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An Assessment of Information and Service Needs of People 60+ in Four Ohio Communities: Centerville, Dayton, Huber Heights, and Kettering

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EXECUTIVE SUMMARY

In 2010 Ohio ranked 14th in the nation for percentage of people ages 60 and over. Montgomery County's percentage is larger at 21% and only expected to grow. Understanding the needs of this group is paramount to maintaining and improving the quality of life for these individuals. The purpose of this research was to better understand the service and resource needs for people age 60 and over, as well as those who provide services to them in the following Montgomery County Communities: Centerville, Dayton, Huber Heights, and Kettering, Ohio.

120 people participated in one-on-one phone interviews or focus groups. Participants included people age 60 and over, caregivers, and professional service providers (e.g., first responders, service coordinators, social workers.) The average responder age was 59.1 years, with a range of 35 - 92 years of age. The Methods and Results section provide details on our sample, approach and analysis. Results are followed by major conclusions and corresponding action steps.

We stress that although the research took place in four communities, there were no major differences in findings either across communities or participant. The major themes in our findings are as follows:

1. How to correct assumptions about seniors that obstruct their quality of life.
2. Real and imagined costs/dangers associated with asking for help.
3. How does bureaucracy delay access to service?
4. "We're in the pre-graveyard..."

There were also three additional categories of topics:

1. The need for transportation
2. Issues associated with family caregiving to include grandparents caring for grandchildren.
3. HelpLink 2-1-1 and SilverLink for information referral

From the themes and categories, we have drawn the following conclusions:

1) It is imperative to recognize the differences among the 60+ group that can affect how they have access to needed services.
2) People need to be educated and re-educated about available services and how to obtain information.
3) Understand that fear prevents many people from asking for help.
4) Improving communication across agencies and users.
5) Develop centralized sources of information for ease of access and use.
6) What are the various transportation issues and their impact on quality of life?
7) Socializing and interacting with others is key.
8) Caregivers need support.
9) The need for SilverLink to expand its information and referral database to serve a broader spectrum of seniors, caregivers, and service providers.

Overall, results pointed to a complicated interplay between several aspects of obtaining and using or receiving services and/or service-related information. In short, people are caught in a vicious cycle. For example, because of lack of transportation, people are not able to engage in the community and therefore risk becoming socially isolated, even in large retirement communities. Because they are socially isolated, they do not learn about events or programs. In addition, when a need arises for a service, people don't know whom to contact. If they do have a phone number, they risk being placed on hold, which in turn may use up their allocated phone minutes for the month. Although information about programs and services may be available, many people do not know how to use the technology and could benefit from taking a class to learn more. However, without transportation, there is no way to get to the class. Furthermore, without access to a computer, there is no way to find out when the classes are offered. To suggest that older adults rely on family for information or transportation assumes that family is present, active, and supportive. As many people mentioned, this is not the case. Also important to note is the increasing number of grandparents who are caring for grandchildren, which further complicates the vicious cycle. Additionally, older adults may be afraid of the "possible consequences" of asking for help (e.g. fear of loss of independence), and it is unlikely they will ask for assistance. Therefore, older adults could benefit from steps taken to alleviate their fears.

We note that the categories mentioned in this report are not new or surprising. Other community evaluations, including two conducted in Kettering, point to similar issues albeit without the deep context provided by the participants in this study. More specifically, transportation was mentioned in several other community reports. Transportation is a challenge for older adults throughout the country. What is unique to our findings, though, are issues related to costs (e.g., $2 may seem inexpensive but is out of reach for many), dependability, and accessibility, especially for those who are not eligible for government sponsored programs.

Communication is a topic that is also present in other needs assessments and one that was largely present in ours. How providers, agencies, and other organizations communicate with community members, to include older adults, is clearly related to how people are able to learn about and access services. Assumptions about what forms of communication are most effective (e.g., internet, smart phones) without taking the end users into consideration (e.g., older adults) means that there is a disconnect between what providers assume and what consumers actually need. Considering that age cohorts have different exposures to and preferences for technology, and other communication sources, it is important to keep the end user in mind.

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INTRODUCTION

According to the World Health Organization, there are now more adults in the world age 60 and over than children under age 5 (WHO, 2016). In 2010, Ohio ranked 14th among states for percentages of people age 60 and over (Census, 2010), with 2,287,424 people accounting for 16.5% of the entire population for the state. Montgomery County in particular had 112,930 persons over age 60, accounting for 21.1% of the county's population. Of those 60+, 14.5% lived at or below the poverty rate (compared to 11.8% for the state) (Mehdizadeh et al, 2014). In addition, according to a report by the Scripps Gerontology Center (2014), "in 2010 about 15% of the 60+ population in Montgomery County had annual income at or below the poverty level (about $11,000 for an individual 65 and older). More than 18% lived between poverty and two times the poverty income level (between $11,344 and about $22,700) (Mehdizadeh et al, 2014, p. 2). Given the increase in people age 60 and over and projections for further growth in the future, it is important for communities to examine whether services and opportunities are meeting the needs of those 60 and over as well as to plan for the future.

The need for this study stems from the phenomenon of "aging in place," which describes the services and care needed for people to remain in their home rather than moving to a higher level of care (e.g., assisted living). To age in place, one must have access to services and amenities like transportation, food, financial opportunities, cultural or other meaningful engagement, learning opportunities and more. The study was guided by the overall goal of learning how to better help people age 60 and over age in place in four communities: Centerville, Dayton, Huber Heights, and Kettering, Ohio. This included learning about available services, potentially beneficial services, and other information related to remaining in one's home or community.

The purpose of this study was therefore to learn more about the unmet needs of people age 60 and over living in Centerville, Dayton, Huber Heights and Kettering. This study investigated: 1) What are the unmet needs? 2) What services are people age 60 and over using? 3) What resources are communities relying on to serve those needs? 4) What additional community resources are needed? and 5) What is their knowledge of and experience with HelpLink 211 and SilverLink? Using a qualitative approach, adults age 60 and over and providers (to include caregivers, professional service providers, first responders, and others) were interviewed about their views and experiences.

This report includes the following: 1) an overview of other community evaluation studies and their primary findings; 2) a detailed description of the study methods; 3) research findings; and 4) a discussion of findings to include recommendations. Other supplementary information can be found in the appendix including interview guide and final codebook.

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HELPLINK 2-1-1 AND SILVERLINK

HelpLink 2-1-1 provides information and referral services (I&R) to Montgomery County residents and non-profit organizations. Calls are accepted from anyone. HelpLink staff assesses the caller's needs and provide appropriate quality information and referral(s) based on the individual's situation. When the need is specific, staff often provides case management activities, like securing appointments for clients who have more urgent needs, and make community linkages on behalf of these callers. These activities include, but are not limited to, calling utility companies, landlords, and other institutions to secure payment arrangements on behalf of the individual/family in need (direct linkage). HelpLink continuously trains staff on how to identify and respond to calls from specific groups of people in need of services like dislocated workers, seniors and veterans. This training ensures that services to callers experiencing needs related to a specific group of people, are fully available 24 hours a day, seven days a week, and conducts outreach to the local Health and Human Service network to keep all data relevant.

SilverLink is part of the HelpLink 2-1-1 I&R service targeted specifically to the needs of people age 60 and over, caregivers and local support services agencies. SilverLink is currently in the pilot phase in four cities: Centerville, Dayton, Huber Heights, and Kettering.

SUMMARY OF NEEDS ASSESSMENT RESEARCH IN OTHER COMMUNITIES

This section provides a summary of findings from other needs assessment research in counties throughout the country. They include: Kettering, Santa Monica, Denver, and Virginia Tech.

Kettering, Ohio. In August, 2007, the city of Kettering conducted a study under the direction of the Center for Urban and Public Affairs (CUPA) at Wright State University for residents of Kettering aged 55 and older. The purpose was to assess the perception of services provided and the knowledge of those services. Telephone surveys using random digit dialing and focus groups were conducted. The following questions were addressed: 1) What improvements can the City of Kettering make to services provided to seniors; 2) How do you receive information on services provided by the city; 3) What do you think about transportation services in the city? 4) What do you feel about safety in the City of Kettering; 5) Are you satisfied with the parks and recreational services in the city; 6) How satisfied with housing and maintenance in the City of Kettering? Have you had any issues? 7) What volunteer services would you be willing to participate in? 8) What can be done to help with shut-ins? and 9) Do you have any additional comments? Older adults were also asked to assess overall satisfaction, volunteer opportunities, health services, transportation, informational sources, importance of services, emergency services, and future housing plans. Of note were findings that improved communication between the city and its residents were needed, that many participants were unfamiliar with services provided, that creating a directory of people to contact and reaching out to doctors' offices and churches might be an effective way to reach out to older adults, and many were unaware of volunteer opportunities.

In 2010, a public opinion survey was also conducted (Jones, 2010). Although this survey was not purposefully aimed at older adults, 23.2% of responders were age 65 and over. In addition, 53.5% of all responders had lived in Kettering for 20 years or longer. The survey addressed general quality of life questions, defined as "all of the dimensions of life that contribute to its richness" (Jones, 2010, p. 8). These included satisfaction with Kettering as a place to live, satisfaction with city services (e.g., waste collection, bulk waste, street maintenance, snow and ice removal, storm water drainage, building and inspection, and parks and cultural arts.) Another area explored was community relations (e.g., knowledge of city government, forms of communication, internet access, and volunteerism.) Of note, for all responders, the most common forms of receiving information were: word of mouth/neighbors (72.3%), the city newsletter (71.9%), the Kettering seasonal activities brochure (68.3%), and the Dayton Daily News (66.8%). Only 38.8% reported receiving information via the internet or city website. In addition, 66.7% of those age 65 and over reported having internet in their household although only 16.1% said they were likely to have visited the city's website.

The ***Santa Monica 2008 Evaluation of Services for Older Adults.*** The 2008 report was as a result of a two year study into the services that are provided to older adults in Santa Monica, California. Research was gathered in 2006 through surveys, focus groups, public commission and advisory board meetings, a roundtable discussion group of agency leaders, and previously prepared reports and surveys. In 2007, the information collected was then analyzed to create recommendations based on the needs of seniors. These included the larger categories of social services, cultural/active living, learning opportunities and planning recommendations. More specifically, the report recommended: employment, community engagement and life-long learning opportunities. This includes support services for updating resumes and interviewing skills, opportunities to audit college courses or attend at significantly reduced rates, provide intergenerational opportunities. The report also recognized differences

in age-cohorts, with baby boomers (those born between 1945 and 1966) expected to want alternatives to traditional senior centers. The report suggested that planning committees be established to work with city departments and other agencies to plan arts and public events. Social services recommendations included updating and expanding transportation services for older people such as companion ride programming to assist people attending appointments or who need help. It also recommended a coordinated delivery system with centralized, multi-stop centers to help people locate information and programs as well as development of more intensive outreach strategies to target to different groups (e.g., baby boomers, older adults, caregivers.) Finally, the report suggested convening a diverse group of constituents involved in service planning such as city staff, current consumers, future consumers, and service providers.

Strengths and Needs Assessment of Older Adults in the Denver Metro Area. This 2004 study was carried in eight counties in Colorado. The purpose of the study was to assess the needs of older adults in the areas surveyed and possibly gain information to better plan for resources and advocacy for the residents. The study was conducted by the Denver Regional Council of Governments (DRCOG) which includes 51 local governments and the National Research Center (NRC). Data was obtained through telephone interviews and focus groups. The results of the study showed that the immediate concern for most of the older adults was health and nutrition, specifically ability to get to the doctor, affordability, availability, citizenship, and others. Also of note was the finding that 39% of grandparents in the Denver region were responsible for "'most of the basic needs'" of at least some of the grandchildren with whom they lived" (p. 5). Older adults reported receiving the majority of their information from television (89%), newspapers (87%), word of mouth (87%), and the Internet (44%). The researchers recommended continued health promotion and educational campaigns, financial planning and long term care education, advocacy for a change in the health care system that would address the needs of older adults specifically, the need for more studies in the disparities between older adults, provide opportunities for social interaction including isolated and vulnerable adults , find ways to support caregivers, improve communication between providers and users, "make marketing campaigns creative and easily recognizable, with dedicated resources to ensure that people become familiar with the design and message over time.

Report on Baby Boomers and Older Adults: Information and Service Needs. In 2010, the Center for Gerontology and the Center for Survey Research at Virginia Tech collaborated with the Eldercare Locator to survey older adults. The purpose of these telephone surveys was to identify the needs of 1,052 older adults and baby boomers throughout the United States. The survey assessed concerns about aging, their access and knowledge about community services, and their preferred methods of receiving information on aging. The report concluded that there is a need for service agencies to educate older adults about the range of home and community based-services available. Also, they concluded that to be able to present information about services, differences in age cohorts need to be considered; 65-74-year olds may require a different approach than the 75+ group. Finally, they recognized that strategies for disseminating information needed to be intentional and targeted.

Summary. Overall, there is great similarity in findings and recommendations. Transportation, opportunities for meaningful engagement, education about available services, availability of centralized sources of information, improved communication across agencies and users, and recognition of differences in age cohorts were common recommendations among these studies.

METHODS

The United Way of the Greater Dayton contracted researchers from Miami University's Department of Sociology and Gerontology and Scripps Gerontology Center to assess the needs of older residents (60+) in four areas of Montgomery County: Centerville, Dayton, Kettering and Huber Heights. Age 60 was used since United Way of the Greater Dayton was concerned that residents did not have knowledge about the kind of resources that they needed and where to find them. Table 1 provides key demographic information for the four areas.

Table 1. Populations of Centerville, Dayton, Huber Heights, and Kettering by age, sex, racial group, and income and poverty status.

	Community Name			
	Centerville	**Dayton**	**Huber Heights**	**Kettering**
Population by Age				
Total Population	23,999	141,759	38,101	56,163
>16 years (% of total)	19,764 (82.4%)	112,989 (79.8%)	29,565 (77.6%)	45,731 (81.4%)
60-74 years(% of total)	4,354 (18.2%)	15,993 (11.2%)	5,198 (13.7%)	7,908 (14.1%)
75+ years (% of total)	3,240 (13.5%)	7,947 (5.6%)	1,980 (5.1%)	1,657 (9.8%)
Population by Sex (Male)				
16 years and over	8,890 (37%)	54,332 (38.4%)	14,060 (36.9%)	21,406 (38.1%)
60-74 years	1,957 (8.1%)	7,151 (5%)	2,460 (6.5%)	3,539 (6.3%)
75+	1,222 (5.2%)	2,800 (5%)	810 (2.7%)	2,089 (3.7%)
Population by Sex (Female)				
16 years and over	10,874 (45.3%)	58,657 (41.4%)	15,505 (40.7%)	24,325 (43.3%)
60-74 years	2,397 (9.9%)	8,842 (6.2%)	2,735 (7.2%)	4,369 (7.8%)
75+	2,018 (8.4%)	5,147 (3.5%)	1,170 (3.1%)	3,375 (6.1%)
Race and Ethnicity				
White	21,654 (90.2%)	73,193 (51.7%)	30,325 (79.6%)	51,982 (92.6%)
Black or African American	954 (4.0%)	60,705 (42.9%)	4,947 (13.0%)	1,840 (3.3%)
American Indian & Alaskan Native	52 (0.2%)	417 (0.3%)	101 (0.3%)	106 (0.2%)
Asian	770 (3.2%)	1,206 (0.9%)	967 (2.5%)	752 (1.3%)
Hispanic or Latino	439 (1.8%)	4,180 (3%)	1,178 (3.1%)	1,178 (2.1%)
Native Hawaiian and other Pacific Islander	11 (0.0%)	52 (0.0%)	30 (0.1%)	12 (0.0%)
Two or More Races	462 (1.9%)	4,126 (2.9%)	1,351 (3.5%)	1,173 (2.1%)
Income & Poverty Status				
Median Household Income (2014)	$59,917	$28,174	$51,938	$49,790
Person's Living in Poverty	7.0%	35.3%	11.8%	12.1%
Age 65+ Living in Poverty	6.0%	14.7%	5.2%	6.2%

Source: US Census 2010

As stated earlier, the study used a qualitative approach to investigate: 1) What are the unmet needs? 2) What services are people age 60 and over using? 3) What resources are communities relying on to serve those needs? 4) What additional community resources are needed? and 5) What is their knowledge of and experience with Helplink 211 and Silverlink? Adults age 60 and over and providers (defined as caregivers, professional service providers, first responders, and others who provide professional or volunteer services for people age 60 and over) were interviewed about their views and experiences.

A qualitative research approach. Unlike traditional quantitative methods (e.g., surveys, statistical analyses), qualitative research focuses on experiences and perspectives of key stakeholders/pertinent individuals through methods, such as focus groups and interviews. Qualitative research allows for in-depth exploration of little-known areas and often yields important information from which future surveys can be developed. Another important feature of qualitative research is the use of small sample sizes. Whereas quantitative studies generally need samples of 200 or greater to yield statistically meaningful results, qualitative research samples can be as small as 10 participants, depending on the depth of the interview. Depth, or going beyond the actual question itself to learn more about attitudes or ideas that shape the individual's response, is what allows researchers to answer questions about "why" and "how" rather than just "what."

In the case of the current study, lack of information about the unmet needs of older adults in the communities studied meant that a survey was not an ideal method, in that appropriate survey questions cannot be developed without a clear knowledge of what areas to ask about.

Research Team. The research team was composed of a faculty member from Miami University and six doctoral students enrolled in an advanced qualitative methods course. All had previous qualitative research experience. A member from the United Way of the Greater Dayton Area also observed the focus groups and met periodically with the research team to discuss preliminary findings and provide any necessary contextual information (e.g., explaining what a particular resource was). All members of the research team completed training in human subjects research, per Miami University guidelines.

Recruitment Strategy. Recruitment for this project was managed by the United Way of the Greater Dayton Area and used a purposeful sampling approach. More specifically, the project's advisory committee and action team committee made suggestions regarding potential participants, including individuals (e.g., service coordinators, care providers, people over 60), organizations, and first responders). Senior centers, housing communities, and city governments were also approached to ensure participation from a variety of perspectives within each of the four communities. A list of participants was given to the research team, who then contacted the participants for individual interviews. Focus groups were arranged through the United Way of the Greater Dayton Area. There were no exclusion criteria.

Interview and focus group guide development. The development of the interview and focus group guide was a collaborative process within the research team. Although an initial set of questions was proposed by the principal investigator (i.e., the Miami faculty member) in the initial grant proposal, the questions were refined after the research team had the opportunity to meet with a United Way representative to gain a more thorough understanding of the project. Following are the final four research questions:

1. What types of services and information do older adults need and what contributes to their necessity?

2. What services do older adults use, what are their experiences with those services, and what suggestions do they have for improvement and inclusion?

3. What strategies do older adults use to find existing resources, and what barriers exist?

4. What are participants' experiences with 2-1-1 and/or SilverLink, and how adequate do they find the resources?

From these questions, both the one-on-one interview and the focus group guides were developed. (See Appendix 1.) Both followed a semi-structured format; open-ended questions and follow-up questions, based on participant responses, were asked to gain a deeper understanding of participant concerns and responses. We note that in this type of research, it is important not to simply ask each person or group the same questions in the same order but rather let the participants tell us what is important to them. The interview and focus group guides function as a way to be certain that all topic areas are addressed albeit not always through the same exact questions.

Interviewers and facilitator training. Members of the research team who were directly involved in data collection underwent formal training. Before beginning data collection, each research team member participated in two mock focus groups and conducted a practice interview. These were discussed in class with peer feedback and input on techniques and strategies. The class also read and discussed literature on qualitative data collection before entering the field to conduct interviews and focus groups. As data collection proceeded, the class met regularly to debrief and discuss ways to modify data collection based on initial findings. All research team members completed formal human subjects research training.

Interview and focus group procedures. One-on-one interviews were completed via telephone. Focus groups were completed in person. Each focus group had between six and fourteen participants and was conducted by one facilitator with a note taker present. All interviews and focus groups were audio recorded and the audio transcribed verbatim by an outside transcriptionist. The transcripts were verified for accuracy by the interviewer/facilitator and notes were taken during and after the interview/focus group process. Interviews lasted approximately 30 minutes; focus groups around one hour.

Protection of Human Subjects. This study was approved by the Institutional Review Board at Miami University. All participants provided written or verbal consent to participate in the research and be audio recorded prior to the start of the interview. Basic demographic information (age, sex, race, marital status) was collected when possible. To ensure confidentiality, all personal identifiers were removed from transcripts. For this report, participants will not be identified by name, location or position. Instead, the generic labels of "participants" for people age 60 and over or "provider" (e.g., first responder, service coordinator, social worker) were used.

Data analytic strategy. Analysis of qualitative data consists of reading the transcripts, delineating the data into meaningful units (called "codes"), and then reading the codes to see what larger, overarching themes exist. For this project, we used an "open coding" strategy. To begin the coding process, the members of the research team examined the same focus group transcript and individually analyzed for relevant codes (e.g., "money talk"), which were then discussed and organized using a qualitative data management software (Dedoose). (See

Appendix 2 for the code book and definitions). Codes were gradually refined as additional transcripts were read. Once all of the transcripts were coded, coded excerpts were extracted and read by the research team for overarching patterns or other observations. Themes were then suggested and discussed by the research team until reaching a consensus. It is important to note that frequency (or lack therefore) of a code does not equal presence of a theme. Rather, a theme is deemed present when it is able to capture an aspect of the data that points to central idea conveyed by the participants. In addition to themes, we also identified categories. Categories describe "a collection of similar data sorted into the same place" (Morse, 2008, p. 727) Trustworthiness of data was completed by looking for disconfirming evidence (i.e., the presence of data that challenged a particular code) and through group consensus.

RESULTS

A total of 120 people participated in this study. Of these, 15 participated in one-on-one phone interviews, 105 were members of one of 10 focus groups held in Kettering (2 focus groups), Centerville (3 focus groups), Huber Heights (2 focus groups) and Dayton (4 focus groups). Although we attempted to capture demographic data for participants, this was not always possible for several reasons to include time constraints for focus groups, unwillingness of participants to complete demographic forms due to privacy concerns, or missing data on the form. Of those who completed the forms (N=77), approximately half described themselves as White, half as African American/Black. The average responder age was 59.1 years, with a range of 35 - 92 years of age. We note as a limitation that only four cities are participating in the pilot program with the United Way, other cities were not included in this study. Although results are not generalizable to other communities, our findings align closely with findings from other community needs assessments presented earlier in the report.

Major Themes

We identified 4 major themes and sub-themes which are listed in Table 2.

Table 2: Major Themes and Sub-Themes

Theme	Sub-themes
1. Corrected assumptions about the 60+ group are needed.	A. People age 60 and over are not a homogeneous group. B. People don't necessarily know about services just because they've been told about them. C. Families (adult children or spouses) are often missing or are unable to help. -- Families may not be interested in helping older adults (and vice versa). -- Families may be unable to help – emotionally, financially, physically -- Families may not be an effective "go to" source for information -- More older adults are raising grandchildren without additional resources D. Affordability of a service is relative. E. Technology (e.g., smart phones, computers, television) is often either not accessible or used. -- Computers and the internet -- Television and print media -- Mobile phones

2. There are real and imagined costs/dangers associated with asking for help.	A. Fear of loss of independence B. Help is too expensive C. Fear of divulging personal information and being taken advantage of.
3. Bureaucracy impedes access to service.	A. Unintended consequences of bureaucratic rules and procedures. B. Need for assistance with paperwork. C. Getting the "run around"
4. "We're in the pre-graveyard I guess."	

In addition, there are four major categories that will be discussed following the section on Themes. We note that the themes and categories are not mutually exclusive but may overlap or be interconnected.

Theme 1: "Corrected" assumptions about the 60+ group. This theme describes a wide range of incorrect assumptions regarding people age 60+. Following is a list of "corrected" assumptions as well as illustrative examples.

A. <u>People age 60 and over are *not* a homogeneous group.</u> One incorrect assumption we heard from several participants was based on ideas about similarities/differences among people in the 60+ age group. Although the 60+ age group is often described as one homogeneous population, there is actual great heterogeneity or differences to include health differences, differences in exposures and familiarity with technology and others. There is a substantial literature in the field of aging studies and gerontology that suggests that the older people get the more <u>*unlike*</u> each other they become based on lifetime experiences, opportunities and adversities. Chronological age, therefore, does little to describe a person, his or her health conditions, interests, functional abilities, or other characteristics. In short, not all "older" adults are the same.

Age cohorts. Another important consideration regarding age is the idea of cohort or group differences, which was mentioned in the other community needs assessments. Cohorts can be defined as a group of people who share a similar experience to include things such as historical events (e.g., the World Trade Center bombing), work experiences, age, or others. For example, an 85-year-old person today may recall the end of World War Two, while a 65-year-old person would not have been born yet. Cohort differences can therefore shape experiences with technology, preferences for communication, and other factors.

Age cohorts can have a great impact on what services are used or how they are accessed. For example, when asked about how older adults find information, one service provider commented:

I think if they're real old they still get on the phone and call people…when you're talking about people like 75 and plus they're not on the internet. They're not going to be going to Google things. If you're talking about brand new seniors, I'm 62, we are more computer literate and we would be more likely to look everything up on the internet. So, there's a big…a big gap between

uh…service delivery and marketing if you're looking at like the, you know, 70 and younger versus 70 and older because of the way that they get information.

This provider recognizes that within the 60+age group, there will likely be differences in the types of technology that people engage with (e.g., internet-based versus phone based). In addition, preferences will likely change as new age-cohorts retire having used various types of technology compared to people who may have been away from the workforce for many years.

B. People don't necessarily know about services just because they've been told about them. We heard from many people, both providers and consumers, that just because information has been provided does not mean that people necessarily know its content. In many cases, people described situations whereby if the service did not apply directly to them at the time, they were unlikely to make note of it. Instead, it was generally during a crisis situation that someone looked for a particular service and then experienced challenges in knowing who to call or how to locate something appropriate. This is important to note since it can potentially affect how information is communicated and reinforced.

One provider described a situation where an older woman was making numerous emergency calls for services that were available to her through other providers, but which she was unaware. The provider stated that although his group distributed information to older people when his group was contacted, he did not believe people were able to find the information they needed because of challenges with information delivery systems. He said, "Short of that [handing out information], the elderly are not going to look at Facebook. . . They're not going to look at social…they're not going to look at anything on the computer uh…you know, statistically, social media maybe gets 5% of the population. So, what else can you do? Mails? They get mails this thick." We note that communication issues and technology are discussed later in this theme. However, the important aspect to note is that many people pointed to the importance of repeating information or other ways of making sure individuals know how to access appropriate services when the need arises.

C. Families (adult children or spouses) are often missing or unable to help. Although family is addressed as its own category later in the report, this section is focused on several assumptions regarding family. First, family is often assumed to be a source of support and care; many believe that in general, family is there to help. Analysis of our data, however, suggests that this is often *not* the case for reasons that include family's lack of interest, lack of family ability -- emotionally, financially and physically (e.g., family members who themselves are older, are in ill health or who live at a distance). Families are also assumed to be sources of information, or the "go to" source for older adults, especially regarding finding and locating services. Finally, the growing phenomenon of grandparents caring for grandchildren is another way in which missing family members (e.g., adult children) can affect older (and younger) family members. Given limited financial resources of many older people to begin with, the added needs of grandchildren can further stretch grandparents' abilities to provide for themselves and their grandchildren. Following are more detailed examples for each of these sub-themes.

Families may not be interested in helping older adults (and vice versa). Assumptions about the positive role of family in the lives of older adults may be very misplaced. As one older participant stated, "*If you have a kid you die earlier,*" suggesting that family can be a real burden due to the stress they cause other family members rather than part of a support team. Another older participant explained that people choose not to contact their family in extreme situations because "*the family doesn't care*." In fact, there were several instances of older adults sarcastically laughing when the interviewer or facilitator asked them to describe help and support that they receive from their families.

Another consideration is that older adults may not want help from family. One older participant said: "*Family members are not trained to attend to you so, sometimes, they just get in the way and all they do up there is cry, you know? And cry and cry and the medical attention cannot be administered to you because of that and I said they just get in the way. You know, they want to hug you and cheer you up but, you need medical help, not empathy, you know?*" This describes concern on the part of the older family member that family can be an impediment to receiving proper care.

Families may be unable to help - emotionally, financially and physically. As one focus group participant mentioned, "*Family can't help themselves,*" in reference to the fact that many of the older adults' families had troubles of their own. In the same respect, financial support from family is also lacking for many. As one person stated, "*financial help, you know, they [family members] don't give me that because they don't have it to give and I make do with what I get*."

Many older adults simply do not have any family or have family members that are not able to help in any way as they themselves have health problems or are old. One service provider observed that many older people in her community did not have family or a family able to help. She said, "*Like there's a little guy down the hall that he has a family. He has a sister, but his sister is as old as I am and he's 70 something."* She added that this person was having trouble finding services and that his sister was unable to help.

Another reason why family may not be involved in helping older family members is because of proximity. One older participant told us, "*My family just uh…they don't live here. . . I don't have family here. I do have a congregation that's quite close but they have their own uh, you know, they have their own families and they have um…family members that are aged like me."* She explained that her immediate family (i.e., children and grandchildren) lived several states away.

Families may not be an effective "go to" source for information. Many older adults and service providers did feel that it was important to incorporate family members to helping older adults with finding information about existing services using technology such as the internet or via mobile phone. When asked about effective ways to access information, one participant told us: "*Well, if you have family that is on their phone all the time and surfing the internet, they get a lot of information. And they know how to surf the internet in order to get that information. Whereas I'm still, you know, trying to figure out:*

'Okay, you told me to go this link, why is this coming up?' (laughs)." As this person states, family members who are on the internet often may have a better idea of how to locate information than their older family members.

However, as mentioned earlier, family is not always present or available. One provider told us, "*A lot of times it's the family members that are doing the research, if they [older adults] have family available. So the barrier would be if they don't have family or if they don't have, you know, computer access or knowledge then, uhm, you…you'd be more difficult to get that information.*" As mentioned previously, assuming that family are willing and able to provide information may not be correct.

The issue of distance from family also impacts how effective family is in helping with information. For example, one person told the story of how her children who lived several states away sent an iPad. She said, "[the iPad] *came in a box but it didn't have any instructions in it and it was on the box. They sent it in 2012 and it was on the shelf and somebody said, 'You know, you should use it.' So in 2014 I took it out and didn't even know how to turn it on*." For this person, lack of help from family in navigating the technology essentially rendered the technology useless.

More older adults are raising grandchildren without additional resources. An important concern that demonstrates why older adults cannot rely on their families is that many older adults have to raise their grandkids as their parents are absent or abuse alcohol and drugs. As one service provider explained, "*I'm always surprised at how many grandparents are raising their grandkids… grandparents are assuming so much of the responsibility of raising grandkids and it's not just loving them and, you know, fixing grandma's meal anymore. It's dressing them and taking them and providing for them*". This points to an important issue: many older adults who retired and are on fixed incomes do not have enough to provide for themselves and their growing grandkids.

D. **<u>Affordability of a service is relative.</u>** Another incorrect assumption is that there are affordable services available to older adults. However, as was pointed out by several participants, affordability is a relative concept. For example, even though many older adults who participated in our study were eligible for a reduced bus fare ($2), the cost was still prohibitive. One participant explained, "*I get $32. And that has to last me a whole month. It's $1.75 each way plus .25 cents per transfer (referring to the public bus). So we need more transportation.*" Several participants had similar observations especially with regards to transportation. [Transportation is addressed in more detail as a category later in the report.]

The issue of affordability is also deeply related to the eligibility for services. For example many available services have income restrictions. One provider stated:

> *. . .we are able to put lower income people…who are at 150% at the poverty level based on their household size. We are able to put them on a special payment plan for their heat and their electricity. And if you call…if you're over income, if you make two dollars more than what the…what the maximum income is you're not eligible for it and you're not eligible for um…getting extra help on your summers electrical bill or we can't help*

> *you with your winter heating bill. It's all based on how much money you make and if you're one dollar over you can't get it.*

As the provider explains, a person may be unable to afford a service like transportation, food, or help with utility bills yet may not qualify for assistance. The service is therefore not affordable from the individual's perspective although not necessarily from the provider's. We note that specific details about problems with affordability can be found in the individual sections pertaining to each situation (e.g., transportation.)

E. <u>Technology (e.g., smart phones, computers, television) is often either not accessible or used</u>. Technology was mentioned briefly in the previous section on family with regards to assumptions that family members will use technology to help identify services for their older family members. This section talks more specifically about assumptions about technology and older adults themselves. As noted earlier, beliefs about the homogeneity of older adults can affect how technology use is perceived in those 60 and over. Although there seems to be an age cohort split between the "older" end of the older adults demographic and the "younger" end, prior exposure to technology (e.g., through work, volunteering, classes) and financial resources to support technology (e.g., internet services, smart phone services) is a better indicator of technology use than chronological age.

Computers and the Internet. One challenge for older adults who have not had prior experience with technology such as computers and/or the internet is that they need training in order to get started. In other words, many expressed that they wanted to learn but need help in learning. One participant stated, "*So, there are plenty of educational opportunities except the one field that I most needed, technology. . . I bought a tablet last winter. I'm still trying to figure out how to use the sucker. I'm trying to download music from Amazon and I can't figure out how to do it.*" The means to receiving "modern" forms of information also tend to be expensive (owning computers, Smartphones, internet connections and the like). In addition, ability to attend classes (if they are available) is contingent upon access to transportation. Use of the internet is dependent on one's ability to pay for internet service or access publicly available internet (e.g., at a public library) which may also depend on access to transportation.

Age cohort, again, was also mentioned with regards to how information is access and received. One participant describes how the changes in how information is received and access changes with time and age cohorts. He says:

> *So, eventually if we're talking…if we're assessing our current information systems, as more and more people…as the really old ones are not here anymore, and people who are computer knowledgeable are becoming seniors and we will use our Smartphones and we'll use the internet to look stuff up. We'll Google everything. It's just the current seniors are expected to Google this and apply online and all this. And I can tell you. People 75 and older, they're just not used to that and they're not going to do it.*

In short, older adults are expected to obtain information from the internet and while this may be possible for some, it is not for others due to lack of prior exposure and knowledge of this particular technology.

Television and print media. Many of the older adults we interviewed described television as a means of obtaining information, although some also mentioned that television was too expensive. The majority of people interviewed, however, said they preferred written or hard copies of information so that they can keep it on hand and reference it later.

Telephones and Mobile phones. Several assumptions emerged regarding telephones and mobile phones. First, many people interviewed do not have a home line but instead rely on a mobile phone. This can create problems in obtaining information via phone since many have limited minutes. If, for example, a person is put on hold for 20 minutes and only has 60 minutes allocated per month, one-third of the phone minutes have been used. A second challenge is in the type of mobile phone. For those in the Lifeline Assistance Program, minutes are very limited. Having alternatives to being placed on hold are therefore important.

Also important regarding telephones is the reliance on phone trees by many providers. Many participants expressed frustration at trying to navigate phone trees especially when they are uncertain of what "option" they are looking for and other issues.

The majority of older people we spoke with did not have a "smart phone" and did not use their phones to access the internet or look for information nor do they use "apps." As with other issues of technology, this is subject to change with future age cohorts. Although family members were more likely to have smart phones than older adults themselves, issues with family as information providers, discussed in the previous assumption, limit effectiveness of mobile phone information delivery.

Theme 2: There are real and imagined costs/dangers associated with asking for help.

This theme concerns costs and dangers, such as fear of loss of independence, fear of divulging personal information and being taken advantage of, and actual monetary costs associated with asking for help. Each are discussed below:

A. *Fear of loss of independence*. Many of the decisions and habits that older adults described were linked to a general fear of the losing their own independence such as being forced to relocate to a new home or to a higher level of care. This fear of losing independence consequently meant that many people were unwilling to ask others (e.g., family members, service providers) for assistance in fear that their own ability to remain independent would be questioned. For example, one focus group participant described the fear of hospitals and nursing homes by saying, "*I think the older generation twists a hospital into a stigma of 'I go to the hospital, I die' and I think they're afraid of that. Or 'I'm going to a nursing home after that and I'm not coming back.' So…and there again there's no way that we can guarantee them that something like that isn't going to happen.'* Thus, if an older adult who believes this stigma is worried that by asking for help he/she might be sent to a nursing home or the hospital, it is unlikely that he or she will ask for help.

This fear of loss of independence applies to asking for help from family members as well. In fact, even though they may need help, many are reluctant to contact their family members. One focus group member explained, "*A lot of times I think getting the family*

involved would be a big step too because a lot of the senior citizens, I think their mentality is that, you know, I've been this way for this long I'm doing fine. They don't really see the need or want to acknowledge the need for help."

In another example, a different focus group participant said: "*Uhm, maybe you don't want your daughter to know how you fell because you want to stay in independent living and you don't want to go to assisted living… Things are kept from family. 'Don't call my family. Don't tell them I fell.'"* This person stresses the importance that some people have of keeping family out of their care again because of an overall fear that such care would "cost" them their independence.

B. *Help is too expensive.* The actual or perceived cost of services can cause people to put their own health in danger by foregoing help. For example, one participant told about a recent incident where she fell. She said:

> *I recently fell and I'm on a blood thinner and hit the back of my head and split it open ... The place I was at wanted to call an ambulance and I wouldn't let them do it. I had them call my daughter to come and get me, which was kind of foolish in a way cause being on a blood thinner, that could have been really bad before I got there. But . . .they charge you a lot of money when you call an ambulance.. . .When you're by yourself and you're on a fixed income, you have to really think about those things before you do them. Uhm, it was foolish on my part, but still that's the first thing that popped in my head is how much is ambulance going to cost me.*

We note that this statement was received with strong agreement from the other focus group participants.

A service provider told a similar story. He mentioned, *"There's definitely a lot of hesitation with people and insurance and you see a lot of people that don't want to go to the hospital for insurance reasons. You have to try and talk them into it and…but on the other hand we can't really guarantee. We can't give them any idea of what the cost of the hospital is going to be."* He added that many were hesitant to call 9-1-1 (as in the previous example) because of fear of the ambulance costs.

Fear that a costly problem is identified. Another example includes fearing that if a problem is found, the cost of repair would be too onerous. A provider, for example, described a person whose furnace had broken. She said, *"They were worried about the furnace and they wanted to call DP&L to come out and look at it, but they use another system. And they were afraid to…to have anybody come out for fear they'll shut down their service because there's something wrong, but then they don't fix it without a cost."* In this case, the person felt like he/she had to decide if it was better to not know what the problem was or risk the "consequences" (e.g., high repair costs or losing service) of facing the problem.

C. Fear of divulging personal information and being taken advantage of. Another "cost" associated with asking for help is the fear of divulging personal information and subsequently being taken advantage of. For example, one provider indicated that older adults are extremely wary about security. She said: *"For seniors security is a big thing. They aren't sure that they'll be…you know, someone's going to take, steal, or somehow hack and*

I can't say that I blame them since you see it on the news all the time. I think it's one of the things that uh…keeps seniors from doing more with the internet, and with Smartphones, and that kind of thing. It's because they see it on the news so and so was attacked again or uh…" These fears are great barriers that prevent older adults from both looking for information using technology and from asking for help, even when they need the help.

With regards to seeking help, one participant expressed concerns about the information she was asked to provide. She said, "*If I would call [the number], what would I say to them? It says, free and confidential information . . .How would I give them information that I know would stay confidential*?" Since the service was asking her for personal information, she was concerned with what will happen to it and therefore was less likely to access this service because of her fear.

Theme 3: **Bureaucracy impedes access to services.**
This theme covers three sub-themes: unintended consequences of bureaucratic rules and procedures, need for assistance with paperwork, and getting the "run around."

A. ***Unintended consequences of bureaucratic rules and procedures***. Instead of facilitating access to needed resources, bureaucracy often impedes access by creating barriers for older adults seeking services. For example, bureaucratic rules and regulations can make it more difficult for advocates to help older adults gain access to services. One participant described a barrier that she encountered when advocating for a family member. She said: *"If you're trying to find things out so you're advocating for a loved one and you're the one that's making calls because they really can't, you sometimes, and I had this happen, you run into a barrier because you don't have power of attorney or you're not this legal spouse or something like that.*" As this person's experience illustrates, regulations designed to protect older adults' privacy and assets can have unintended adverse consequences.

B. ***Need for assistance with paperwork***. Additionally, both older adults and service coordinators reported that paperwork can be confusing and overwhelming. Many felt that this barrier disproportionately impacts individuals with disabilities. One service coordinator recounted assisting an older client with a reading disability whose Social Security benefits had been cut off unexpectedly. She explained: "*He didn't comprehend well. So he had gotten mail, but wasn't able to read his mail and come down to his recertification hearing.*" Although she was able to get the issue resolved, her client had to manage without benefits in the interim. Another participant noted that older adults in the community need assistance with health insurance forms and medical bills, which can be especially confusing for lay people. A focus group participant cited the lack of assistance with paperwork as an important gap in services for older adults with dementia. She said:

You know people that have like . . .Alzheimer's or whatever it is, they…they get loads of paperwork and who helps you? . . . They get a letter and they have no idea what it says in this letter. You don't even understand the letter. . . . Well, I took care of my sister-in-law, you know, she had Alzheimer's and I took care of all her paperwork; paid all her bills; went to see her, you know. Nobody helped me. I did it all.

As this example suggests, even if family members are available to assist with paperwork, they may also experience a need for support.

C. ***Getting the "run around".*** Bureaucracy also creates barriers to efficient and effective communication for older adults seeking services. Several participants experienced difficulty getting someone on the phone to answer questions. As one person explained, "*You call and call and call and they won't call back.*" When community members call the city or other service providers, they say they are often redirected multiple times before being connected with someone who can address their concerns.

While speaking to someone on the phone was widely preferred over attempting to use a website or mobile app to navigate services, participants in one focus group observed that language barriers can emerge even when communicating by phone. The following is an excerpt from an interchange in the focus group:

Ms. R: Ms. D almost needs someone to advocate for her to be able to call hospice and say "This is my situation."
Ms. A: That's what I'm saying.
Ms. Q: So we need senior citizens' advocates?
Ms. A: Absolutely....
MS R: Translators almost. Who can speak the language.
Ms. A: Absolutely. It's a different language for sure.

These examples point to a mismatch between the slow and frustrating process of navigating bureaucratic institutions and the urgency of older adults' need for services. They also discussed wanting information in print, saying, "*It's nice to have a piece of paper or magazine sitting around that you can go back and refer to,"* a point that was raised earlier with regards to technology.

Not only did the participants not like getting the run around, they also expressed concerns about sources of information being widely dispersed. A participant in a focus group said, *"they're all [sources of information] separated and then you have to go to one area when that's not really what you need, but something that's related to it. If it's centralized, you know, then you will have the connections and so forth*." This quote demonstrates older adults' frustration with not knowing whom to contact when looking for information about services.

In addition to not knowing where to go for information, people also talked about not knowing what questions to ask or not knowing what they need to know (or what they don't know.) For example, a focus group participant said, "*We've heard that a lot in a lot of communities, both from older people themselves and other different kinds of providers, that they don't even know where to begin. . . .We don't even know what questions to ask let alone where to look for information or, you know, who to call*." Someone who may need help with paying a utility bill may not know to ask about such a service and instead may ask for something like "money," which would not lead that person to an appropriate resource.

Theme 4: "We're in the pre-graveyard I guess"

This theme describes how many older adults viewed their current life situation. Many described having no meaningful ways to invest themselves and instead felt that all services focused on

physical health alone, such as attending physician appointments. When participants were asked in general about known services in their areas, experiences with services or desired services, many suggested that social engagement opportunities for older adults were viewed by others as unimportant. This was openly expressed by a focus group participant when he said: *"Yeah, and I just think that umm…they just figure like, you know, once you become a certain age we're just not as important as we used to be when we worked."* This suggests that the mental and social satisfaction of older adult was not perceived as being important to those within their communities. The participants of the study pointed out the desire to be engaged in activities such as art and crafts events, fitness classes, competitive events (e.g. sport tournaments), games (e.g. bingo, cards, board games) and attending to the theater and museums among others. For example, participants in one focus group talked about desired activities:

> *Ms. B: I know…I know somebody that lives in one of these housings and you know, as pointed out, uh that what they could use. Like they have maybe once a month or even not that often. They could use something like…*
> *Ms. T: Social.*
> *Ms. B: Board games or I don't know something to spark, for their interests, you know?"*

The excerpt is one of multiple where participants expressed their desire of being offered social activities where they could engage with other individuals. In addition, to attending to activities, some participants expressed their desired of simply having some company. Even given transportation challenges, several participants articulated how they were interested in having someone they could talk to or simply spend some quality time with, whether onsite or offsite. For example, one participant said:

> *In a lot of cases where they [older adults] can't afford cable, you're going to see cable but mainly they're alone and they're afraid they're going to die alone and so having someone who can just come in just see them, check on them once or twice a week and spend an hour or two with them. Invaluable. Invaluable. It keeps them healthier. It also saves money because you don't have people coming to the hospital for a frivolous reason.*

This excerpt suggests that there is a need to create opportunities where older adults can spend quality time with other people. Among known services mentioned by the participants, *none* involved enrichment activities.

Transportation, again, was raised as a barrier for attending off-site events or classes. Several people mentioned that there are many free events in their communities, such as art exhibits, senior health fairs, and others, cited no transportation (e.g., the bus route doesn't reach their neighborhood, the transportation service cannot accommodate wheelchairs), transportation that was too costly, transportation that was too dangerous to access (e.g., lack of an enforced cross walk, bus parks too far from the curb, no place to sit when waiting for transportation) to get to these events. More details regarding this concern for increased transportation is presented later in the report.

Opportunities for people who live alone were also cited. For example, one focus group participant said, "*There is a whole a lot of seniors, I mean just in this neighborhood, that, uh, they don't know, they don't know what is going on so they just stay at home… they don't know about services and stuff. They just, you know, they just stay at home. There's a lot of seniors that are sort of isolated.*" Given statements about feeling forgotten by those living retirement

communities, it's unclear whether isolation described by this person is due to a lack of meaningful activities, lack of knowledge about or access to meaningful activities, or both.

Need for paid work and/or volunteer opportunities. In addition to these services, a number of participants also pointed out their desire to work and serve their communities. Many felt that they have the energy and strength that they could use to work or volunteer. From example one focus group participant talked about wanting a service to get jobs, saying: "*I would like to see a service that would help adults get jobs*. . . .*Older seniors get jobs*." This might suggests that it is difficult for older adults to find jobs or a way to serve the community either as a worker or volunteer. A number of participants mentioned feeling left out during election times and feeling that that they did not matter anymore. One focus group member described her recent experience with trying to obtain an absentee ballot. She said: "*Never got the ballot. When you call back, 'Oh, you didn't?' and they check the record and that's all you hear. It's like I said. We get the feeling like we just don't count anymore.*" This example further illustrates that many older adults felt unimportant or forgotten.

Major Categories

In addition to the major themes discussed in the previous section, we identified 3 major categories and sub-categories which are listed in Table 3

Table 3: Major Categories and Sub-categories

1. **The need for transportation**	A. Reliability for medical appointments. B. Cost C. Other barriers D. Meaningful engagement.
2. **Family Caregiving**	
3. **HelpLink 2-1-1 and SilverLink**	

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Category 1: The Need for Transportation

As was demonstrated in the previous section on themes, talk regarding the necessity for reliable transportation was present in all focus groups and interviews. As one provider mentioned, having access to transportation is essential for maintaining independence. The provider said that people "*absolutely need to have access to emergency food and to the transportation to be able to live independently and manage themselves and their needs*."

A .Reliability for medical appointments. While older adults have many different needs, many of those needs are intertwined with reliable, affordable and accessible transportation. A main example of this is healthcare. Healthcare, specifically getting to a doctor's appointment, was a big concern for people we spoke with. Many times, arrangements for transportation did not go as planned. One focus group member who was the caregiver for her mother explained:

And…and some cases, they [the transportation services] don't show up at all . . . So now if she [her mother] misses a doctor's appointment then that's held against her and then she has a hard time getting another appointment and then I have to struggle to try to get her into my van to take her so she won't miss an appointment. So, some of the things here that I hear and I have heard a lot of uh…seniors sit out and grumble out there because uh…their transportation doesn't get there. It's good to have it, but if they're not there in time to get you where you need to go and most of the time it's to the doctor. We can wait a little while on the grocery store but after you get your groceries you want to come home. You don't want to have to wait an hour and a half, two hours to come hour.

There was general consensus that transportation was difficult, often unreliable, and very often inconvenient since it was sometimes necessary to wait for a couple of hours to be picked up or dropped off at an appointment (assuming one meets the qualifications for using medical ride services). As the participant also mentioned, arriving late to an appointment is considered a missed appointment and can have negative consequences on future ones.

B, ***Cost.*** Many of the older adults we spoke to were knowledgeable about transportation costs. For example, when discussing transportation, one person explained:

> *There is I think the RTA which is the city transportation service that we can look into. Also, there's a senior center here that has . . . transportation uh…for seniors and it's very reasonable. I think it's two dollars and they'll pick you up and take you to the grocery store, drop by where you need to go and it's two dollars within a certain radius and then it's five dollars outside of that and the they'll come back and pick you up. It's uh…two dollars and five dollars each way.*

Assumptions about what constitutes "affordable" was mentioned in Theme 1 but bears mention again here since the cost of transportation was widely discussed. Although $2 might be affordable to sum, it was not affordable to many. Without affordable transportation, many people were unable to leave their homes or communities, a point that is addressed in the theme "We're in a pre-graveyard."

Another focus group participant further illustrated the isolating aspect of lack of affordable transportation, explaining:

> *And I know they have rides for seniors but right now we can't even find drivers uh…which is sad because there was funding given for that, but nobody wants to drive seniors places. They're locked in their home because they can't get out. It might be vision, it might be physical, um…but even if there were just a free busing, where they can go where they need to go and come back and be more independent, that would be great.*

This person thought that there had been funding at one time for rides for seniors but that the program was eliminated because of lack of interest by drivers, which in turn has lead to many people being unable to leave their homes.

Even though discounted transportation was available in some areas, being able to obtain the necessary documents in order to access the transportation involved transportation. For example, one person told us: "*There is a reduced rate for seniors um…but yet you have to be able to get into RTA to one of the hubs in order to obtain it and guess what? We've live at the end of the bus line. There's no hub out here*." Accessing transportation because a "catch 22."

In addition, there was also a lot of confusion regarding what qualifications were necessary for various discounted transportation programs, and what the schedules were. For the bus specifically, many people were unsure how to obtain current bus schedules. One person said, "I've lived here six years and the bus that they're talking about…I see a sign out there, I've never seen that bus." There was consensus amongst the group that no one really knew when the bus came. Although the information was available online, they did not have internet access. Calling in for the information meant that they might be placed on hold. With limited mobile phone minutes, this could create additional hardships. Since they didn't know the bus schedule, they were unable to travel to any hubs to obtain any.

C. **Other barriers**. Issues concerning the convenience and accessibility of transportation also exist. Even if cost is not an issue as discussed previously, riders can experience difficulties with transportation such as not being able to easily get to a bus stop. A focus group member touched on this when discussing Project Mobility and the realignment of bus routes by saying:

> *But like I said, it used to go …in through the . . .basic streets and now they just…mainly just goes down [the main city street]. . . .primarily they're trying to just do away and just go on major streets. That's what I've been told. And that would eliminate many people because if, uhm, depending upon where you live and it could be, uhm, a two minute to a 20 minute walk. And that's if you're able to walk.*

As this person explained, changes in the transportation route meant that only people who lived on main streets had access.

Actually taking the bus comes with its own difficulties as well. Older adults experience a multitude of problems when taking the bus that younger riders would not necessarily experience, including not being able to easily read signs at bus stops and not being able to step directly onto the bus from the curb. A focus group member gave a detailed account of routine problems they've experienced with taking the bus:

> *First of all, it's difficult to coincide the time. The doctor's appointment finishes and then there may be two minutes to an hour or more in between the bus coming by. Second of all, RTA's bus signs now, I have found, are difficult to see. They're now like a black and gray and it was hard enough when they were a dark green, but now that they're the black and gray, I can look down the street and not see them at all. I mean, I know they're a rectangle sign and fairly good sized, but they're still difficult to see. So once you get out and especially if there is disorientation where vision is slow, it's difficult to see. And then the time to wait for the bus. And then sometimes drivers, whether they realize it or not, do not park at the curb. There may be*

> *a step down from the curb to the street and then up to the bus, so that's a fall risk there. There's three steps I guess and then up, you have to find where to put the money and it sounds trivial. I mean, like, well you put the money in the slot. Well, if things are blurred or sometimes it just kinds of balloons together and you can't see where to put the money or the bus card. Sometimes drivers are very helpful, but then there's some that…(exasperated sigh) "Get on with it. Let's go." You know like that. If you can't find your money fast enough. There's some that have actually parked and waited for you and then that makes the whole bus mad. I could go on.*"

As this person explains, seemingly small things, such as how close the bus pulls to the curb or whether the bus schedule coincides with a doctor's appointment, can make riding public transportation difficult.

Another challenge associated with the bus and other transportation involved safety, specifically lack of safe places to wait. People reported that they had to wait sometimes an hour or longer without a place to sit or to be sheltered from the outdoors. Crosswalks were also absent in many places, which lead to additional safety concerns. As one person explained, "There's nothing there. You go stand out there, which is really nice for seniors and we just had a…a little…a boy, a 15 year old hit and killed outside our [housing] community here waiting on a bus." Since the bus stop was at a busy intersection and had no enforced crosswalk or designated waiting area, it posed a legitimate danger. In a similar vein, people talked about the need for signs that warned drivers of older people who might be crossing the road. Describing another accident, a person in a focus group said, " *There's nothing there to advocate that they're really seniors there. There's one uh…a lady that got hit by a car there...So, there should be something that advocates, you know, or say 'This is an area where seniors go in and out or…or are moving around' 'and so that people won't just come flying down through there and get hurt."* Because the crosswalk was not enforced and because it can take some older people longer to cross the street, the residents of this community felt that taking the bus could be dangerous.

D. **Meaningful engagement.** Access to transportation is also tied to meaningful engagement, as discussed in Theme 4. In reference to transportation as a barrier, one focus group participant told us:

> *It [transportation] is also a barrier to people wanting to get out and volunteer and doing something. Again, they don't want to ask somebody. They don't want to ride the bus, but there's a lot of good help out there if you could just find them a way to come in. And if you have people doing things in the home [e.g., coming to the home for visits], that doesn't serve the purpose cause people want to get out and feel useful, meaningful and that type of things. So, transportation that's flexible would be good.*

Also, as mentioned, people are unable to attend community events because of lack of transportation One person even mentioned that she was unable to buy fresh fruits and vegetables: "*We don't have too much, you know, fresh fruits and vegetables, you know, that's available, you know, 'cause… You've got to have transportation.*"

Category 2: Family Caregiving

The problem of family not being a great help resource for older adults is complicated and has been mentioned in previous sections. This category will specifically look at family as an alternative to institutionalized care. Both older adults and service coordinators we interviewed thought that it would be less expensive for the government to support home care instead of putting older adults in nursing homes. One provider explained:

> *Well, we're going to need more home care. Assisted living and nursing home care is extremely expensive. So, all our funders and…and our community and cities and states as a whole are going to have to look at cost effective ways of providing care in people's homes. So, they may need to provide um…maybe some more training for family members, maybe they need to make it allowable that…and I think in some states they do this and if I was unemployed and had no money and I was willing to take care of my mother that they would allow me to get paid or something as opposed to putting her in assisted living or a nursing home. So, that's what I'm thinking. All these seniors are going to be wanting to stay in their homes and it's cheaper to keep them in their home instead of anywhere else*.

As this person mentions, even if older adults and care providers acknowledge home care as a better solution to the problem, it is important to train family members who would be willing to take care of older adults.

Another issue with family care that the previous example mentions (that other participants brought up as well) is the need for financial assistance for family caregiving. A focus group participant described a situation within her own family whereby her daughter-in-law was the caregiver for her son. The participant asked, "*What arrangements are there for all the different organizations for caregivers who need, not only money, they need a time to themselves*?" Overall, changing demographics and preferences for living at home may necessitate for formal family caregiving training and remuneration.

Category 3: HelpLink 2-1-1 and SilverLink.

Our interviews and focus groups specifically asked about participants' and providers' familiarity and experience with both HelpLink 2-1-1 and SilverLink. Our data revealed that only a small portion of the participants were familiar with either 2-1-1 and/or SilverLink. From these participants, we learned that many assumed that callers needed to "qualify" in order to call or access the website or app. Among the specific experiences shared, people mentioned receiving outdated information, difficulties navigating the SilverLink App and the HelpLink 2-1-1 site, and long waits on hold. For example, one participant who is a family caregiver described her experience with HelpLink 2-1-1 by saying, "*Well, I think my experience is good except that I like I said the only really negative experience would be that you have to wait on hold…you're on hold maybe awhile depending…depending on when you call. Certain times of the day you might be on hold for a while."*

Participants who said they were unaware of HelpLink 2-1-1 and/or SilverLink expressed interest in learning more about the services and requested to learn more about it. However, some participants expressed that the SilverLink App might be of more use to younger cohorts of older adults. More specifically, one participant said:

> *if you're thinking 10 years down the road or whatever your focus group is for, usually it's for long-range planning, um…is that the next group coming after us will be, you know,*

very much into all of that [referring to technology]. So, that might be the way to go and I'd say Social Security did something uh…something similar to that many years ago…did a focus group to see what people needed and uh…they realized they had to think about the computer because even though we may not use it that much the next group coming up will be savvy and are going to go to the other extreme and say, "Why do I have to come in and talk to somebody when I can get it instantly on the phone?

This suggests that the current time, might not be the right time to introduce the SilverLink App given the current generation of adults 60 and over. It is possible that many of these adults might not have had large exposure to technology. Another person echoed a similar view, saying:

Well, I think an app is fine if …if…it's somebody then I think the 60s may, people may have more computer access than when you hit the 70s and 80s. There's a group that are and there's a significant portion that, you know, don't use the internet for things like that and are very hesitant about the internet so maybe the target audience for that is their family members, uhm, that are doing the research.

Again, the notion of age cohorts and prior exposure to technology seemed to play a big role in how SilverLink was perceived, especially given the added consideration that many of the people we spoke with did not communicate with their children (if they had them) about their care needs or did not look to family as sources of information.

As discussed in an earlier theme, many participants reported not having access to Smartphones or computers. From those that knew about places where they could access and be assisted to use a computer reported having difficulties with transportation to go to these places.

A final consideration, which was also mentioned in an earlier theme, relates to issues associated with services over the phone or computer. Participants reported feeling uneasy about sharing information over the phone for fear of being taken advantage of. Similarly, participants fear how HelpLink 2-1-1 might use the demographic information requested and the confidentiality of their information.

Action Steps

Our findings and recommendations are similar to those described earlier in the report for other communities. We note that "providers" is used in a broadest sense to describe anyone who provides a service (e.g., caregiving, service coordinator, first responder) to people in the age 60+ group. We use "people" to include those 60+ and providers.

1) Recognize that there are differences among the 60+ group. People in the 65-74-year old range may use services differently than people 75-80 years old. We recommend:

- Develop information and referral services that are tailored to different age groups within the larger 60+ umbrella. For example, internet-based services may be more appropriate and accessible to people age 74 and younger; people 75 and older may prefer phone or other types of communication.

2) People need to be educated and re-educated about available services and how to obtain information. People (to include those 60+, family members, and providers) are unfamiliar with what services are out there or how to access them. Telling them once isn't enough. We recommend:

- Create and provide ongoing opportunities to educate people on services and how to obtain information to insure that the information people receive is accurate and up to date. This includes community presentations, public service announcements, and others. (See points 4 and 5).

3) Understand that fear prevents many people from asking for help. Many people are afraid of losing their independence and believe that asking for help -- even from family -- could put them at risk for being removed from their home. They may also have fears regarding information or services such as whether such services are legitimate or whether their personal information will be used. We recommend:

- Developing a communication/education plan could help in getting a consistent and trustworthy message out to people in the community so that people won't wait until a crisis occurs before asking for help.
- Provide education programs to educate people about their rights to remain independent. Programs should be conducted in several ways to include in-person meetings by an unbiased third-party at senior centers, housing communities, and other places; in newsletters or newspapers; and through call-in help lines.
- Build trust by having a recognizable name and face associated with information and referral within the community. (See point 5 below).

4) Communication across agencies and users must be improved. There are many services and information but that are not widely known or communicated. We recommend:

- Develop a communication plan using input from a diverse group of people in the community such as city staff, current consumers, future consumers, and service providers.
- Develop targeted strategies for distributing information. For example, family caregivers, residents in senior housing, churches, people living in single family homes, and others may need different types of information.
- Create a marketing campaign that is easily recognizable so that people will become familiar with the design and message over time and will be able to trust the source of information.

5) <u>Communities need a centralized source of information</u>. Having a trusted, single point of contact, within each community where people can receive trusted information and ask questions is important. Since people look for information in different ways (e.g., ask friends, look up online), we recommend several options be made available. These include:

- Printed directories, which can be mailed to people's homes, or distributed (e.g., senior centers or doctors' offices). Many people said that having something tangible, like a directory, is important.
- Online resources (e.g., searchable database)
- Call-in centers, where callers can speak to a person, rather than navigate a phone tree. It is also important that people are not placed on hold, since this can use up mobile phone minutes.
- Face-to-face, in person information via town hall type meetings, resident association meetings, or other such venues. Establishing a network of service providers (nonprofit and for-profit) would help to ensure that the information is accurate and up to date. Trained volunteers (to include people 60+) could help with gathering information and distributing information.

6) <u>There are many issues with transportation</u>. Reliable, affordable, and accessible transportation is not available to many people. There are safety concerns and issues about long waits (e.g., no covered benches, restrooms, or crosswalks). We recommend:

- Provide education about bus routes, ride services, and other transportation options in the community. (See point 4 about the importance of using multiple outreach methods).
- Develop companion ride programs for people who need to have someone come along with them (e.g., out-patient procedure; help with grocery shopping).
- Coordinate volunteer "ride share" programs to increase transportation options. This could involve ride sign up boards in housing communities or senior centers.
- Work with transportation providers to make sure that signs are readable, there are safe and appropriate waiting areas (e.g., crosswalk, covered benches), reliable and available schedules of services and costs.
- Conduct a transportation audit to identify areas and streets where reliable public transportation is not available, so that alternative transportation options can be identified.

7) <u>Socializing and interacting with others is key</u>. Many people -- even those in large housing communities -- feel isolated and alone, which in turn can lead to depression or lower quality of life. Interacting with others benefits wellbeing and sharing of information and resources. We recommend:

- Reaching out to local schools, colleges and universities to encourage development and implementation of intergenerational programs and opportunities.
- Cultural arts centers, such as art museums and theaters regarding upcoming programs. "Traveling" programs that could be brought to housing communities, senior centers or other areas would also be welcomed given the many challenges with transportation.
- Create, coordinate and advertise volunteer opportunities for people 60+ . This could include training volunteers to become information providers within the community, to lead social and/or educational programs, or others. Many people are unaware of current volunteer opportunities.
- Develop new ways to reach isolated and vulnerable adults to include home visits, telephone social calls, and others that are not dependent on transportation.
- Make life-long learning opportunities available to include courses specifically developed for older adults on technology (e.g., computers, Internet, smart phones.) Again, given

challenges with transportation, on-site educational opportunities at senior centers or housing communities would be effective since participants would not have to pay for parking or be excluded because of lack of transportation.
- Coordinate job training or other paid employment opportunities.
- Organizing "town hall" type meetings where people can share information about the resources they've used or need.

8) <u>Caregivers need support.</u> Providing more support and/or information about support resources for caregivers, including older adults who are caring for grandchildren, will continue to be a need. We recommend:

- Identifying caregiving respite services for caregivers.
- Providing information about help with income tax preparation, health insurance forms and other related paperwork.
- Broadening information referral to include grandchildren support services, such as help with homework, financial support, and others.
- Identify training opportunities for family caregivers, including grandparents caring for grandchildren.

9) <u>SilverLink should expand its information and referral database</u>. With regards to SilverLink specifically, we recommend:

- Be clear about how the demographic information collected is used.
- Create a "fact sheet" to explain what information is available through SilverLink.
- Target different fact sheets for users, providers and family. For example, information targeted towards, "If you're a provider, here is some information we can provide" or "If you're looking for help with xxx, go here," or "Have a smart phone? Go here."
- Expand the information provided by SilverLink to include volunteer (e.g., income tax preparation) and for-profit services (e.g., home modification services). This could be accomplished through partnerships and referrals to other information-providing organizations.

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APPENDICES

Appendix One: Interview Guide

(Note: The questions served as a guide only. See *Methods* for a detailed description on interview and focus group procedures.)

1. What types of services and information do older adults need and what contributes to their necessity?

Can you tell me a little about support services [or help] that are/is available for older people (60+) in this community?

[Categories listed in SilverLink are:
Consumer assistance and protection
Criminal justice and legal services (e.g., courts)
Alternative education programs
Financial assistance (e.g., gas payment assistance)
Food (e.g., food pantries)
Health care (e.g., emergency medical care)
Housing (e.g., homeless shelters)
Individual and family life (e.g., burial services)
Mental health and substance abuse (e.g., counseling services)
Organizational/community (e.g., arts and culture)
Transportation (e.g., medical appointment transportation)]

In your opinion, are there any types of help or services that ***should*** be available but aren't? [follow-up for clarification]

Can you tell me about a time when someone you know needed help with something or a service in this community but couldn't find it? What was it? Was he/she able to find it? How did he/she look for it?

[For example, maybe someone you know had trouble paying the electric bill.]

2. What services do older adults use, what are their experiences with those services, and what suggestions do they have for improvement and inclusion?

I just asked you about help or services that are available. Now I wonder if you can you tell me a bit about the types of help or services that people age 60+ actually use in this community? I'm just trying to better understand what are the most common services people access. You don't need to name companies or people. I'm really looking for types of services.

Do you know effective these services are? Even if you haven't used them yourself, perhaps you know someone who did? How satisfied were you (or someone you know) with the services?

How, in your opinion, could getting information about services be improved?

If you could tell a funding agency what the most important services for people age 60 and over that are needed in your community, what would you say? Why did you choose these in particular?

Do you know if they are currently available?

3. What strategies do older adults use to find existing resources and what barriers exist?

Where's the first place you would go to find information on services?

[if they mention children, a follow-up might be - do you know how they go about finding services? For example, do they call a particular person or maybe look on the internet?]
[another follow-up -- can you tell me more about that? (If it's a person, ask about who that person is, support networks, etc.]

Are there any barriers or roadblocks to finding out the information you need? In other words, are there things that get in the way of being able to locate services you need -- maybe you don't know who to contact or don't have access to a computer.

4. What are participants' experiences with 2-1-1 and/or SilverLink and how adequate do they find the resources?

Do you have a Smartphones? Would you use a mobile app to find out about information on services?

What about a computer? Do you ever use a computer to look for information on services for yourself or people you know?

Have you heard about SilverLink and/or 2-1-1 before?

How did you hear about it and have you had the opportunity to use any of these?

If so, what is your impression of these? Would you change anything? Do you think it's something that you or other people you know would use?

Appendix 2: Final Code Book

Code	Description
barriers/qualifications/ proximity	This includes physical barriers ("I can't hear on the phone"), as well as social barriers (pride), or economic ("it's too expensive."); also time constraints (e.g., being put on hold on the phone for 45 minutes; not having enough time to go out and do active research on programs and resources. Qualification for programs; When people talk about where they live relative to services. It must be clear (e.g., if they mention where they live but we don't know where that is in relation to a service, we would not code this as proximity.)
bureaucracy and paperwork	When people refer to the need to do paperwork or make reference to a bureaucratic system (e.g., health insurance). Potentially a barrier. Could also be a service needed (e.g., help with paperwork.)
class	reference to social class
community care issues	Things the city or government should handle. overgrown grass, Can include newsletter
employment/volunteering	Reference to jobs one has, whether it's paid or volunteer. This is not used to mention a service that can help you get a job [code as known services.]
experiences with services/dependability/ use of services	Explicitly mention their experiences using a service as opposed to just saying they know about it. Can also include first-hand knowledge of another person who used the services; any time they mention whether they use or don't use them; can include more general comments about effectiveness or dependability as well.
family talk	involves mention of family members in any capacity
Fears/safety/trust	This includes fear of getting out, vacant houses, strangers, fear of having utilities; trusting other people, avoiding exploitation. [What is the difference in trust in everyday life? Do we care if they trust us as researchers?]
HelpLink/SilverLink	mention of either one
housing	Including whether they rent or own; talk in general about either their own house or other older adults' housing. This does not refer to mention of vacant houses. [code that as community care]

known services/organization or agency names	This describes what services they know are available, not necessarily what they use. This is restricted to entities such as organizations, programs, people who provide an actual service rather than just passing along information (e.g., someone who shovels driveways versus just handing out the name of someone who shovels driveways)
money talk	Explicit of mention money -- bills ("I need help paying my bills"), costs of busses, making ends meet, "it's expensive"; not implicit e.g., subsidized housing. Also includes when people mention things that are free.
services desired/indicated needs/missing services	mention of what they need other than transportation; real or perceived absence of services [code transportation needs as transportation]
sources of information/advertising/ getting the word out	Where do people get their information? For example, news, word of mouth, flyers, family members; advertisement talk, service coordinators. talk about ways to inform others about services
technology	availability, usage (anytime people mention using a phone, computer, or other type of technology), knowledge, cost , experience with phone trees
transportation	Any time a person mentions transportation, good or bad.

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Dial 2-1-1 to Connect to Reliable Resources