

A New Standard of Innovation: Findings from the I&R/A Technology Survey



Introduction

Information and Referral/Assistance (I&R/A) programs help connect individuals and families to needed services. At no time in recent history have these programs been more essential than during the COVID-19 pandemic with its long duration public health emergency and deep economic impacts. Like many human service programs, I&R/A services themselves experienced disruptions stemming from the pandemic and needed to pivot quickly to changes in service delivery. At the same time, I&R/A programs continued to answer the call and often expanded their roles to assist in meeting new kinds of needs. Throughout this time, technology – from telephone systems and resource databases to newer tools for staff and client engagement – has been a critical underpinning of continued service provision.

To learn more, the Aging and Disability Information and Referral/Assistance Technology Short Survey was designed to gather information on technology use and trends in the I&R/A field reflecting developments in response to the COVID-19 pandemic as well as longer-standing developments in the field. This issue brief summarizes and shares quantitative and qualitative findings from the survey to inform understanding of key technology developments and highlight approaches that may be useful in the current situation or in future disaster situations. To better understand technology trends over time, survey findings may be compared with data from the 2018 National Survey of Aging and Disability I&R/A Agencies which gathered information on I&R/A technology among other topics.¹

Methodology and Respondents

ADvancing States' National Information & Referral Support Center developed the instrument for the technology survey with input from a workgroup of national, state, and local aging and disability professionals. In collaboration with national partners, the survey was administered to agencies within aging and disabilities networks that provide I&R/A services. Responses were collected through a web-based survey tool in April of 2021. To assess the landscape of technology developments, the survey gathered quantitative and qualitative data in several key areas including the following:

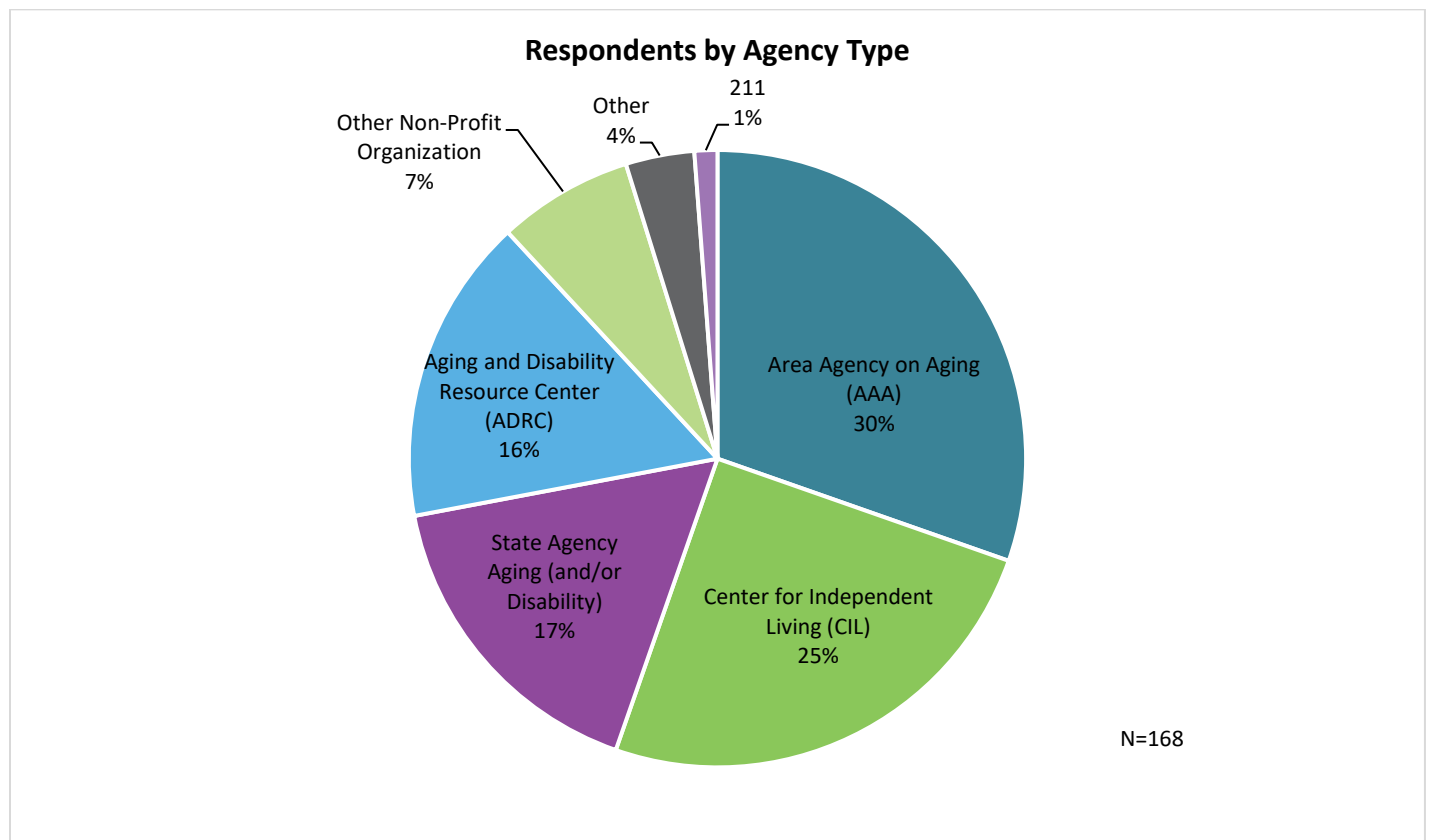
- Service Modality and Call Volume;
- Social Media;
- The Resource Database;
- Information Technology/Management Information Systems;

¹ ADvancing States. 2019. Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance – 2018 Survey of Aging and Disability I&R/A Agencies.
http://www.advancingstates.org/sites/nasud/files/NASUAD%20IR%20Survey%20Report%200719_web.pdf

- Work Setting/Remote Work; and
- New Technologies for Staff and Client Engagement.

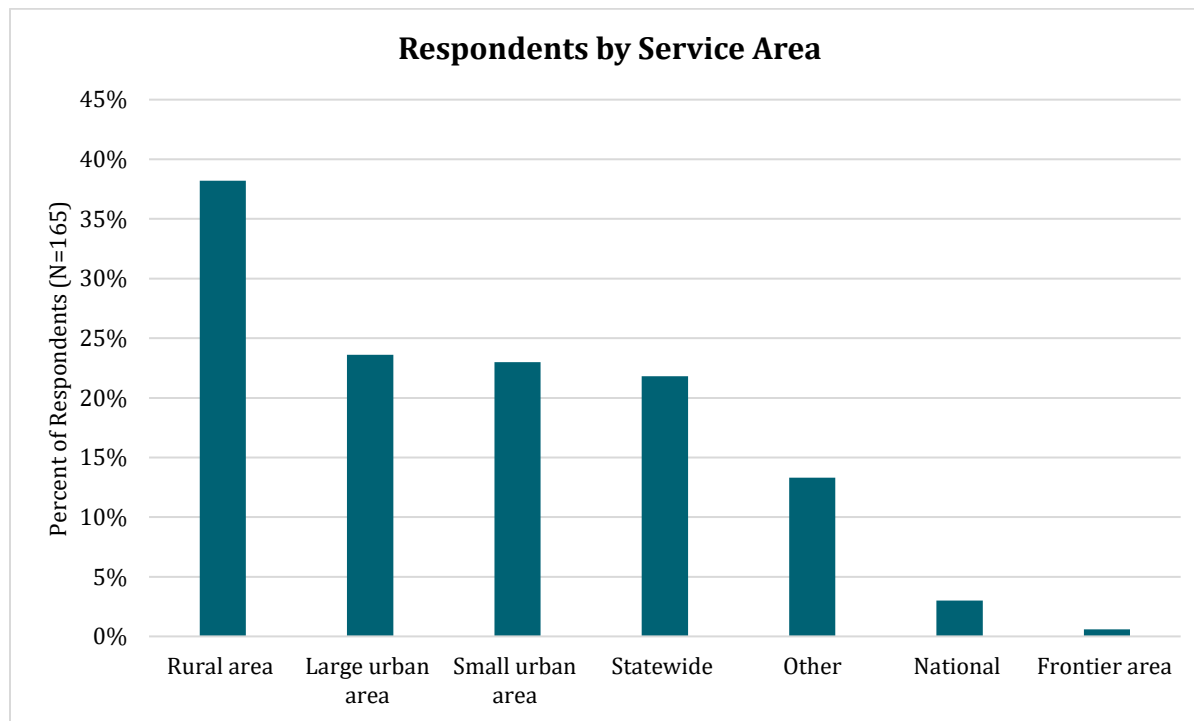
A total of 168 respondents answered the survey, including representatives from state agencies on aging and disability, Area Agencies on Aging (AAAs), Centers for Independent Living (CILs), Aging and Disability Resource Centers (ADRCs), and other non-profits that provide I&R services. See Figure 1 for respondents by agency type.

Figure 1



Respondents were also asked to identify their agency's service area. As shown in Figure 2, respondent agencies serve a mix of rural, urban (large and small), and statewide areas as well as multi-county areas, service areas that combine rural and urban communities, and suburban areas.

Figure 2



Pandemic-Related Changes and Innovations

Modes of Service Delivery

Respondents were asked to identify how often specialists at their agency provide I&R/A services in the settings shown in Figure 3. As identified in prior surveys of I&R/A agencies, telephonic service delivery remains at the core of I&R/A service provision, but the pandemic has led to increased use of other modes of service delivery including newer ways of providing I&R/A services. For example, close to 70% of respondents reported providing services over email frequently, a 20% increase since the 2018 national survey of I&R/A agencies. Additionally, around 30% of respondents reported providing services over video conferencing frequently or some of the time, reflecting use of a service mode that has grown significantly during the pandemic (in the 2018 I&R/A survey, nearly all respondents reported rarely or never providing services over video conferencing). At the same time, Figure 3 shows that key points of consumer access such as community events, home visits, and walk-ins were not available during the pandemic.

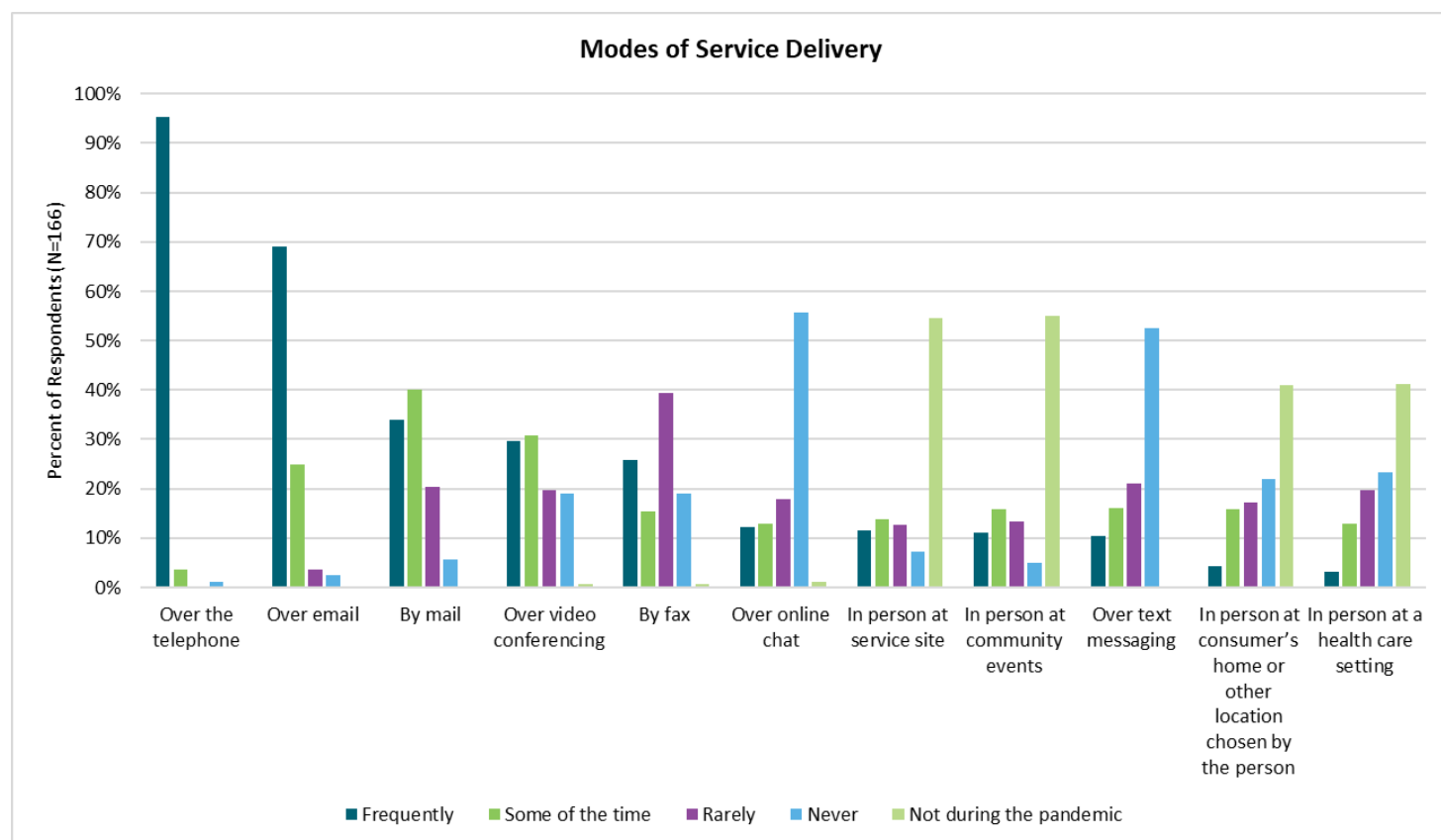
In qualitative comments, respondents further identified ways that the pandemic has impacted the delivery of I&R/A services. For example, respondents noted the provision of service by video conferencing and email. Some respondents described the addition or expansion of self-service options

such as adding online referral forms, expanding options available through the phone system, or offering additional resource information on an agency website. A number of respondents suggested that newer options will remain available beyond the pandemic to give individuals and caregivers choices, to promote greater access to service, and to enhance preparedness for future emergencies. As shared by respondents, for example:

“We plan to continue to use as many methods of communication as we can moving forward.”

“I think the Zoom option will continue as some families are connecting long-distance to talk about services and supports but will want to see the person they are connecting with.”

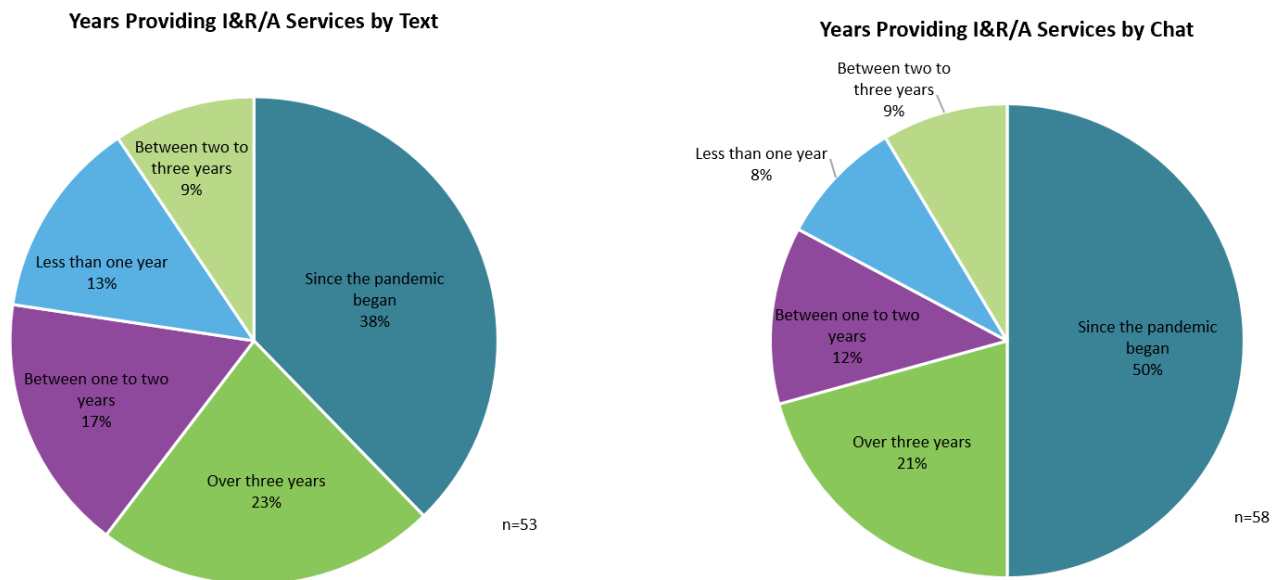
Figure 3



Within modes of I&R/A service delivery, another area of expansion has been in the use of text and chat. As shown in Figure 4, among respondent agencies that provide I&R/A services by text and/or chat, a fair percent reported initiating these service modalities since the start of the pandemic (reported by 38% of respondents for text services and by 50% of respondents for chat services). This development is notable as I&R/A programs have tended to lag behind other I&R sectors in the use of

text and chat for various reasons and growth over time in the use of these modes has been small.² However, the pandemic has been a catalyst for trying new ways of offering services. As shared by a respondent: “Like many other CILs we had to adapt to how we provided services as the needs still existed. So we thought outside the box for service delivery, for example, online chat communication, Zoom learning, communicating via text when needed.” When reviewing responses by agency type, CILs were most likely to report providing services by chat and by text since the pandemic began, followed by AAAs.

Figure 4



Even as agencies may have expanded their communication tools, telephonic service delivery has remained vitally important during COVID-19, including for those without access to technology devices or connectivity. Respondents were asked about the trend of their agency’s telephone call volume over the past year (since around March 2020) and, not surprisingly, many agencies experienced increased call volume as the pandemic unfolded (Figure 5). These respondents were also asked to identify the approximate percentage of the call volume increase. Most reported that call volume increased by more than 10% (42% of those responding) or more than 30% (32% of those responding). A smaller share of respondents noted even higher increases in call volume, by more than 50% to more than 100%. Depending on an agency’s staffing and capacity, any ongoing change in call volume can have an impact on an I&R/A program. Comments shared by respondents included the following:

² Ibid., pages 74-75.

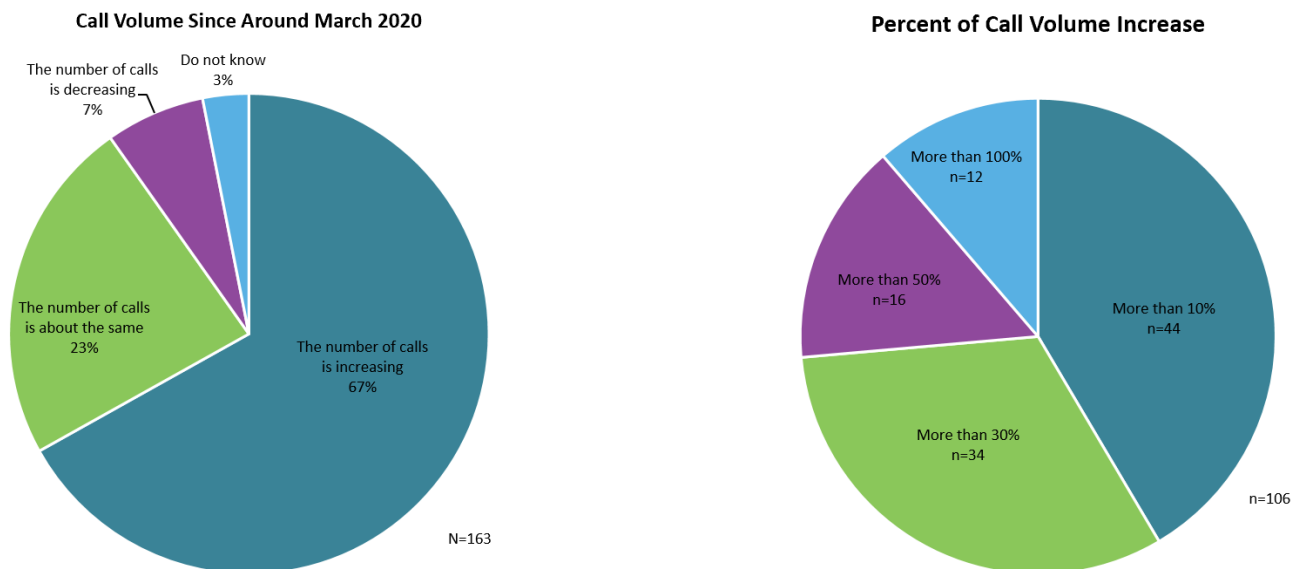
“Family calls especially increased because of the lack of ability to visit in person.”

“Telephone reassurance increased by over 200% during the pandemic.”

“Some months we were triple the regular call volume and other months closer to 30-50%. Depended on the time of the pandemic and the information and services being offered for additional pandemic help.”

In qualitative comments, respondents also identified examples of the types of needs and inquiries presented by callers. These include: social connection/personal contact; stimulus checks; COVID testing and vaccination; rental assistance and housing vouchers; assistive technology; personal protective equipment; food and meals; and transportation.

Figure 5

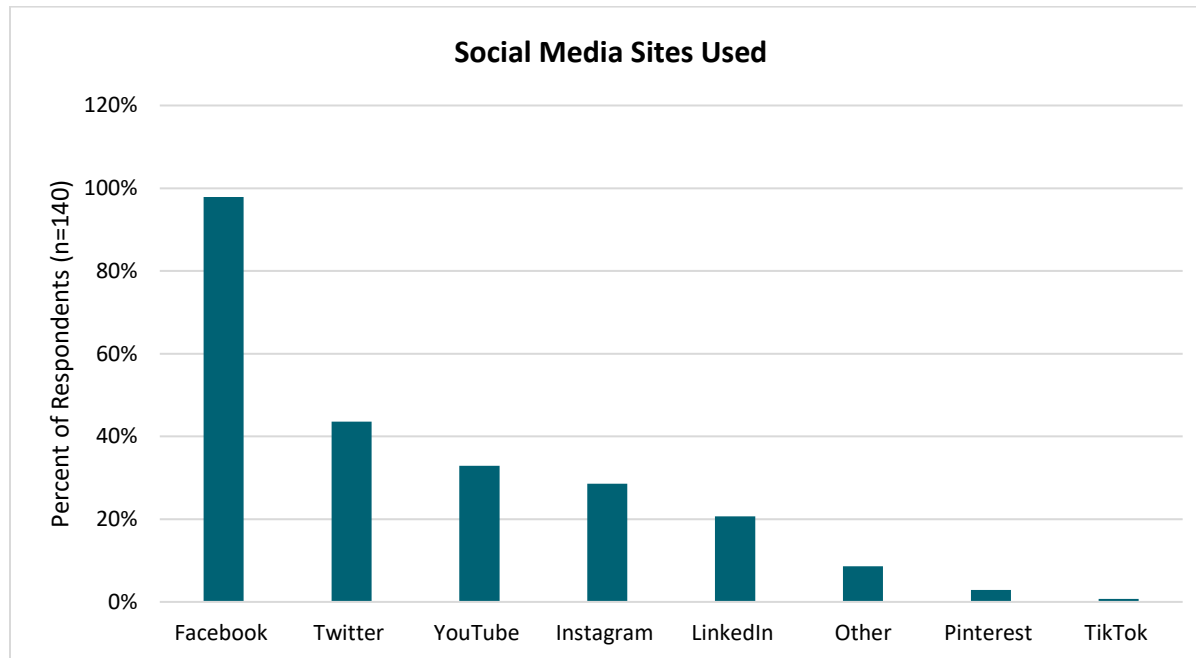


Social Media

As with other methods of communication, social media has played an important role during the pandemic with outreach, engagement, and information sharing. The use of social media documented by the survey continues a trend. The Support Center’s surveys of I&R/A programs have consistently found greater use of social media over time to connect with individuals, family members, and caregivers. With the significant growth of virtual communication during the pandemic, this trend has accelerated. Use of social media was reported by 51% of respondents in the 2012 survey of I&R/A programs, by 65% of respondents in the 2015 survey, by 75% of respondents in 2018, and now by 86% of respondents in the technology survey. Nearly all respondents whose agencies use social media

reported using Facebook but the survey data indicates growth in the use of other platforms (Figure 6). When compared with findings from the 2018 I&R/A survey, there has been growth in the use of YouTube, Instagram, and LinkedIn (all reported by less than 20% of respondents in 2018).

Figure 6



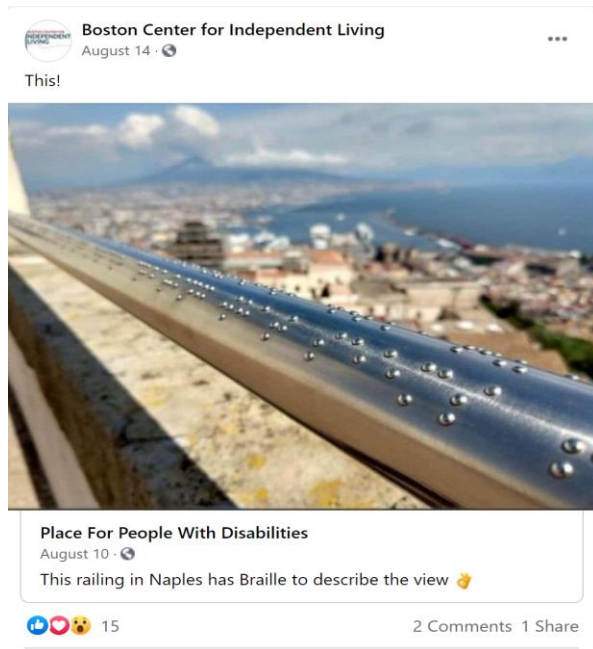
Additionally, many survey respondents shared qualitative information on their agencies' social media use, activities, and engagement, including ways that their organizations have been using social media differently during the pandemic. The list below captures some of this qualitative data, with overarching themes highlighted in bold.

Connecting through Social Media: Engagement and Activities

- Using **Facebook Live** for events; sessions with caregivers; educational and wellness classes
- We completed two area plan public hearings by Facebook Live as well as a health promotion series
- More callers are finding the agency through social media; **more contacts from individuals** on social media (who are connected to I&R for follow up); more individuals reaching out through messenger to inquire about assistance
- Using social media to **disseminate information quickly**; provide service notifications; connect people to pandemic resources
- Added **YouTube** for recorded programs and videos
- Offering **social group activities** on social media and Zoom
- Answering general inquiries

- **Engaging with consumers more.** Prior to the pandemic, social media was mostly used for outreach. Since the pandemic, we have also been using it to organize and engage consumers in online support groups and fun activities as well as spread awareness about local COVID-related resources
- Folks have been more engaged on social media...commenting, sharing and liking posts

Boston Center for Independent Living: More Engagement through Social Media



“In the last year we have seen an increase in followers and an increase in possible consumers reaching out through messenger to inquire about assistance from BCIL. Needs seemed to be of more of an urgent nature versus pre-pandemic when they seemed more curiosity based. People seem eager for interaction, and events posted through social media usually have pretty good engagement. The content has been adjusted a bit as well; we are including more about mental health, etc. We’ve been trying to be relevant to the times and peoples’ needs. We’ve also used the weekends to post some lighter material – like an actor in the latest Godzilla/King Kong movie who learned ASL to communicate with a child actor on set who is deaf.”

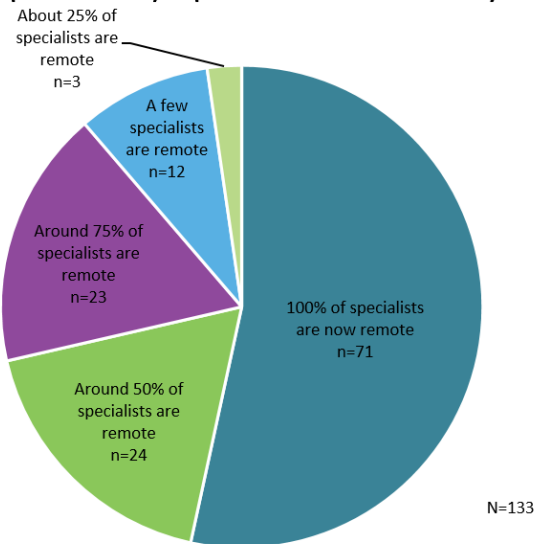
Remote Work

The impact of the pandemic on the workplace has been truly significant. Health and safety guidelines led many organizations to quickly pivot to remote work, even for agencies that previously made little use of telework. Seventy-two percent of survey respondents indicated that their agency had shifted some or all I&R/A specialists to remote work in response to the pandemic. These respondents, along with those who agencies allowed telework prior to the pandemic, were further asked to identify the current status of remote work at their agencies (at the time that the survey was administered). Over half of respondents reported that all specialists were still working remotely (Figure 7). Another 35% of respondents indicated that between 50 to 75% of specialists were working remotely. Respondents were also asked about their organization’s expectations for remote work looking ahead (Figure 7). The data suggests that remote work will remain a part of agencies’ operations in some capacity for a little over half of respondents. This may represent a transformational change in work setting for organizations that had not adopted telework options prior to the pandemic. The expansion of remote

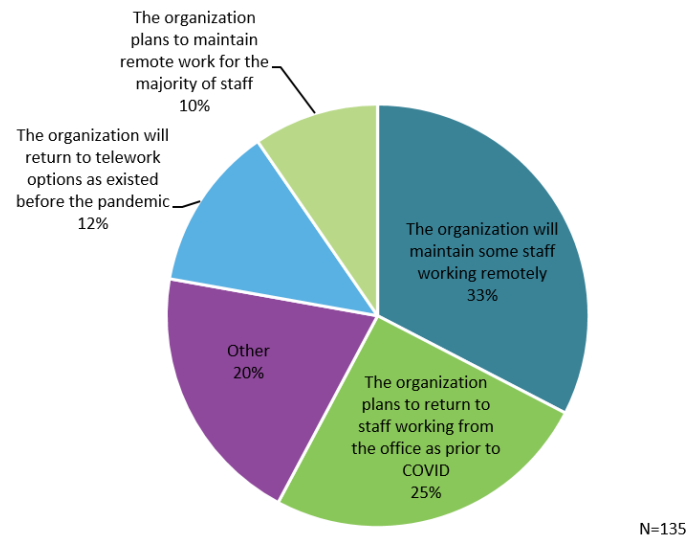
work might also impact hiring practices and allow for greater geographic diversity in staffing. A fifth of respondents reported ‘other’ regarding expectations for remote work. In qualitative comments, a number of these respondents shared that their agency is considering a hybrid model blending time in the office with remote work (“We are currently looking at a hybrid model with staff spending some time working remotely and some time in-office.”). Other respondents indicated that their agency has not yet finalized plans for what a return to the office will look like.

Figure 7

Proportion of I&R/A Specialists Who Work Remotely



Expectations for Remote Work Looking Ahead

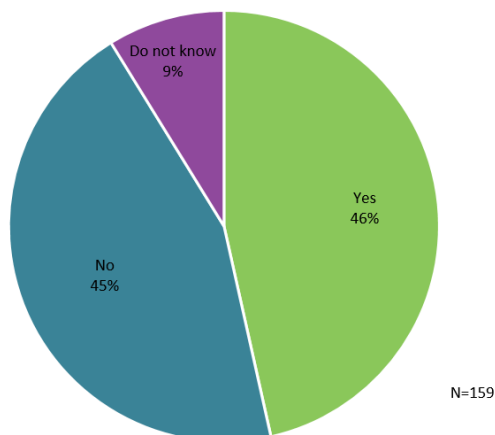


New Technologies for Staff and Client Engagement

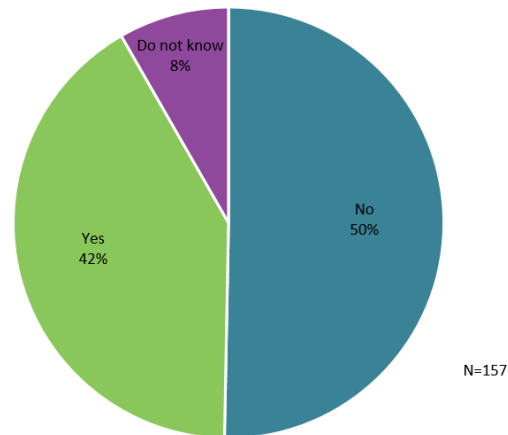
With the many changes brought about by the pandemic, including greater use of remote work and virtual service delivery, it is not surprising that a number of respondents reported that their agencies introduced new technologies for engaging with staff and for engaging with clients. As shown on Figure 8, over 40% of respondents reported the use of new technologies for staff engagement and for client engagement. This finding is especially notable given that the procurement, adoption, and training on new technology are typically more time-consuming tasks. Additionally, there were shortages in the marketplace early in the pandemic as companies and organizations scrambled to acquire technology. In qualitative comments, respondents shared examples of technology products that have become familiar to many programs over the course of the pandemic such as videoconferencing platforms like Zoom, cloud-based phone systems, hardware that enables remote work (e.g., laptops and headsets), project management systems, and office productivity software (e.g., Google office suite).

Figure 8

Organizations that Brought on New Technologies for Engaging with I&R/A Staff



Organizations that Brought on New Technologies for Engaging with Clients



Many of the examples provided by respondents can be grouped into the categories shown in Table 1. Regarding staff engagement, respondents often pointed to technologies for communication; Zoom and Microsoft Teams were mentioned frequently. With client engagement, some respondents indicated that their agencies made technology devices such as iPads or Grandpads available to clients to facilitate activities like assessments, virtual programming, and person-centered counseling. Some respondent agencies also offer lending programs to support technology access such as a tablet lending library.

Table 1: New Technologies for Engagement

Staff Engagement	Client Engagement
Communication/Video Conferencing: <ul style="list-style-type: none"> Zoom; Microsoft Teams; Google chat; Remo; Ring Central 	Communication: <ul style="list-style-type: none"> Google Meets; WebEx; Zoom; Blue Jeans
Hardware: <ul style="list-style-type: none"> Webcams; computer equipment; phones; headsets 	Devices: <ul style="list-style-type: none"> GrandPads; iPads; Tablets; wifi cards
Training: <ul style="list-style-type: none"> Learning Management systems; Thinkific; Zoom; Microsoft Teams 	Administrative: <ul style="list-style-type: none"> Digital forms and online signature tools
File Sharing: <ul style="list-style-type: none"> SharePoint; OneDrive 	Scheduling: <ul style="list-style-type: none"> OnceHub
Project Management: <ul style="list-style-type: none"> Meister Task Asana 	

With investments in software and hardware, staff training, changes in procedures, and adoption of new technologies, developments that occurred in response to the pandemic may outlast this public health emergency. Some respondents noted the expectation that the use of new technologies will continue beyond the pandemic (“I feel that Teams has actually opened up our communication agency-wide. We will continue to use that technology even when the office re-opens.”).

Engaging Staff at the Alzheimer’s Association National Contact Center

“We started a virtual break room on Padlet for staff to share anything including personal accomplishments, pets, or the view from the window. The use of Google Chat and Meet has increased significantly for interactions. In addition to having a written weekly Contact Center Roundup/Update, we also record a video version each week so it is available in an alternative format. For each staff member’s work anniversary, the leadership team sends a virtual card through Group Greeting with individual messages of appreciation and encouragement. Prior to COVID, we had an in-person staff appreciation and this year we did that on Remo with breakout rooms for different topics or types of engagement. As time goes on, we will continue to explore options for virtual staff engagement considering that during the pandemic, we have hired more remote staff and we will want to ensure we continue to support all the needs of the team.”

Longer-Term Technology Developments

The Aging and Disability I&R/A Technology Short Survey gathered information on technology use and trends in several areas that reflect longer-term developments in the field such as the evolution of resource databases. Even in these areas, survey data suggests that the pandemic has had an impact.

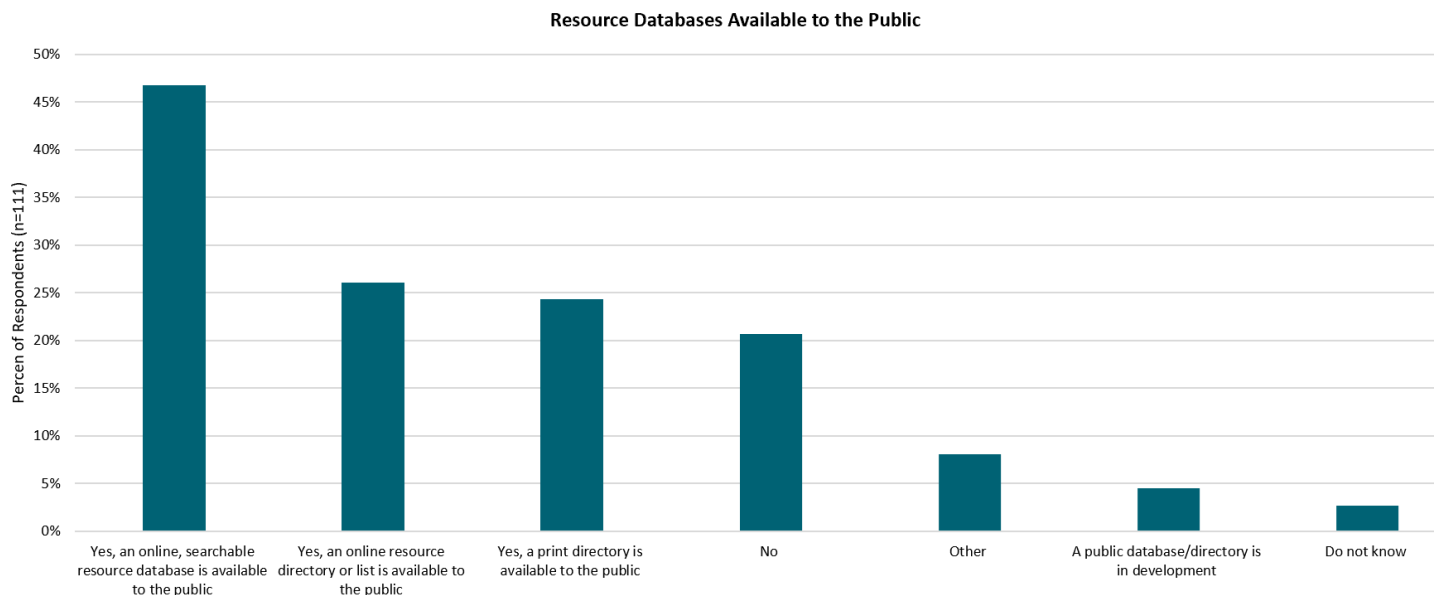
The Resource Database

The resource database is a core component of delivering effective I&R/A services. Resource databases house community resource information – i.e., information on programs and services. The database supports access to accurate, comprehensive, and unbiased information. The database helps I&R/A specialists to identify resources for individuals and may be available to other professionals and/or the public. Among respondents in the technology survey, nearly 70% reported that their agency maintains a resource database and of these, 93% reported that this database is an electronic resource database. For comparison, in the 2018 survey of I&R/A programs, 62% of respondents indicated that their agency maintains an electronic/online resource database. Eleven percent of technology survey respondents

reported that their agency does not maintain a resource database and another 11% indicated an ‘other’ option such as using a 211 database, using a database maintained on a statewide level, or using an internal resource list.

Respondents who reported that their agency maintains a database were further asked if this resource database is available to the public. As shown on Figure 9, 47% of respondent agencies offer an online, searchable resource database; 26% provide an online resource directory or list; and 24% make a print directory available to the public. During the COVID-19 pandemic, providing self-service options for accessing community resource information has helped to supplement mediated access to information. Some respondents shared that their agencies expanded self-service and online referral options during the pandemic. At the same time, the development of online, searchable resource databases is a longer-term trend to expand options for the public and other human services professionals to access information on community programs and services. It is interesting to note that 21% of respondent agencies maintain a database but it is not available to the public either online in some form or in print. In the ‘other’ category, respondents shared qualitative comments; for example, a database is used internally, select resource information is available on an agency website, and an agency offers an online provider directory but not a public-facing directory.

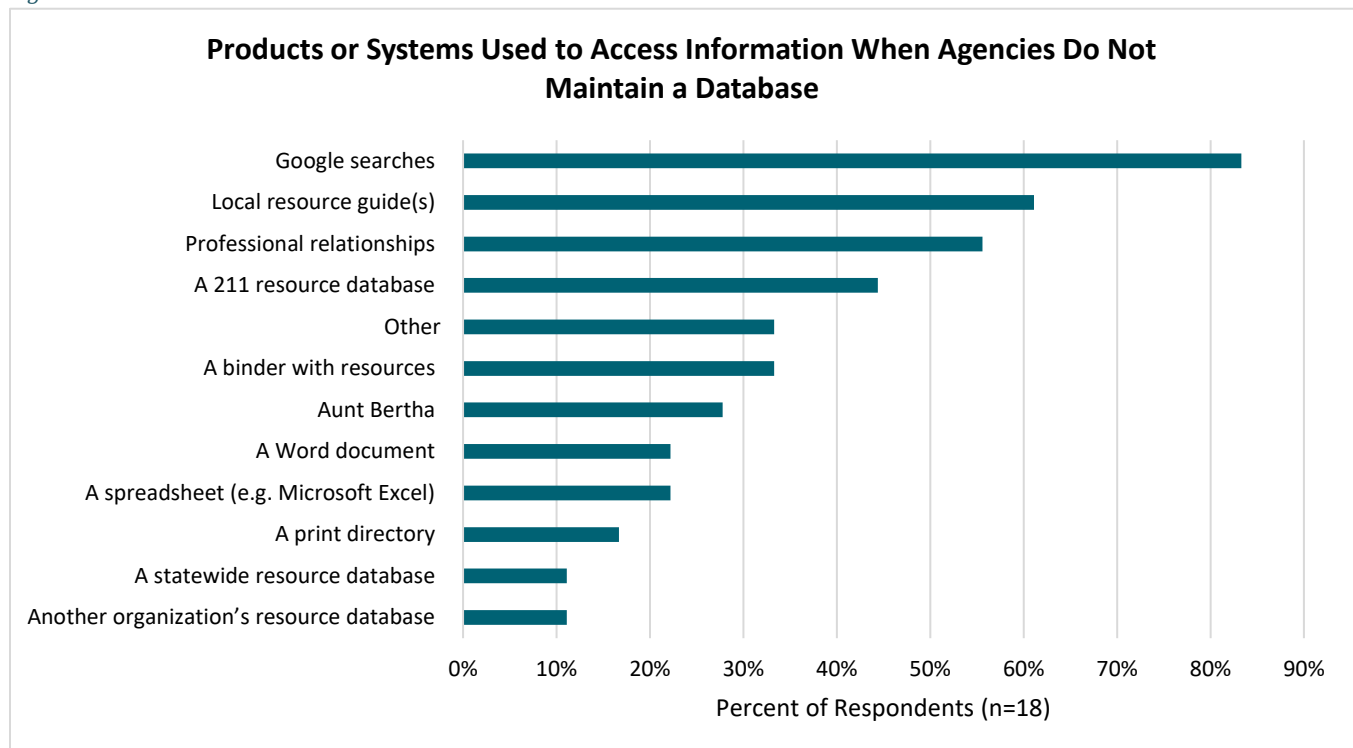
Figure 9



Respondents who indicated that their agency does not maintain a resource database were asked to identify the products or approaches used by staff to access information on programs and services (Figure 10). Though the number of respondents is small, the data provides insight into database alternatives when an agency does not maintain its own database. The data suggests that Google

searches are a frequently used alternative. This raises some concern as online search engines are often more biased than they appear while the purpose of a database is to support access to comprehensive and unbiased information. Figure 10 suggests other approaches (such as a 211 database, professional relationships, and a statewide resource database) that may offer access to reliable community resource information. In the ‘other’ category (selected by 33% of respondents), respondents were most likely in qualitative comments to indicate that their agency has internal, curated resource folders and lists (“We maintain resource files on a shared drive. Staff are assigned different subject areas that they are responsible for researching and keeping up to date.”).

Figure 10



Maintaining accurate, up-to-date community resource information is a demanding undertaking in the best of times. The COVID-19 pandemic created unique challenges for all types of I&R programs to meet this key function. Survey respondents were asked to briefly describe how their organizations approached managing community resource information during the pandemic when programs and services for older adults, people with disabilities, and caregivers have been subject to frequent and significant changes (e.g., suspension or closure of in-person programs, changes in the method of service delivery, changes in hours, changes in eligibility, vaccination and masking guidelines, and so forth). Table 2 highlights several key approaches described by respondents to managing rapidly changing resource information. For many respondent agencies, regular and frequent communication internally and externally has been an essential strategy. Additionally, developing and maintaining

specific COVID-related resource lists for staff, partners, and the public also appears to be an important approach. Given the temporary nature of many of the service changes, some agencies have chosen to capture information outside of their traditional resource database in products like Google Docs that could be rapidly updated and shared. For other agencies, using specific tags or codes in the database allows them to identify COVID-related and vaccination resources that may not be as long term as traditional resources. For sharing information with individuals, families, and communities, a number of respondents called out use of their agency’s website to draw attention to COVID-related information, resources, and service changes. Social media has also allowed for rapid dissemination of information.

Table 2: Strategies for Managing Community Resource Information during the Pandemic

Internal	External (Public, Partners)
<p>Communication:</p> <ul style="list-style-type: none"> Regular meetings to update fluid resources; newsletters; e-blasts 	<p>Communication:</p> <ul style="list-style-type: none"> Taskforces, email, video meetings, phone outreach with partners/agencies to stay on top of service changes
<p>COVID Resource Lists:</p> <ul style="list-style-type: none"> COVID-related resource lists, folders, topics, and guides for staff; vaccination lists and guides 	<p>COVID Resource Lists:</p> <ul style="list-style-type: none"> Resource lists and guides for the public Newsletters sharing COVID-related information
<p>Non-database Resource Information:</p> <ul style="list-style-type: none"> Google docs updated frequently; maintaining COVID resources outside of the database 	<p>Websites:</p> <ul style="list-style-type: none"> State COVID-related websites; website banner; website splash page; website redesign; web-based resource directory
<p>Database:</p> <ul style="list-style-type: none"> COVID-19 tags/codes and vaccination tags/codes 	<p>Social Media:</p> <ul style="list-style-type: none"> Frequent updates on service availability/changes
<p>Project Management:</p> <ul style="list-style-type: none"> Using platforms like Teams to disseminate information 	

Examples of approaches shared by respondents included the following:

“During the pandemic, we employed a ‘crisis management team’ and had daily updates available for staff as information changed.”

“Created the weekly eBlast to include COVID-related changes, resources, new programs and service changes. This eBlast is sent to the full ADRC as well as community partners.”

“Early in the pandemic, our agency website became a key element of keeping the public updated on nutrition locations, as well as nutrition providers that were switching from congregate to grab-and-go.”

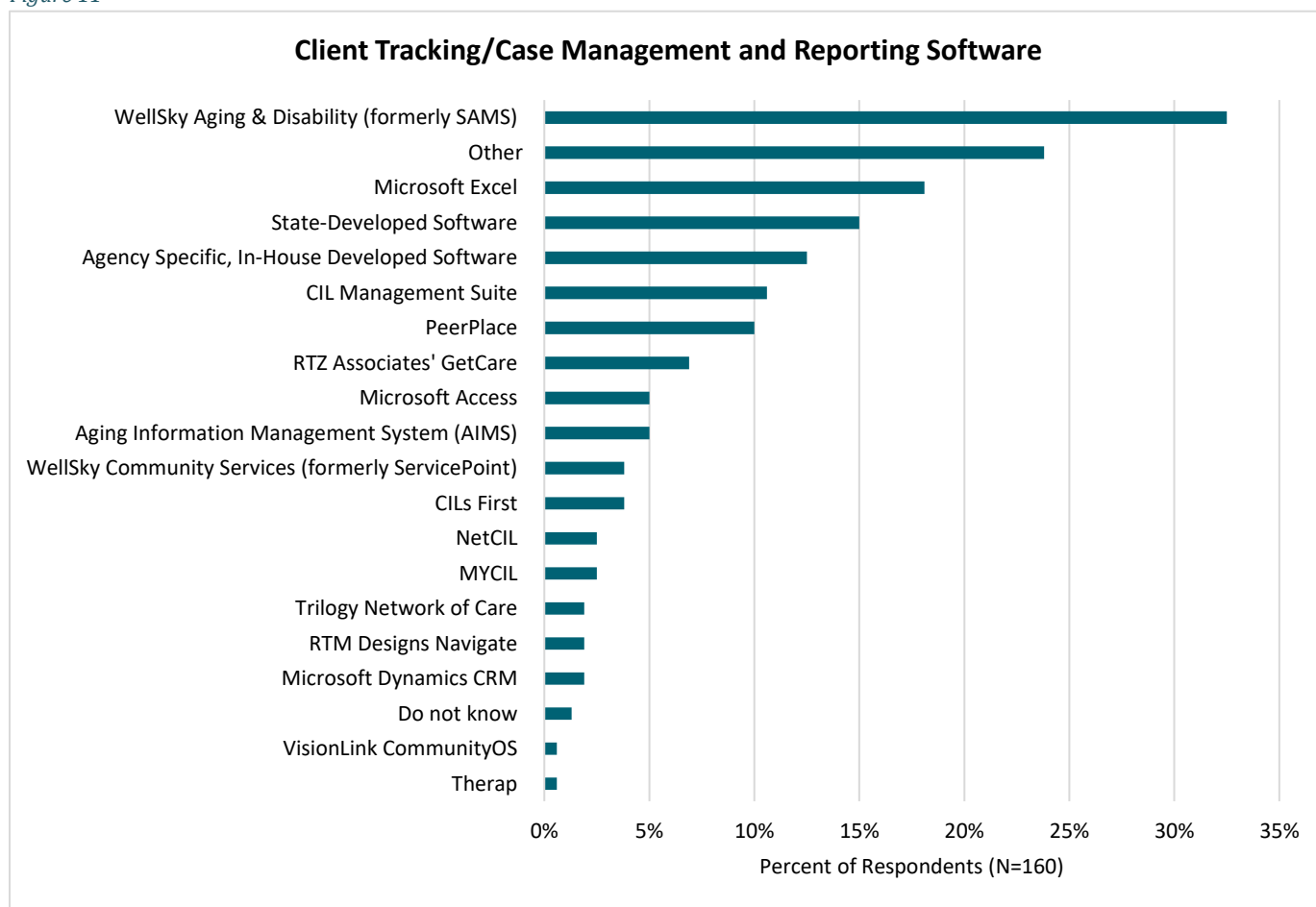
“We created a COVID-19 folder which houses all the lists/resources specific to COVID-19 and the changes it caused. It has typical folders like ‘food’ but pandemic-specific folders emerged such as facemask, stimulus checks, and vaccination information.”

Information Technology Systems

Information systems underpin the day-to-day work of I&R/A programs in regular and emergency times. The technology survey captured data on two types of information systems – those used for tracking client data and those used for the resource database. In some I&R/A agencies, these functions are managed through a common information system while other agencies use separate software systems for separate functions.

Figure 11 provides aggregate information on software used for client tracking, case management, and reporting functions that respondents identified as used by their agencies.

Figure 11

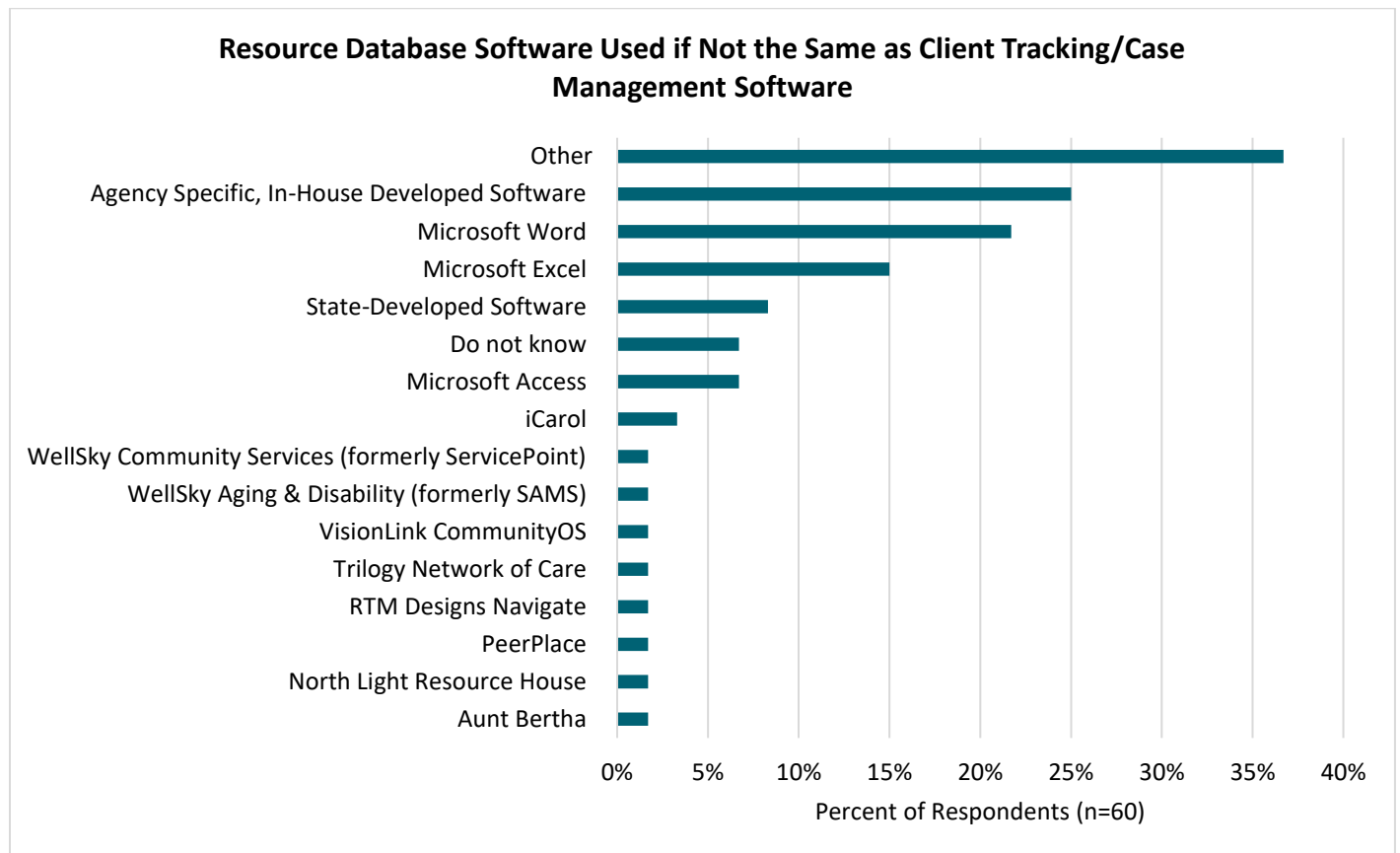


While respondent agencies use a variety of software products as shown on the chart, the data indicates that WellSky Aging & Disability, Microsoft Excel, and state-developed or agency-developed software are identified more often than other products for managing client information. CIL Management Suite was also identified more frequently than other CIL-oriented products. These findings are similar to those from the 2018 national survey of I&R/A programs. However, it's important

to keep in mind that the use of different software products varies by the type of agency. See appendix 1 for a breakdown of client tracking, case management and reporting software products by respondent agency type. Additionally, 24% of respondents identified that their agency uses ‘other’ software not otherwise listed on Figure 11. This ‘other’ category included a range of products, for example: iCarol, Google Docs, Google shared folders, Salesforce, Microsoft Teams, Q Continuum, and Social Solutions Apricot case management system.

As noted earlier, some agencies use a common software system for client tracking, case management and reporting functions as for the resource database, while other agencies use separate software for the resource database. Of 156 survey respondents, 47% indicated that their agency uses the same software system for client tracking, case management and reporting as it does for its resource database; 40% reported that their agency uses different software; seven percent indicated that their agency does not maintain an electronic resource database; and six percent of respondents were unsure. Respondents who reported using different software were asked to identify the software used by their organization for the resource database, as shown on Figure 12.

Figure 12



The findings above suggest that when agencies use different software for their resource database, agencies seem more likely to use agency or state-developed solutions or to use office suite software (such as Microsoft Word, Excel and Access). At the same time, 37% of respondents selected ‘other’ and in qualitative comments, described a variety of products and approaches such as: curated resources on Google Drive; curated information assembled for print directories; and locally-created databases.

Closed-Loop Referral Systems

Closed-loop referral systems are an emerging development that reflect interest in addressing social determinants of health and in enhancing the exchange of information among client-serving organizations. Closed-loop systems may be used to bridge referrals and data exchange between healthcare entities and community-based service organizations. These systems might also be used to strengthen communication and information exchange within community networks. Additionally, there are state-led initiatives to support statewide closed-loop referral systems.

I&R/A programs have long connected individuals to social and health-related services, in essence addressing social determinants of health (SDoH). More recently, there is greater recognition within the broader health and human services ecosystem of the impact of SDoH (i.e. factors like housing, social isolation, and nutrition) on health outcomes. This has led to the emergence of community and state initiatives that seek to address individuals’ health-related social needs through screening, referrals, and information exchange between community-based organizations and healthcare entities; such initiatives may use “closed-loop referral” systems. These systems allow referral providers and referral organizations to share and access referral information and status updates, with technology supporting these processes. This technology may be provided by software vendors (for example, Unite Us, Aunt Bertha, and Activate Care) that offer social determinant of health/closed-loop referral platforms.

The emergence of social determinant of health/closed-loop referral system initiatives creates opportunities and challenges for I&R/A programs. Survey respondents were asked if their agency is participating in any initiative(s) that use a closed-loop referral system to help address SDoH. While 45% of 159 respondents indicated ‘no’, what is interesting to note is that 20% of respondents reported ‘yes’, and for another 9% such an initiative is in development. Five percent of respondents reported that this type of initiative is underway in their community but their agency does not participate in it.

For the respondents who reported ‘yes’, when reviewing their qualitative comments, it becomes clear that not all initiatives employ a closed-loop referral system. However, the qualitative comments do make it clear that initiatives are focused on addressing SDoH and assisting individuals to connect to benefits and services. For example, one respondent shared that staff offer assistance to complete a Supplemental Nutrition Assistance Program (SNAP) application with every food resource request. Additionally, in the qualitative comments, some respondents identified specific commercial software

vendors such as Unite Us and Aunt Bertha while other respondents pointed to community or state developed information exchanges or No Wrong Door systems as providing the technology underpinning for SDoH initiatives. In some cases, it appears that multiple platforms are operating or seeking to operate in communities or states, potentially creating risks around duplication and lack of integration. As one respondent noted, while providers in their community have joined the Unite Us network, few use the system as participation requires entering data in current systems and again in the Unite Us system, i.e. duplicate data entry. This cautionary comment underscores that emerging models like closed-loop referral systems require true partnership to operate effectively and that such models can only be successful if all partners actively use the system, maintain their data, leverage respective strengths, and review client outcomes and other quality metrics.

Partnering on a Community Referral Network

Valley Area Agency on Aging serving older and disabled adults in Genesee, Lapeer, and Shiawassee Counties in Michigan is a key partner with the Greater Flint Health Coalition on a Community Referral Network. The Community Referral Network is designed to identify, plan, and implement opportunities to address the social determinants of health needs for Genesee County residents, linking community members to available resources, and improving health outcomes through the use of a community-wide referral network. This network employs a closed-loop referral platform offered by Holon. A range of community and state partners participate in the system; partners include, for example, United Way of Genesee County, Hurley Food FARMacy, the Michigan Department of Health and Human Services, The Disability Network, and the Genesee Health System. The Community Referral Network helps to decrease unmet needs; increase access to community, health, and social services; increase the number of community service organizations participating in a single, electronic referral network; and improve service coordination among community, healthcare, public health, and social service providers. Additionally, the Network has been a valuable resource in addressing the Flint water crisis and in linking many older adults to local services. For information on the Greater Flint Health Coalition, visit <https://gfhc.org/>.

Conclusion

Findings from the Aging and Disability Information and Referral/Assistance Technology Short Survey reveal trends and developments in the use of technology to support I&R/A functions. The data suggests that the COVID-19 pandemic has been a catalyst for programs to bring on new technology, leverage existing technology such as social media in new ways, try new modes of service delivery like video conferencing, and expand options for remote work both out of necessity and to accommodate staff preferences. The survey data also points to ongoing trends such as the expansion of self-directed access to community resource information. In qualitative comments, survey respondents expressed many of the challenges and opportunities of providing I&R/A services during a global pandemic. The comments below reflect the adaptability and perseverance of programs, staff, and individuals in singular times.

Final Words...

“The AAAs support not returning to a new normal by instead maintaining a new standard of innovation. It has been amazing to see how many older adults have learned how to use technology through all of this. It wasn't to obtain our services virtually, it was to FaceTime with their grandkids, Zoom into church services, etc. They learned for personal reasons, but then already knew how to use the technology to then also have a virtual service delivery.”

(shared by a state Office of Aging and Disability Services respondent)

“It has been a crazy year but our I&A staff stepped up for the challenge. They have been the busiest department during the pandemic and have adapted to the constant changes.”

(comment from an Area Agency on Aging respondent)

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Appendix 1

