

National Association of Area Agencies on Aging 2007 Aging Network Survey



PREPARING THE AGING NETWORK FOR CHOICES FOR INDEPENDENCE AAA SURVEY RESULTS



Scripps Gerontology Center

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Background

With a grant from the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2007 Aging Network Survey of all Area Agencies on Aging and Title VI Native American programs in the nation. The survey was designed to assess AAA and Title VI involvement in services and programs consistent with AoA's Choices for Independence. As part of the 2006 reauthorization of the Older Americans Act (OAA), this initiative seeks to modernize the current long-term care system using the following principles:

- Enabling consumers to remain in their own homes through the provision of home and community-based long-term care;
- Empowering consumers to stay active and healthy through disease prevention and health promotion services;
- Streamlining access to home and community-based services; and
- Enhancing organizational capacity of the aging network for home and community-based long-term care systems.

Structured around these principles, the survey was launched in June of 2007 to all AAAs (Title VI programs received the survey at a later date). Data collection concluded in December of 2007 with over 80% of AAAs responding. This research brief provides key findings from the survey as they relate to four topics: Current Status of Aging Network, Involvement in Choices Related Activities, Challenges, and Technical Assistance and Training Needs.

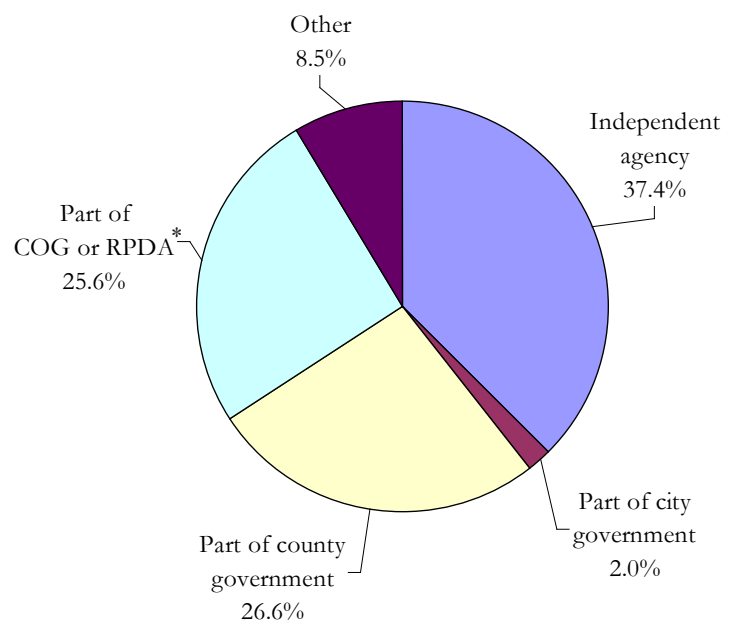
Current Status of Aging Network

Organizational Capacity

There was a great deal of variability in budget and client numbers that skewed the data and made the overall average very high. Average budget and average number of clients served are strongly affected by several very large organizations, so the median number is more telling of the status of the aging network. Half of the AAAs have a budget of \$3.8 million or less and half serve 3020 clients or fewer.

- Budget (in millions):
Average (mean)- \$8.9
50th percentile (median)- \$3.8
- Average (mean) percent of budget from OAA: 41.9
- Clients served:
Average (mean)- 8607
50th percentile (median)- 3020
- Average (mean) # of employed staff:
Full time- 39
Part time- 20
- Average length of current director (years): 11.1
- Average length of previous director (years): 12.5
- Area served:
Urban- 5.8
Suburban- 7.6
Rural- 49.5
Mix- 37.0

Organizational Structure

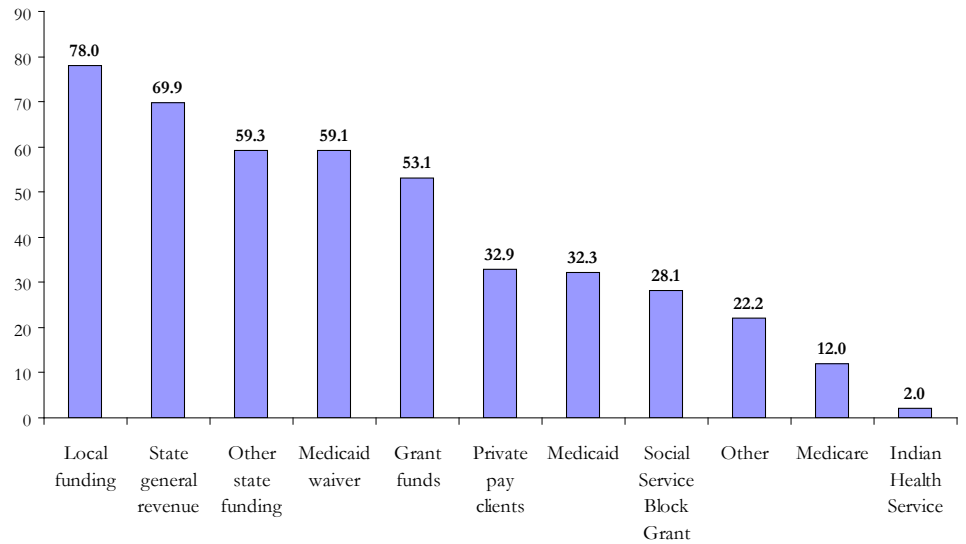


* Council of Governments or Regional Planning and Development Area

Funding

Participants were asked to indicate which funding sources they use in addition to OAA funding. As shown in Figure 2, the most common sources of funding are from local funding and state general revenue. The most common local funds come from city and county funds.

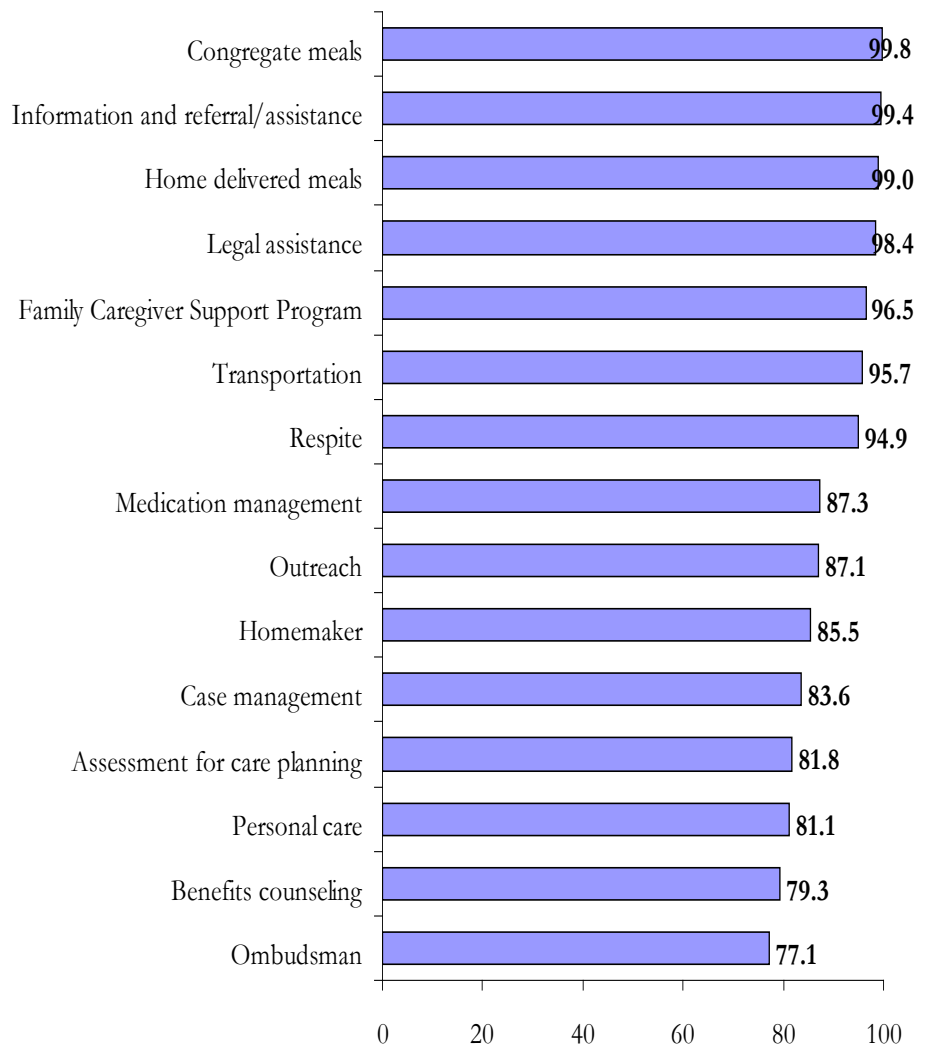
Figure 2: Proportion of agencies with funds from various sources (in addition to OAA)



Services

Participants were asked to identify which services (out of a list of 28) they provide and whether those services were provided with OAA funding and/or other funding. The majority of AAAs provide a wide range of services that support older adults to live at home in their communities. Figure 3 shows the most commonly provided services provided by more than 75% of agencies. Over 80% of agencies provide case management services to their consumers. Of those who do, the average caseload of their case managers is 75. The least common services (provided by less than 50% of agencies) included home health, Adult Protective Services, and official eligibility determinations for public programs.

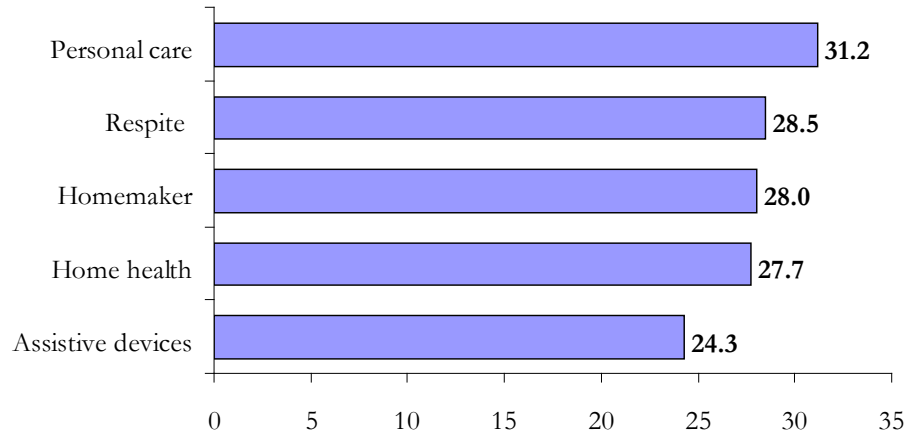
Figure 3. Proportion of agencies who offer select services



Consumer-Directed Services

Almost half of the agencies provided some services as a consumer directed option. We defined consumer directed services as giving consumers maximum choice and control whereby they can choose to select, manage, and dismiss their workers. The most commonly provided consumer-directed services include personal care, respite, homemaker, home health and assistive devices. Figure 4 shows the proportion of agencies who offer selected consumer directed services.

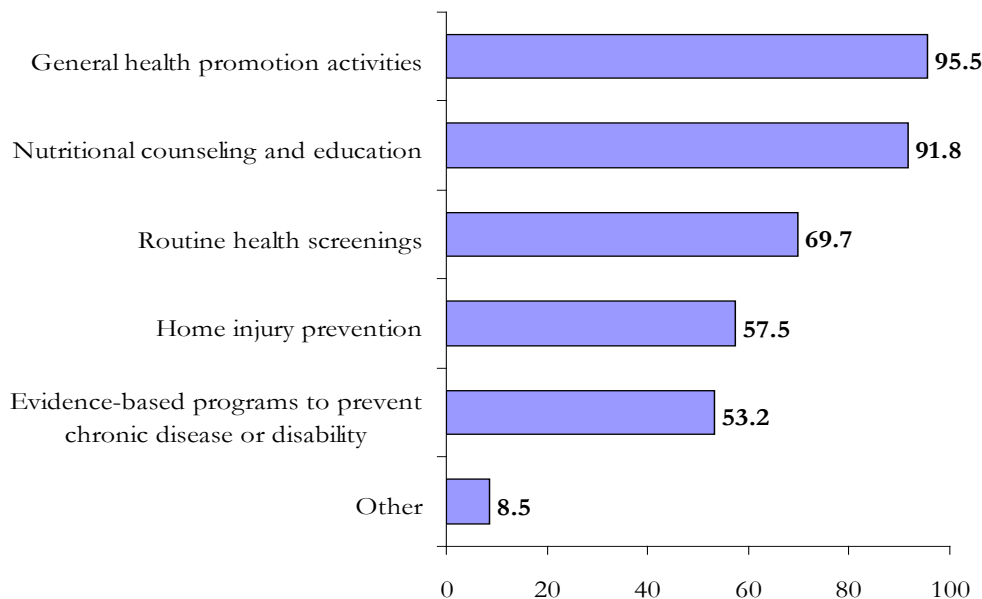
**Figure 4: The 5 Most Common Consumer-Directed Services
(Proportion of agencies who provide selected services
as a consumer directed option)**



Disease Prevention and Health Promotion Services

Participants were asked to identify which of 6 disease prevention and health promotion services and programs they provide, and whether those services were provided with OAA funding and/or other funding. On average, AAAs provide 3.8 disease prevention and health promotion services or programs regardless of funding source. Figure 5 shows the proportion of agencies who provide disease prevention and health promotion services or programs. The most common sources funding agencies used to fund these activities (other than OAA funds) include local funding, state general revenue, other state funding and grant funding.

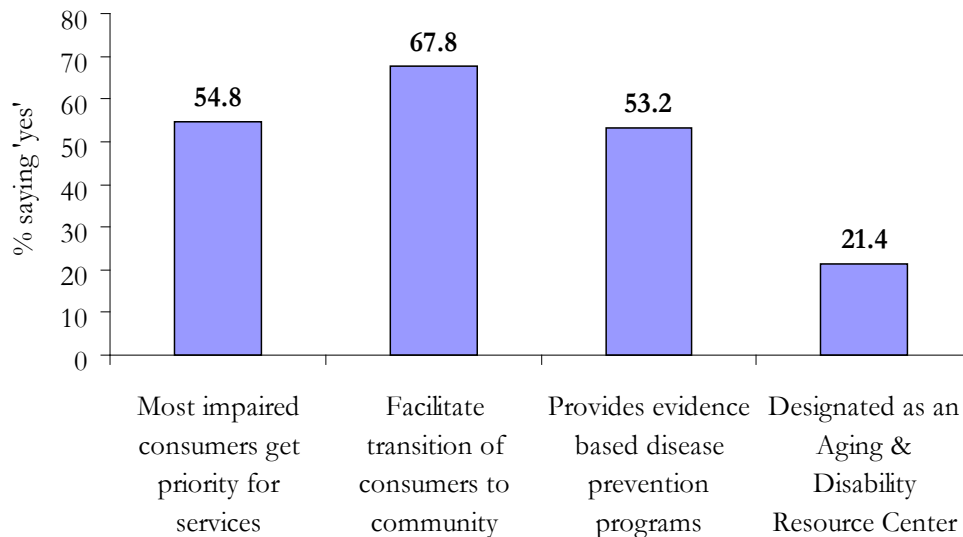
Figure 5. Proportion of agencies who provide disease prevention and health promotion services or programs



Involvement in Key Programs

Participants were asked to provide information about particular programs and policies they have in place that enable consumers to remain in their homes, empowers consumers to stay active and healthy, and streamlines access to home and community based services. Figure 6 shows the proportion of agencies that are involved in key programs. Over half of the agencies provide evidence based programs, but only 36.3% are involved in a grant funded evidence based disease prevention program.

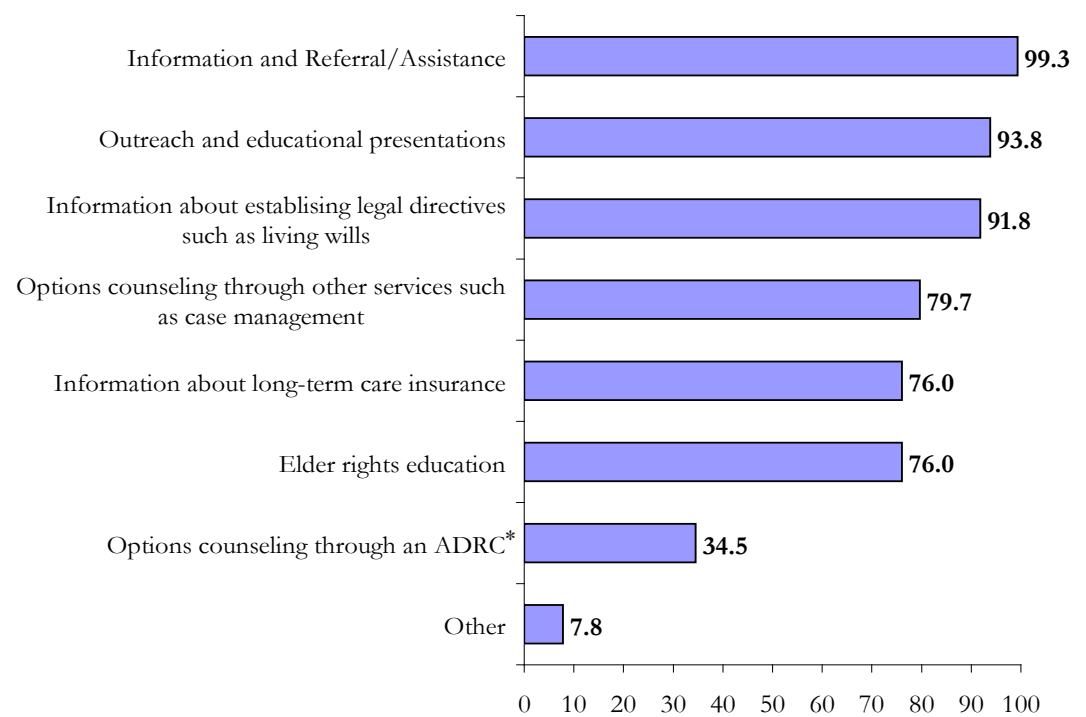
Figure 6: Proportion of agencies reponding with 'yes' to questions about involvement in key programs.



Planning in Advance for Long-Term Care

Participants were asked to rate their progress on 'Assisting consumers in planning in advance for long-term care'. Among the AAAs involved in providing assistance with long-term care planning, information and referral, outreach, and information about legal directives are offered by over 90%. Figure 7 shows the proportion of agencies who provide services related to assisting their consumers in planning in advance for long-term care.

Figure 7: Proportion of agencies that provide services related to assisting consumers in planning in advance for LTC

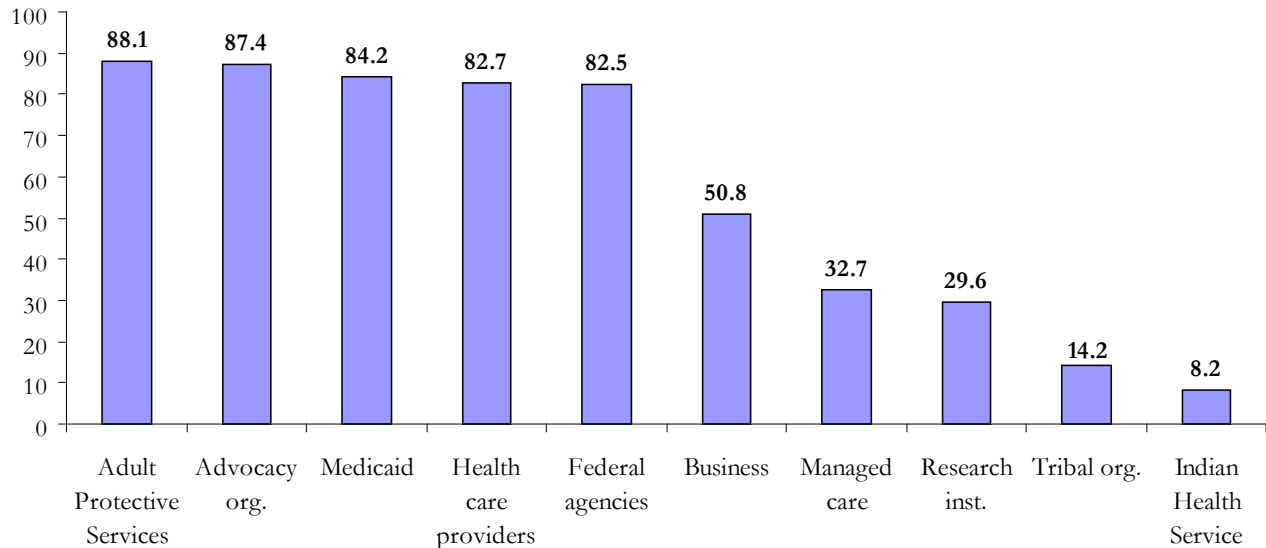


* Aging and Disability Resource Center

Partnerships

Participants were asked to identify which partnerships (out of a list of 20) they maintain with federal, state and local organizations or affiliations. The most common partnerships (either formal or informal) and the least common partnerships are shown in Figure 8.

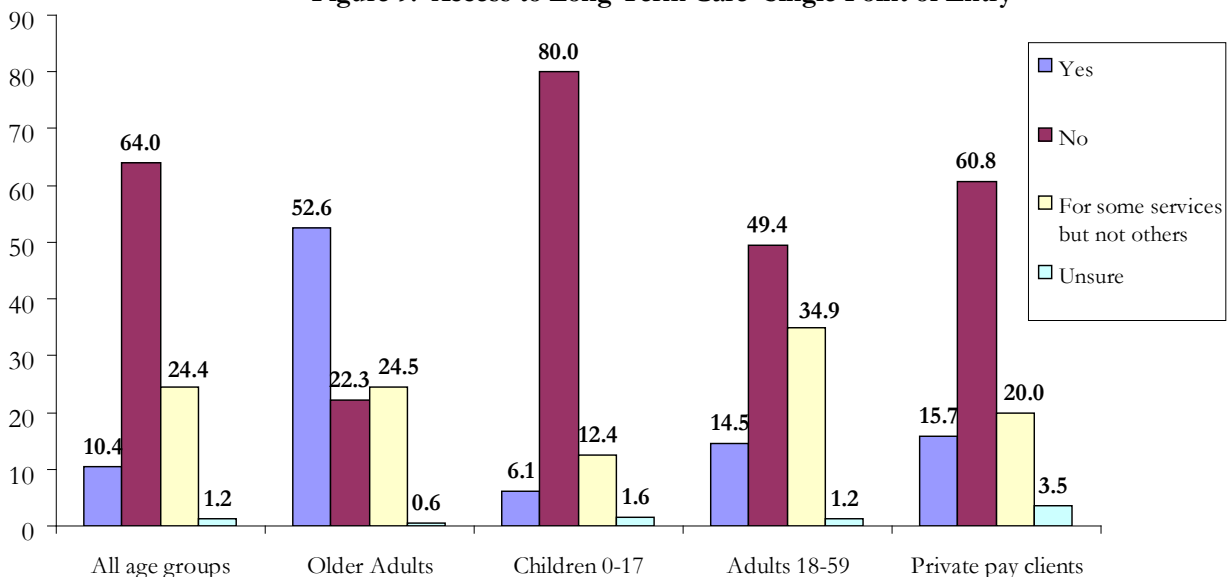
**Figure 8: Partnerships-Formal and Informal
5 most and 5 least common partnerships**



Access to Long-Term Care: Single Point of Entry

Participants were asked to identify if they were the single-point of entry for long-term care services for 5 different groups (all age groups, older adults, children ages 0-17, adults ages 18-59, and clients who are private pay). We defined single point of entry as ‘providing a one-stop place to gather information on referral and advocacy, to find out about and apply for services, and to evaluate and provide recommendations about services.’ Figure 9 shows the proportion of agencies who indicated that they were the single-point of entry for the 5 groups.

Figure 9: Access to Long-Term Care- Single Point of Entry



Involvement in Choices-related Activities

Participants were asked to rate their level of progress on a set of questions related to the principles of: Enabling Consumers to Remain in their Own Homes, Streamlining Access to Home and Community Services, and Enhancing Organizational Capacity for the Area-Wide Development and Implementation of Home and Community-Based Long-Term Care Systems. The responses included: Have this in place, Have made progress, Plan to work on this but have not begun, Would like to work on this but cannot, or Do not plan to work on this. The following figures show items of most and least involvement within the above principles.

Enabling Consumers to Remain in Their Own Homes

Figure 10: Activities with the highest level of involvement of AAAs
(Percent who are working on or have in place)

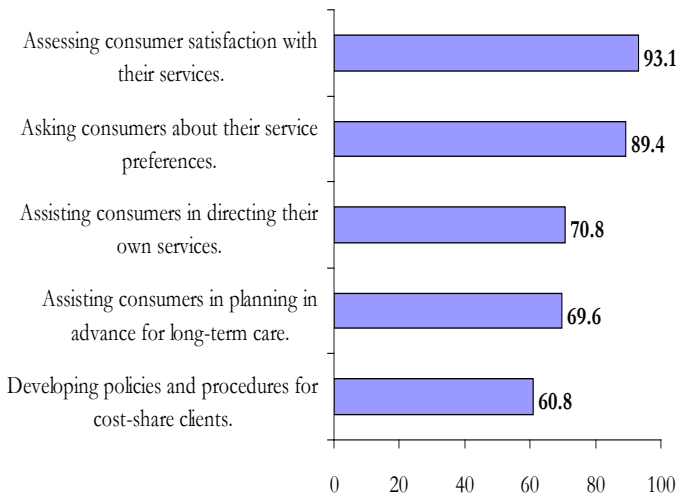
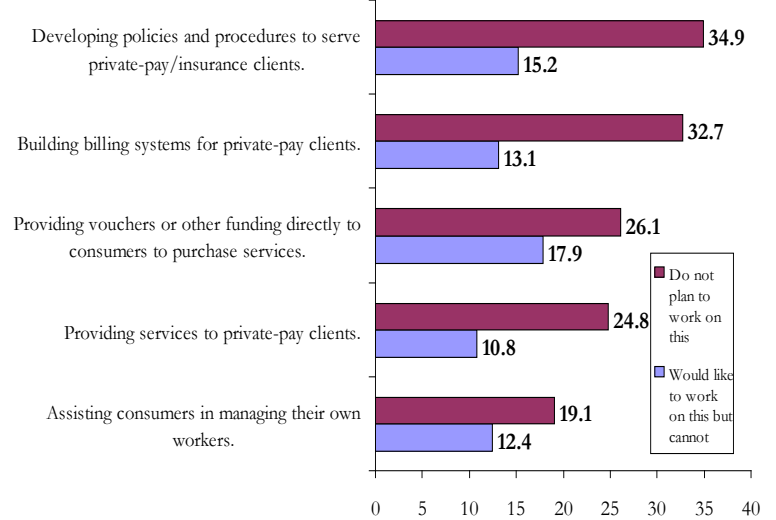


Figure 11: Activities with the least involvement of AAAs
(Percent who do not plan or who would like to but cannot)



Streamlining Access to Home and Community-Based Services

Figure 12: Activities with the highest level of involvement of AAAs
(Percent who are working on or have in place)

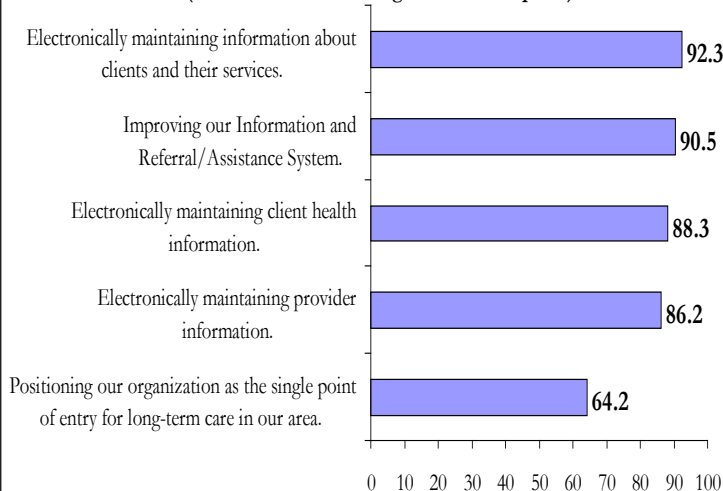
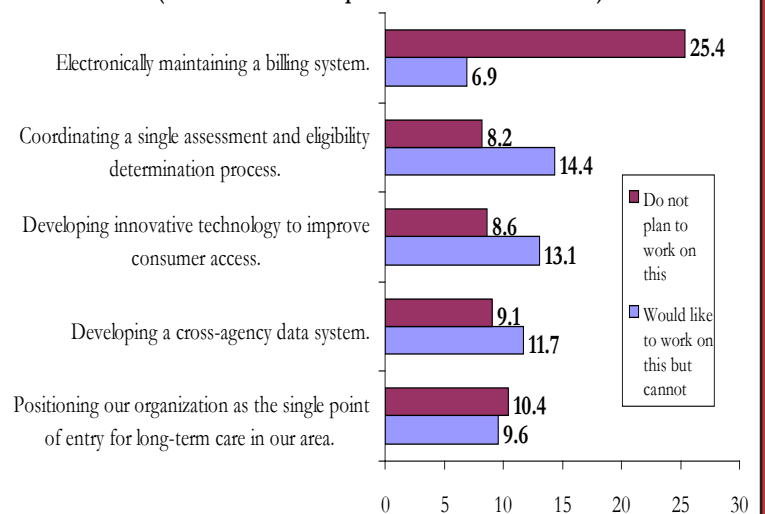
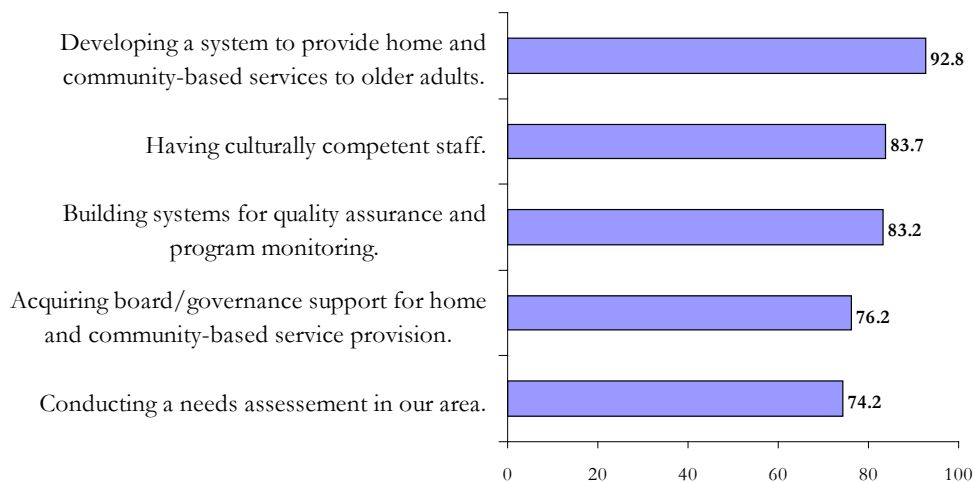


Figure 13: Activities with the least involvement of AAAs
(Percent who do not plan or who cannot work on)

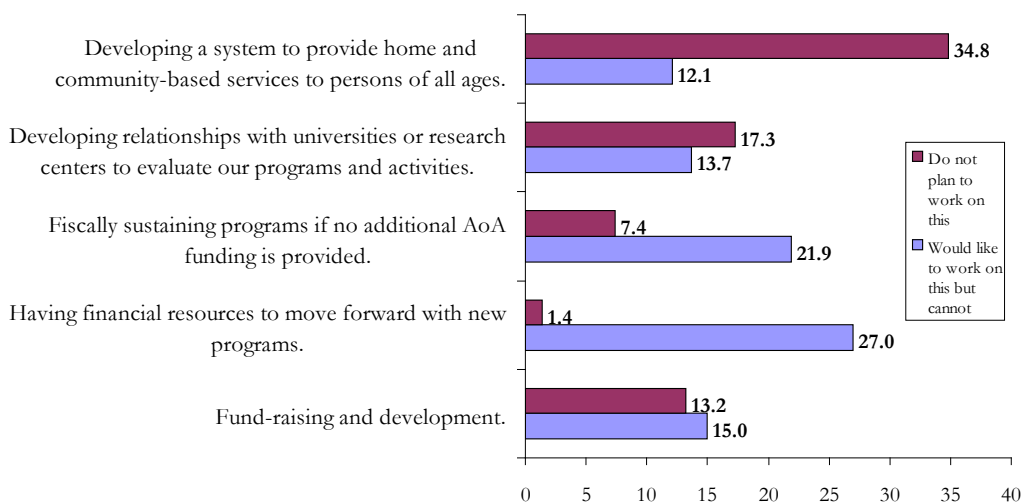


Enhancing Organizational Capacity

**Figure 14: Activities with the highest level of involvement of AAAs
(Percent who are working on or have in place)**

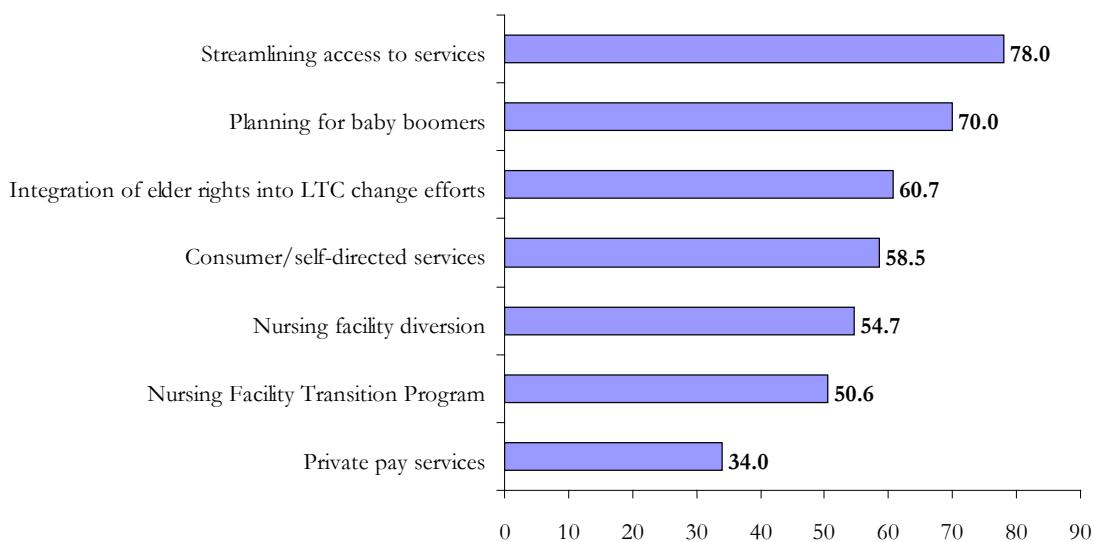


**Figure 15: Activities with the least involvement of AAAs
(Percent who do not plan or who would like to but cannot)**



Area Plan Items

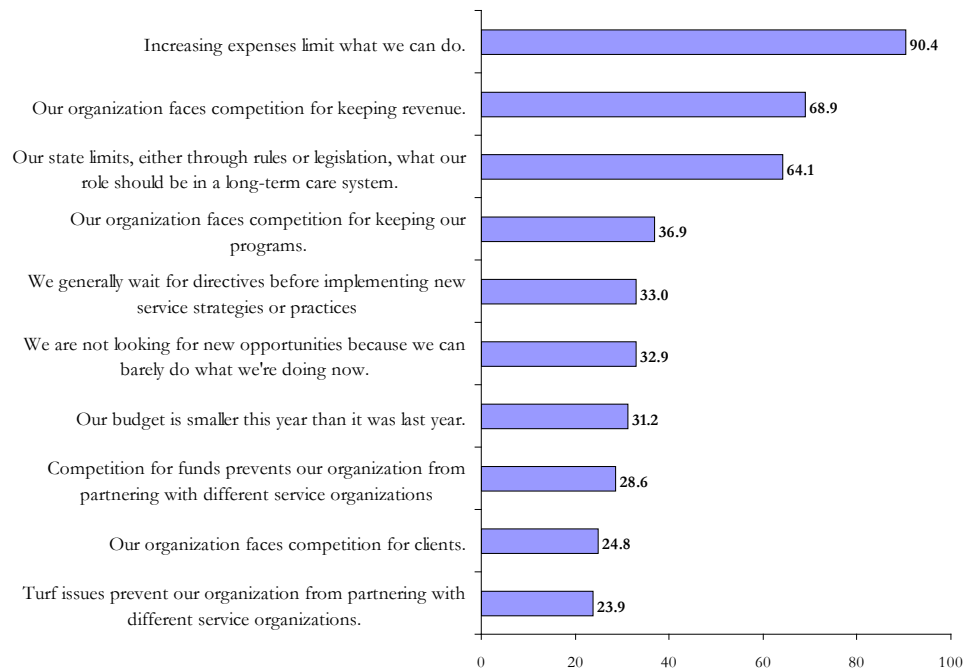
Figure 16: Proportion of agencies who have or intend to include the following items in their area plan



Challenges

Participants were asked to indicate to what extent they agreed or disagreed with statements pertaining to fiscal threats, barriers and challenges that may be facing their organization. Figure 17 shows the proportion of agencies who agree or strongly agree to select statements.

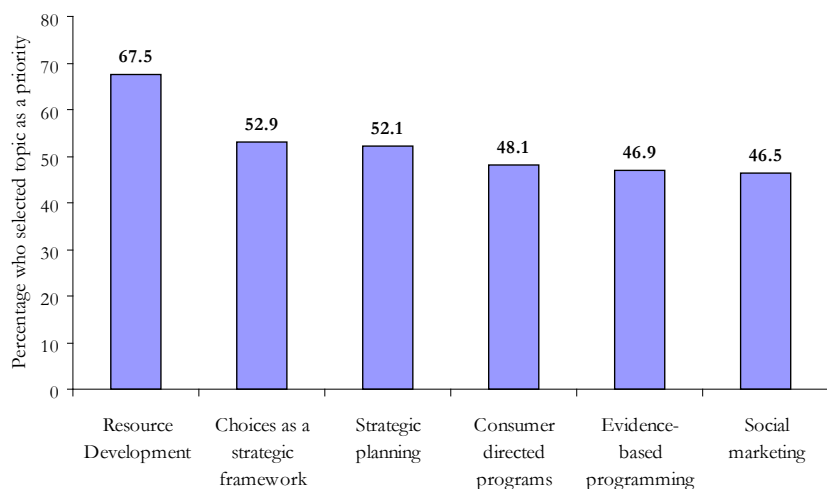
Figure 17: Challenges
(Percent who agree or strongly agree to the following items)



Training and Technical Assistance Needs

Figure 18: 6 Most Common Training and Technical Assistance Needs

Participants were asked to identify six (out of a list of 16) technical assistance or training topics that would be most useful for their organization. Figure 18 shows the six most common training and technical assistance topics.



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