunity to evaluate the program and offer suggestions for improvement. Most families report that the most important benefit of the program is stress reduction. The primary suggestion for improvement is an increase in funding.

C. <u>Summary</u>

There are a number of advantages to implementing health and supportive services programs on a regional or statewide basis. Some aspects of project administration can be centralized and thus more cost effective. Statewide programming allows the consumer to move from one area to another without loss of service. The involvement of a variety of agencies and organizations can stimulate creative thinking in program development and implementation. For these and other reasons, many states across the country seek to implement health and supportive services programs statewide. This report summarizes just a few of these efforts and is intended to give the reader a sense of the range and diversity of projects that have been developed. A number of good programs exist that have not been included in this report. Contact the appropriate state unit on aging for information on other statewide health and supportive services initiatives.