

LOOKING BACK/LOOKING AHEAD: CORE FOUNDATIONS AND TRENDS IN I&R/A PRACTICE

Aging and Disability I&R/A Summit
AIRS I&R Conference, June 3, 2018

Presenters



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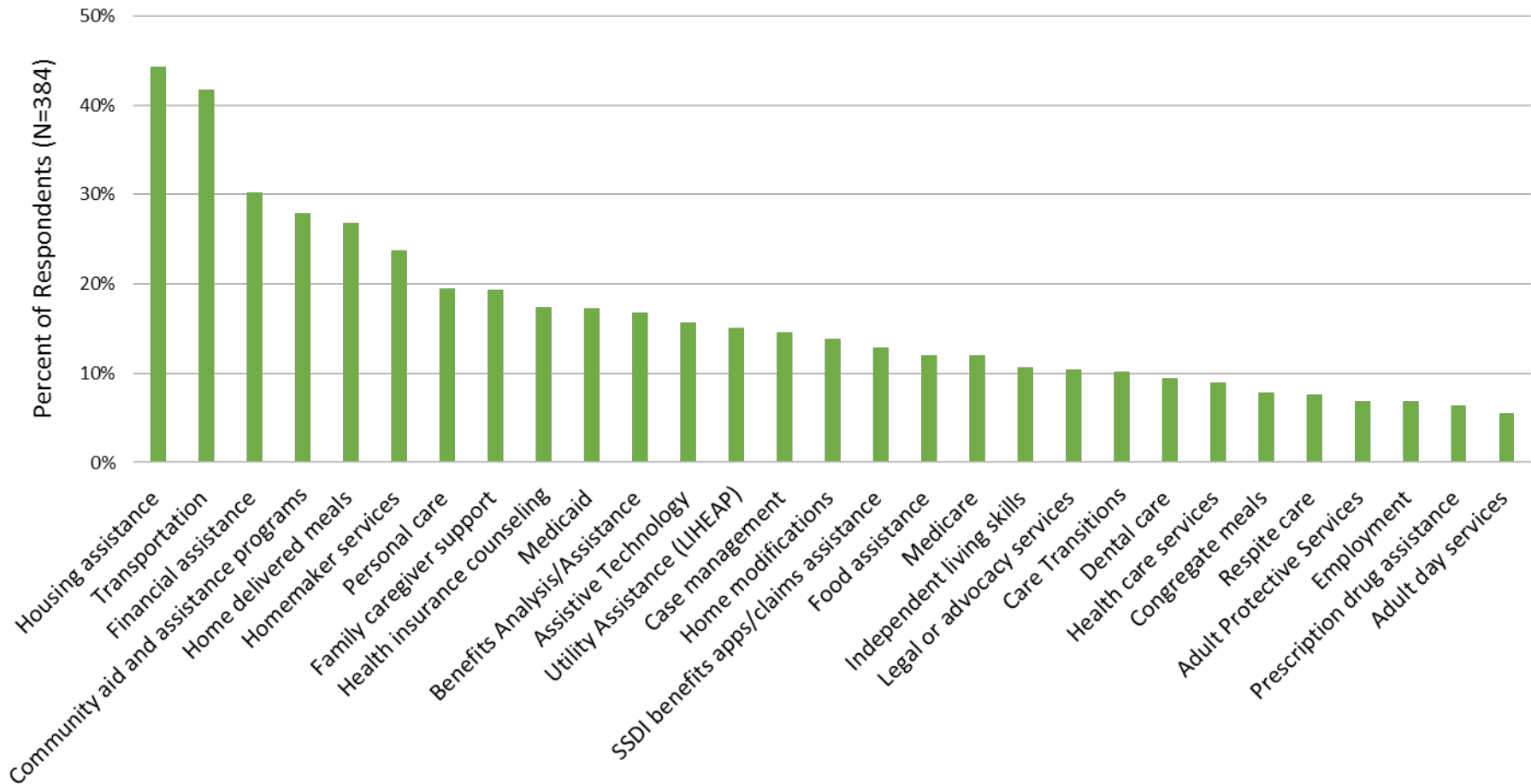
- Maurine Strickland, Information & Assistance, Options and Enrollment Counseling Coordinator, Office for Resource Center Development, Wisconsin Department of Health Services
- Patrice Earnest, Program Director, Eldercare Locator, n4a
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Core Foundations and Trends

Connecting People to Services: Fundamental to I&R/A Practice and a Window onto Changing Needs

National I&R/A survey findings: Frequently requested services

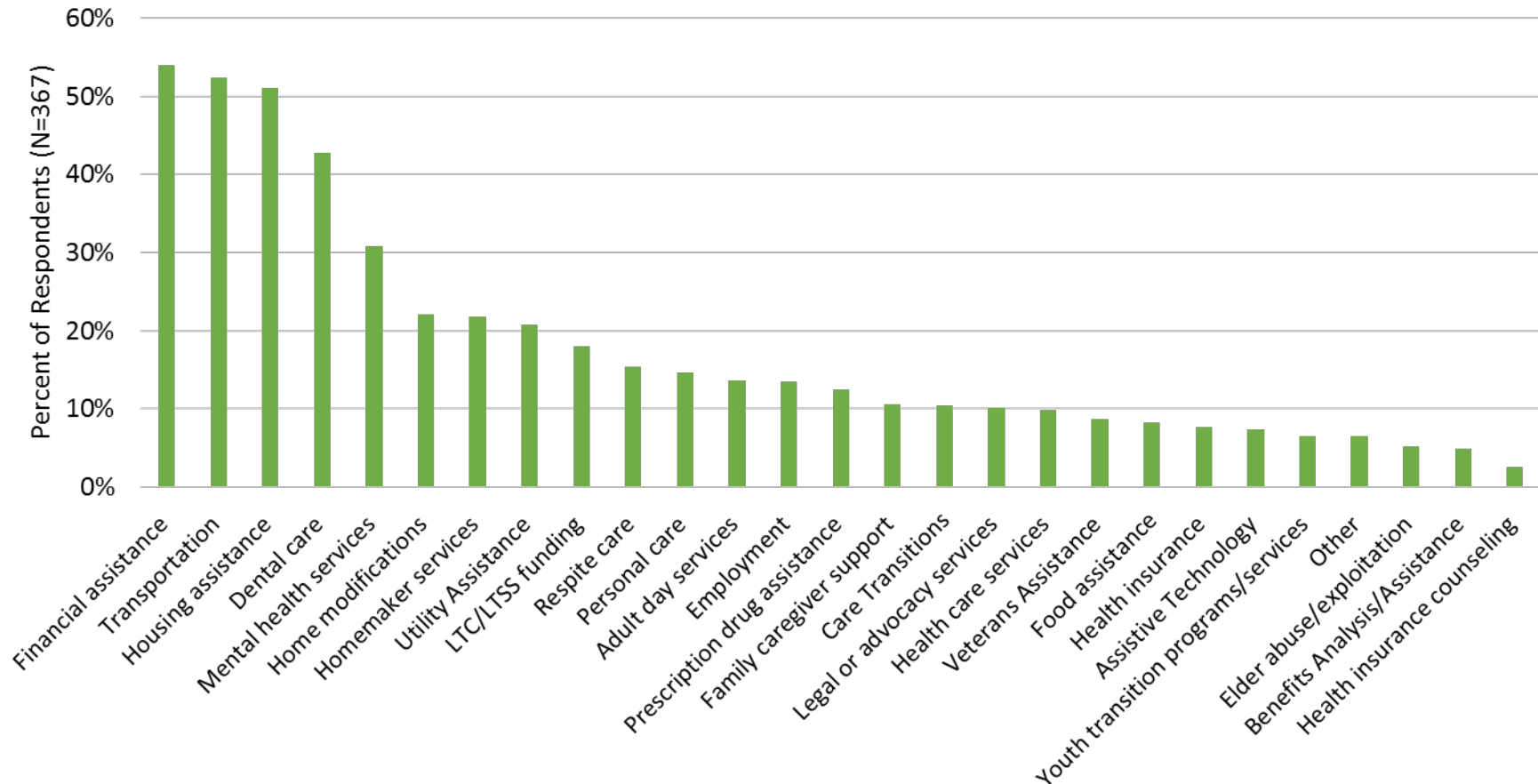
Most Frequently Requested Services



National I&R/A survey findings: Unmet service needs

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Most Frequent Unmet Service Needs





Wisconsin Key Statistics on Top Service Needs:

- Benefits
- Home Care
- Housing
- Insurance
- Food
- Transportation
- Assisted Living
- Caregiving
- Health
- Financial Assistance

Wisconsin Key Statistics on Common Unmet Needs:

- Home Care (non-medical)
- Utility Assistance
- Prescription Medication
- Mental Health
- Dental care

Eldercare Locator Service Requests



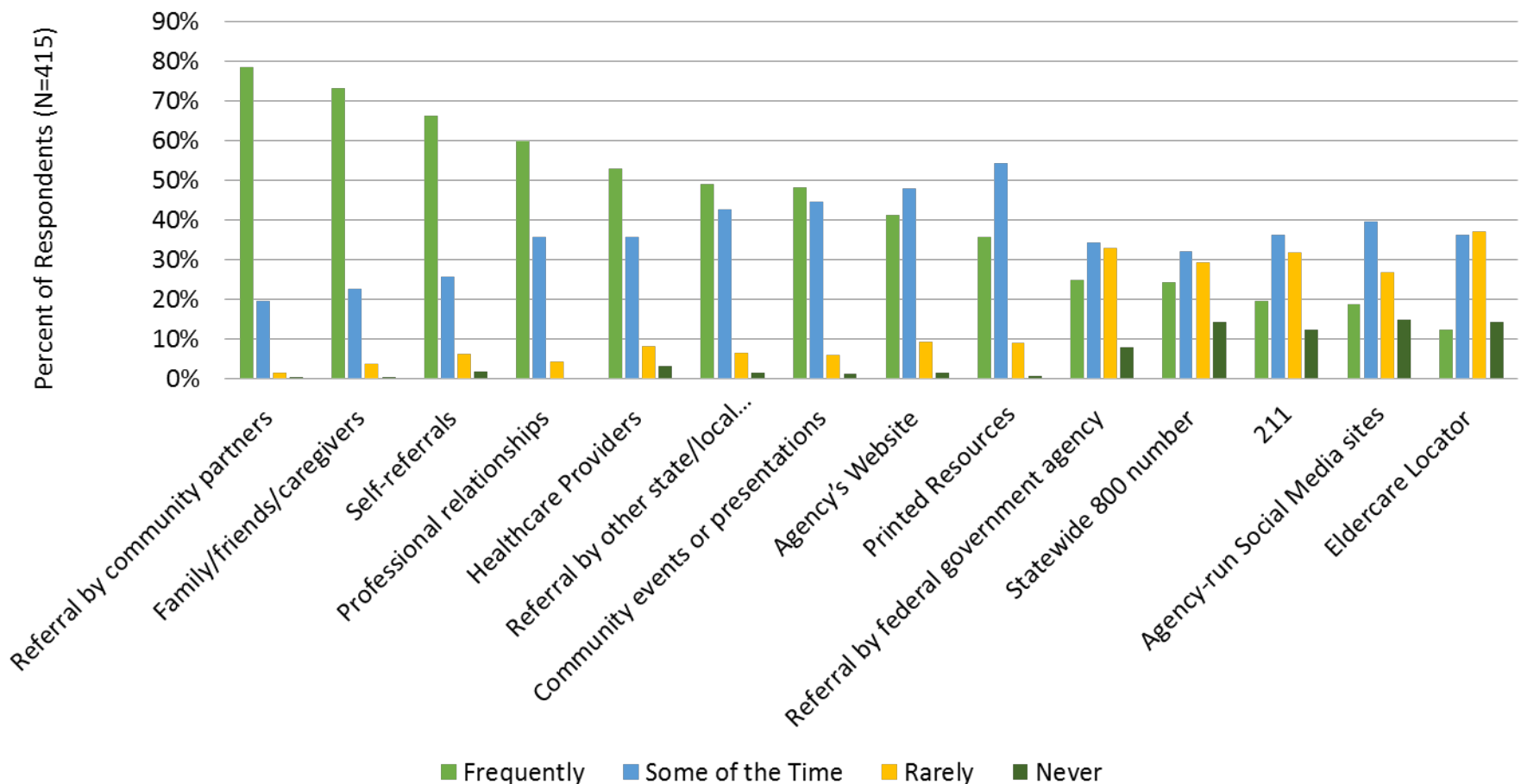
Connecting You to Community Services

- Transportation is the most requested service.
- There has been an increase in requests for supportive in-home services.
- Combined, these two service requests comprise 41% of the calls into the Eldercare Locator.



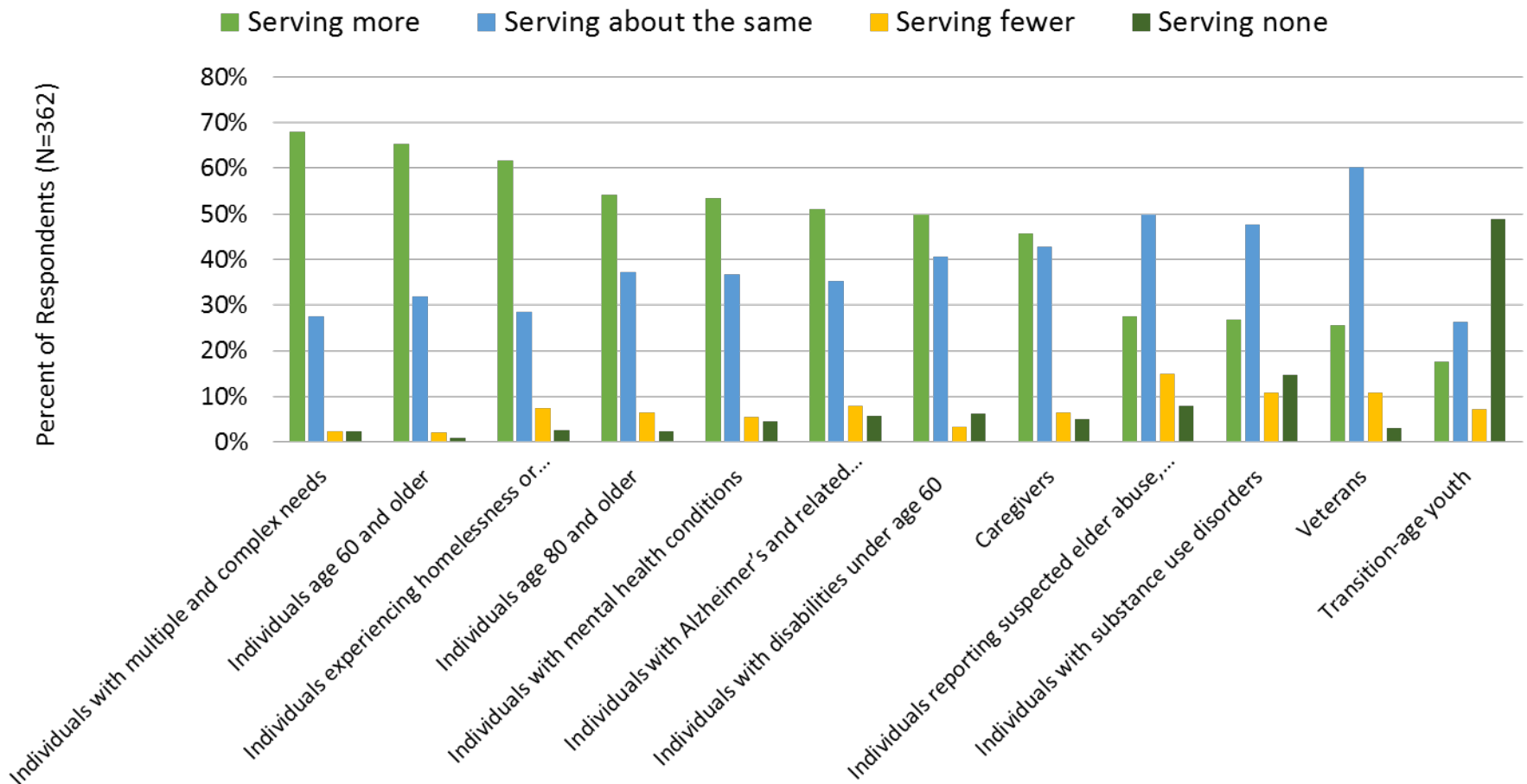
National I&R/A survey findings: How do people find you?

Origin of Referrals to I&R/A Service



National I&R/A survey findings: Changing characteristics of consumers

Individuals Seeking I&R/A Services Over the Last Two Years





Connecting You to Community Services

How do callers find the Eldercare Locator?

58% Federal Agencies

13% Professionals/Partners

8% Internet Search

4% Insurance Provider

3% Family/Friend/Employer

Eldercare Locator Emerging Issues

Increase in complex calls



Unexpected events continue to cause spikes in calls to the Eldercare Locator.



Eldercare Locator Critical Conversations



Connecting You to Community Services



eldercare locator

CRITICAL CONVERSATIONS

Helping Older Adults Weather the Storm Before, During and After Disasters



Hurricanes, floods, tornadoes, earthquakes, chemical spills, wildfires and other man-made and natural disasters can have long-lasting and sometimes permanent effects on communities and the older adults who live in them. Community services and supports are critical tools that help older adults meet their needs before, during and after disasters, but these vital services can be limited or reduced as communities and individuals recover. Fortunately, there are steps that can help older adults—particularly those who have chronic illnesses, functional limitations or other impairments—maintain their independence as they prepare for, go through and recover from the devastating effects of disasters.

Disasters can strike without warning, but there are steps older adults and their caregivers can take to prepare themselves. The emergency management agency in your state or county will have the most current information that is specific to your community. To find the emergency management agency serving your community, visit www.fema.gov/emergency-management-agencies.

The tips provided in this fact sheet will help older adults and their caregivers prepare for disasters.

Before a Disaster


- **Create a communications plan.** Communication is critical during disasters. However, it may be difficult to connect with neighbors, friends and family members if communication is hampered, as it often is during major disasters. Start your plan by creating a list containing the emergency contact information for any family, friends or loved ones you would like to keep in touch with before, during and after any disaster. Your plan should also include information on locations to meet after a disaster, as well as important medical information.

 **Tip:** Program emergency contact information into your cell phone.

- **Make a medical plan.** Many older adults rely on assistive devices to help with mobility and other needs. Many of these devices, which may include oxygen machines, hearing aids and wheelchairs, require electricity to operate. Where possible, ensure that each of these items and their battery backups are fully



charged. In addition, make a list of all components to help ensure you have everything you need in the event of a disaster.

 **Tip:** Contact your local utility companies to let them know you have a medical device that requires electricity so they can put your home on a priority list for service restoration.

Eldercare Locator Critical Conversations



Connecting You to Community Services



Older Adults and Elder Abuse

As they age, older adults may need assistance from others with getting to and from medical appointments, managing their finances, preparing meals, personal care and performing other activities that enable them to continue living in their homes and communities. Unfortunately, increasing numbers of older adults experience abuse from the very people they trust to provide them with this much-needed assistance.

According to the National Center on Elder Abuse (NCEA), elder abuse most often occurs when older adults are mistreated by someone with whom they have a trusting relationship—most often a spouse, sibling, child, friend or caregiver. In institutional settings like nursing homes, assisted living facilities and hospitals, elder abuse can occur when older adults are mistreated by someone who has a legal or contractual obligation to provide them with care or protection.

While it can be difficult to quantify the precise number of individuals who experience elder abuse, the National Center on Elder Abuse cites research indicating that approximately one in 10 older adults have experienced some form of elder abuse. However, for many reasons, elder abuse is under reported. NCEA also cites a survey conducted in New York showing that for every case of case of elder abuse that is reported to authorities, 24 cases go unreported.



Types of Elder Abuse

While there are many types of elder abuse, they all have one thing in common: the mistreatment of an older adult that most often occurs by a person with whom they have a trusting relationship. NCEA provides the following definitions for some of the most common forms of elder abuse.

- **Physical abuse:** Inflicting, or threatening to inflict, physical pain, bodily harm, injury or depriving the older adult of a basic need.
- **Emotional abuse:** Inflicting mental pain, anguish or distress through verbal or nonverbal acts.
- **Neglect:** Refusal or failure by those responsible to provide food, shelter, health care or protection.
- **Self-Neglect:** Neglect of one's own care through hoarding; poor hygiene; failure to take essential medications; failure to provide one's self with adequate food, nutrition or other basic needs.
- **Abandonment:** The desertion by anyone who has assumed the responsibility for care or custody.
- **Sexual:** Non consensual sexual contact of any kind; coercion to witness sexual behaviors.
- **Exploitation:** Illegal taking, misuse or concealment of funds, property or assets.

How to Spot Elder Abuse

Although recognizing elder abuse can be difficult, NCEA has identified the following warning signs that may be an indication that further attention and action is needed.

An older adult may be experiencing elder abuse if it appears that they:

- are socially isolated or cut off from contact with friends and/or loved ones;
- are confused or depressed;
- are undernourished or dehydrated;
- appear dirty or have unexplained bruises or bed sores;
- are not receiving care for health problems: eyesight, dental, hearing, incontinence;
- are abusing drugs or alcohol; and
- have trouble sleeping;

For other signs of elder abuse, visit <https://www.nia.nih.gov/health/elder-abuse#signs>.

Ways to Prevent Elder Abuse

Education is critical to preventing elder abuse. In addition, older adults can reduce their risk of experiencing elder abuse through the following:

- staying engaged in their communities;
- not providing personal information, such as Social Security numbers, over the phone;
- reviewing their wills periodically—and ensuring that a living will or advance directive is in place—to protect their wishes; and
- working with a financial adviser before making large purchases or investments.

For other ways to prevent elder abuse, visit <http://www.asaging.org/elder-abuse-prevention-resources>.

Eldercare Locator Critical Conversations



Connecting You to Community Services



eldercare locator **CRITICAL CONVERSATIONS**

Older Adults and Medication Safety

What is a Prescriptive Opioid?

Prescription opioids are powerful pain-reducing medications that have benefits, as well as potentially serious risks. When used properly, opioids can help manage severe pain, but when misused or abused, they can cause serious harm, including addiction, overdose and death. Common types of opioids are Morphine, Oxycodone, Hydrocodone and Codeine.

As they age, older adults may develop health conditions that can be treated with over-the-counter medications, or those that have been prescribed by a physician. Research from the National Institute on Drug Abuse found that more than 80 percent of older patients took at least one prescription medication on a daily basis, with more than half of this population taking more than five medications or supplements daily.

Given these statistics, it is particularly important that older adults pay special attention to the instructions on their medications. Wise use of medications is critical to one's health and well being. In fact, it can be lifesaving.

Prescription Opioids

In recent years doctors have increasingly prescribed medications that are commonly referred to as opioids. While prescription opioids can help alleviate chronic and debilitating pain, they can be misused, leading to injury and death. In fact, deaths related to the misuse of prescription opioids have more than quadrupled since 1999. Given the effects of aging on a person's health, it is essential that older adults take particular care when using these powerful drugs.

Tips for the Wise Use of Medications

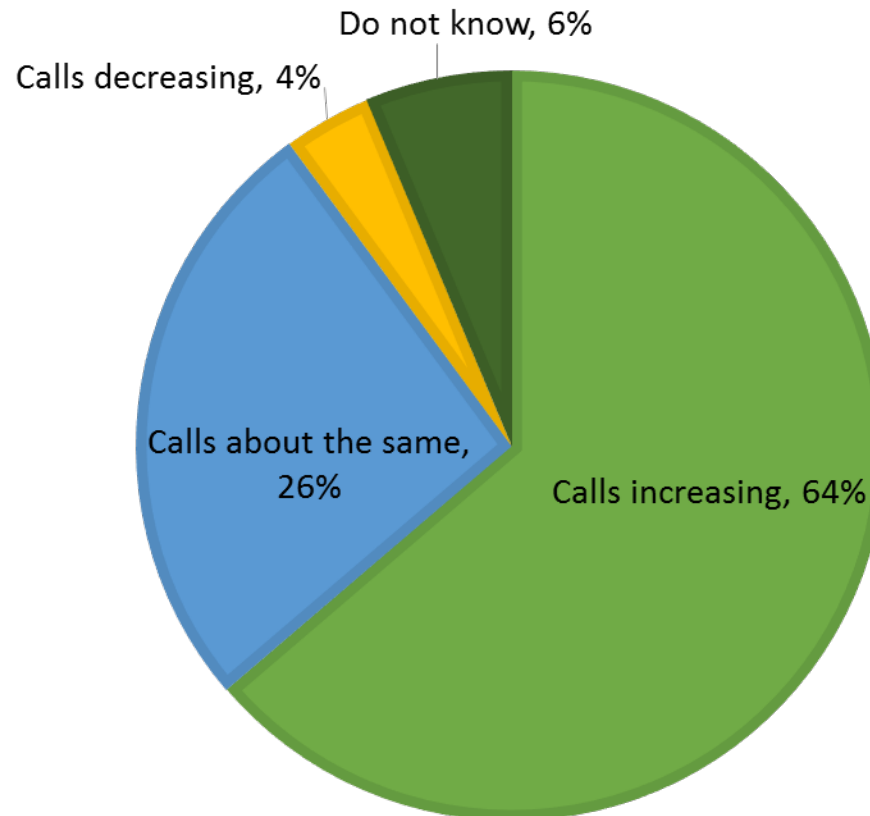
In the publication *Medicines and You: A Guide for Older Adults*, the Federal Drug Administration recommends the following tips for the safe use of medications.

- **Learn about your medicines.** Read medicine labels and package inserts and follow the directions. If you have questions, ask your doctor, pharmacist or other health care professional.
- **Talk to your team of health care professionals** about your medical conditions, health concerns, and all the prescription and over-the-counter (OTC) medicines you take, as well as dietary supplements, vitamins and herbal supplements. The more your doctors know, the more they can help. Don't be afraid to ask questions.
- **Keep track of side effects or possible drug interactions** and let your doctor know right away about any unexpected symptoms or changes in the way you feel.
- **Make sure to go to all doctor appointments** and to any appointments for monitoring tests done by your doctor or at a laboratory.
- **Use a calendar, pill box or other tool** to help you remember what medications you need to take and when. Write down information your doctor gives you about your medicines or your health condition.
- **Take a friend or relative with you to your doctor's appointments** if you think you may need help understanding or remembering what the doctor tells you.
- **Take only your own medicines.** Taking someone else's medicine may hide your symptoms and make diagnosing your illness more difficult for your doctor. It could also create a bad reaction with other medicines you are taking, putting your health at risk.
- **Always keep medicines in their original containers, and never put more than one kind of medication in the same container.**
- **Have a "Medicine Check-Up" at least once a year.** Go through your medicine cabinet to get rid of old or expired medicines at an appropriate drug disposal site. Also ask your doctor or pharmacist to go over all of the medicines you now take. Don't forget to tell them about all the OTC medicines, vitamins and dietary or herbal supplements you take.
- **Keep all medicines out of the sight and reach of children.**

National I&R/A survey findings: Call volume - a barometer of need

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I&R/A TELEPHONE CALL VOLUME OVER THE PAST TWO YEARS



N=367

Wisconsin Key Statistics:

- Population Estimate: 5,795,483 (2017)
- Aging & Disability Resource Centers (ADRCs): 46
- Tribes with Aging and Disability Resource Specialists: 7
- Tribes as full partners with ADRCs: 7
- ADRC Annual Contacts: 555,387 (2017)





Connecting You to Community Services

2017 Call Statistics

Total Calls - 357,605

Chats - 3,231

Emails - 2,422

73% Callers are female

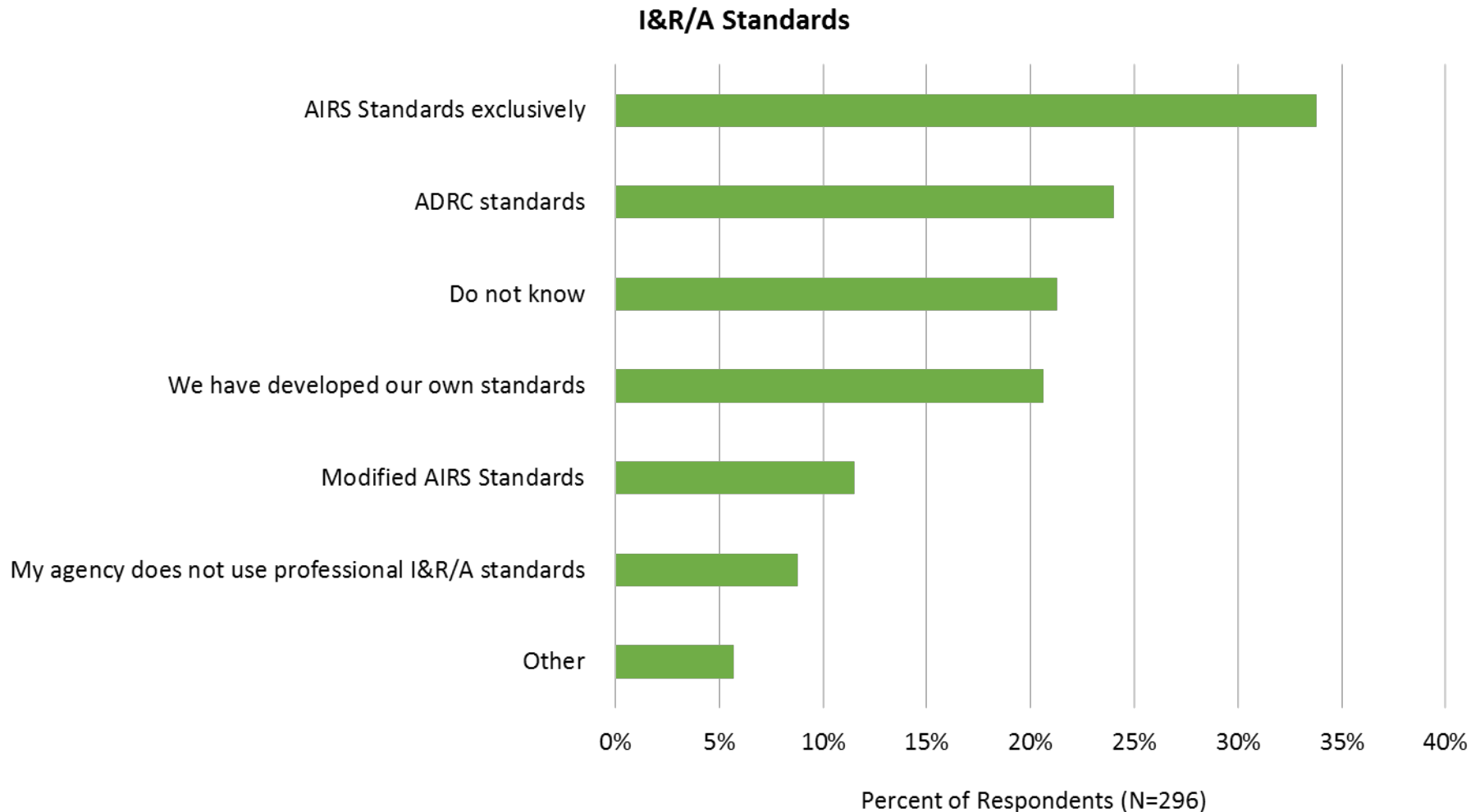
75% Older adults seeking services

9% under age 60

Core Foundations and Trends

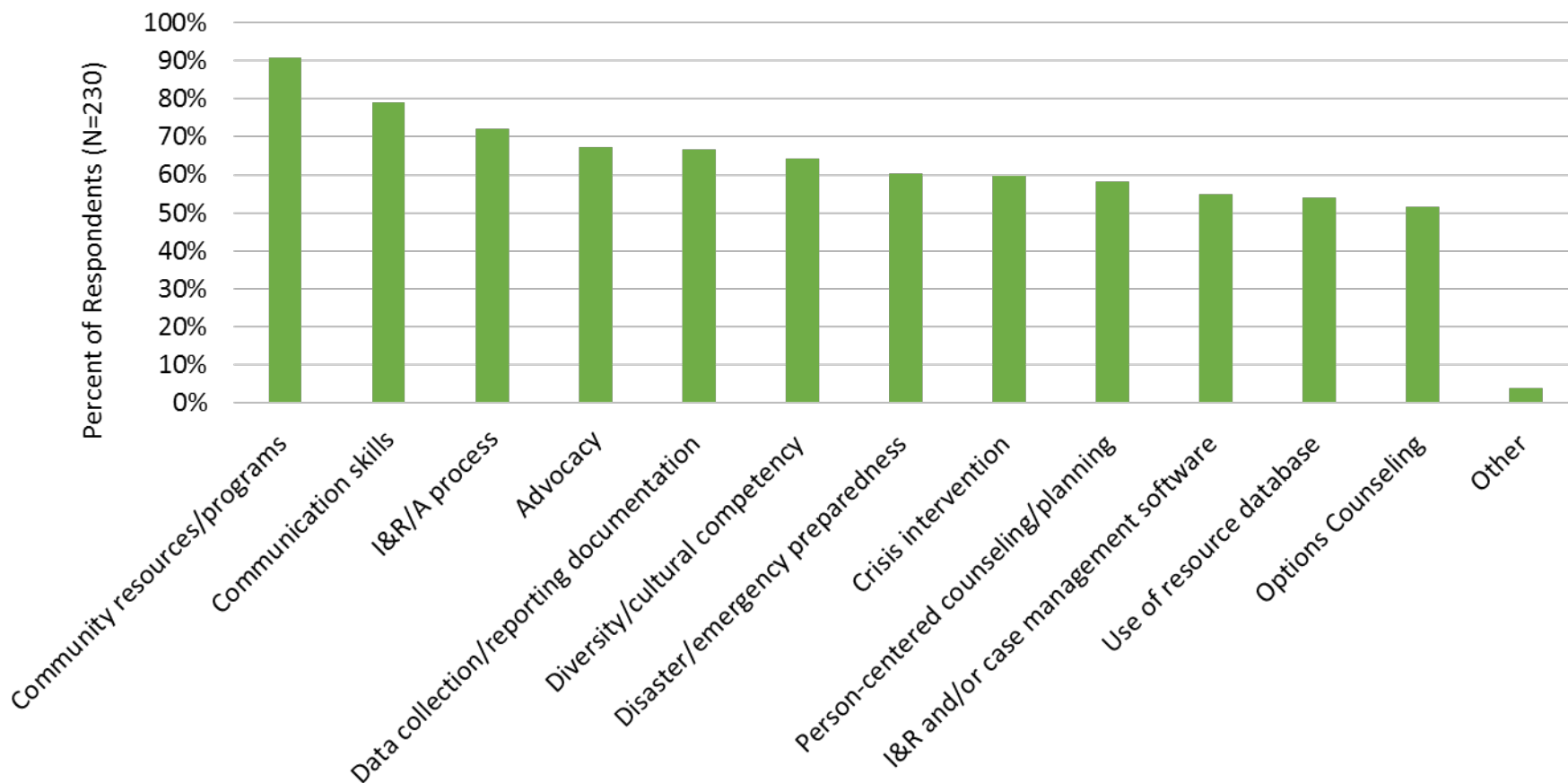
Effective I&R/A Service Delivery: From Core Foundations to New Expectations

National I&R/A survey findings: Standards-based I&R/A services



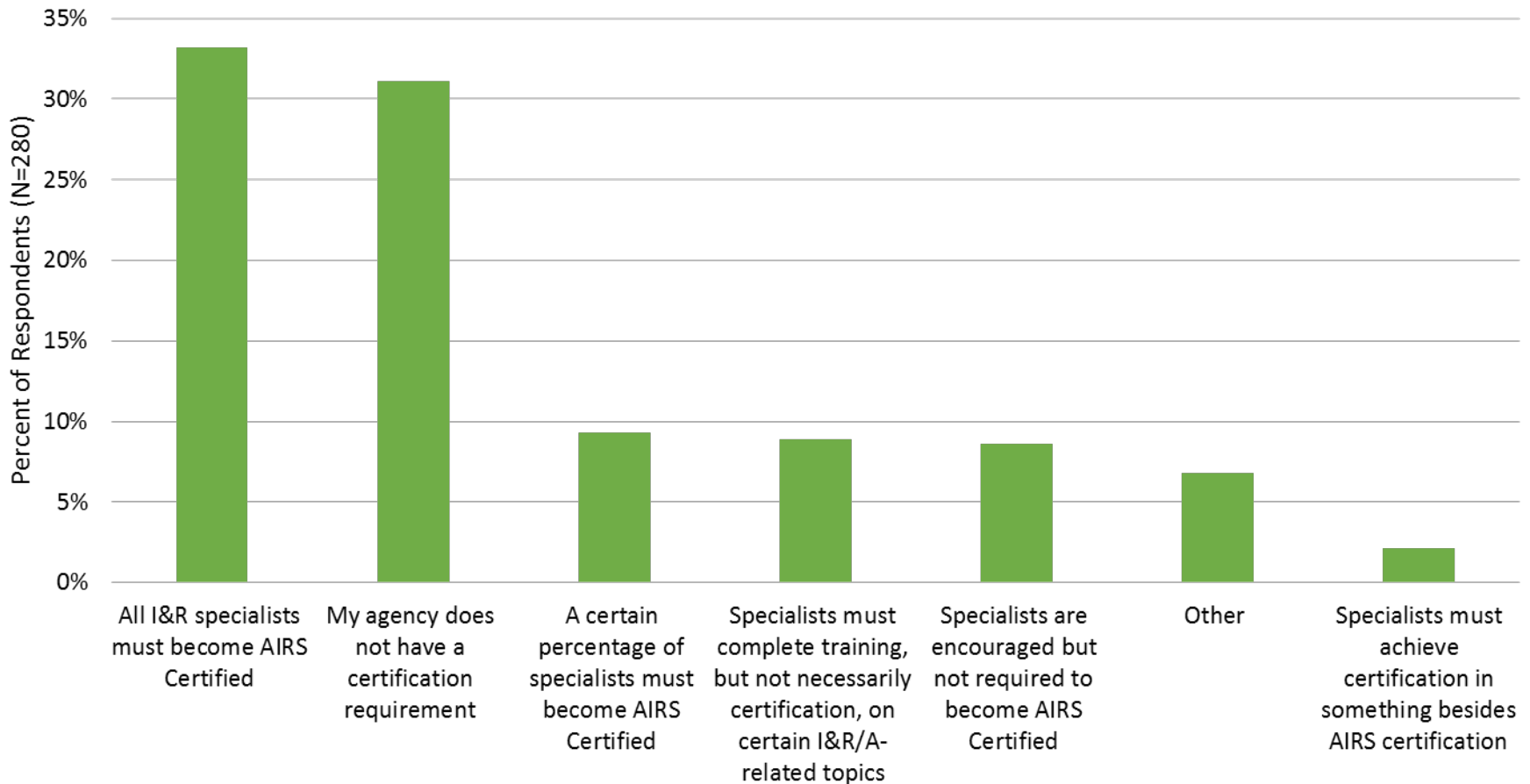
National I&R/A survey findings: Supporting professionalism - training

Training for I&R/A Specialists



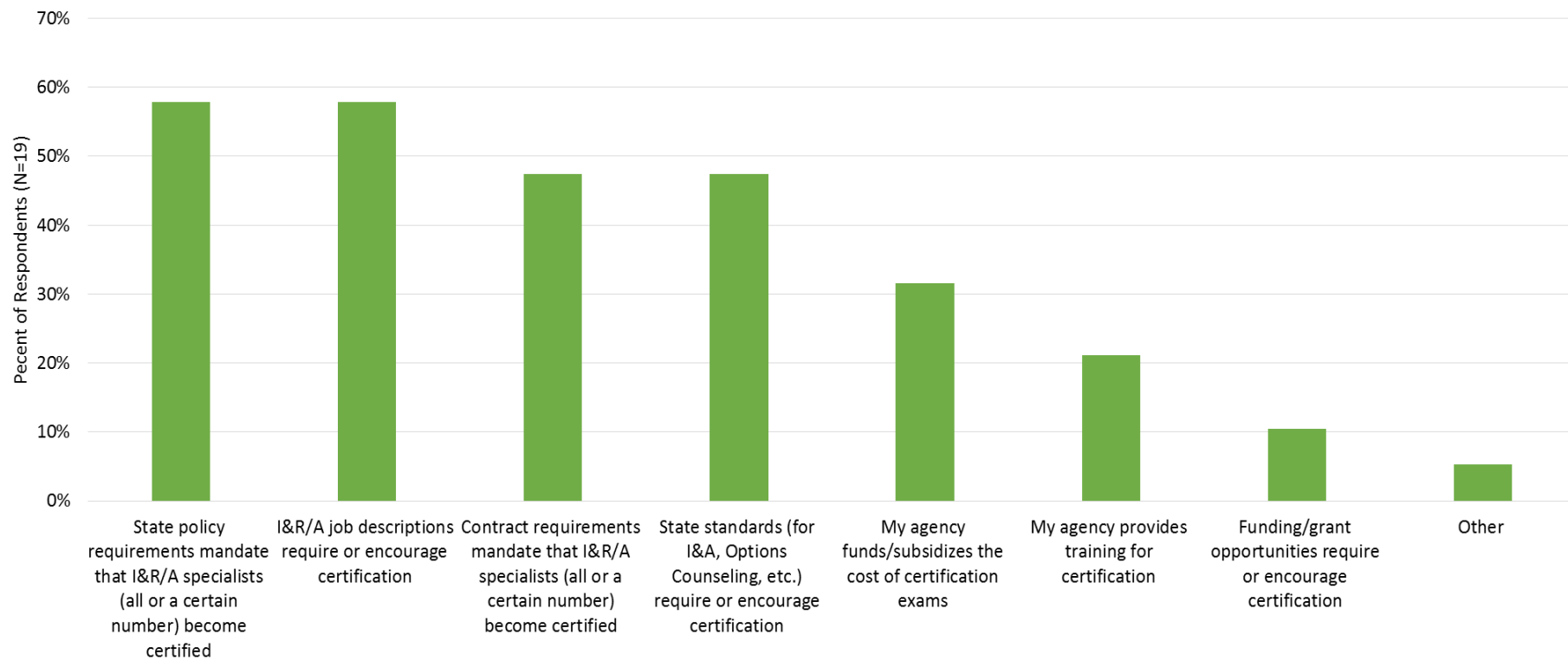
National I&R/A survey findings: Supporting certification: agency practices

Certification Requirements



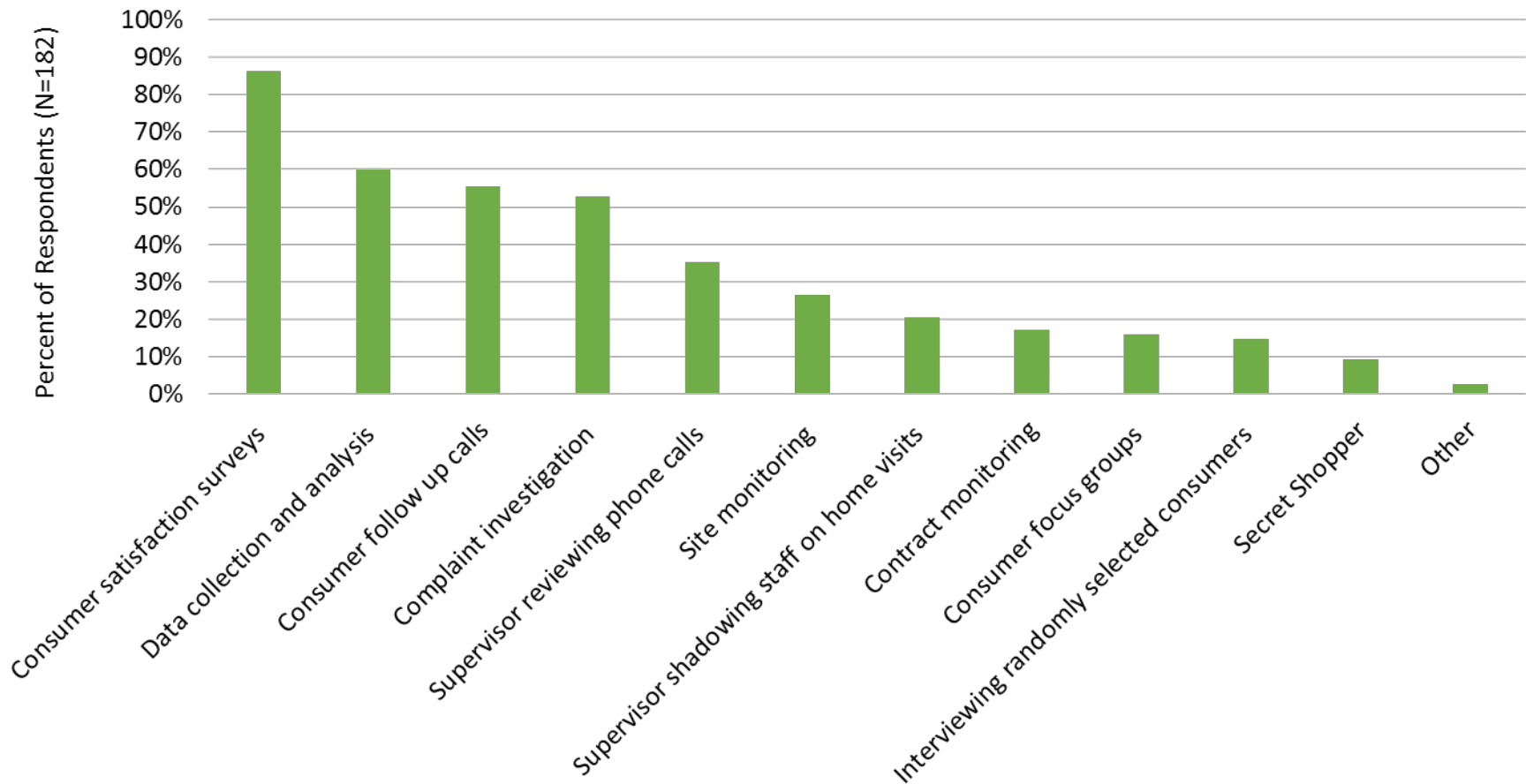
National I&R/A survey findings: Supporting certification: state practices

How State Agencies Require or Encourage Certification of I&R/A Specialists



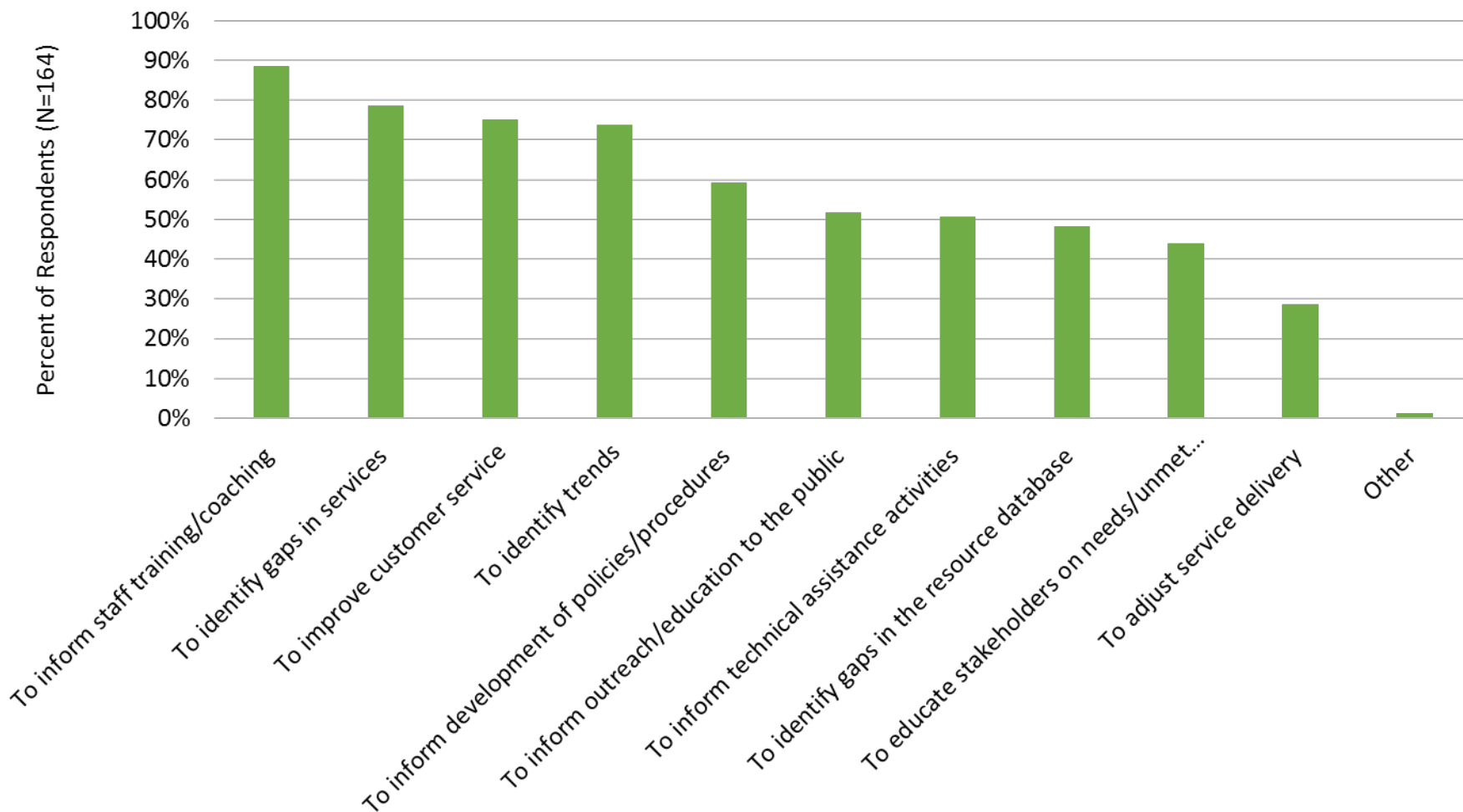
National I&R/A survey findings: Keys to effective and efficient services: Quality assurance

Quality Assurance Measures

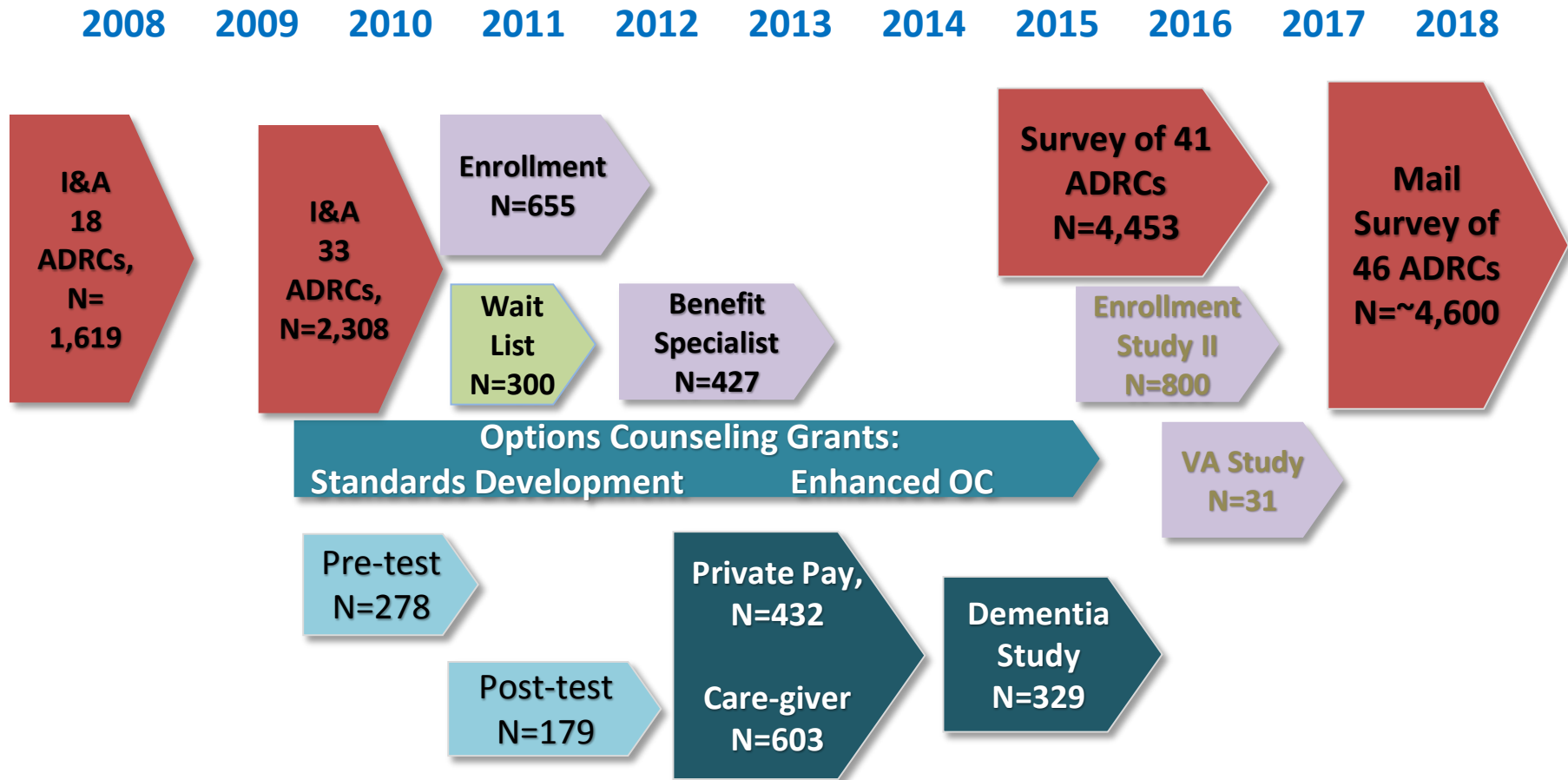


National I&R/A survey findings: Keys to effective and efficient services: Quality improvement

Using Quality Assurance Data for Quality Improvement Activities



History of Wisconsin's ADRC Research Studies



Over 17,000 Customers surveyed!

The Business Institute

Vision: To improve the health and well-being of older adults and people with disabilities through improved and increased access to quality services and evidence-based programs.

Mission: To build and strengthen partnerships between aging and disability CBOs and the health care system.

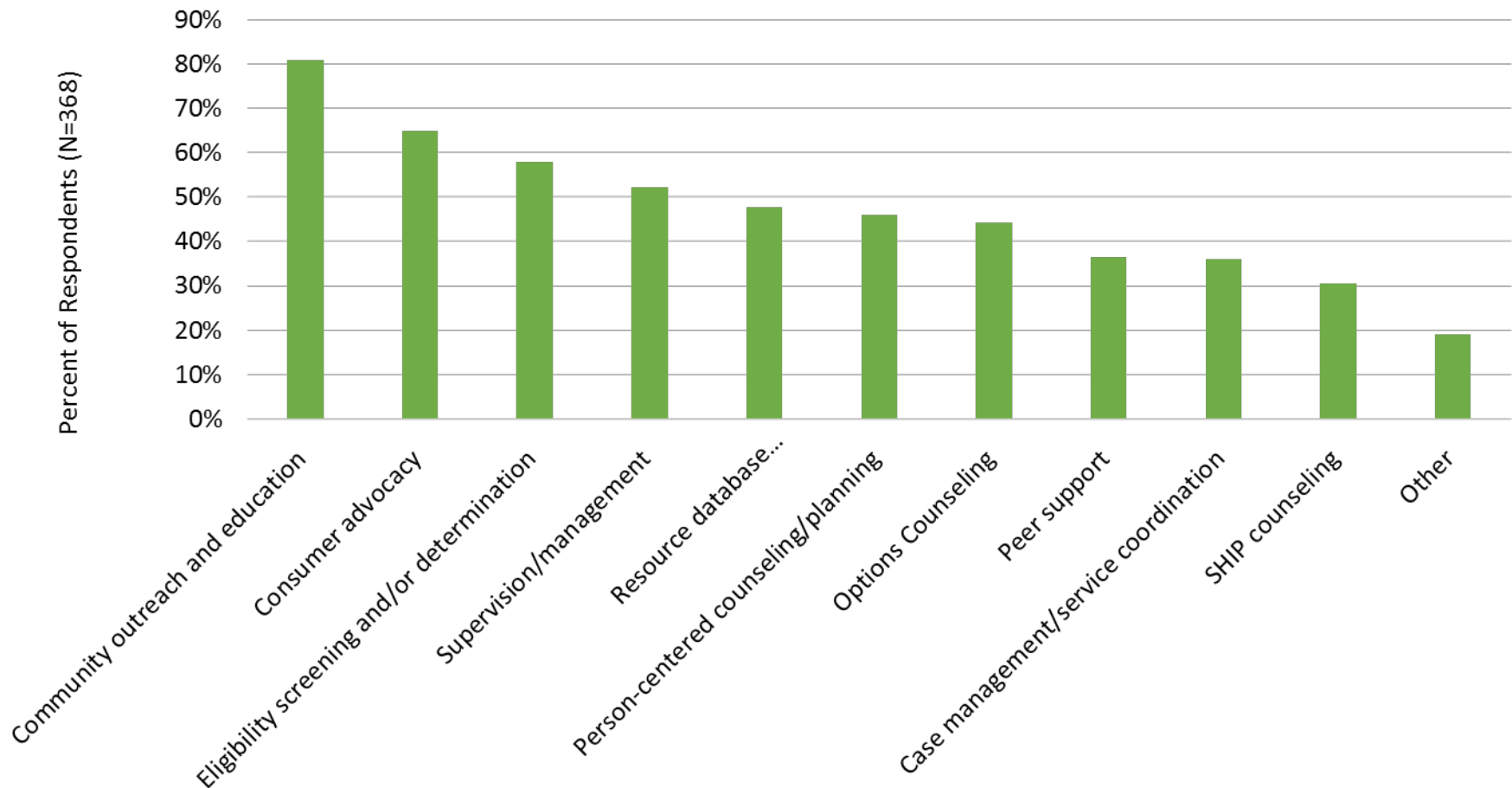


Core Foundations and Trends

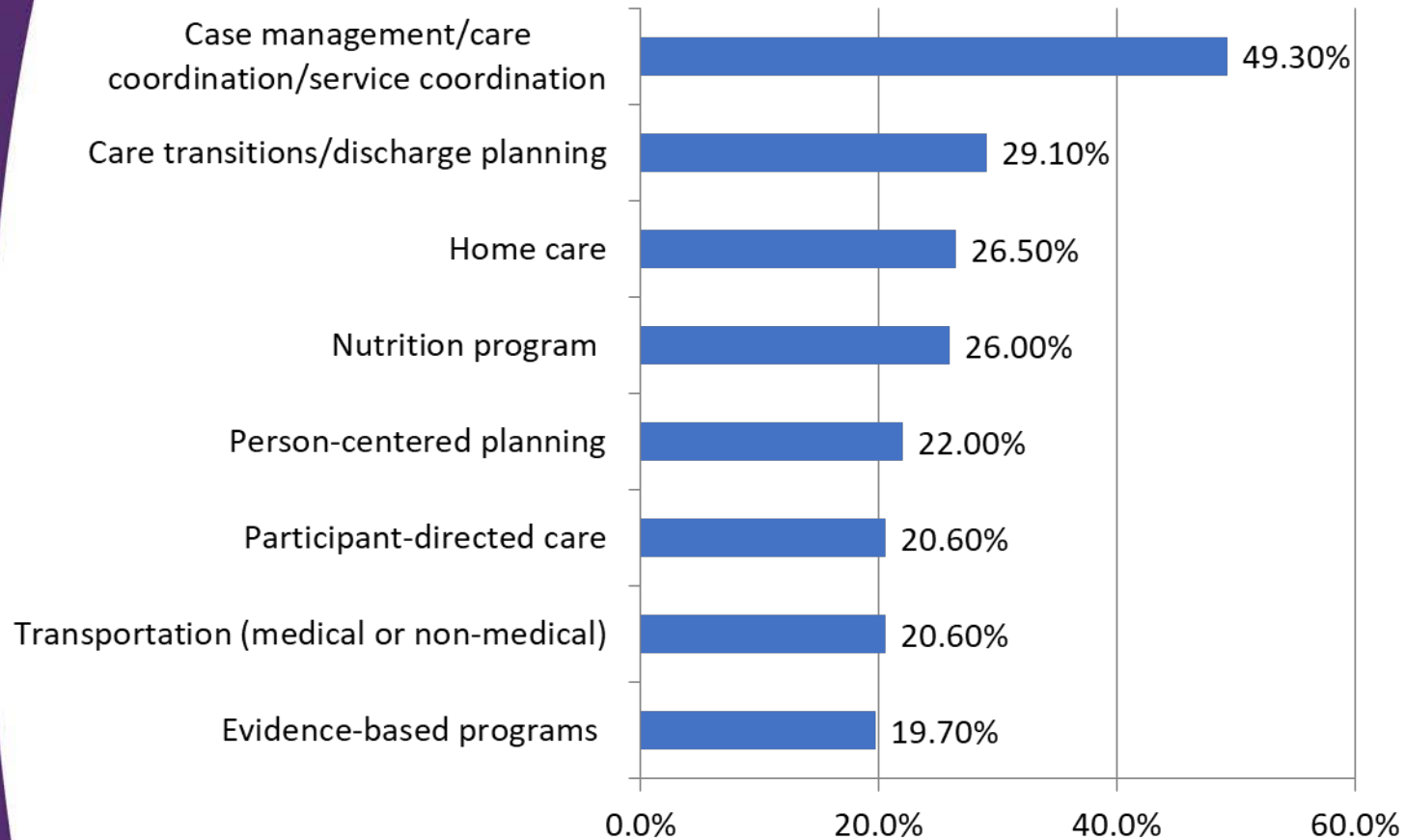
Everything But the Kitchen Sink: The Roles of I&R/A Professionals

National I&R/A survey findings: The growing responsibilities of I&R/A professionals

Job Responsibilities in Addition to I&R/A



Most Common Services Provided through Contracts by Organizations Contracting with Health Care Entities



Data source

2017 data: Kunkel, S.R., Straker, J.K., Kelly, E.M., & Lackmeyer, A.E. (2017). Community-based organizations and health care contracting: Research brief. Scripps Gerontology Center, Oxford, OH.



Survey of CIRIS-Aging/Disabilities (CIRIS-A/D) Holders

Does your I&R/A work involve you moving between different roles?	Responses (N=516)	
Yes, I engage in service coordination	54%	279
Yes, I work with the client and family at length to fully determine their needs	58%	300
Yes, I engage in person-centered decision-support	67%	346
Yes, I help set up their assessment appointments	36%	186
Yes, I assist clients to complete applications and forms	60%	309
Yes, I engage in case management	31%	162
No, I am focused solely on I&R/A work	15%	75
		516

Survey of CIRIS-Aging/Disabilities (CIRIS-A/D) Holders

Does your work include any of the following?	Responses (N=499)	
Service coordination	57%	286
Eligibility screening	82%	408
Eligibility determination	49%	244
Service appointments	36%	182
Follow-up	81%	406
Needs and/or functional assessments	62%	310
Case management	34%	169
		499

I&R/A Professionals in their own words...

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- I find that **I&A and options counseling are connected** and more often than not, I am performing both duties.
- We often refer to option counselors as "traveling I&R".
- We have stopped using the term Options Counseling in our titles but we continue to do what we call "**enhanced I&R/A**"
- Anything and everything...
- Calls are getting very detailed and lengthy - often taking 2-3 hours upon initial contact to even begin to assess the situation and then hours and weeks for follow up
- I wear a lot of hats and it doesn't matter if I am wearing my Options Counseling hat or providing transportation for someone to go to the doctor, **I&R is always coming up**
- We are doing **more case management** than we have in the past...
- Increased responsibilities due to position cuts. **Higher acuity of I&A calls**, such as homelessness, elder abuse...
- Job responsibilities have greatly increased in application assistance for public benefits due to office closures and automated phone lines.
- Since I am located in a rural area, I wear many "hats".

Eldercare Locator's model



Connecting You to Community Services



The role of I&R/A Professionals: Wisconsin's model

Activities include:

- Outreach
- Information and Assistance
- Options Counseling
- Enrollment Counseling (HCBS Waivers)
- Short-term service coordination

Change and Continuity in the CIRS-A/D Certification Program

- The Certification for I&R Specialists in Aging/Disabilities (CIRS-A/D) program is a reflection of the roles and activities of I&R/A professionals, and the skills and knowledge needed to perform these activities.
- 2018 is an important year for the CIRS-A/D program!
 - Surveyed CIRS-A/D holders on their job activities
 - Engaging with subject matter experts (*I&R/A professionals*) from across the country
 - Revising the CIRS-A/D Job Task Analysis
 - Validation of Job Task Analysis
 - Review of exam questions and development of new questions

Core Foundations and Trends

Group Discussions

Looking Back/Looking Ahead

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- How do we maintain our strong foundations?
- How do we respond to growing needs?
- How do we adapt to changes in aging and disability services and funding?
- How do we create value for our work?
- How do we show the value of this work?

Questions for reflection

FOR MORE INFORMATION

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