Service Delivery in the Aftermath of a Pandemic: Findings from the Information and Referral/Assistance National Survey

NCIL
National Council on Independent Living

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Introduction

Information and Referral/Assistance (I&R/A) programs help to bring people and services together. Within the aging and disabilities networks, I&R/A programs play a vital role in connecting older adults, people with disabilities, family members, and caregivers to a range of services, including long-term services and supports (LTSS), that may be available to them. I&R/A service delivery is at the heart of this engagement with individuals. As such, I&R/A service delivery reflects the experiences of communities and the needs of inquirers along with agency practices. While I&R/A service delivery continues throughout disasters and emergencies of all kinds, the Covid-19 pandemic, along with the economic, workforce, and service provision disruptions that ensued, has had a longer-term impact on I&R/A services. This impact extends from specialist job responsibilities and work settings to call volume, service requests, and more.

This issue brief will explore several dimensions of service delivery and service needs. This brief is the first in a series of issue briefs that draws from the Aging and Disability 2023 Information & Referral/Assistance National Survey. This survey, conducted by ADvancing States in partnership with the National Council on Independent Living (NCIL), was designed to assess the state of I&R/A programs and systems serving older adults, people with disabilities, families, and caregivers. The survey captures the perspectives of state agencies on aging and disability, Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Centers for Independent Living (CILs), and other nonprofit human service organizations that provide or oversee I&R/A services. The 2023 survey builds on a 2018 survey of aging and disability I&R/A programs as well as a 2021 I&R/A technology survey, allowing for the identification of trends and developments over time.[1] Additionally, reviewing trends and changes between 2018 and 2023 (prior to and in the aftermath of the pandemic), provides insight into the effects of a national and long duration public health emergency (PHE). The 2023 I&R/A Survey gathered quantitative and qualitative data on a range of topics which will be presented in the issue brief series that will cover service delivery, technology, partnerships and system building, and training and quality assurance.

[1] The reports from these surveys, titled Complex Needs and Growing Roles: The Changing Nature of Information and Referral/Assistance and A New Standard of Innovation: Findings from the I&R/A Technology Survey respectively, can be found at https://www.advancingstates.org/initiatives/information-and-referralassistance/resources

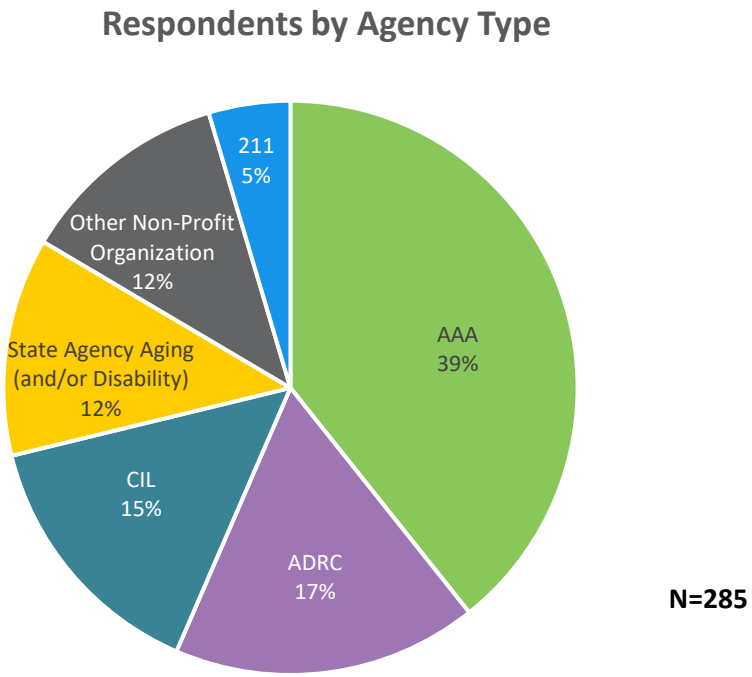
Methodology and Respondents

ADvancing States' National Information & Referral Support Center developed the instrument for the 2023 I&R/A Survey with input from a workgroup of national, state, and local aging and disability professionals. In collaboration with NCIL, the survey was administered to agencies primarily within the aging and disabilities networks that provide or oversee I&R/A services. Responses were collected through a web-based survey tool in April-May of 2023. To assess the landscape of I&R/A programs and systems, the survey gathered data in several key areas including the following:

- Job responsibilities and work settings;
- Services, referrals, and service needs;
- Social media use;
- Partnerships and I&R/A system building;
- Information technology and systems;
- Agency standards and quality assurance;
- Training and certification; and
- Sustainability.

The survey received 285 responses representing public and nonprofit agencies at the state, local, and even national levels that provide or oversee I&R/A services. Respondents included a small number of 211 programs. 211 programs provide information and referral (I&R) services to all community members in areas served by 211. See Figure 1 for respondents by agency type.

Figure 1

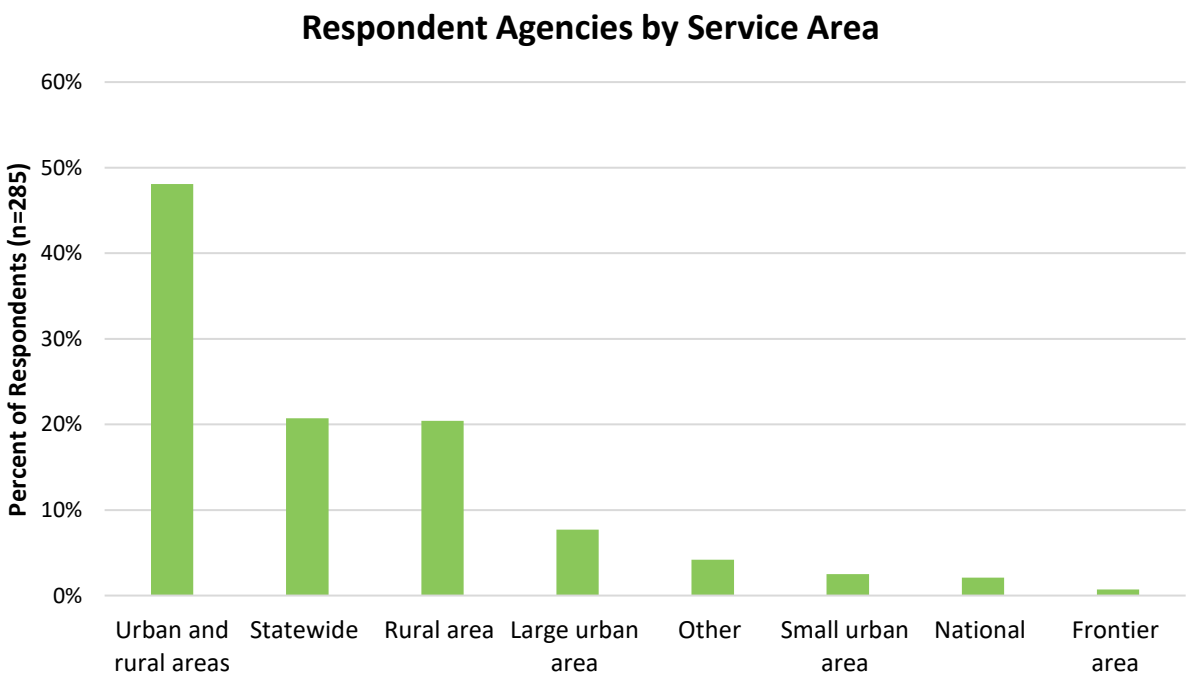


Description: *Figure 1 is a pie chart of survey respondents by agency type. There was a total of 285 respondents. 39% of respondents were from a AAA, 17% of respondents were from an ADRC, 15% of respondents were from a CIL, 12% of respondents were from State Agency on Aging and/or Disability, 12% of respondents were from other non-profit organizations, and 5% were from 211 agencies.*

In reviewing Figure 1, it is helpful to keep in mind that while respondents could only select one agency type for their organization, some respondents likely work in organizations that include more than one type of agency. For example, a respondent may work in a AAA that is also the lead agency for an ADRC.

Survey respondents were also asked to identify their agency's service area type. As shown in Figure 2, nearly half of respondents are in agencies whose service areas include both urban and rural areas. An equal number of respondents reported that their agency serves a rural area or has a statewide purview. Under 10 percent of respondent agencies serve a large urban area or some other type of service area.

Figure 2



Description: *Figure 2 is a bar chart of respondent agencies by service area. The top three service areas were urban and rural areas, statewide, and rural area only.*

Job Responsibilities, Work Settings, and Workforce Issues

Job Responsibilities

Staff who perform I&R/A functions often have a complex role within their agencies as their job responsibilities may include a range of other tasks. In fact, 80 percent of overall survey respondents indicated they have job responsibilities in addition to I&R/A activities. This finding is consistent with data from previous I&R/A surveys conducted by ADvancing States, suggesting that the complexity of the role reflects a more long-standing trend. Job task analysis of the I&R/A role conducted by Inform USA's Certification Commission has found a similar trend, encapsulated in the introduction to the Job Task Analysis for Certified Community Resource Specialists-Aging/Disabilities ("Although I&R provision remains their core role, nearly all practitioners are involved in providing additional help at the point-of-contact such as eligibility assessment, service coordination, application assistance, appointment setting, and needs assessment."[2]).

Further information on additional job responsibilities as reported by respondents (n=221) is shown in Figure 3. Similar to findings from the Job Task Analysis for certified specialists, additional responsibilities are often consumer-facing such as community outreach, consumer advocacy, eligibility screening, LTSS counseling, and service coordination. The nature of additional job responsibilities can vary depending on the agency type. For example, respondents from CILs were more likely to report that their additional responsibilities included activities such as peer support, independent living skills training, and transition. These activities, combined with advocacy and I&R, comprise the Independent Living core services. The 2023 I&R/A Survey included a new option for respondents to indicate where their additional job responsibilities include vaccination information/vaccination access assistance, a role likely connected to the pandemic experience of supporting inquirers with such assistance. It is interesting to note that 41 percent of respondents identified vaccination information and/or access as part of their job responsibilities in 2023. Other job responsibilities identified by respondents not listed in Figure 3 include, for example, wellness check-in calls/telephone reassurance (reported by 25 percent of those responding) and disaster preparedness/response other than I&R/A contacts (19 percent of respondents).

Figure 3

Job Responsibilities in Addition to I&R/A

Over 60% reporting:	Over 50% reporting:	Over 30% reporting:
Community outreach and education	Person-centered counseling	Case management or service coordination
Eligibility screening and/or determination	Options counseling	Vaccination information; vaccination access assistance
Assessment (e.g. needs assessment)	Resource database management or maintenance	Medicare counseling
Consumer advocacy	Supervision/management	Care transitions

[2]"Community Resource Specialist-Aging/Disabilities Job Task Analysis," Inform USA, accessed January 11, 2024. https://assets-002.noviams.com/novi-file-uploads/airs/Certification/CRS-AD_JTA.pdf

Description: Figure 3 is a table of job responsibilities in addition to I&R/A reported by respondents. Over 60% reported community outreach and education, eligibility screening and/or determination, assessment, and consumer advocacy as additional job responsibilities. Over 50% reported person-centered counseling, options counseling, resource database management or maintenance, and supervision as additional job responsibilities. Over 30% reported case management or service coordination, vaccination information, Medicare counseling, and care transitions as additional responsibilities.

Respondents were also asked to comment on whether additional job responsibilities had increased or otherwise changed over the past year. A number of respondents commented that their responsibilities had increased or changed for several reasons including increased demand for services, greater awareness of the agency through outreach, staffing shortages or limitations, changes in community needs, and changes in the scope of their job such as greater emphasis on transition or person-centered options counseling. Several respondents pointed to the impact of complex needs (in areas such as housing, financial insecurity, and LTSS) on their responsibilities. Such needs might call for more options counseling, advocacy, or application assistance. For some specialists, the modality of service delivery has also changed, with more digital communication and support, a potential continuing effect of the pandemic (as shared by a respondent: "Online options for support have increased, thus the need to increase knowledge of online supports and update resources.")

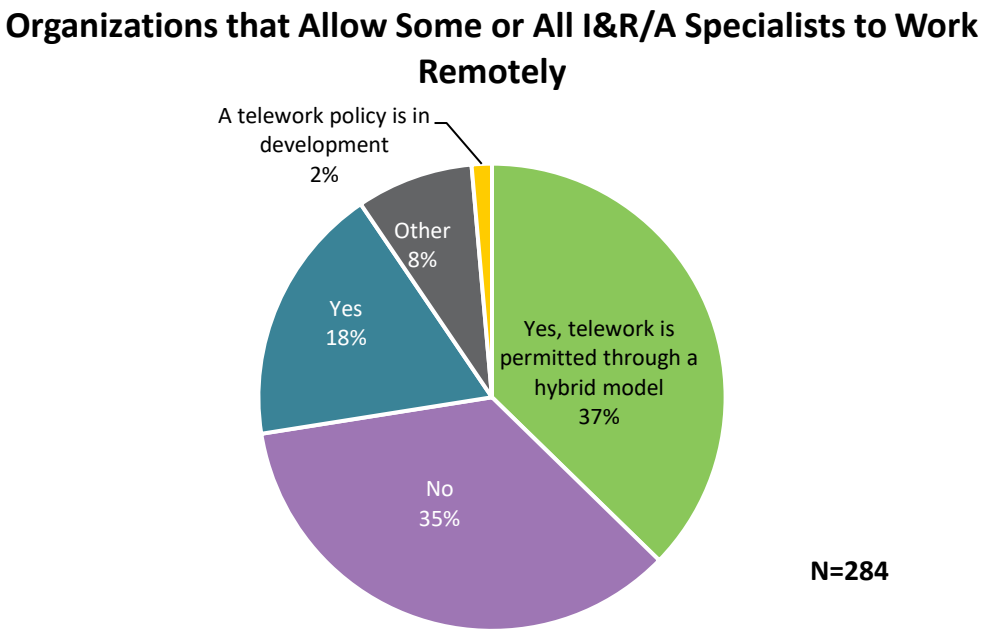
Work Settings and Remote Work

While the trend of enhanced job responsibilities has occurred over time, changes in work settings appear to be more directly connected to the pandemic experience when many agencies had to pivot to remote work for at least some portion of time. When asked whether their organization allows some or all I&R/A specialists to regularly work remotely, 55 percent of specialists indicated that remote work is allowed. Of these respondents, 37 percent indicated that remote work is permitted through a hybrid model (i.e., a blend of in-office and remote work). Thirty-five percent of respondents reported that remote work is not allowed. The remaining respondents indicated some other arrangement (for example, remote work is permitted when needed due to health issues or weather conditions) or that a telework policy is in development (Figure 4).

In the I&R/A Technology Survey conducted in the spring of 2021, 72 percent of survey respondents indicated that their agency has shifted some or all I&R/A specialists to remote work in response to the pandemic. When asked about expectations for remote work looking ahead, data from the 2021 Technology Survey suggested that remote work would remain a part of agencies' operations in some capacity for a little over half of respondents.[3] Interestingly, data from the 2023 I&R/A Survey, described above, bears this out. Shifts in workplace settings to allow greater use of remote/hybrid work appear to be outlasting the public health emergency.

[3] ADvancing States. (October 2021). A New Standards of Innovation: Findings from the I&R/A Technology Survey. Available at http://www.advancingstates.org/sites/nasuad/files/u33914/Final%20IR%20Technology%20Survey%20Issue%20Brief%202021.pdf

Figure 4



Description: *Figure 4 is a pie chart representing organizations that allow some or all I&R/A Specialists to Work Remotely. 37% of respondents reported "yes, telework is permitted through a hybrid model," 35% reported "no," 18% reported "yes," 8% reported "other," and 2% responded "a telework policy is in development." Analysis of this chart is in the main text.*

As shown in Figure 4, the hybrid model appears to be a preferred approach to remote work among respondent agencies that allow remote work. Where applicable, respondents were asked to further identify the option that best describes their organization's hybrid work model. A majority of respondents identified a model of either two or three days per week in the office and two or three days of telework. In comments, several respondents described other hybrid options such as one week in the office and one week of telework or a flexible approach as needed.

Workforce Challenges and Strategies

Flexibility in workplace settings and a range of other strategies may be needed to help agencies meet staffing needs and address workforce challenges. In the 2023 I&R/A Survey, 59 percent of respondents reported that, within the past year, their organization has experienced workforce issues (such as staff shortages, turnover, restructuring, etc.) that have impacted the provision of I&R/A services. In qualitative comments, some respondents noted that I&R/A services are adequately covered at their agency even if other programs experience staff shortages. Other respondents pointed to difficulties in recruiting, hiring, or retaining specialists. More specifically, challenges might include recruiting candidates with the needed qualifications, meeting candidates' salary expectations, or retaining staff given the nature of the work. Staffing issues can impact I&R/A services in various ways such as slowing call-back time or straining existing

staff resources which might be spread thinly over multiple project areas. Several comments are shared below:

- "Due to increased incoming calls and referrals, more staff has been hired and we are still struggling to meet demand."
- "Our I&R department has had minimal turnover however, the biggest impact to our consumers has been our providers' ability to deliver services due to their staffing shortages."
- "We have been on a hiring/training treadmill since mid-2020."

Respondents who indicated that their agency has experienced workforce issues impacting I&R/A services were subsequently asked to identify how their organization addressed these workforce issues. Findings are shown in Figure 5 and reveal that agencies might employ a mix of strategies to address workforce challenges. Some of these strategies – like flexible schedules, training and mentoring, increased pay or bonuses, or staff recognition – reflect supportive approaches that could strengthen retention. Agencies might also need to use strategies like increasing staff caseloads or responsibilities that may address immediate needs but could impact staffing in the long run. In qualitative comments, several respondents described additional strategies such as conducting salary surveys (with pay adjustments if needed), developing new and more skilled positions to support retention, offering paid overtime, and using volunteers and college interns.

"We have modified our training so that we have more mentoring involved and have made it more in-depth to try to keep the I&R staff from experiencing quick burnout and wanting to move on to other positions or leave the organization."
- Area Agency on Agency respondent

Figure 5

How Organizations Are Addressing Workforce Issues	Percent of Respondents (N=160)
Increased staff responsibilities	55%
Flexible schedule	52.5%
Increased staff caseloads	46.3%
Increased pay or bonuses to retain staff	37.5%
Staff training or mentoring	36.9%
Staff recognition	35%
Hiring of part-time or seasonal positions, or volunteers	25.6%
Increased pay or bonuses to attract new staff	23.8%
Other	8.8%
Partnerships with local colleges	8.1%

Description: Figure 5 is a table depicting how organizations are addressing workforce issues. In order of highest to lowest percentages of respondents is as follows: increased staff responsibilities, flexible schedule, increased staff caseloads, increased pay or bonuses to retain staff, staff training or mentoring, staff recognition, hiring of part-time or seasonal positions, or volunteers, increased pay or bonuses to attract new staff, and other.

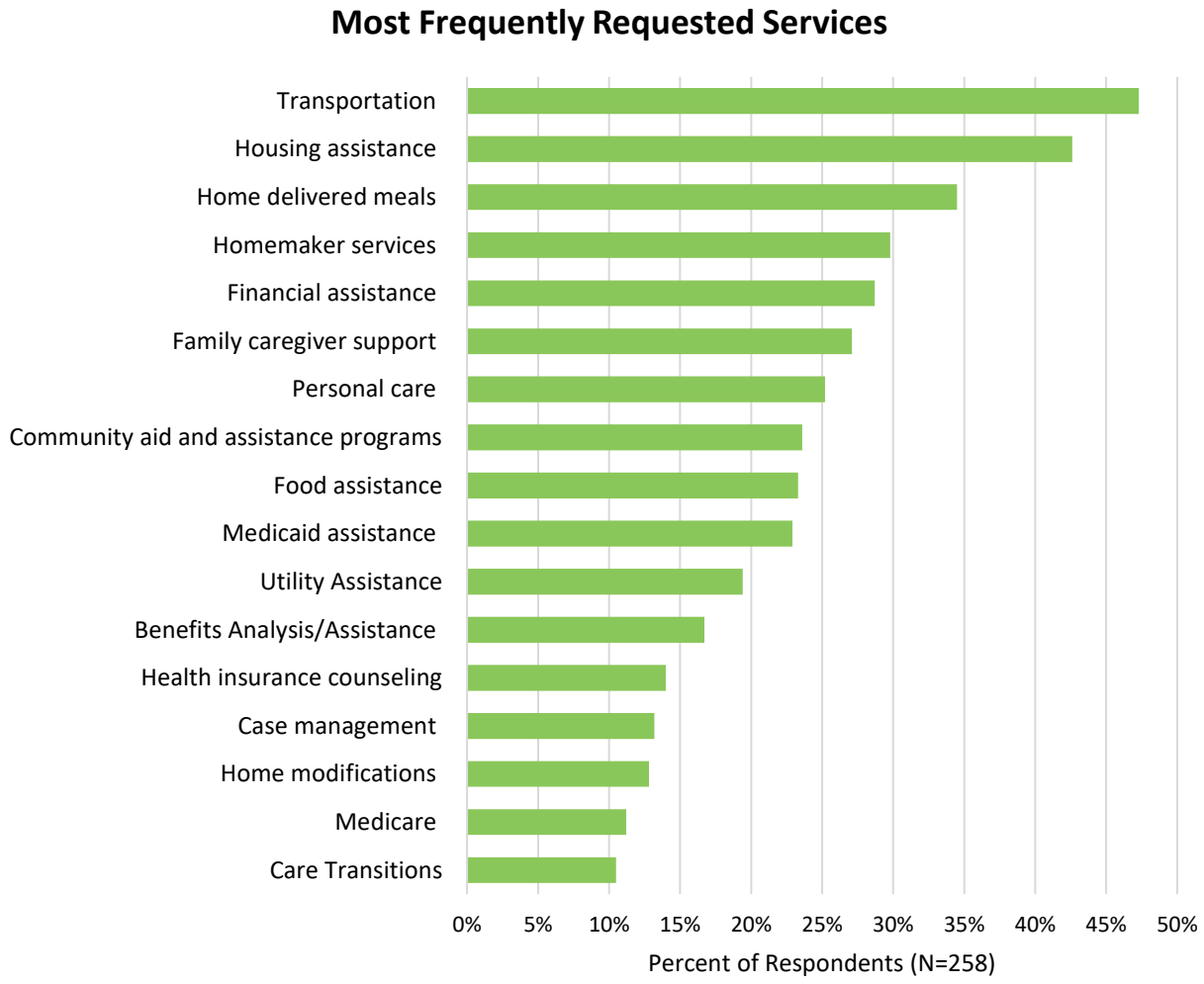
Community Needs

Service Needs and Unmet Needs

Connecting individuals to programs and resources is at the heart of I&R/A service delivery. Data gathered through the I&R/A service delivery process provides a window into the service needs and unmet needs of inquirers. Additionally, I&R/A contacts can generate rich data on the service needs and unmet needs of communities and populations served. The 2023 I&R/A Survey, like previous surveys, asked respondents to identify the most frequently requested services and the most frequent unmet service needs. The findings provide a snapshot of the service needs and unmet needs of individuals served through the aging and disability I&R/A networks. This data was also analyzed by type of service area to highlight the impact of geographic differences.

In the 2023 survey, the top ten most frequently requested services as identified by respondents overall are: transportation, housing assistance, home-delivered meals, homemaker services, financial assistance, family caregiving support, personal care, community aid and assistance programs, food assistance, and Medicaid assistance (Figure 6). In survey over survey, from the 2015 I&R/A Survey to the 2018 survey to the most recent 2023 survey, housing assistance and transportation (whether first or second) are identified as the most frequent service requests received by I&R/A specialists at respondent agencies. This finding suggests that these are areas of persistent needs even as economic conditions and other factors vary. Challenges with housing affordability and accessibility have been exacerbated by conditions that resulted from the global pandemic. In surveys conducted prior to the pandemic, financial assistance would have rounded out the top three most frequently requested services. In the 2023 I&R/A Survey, home-delivered meals and homemaker services are the third and fourth most frequently requested services followed by financial assistance. This finding could suggest a preference for or need to receive services in the home, perhaps in part a longer-term effect of the pandemic.

Figure 6



Description: Figure 6 is a bar chart representing responses (N=258) about the most frequently requested services. The top 10 most frequently requested services were transportation, housing assistance, home delivered meals, homemaker services, financial assistance, family caregiver support, personal care, community aid and assistance programs, food assistance, and Medicaid assistance.

The frequency of service requests varies by agency type. Data from the 2023 I&R/A Survey shows some differences across agency type. For example, respondents from AAAs and ADRCs were more likely to report family caregiver support as a frequently requested service compared to respondents from other types of agencies. Adult Protective Services (APS) – a state-administered or supervised program in most states – were more likely to be identified by state agency respondents (APS is not shown on Figure 6 as it was identified by less than ten percent of respondents overall). CIL respondents were more likely to report independent living skills,

assistive technology, and home modification as frequently requested services compared to respondents from other types of agencies. The most frequently requested services at CILs align with Independent Living core services.

Along with asking respondents to identify the most frequently requested services, the 2023 survey also asked respondents to select the most frequent unmet service needs identified in the past year. In the I&R field, unmet needs may reflect both individual and system-level barriers to accessing services. Such barriers can include, for example, long waitlists for services, a lack of providers, and gaps in community resources. Individuals can, for example, fail to qualify for services based on detailed eligibility assessments or be unable to meet cost share requirements. As noted in the *Inform USA Standards and Quality Indicators for Professional Information and Referral*, a pattern of individual unmet needs may lead to identification of service gaps at the service delivery system level.[4] I&R data on unmet needs is a valuable indicator of limitations within the service delivery system.

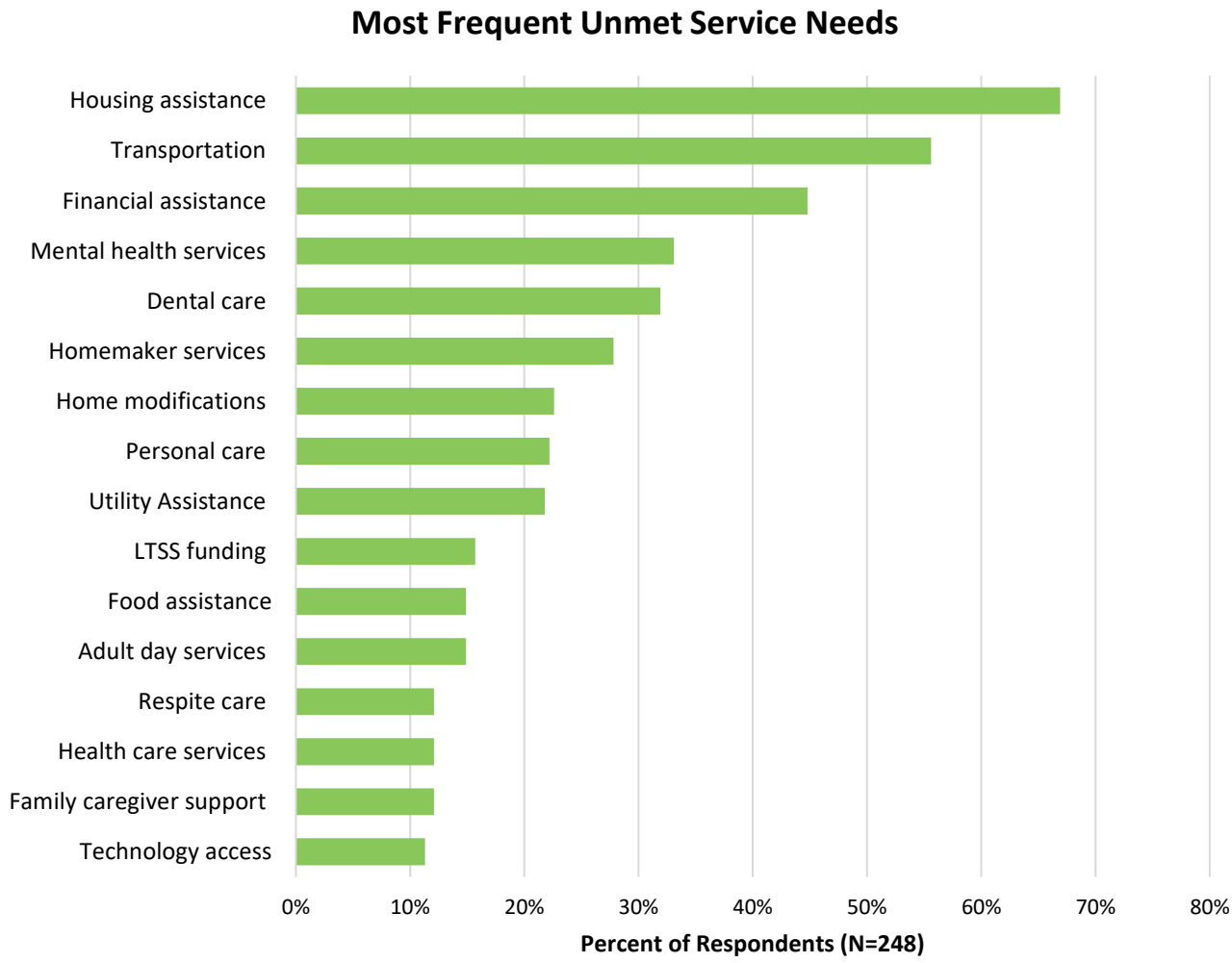
In the 2023 I&R/A Survey, the top ten most frequently identified unmet service needs are: housing assistance, transportation, financial assistance, mental health services, dental care, homemaker services, home modifications, personal care, utility assistance, and funding for LTSS (Figure 7). Close to 70 percent of respondents overall identified housing assistance as among the top five unmet service needs, underscoring the depth of the housing challenges impacting many communities. Findings from the 2023 survey are similar to those from the 2018 survey – in both surveys, the top five unmet service needs included housing assistance, transportation, financial assistance, dental care, and mental health services. Across the I&R/A surveys, there is a strong connection between unmet needs and the most frequently requested services. This finding suggests long-term and potentially significant gaps in the ability of communities to address critical needs like transportation and housing assistance among those served by aging and disability I&R/A programs. Additionally, in regard to unmet needs, gaps in service access and coverage can come into play. For example, less than three percent of respondents identified mental health services and dental care as among the most frequently requested services but these same services rank much higher as unmet needs. In both cases, there may be more systemic barriers to access and coverage. The pandemic has had a further impact on the availability of mental health services.

When it comes to service needs and unmet needs, geographic area can also influence community needs. Data from the 2023 I&R/A Survey shows that, while the overall patterns of service requests and unmet needs by service area (i.e. large urban area, rural area, or service area that includes urban and rural areas) are similar to the aggregate patterns shown in figures 6 and 7, there is variation within needs categories by service area. For some types of service needs and unmet needs, the data suggests that service area has an impact (see Appendix A for figures 8 and 9). Figure 8 suggests, for example, the degree to which housing issues drive service requests in large urban areas. While housing challenges are widely experienced across the country, challenges with access to affordable housing may be particularly acute in large urban settings. The data also hints at population differences by service area. Figure 8 shows more frequent service requests related to Medicare and health insurance counseling in rural areas, which tend to have older populations. Differences also show up in the data on unmet needs

[4] Inform USA. (July 2020). Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 9.0). Available at https://assets-002.noviams.com/novi-file-uploads/airs/AIRS_Standards_9_0_Final.pdf

(Figure 9). The data on home modifications suggest how stark these differences can be. While five percent of respondents in large urban areas identified home modifications as a frequent unmet need, 30 percent of respondents in rural areas did so. In rural areas, a need to assist individuals to stay safely in aging housing stock could contribute to this finding.

Figure 7

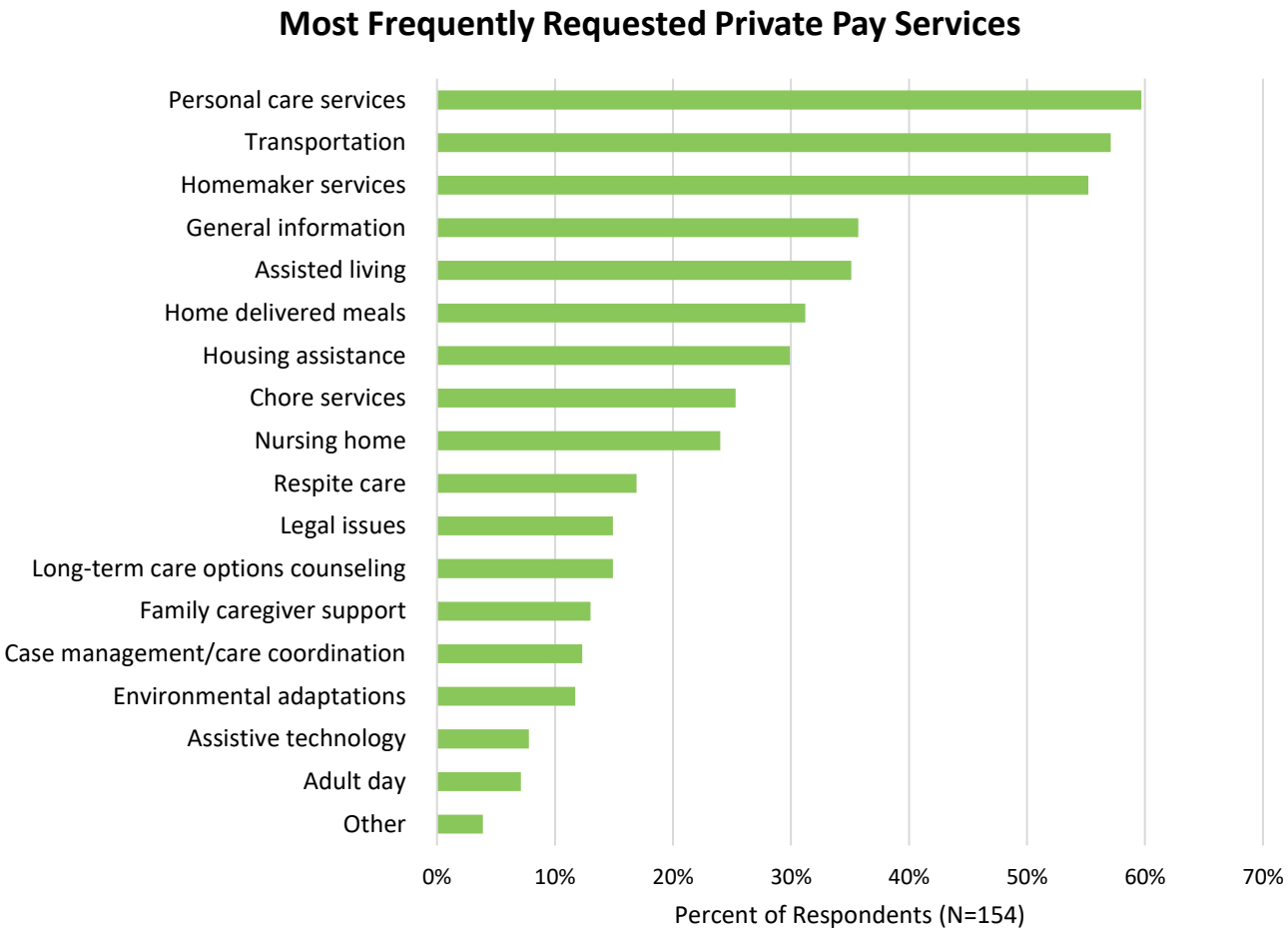


Description: Figure 7 is a bar chart representing responses (N=248) about the most frequent unmet service needs. The top 10 most frequent unmet service needs were housing assistance, transportation, financial assistance, mental health services, dental care, homemaker services, home modifications, personal care, utility assistance, and LTSS funding.

As community-serving programs, I&R/A programs assist individuals at all income levels, including individuals and families that may have resources to pay privately for services. In light of this, I&R/A programs might provide information and referral about private pay services (i.e., services paid by private consumer funds rather than by public financing or subsidy). In the 2023 survey, 76 percent of 205 respondents indicated that their agency provides I&R on private pay services. Figure 10 shows the most frequently requested private pay services. This data is similar

to that from the 2018 I&R/A survey. In both the 2023 and 2018 surveys, the top ten most frequently requested private pay services included personal care services, transportation, homemaker services, general information, assisted living, home delivered meals, housing assistance, chore services, nursing home, and respite care.

Figure 10



Description: Figure 10 is a bar chart representing responses (N=154) about the most frequently requested private pay services. The top 10 most frequently requested private pay services were personal care services, transportation, homemaker services, general information, assisted living, home delivered meals, housing assistance, chore services, nursing home, and respite care.

Respondents were also asked to describe any practices used by their agencies to facilitate providing I&R on private pay services. By connecting individuals to private pay options for those who do not meet the eligibility or targeting criteria for publicly-funded services, or who are on wait lists for services, I&R/A programs might help more consumers connect to services. Some respondents indicated that private pay services are included in their agency's resource database per inclusion/exclusion criteria. Agencies might also maintain separate lists or resource guides

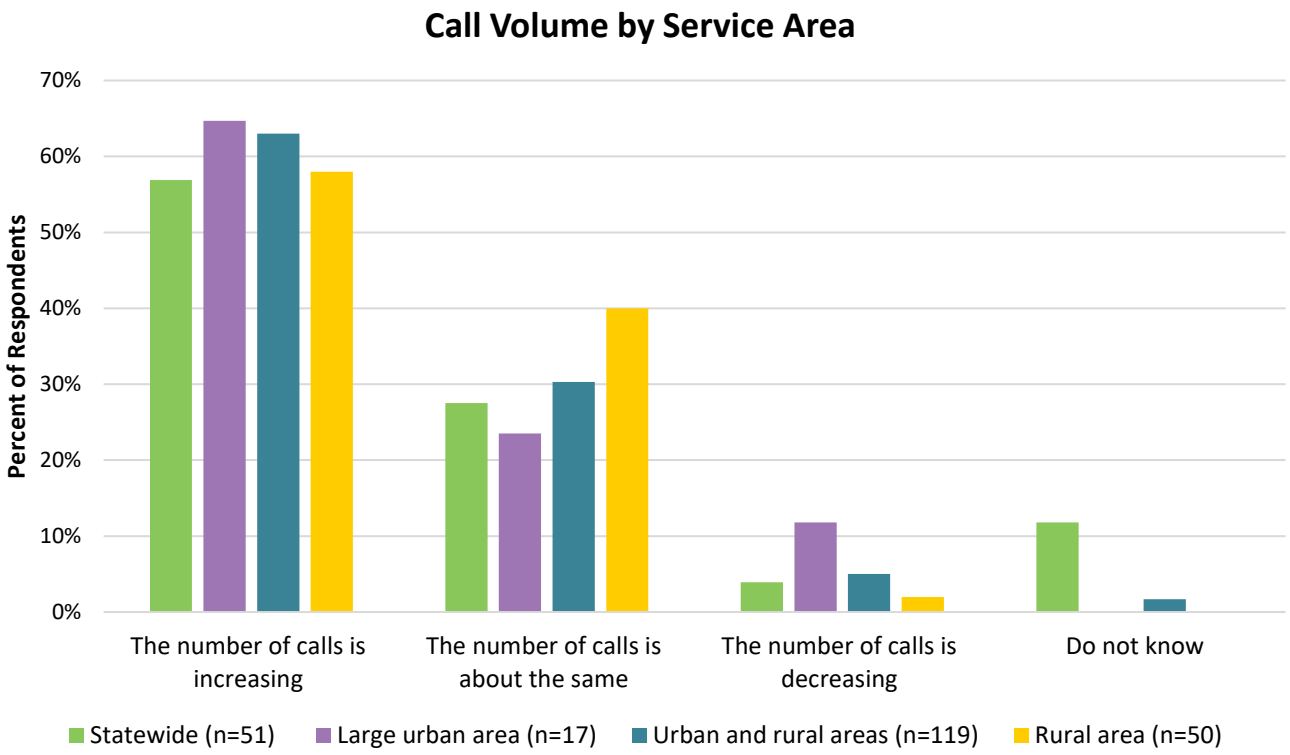
for private pay providers in areas such as transportation or in-home care. Specialists may assist to identify private pay providers through, for example, community meetings and events (one respondent stated: "We are constantly on the lookout for new resources for private pay services. We have many different private pay lists we share with consumers and are constantly updating those lists."). Several respondents emphasized the importance of providing inquirers with options through multiple referrals ("As the SUA [State Unit on Aging], we provide guidance to AAAs to encourage providing clients with information on private pay options."). Additionally, a small share of respondents (12 percent of 204 respondents) indicated that their own agencies offer fee-based services to private pay consumers. As identified by these respondents, the top ten fee-based services offered include meals program/service, homemaker/chore service, respite, personal care services, adult day program, transportation, personal emergency response systems, home modifications, assistive technology, and case management/care coordination. Several of these services (such as transportation, meals, homemaker services, personal care, and home modifications) parallel the most frequent service needs and/or unmet needs. This suggests an opportunity for agencies to help address inquirers' needs – particularly for individuals who may not yet qualify for publicly-funded services or who experience long wait lists – within a broader sustainability framework.

Further Indicators of Community Needs

The 2023 I&R/A Survey provides several other data points that speak to the level or types of community needs. Call volume can be an indicator of needs as well as of awareness of I&R/A programs. The experience of the Covid-19 pandemic has also had an impact on call volume, and for some agencies, brought about sustained and elevated levels of call volume.[5] In the 2023 survey, of 243 respondents, 61 percent indicated that call volume increased over the past year. Thirty-one percent indicated that call volume was about the same and only four percent reported that call volume decreased. As shown on Figure 11, across different types of service areas, call volume is up as reported by a majority of respondents. Those serving rural areas were a little more likely to report call volume remaining about the same over the past year.

[5] ADvancing States. A New Standard of Innovation: Findings from the I&R/A Technology Survey.

Figure 11



Description: Figure 11 is a bar chart representing responses about call volume by service area type. The chart shows that over 50% of respondents report call volume is increasing across all service areas (statewide, large urban area, urban and rural areas, or rural area).

Respondents were also asked to describe factors likely driving the increase in call volume or, for a small share of respondents, those that may be leading to a decrease in call volume. Some respondents noted that, as the PHE has leveled off, I&R/A calls have increased. In those cases, it might be that individuals who avoided seeking services during the pandemic are now more likely to engage with I&R/A programs (one respondent noted: "Individuals are again willing to have outside people in their home."). Other respondents reported that call volume increased during the pandemic and has remained elevated since ("We stepped up volume with Covid vaccine assistance calls and have been getting more known to the community and our partners").

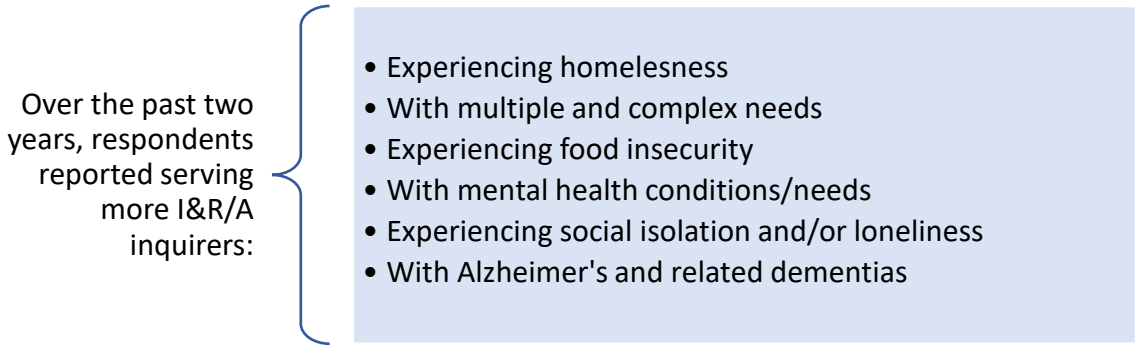
The winding down of enhanced benefits related to the PHE may be a factor driving calls (a respondent shared: "The end of pandemic assistance – SNAP, Medicaid, eviction protections – is driving increased calls for assistance."). In other cases, newer benefits might also lead to increased calls. More than a few respondents pointed to increased calls related to new paid caregiver programs. At a macro level, economic factors (notably increased cost of living for basic needs like housing), demographic factors, and strains on the care workforce (worker shortages, family caregivers needing to return to employment, etc.) appear to be contributing to greater needs and higher call volume. A number of respondents also identified greater outreach resulting in more awareness of I&R/A services. Respondents pointed to both online and in-person efforts to increase visibility. One respondent described their agency's increased media

presence (including television interviews and PSAs), increased social media presence, increased public communications (such as at town halls), increased in-person events, and improvement of the I&R response time. For the small number of respondents who indicated that call volume decreased, a couple noted that individuals were seeking more support through online channels or email or text. A few respondents called out declines in the availability of community resources (i.e., callers might be less likely to reach out if they perceive that resources are unavailable).

"The cost of living is increasing while income is not keeping pace, the solitude that happened during the COVID emergency caused many mental issues across the board. The housing market and increase in rents are a major issue as we are now seeing more and more seniors becoming displaced and homeless. Lack of CNA's, doctors are also a major issue."
- Aging and Disability Resource Center respondent

To further shed light on community needs as revealed through I&R/A encounters, survey respondents were asked about the circumstances of individuals seeking I&R/A services over the past two years. In all of the areas listed in Figure 12, respondents in the aggregate reported serving more I&R/A inquirers over the last two years. In each of these areas, this finding was reported by at least 50 percent of those responding. In several areas – homelessness, multiple and complex needs, and food insecurity – there was a wide margin between respondents who reported serving more individuals experiencing such circumstances and those who reported serving about the same. For example, 75 percent of those responding reported serving more individuals experiencing homelessness compared to 22 percent who reported serving about the same over the past two years. In the 2018 I&R/A Survey, by comparison, 61 percent of respondents indicated serving more individuals experiencing homelessness or housing instability over the last two years (and 29 percent reporting serving about the same).

Figure 12



Description: Figure 12 is a graphic with the text "Over the past two years, respondents reported serving more I&R/A inquires:" and sub-bullet points with the text reporting the following responses experiencing homelessness, with multiple and complex needs, experiencing food insecurity, with mental health conditions/needs, experiencing social isolations and/or loneliness, and with Alzheimer's and related dementias.

In important ways, findings from I&R/A encounters reflect and may be predictors of key areas of social care needs. This is certainly the case with regards to housing needs. I&R/A data and research data, for example, are aligned on indicating a rise in older adults experiencing homelessness.[6] Reflecting on findings from this survey question more broadly, the data suggests that I&R/A programs are encountering growing community needs in areas that include basic needs (such as housing and food), mental health, and social health. Additionally, several of the circumstances listed in Figure 12 (multiple and complex needs, mental health conditions/needs, social isolation, and dementia) are also risk factors for elder maltreatment. This points to an important connection between I&R/A services and elder justice. Through empathetic conversations, I&R/A specialists can uncover underlying issues in the lives of individuals as well as connect people to services that may strengthen protective factors.

Understanding Who I&R/A Programs are Serving: Demographic Data

An important component of responsive service delivery is understanding what communities are being served as well as which are not. Collecting demographic information from inquirers, and using such information to help guide service improvements, can strengthen overall service delivery. The 2023 I&R/A Survey asked several questions about demographic data collection. These questions were new to the 2023 survey and have not been asked in prior I&R/A surveys, and therefore trend data is not available.

Asking Demographic Questions

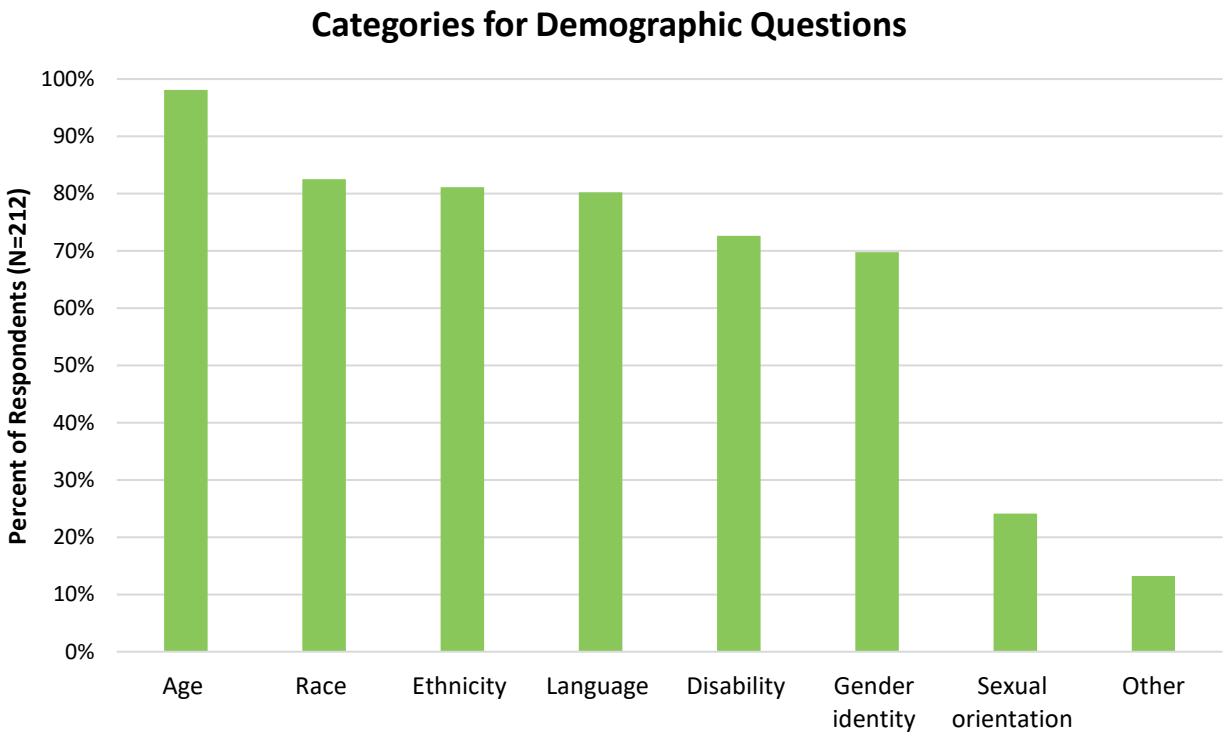
A majority of survey respondents indicated that demographic questions are part of inquirer data collection. Among 243 respondents, 72 percent indicated that I&R/A specialists at their agency ask demographic questions of inquirers. Another 14 percent reported that such questions are asked of a subset of inquirers. Two percent reported that demographic questions are being developed. Nine percent indicated that demographic questions are not asked. For those agencies that gather demographic information through I&R/A encounters, respondents were further asked to indicate the categories for which this information is collected (Figure 13). As shown on Figure 13, data on age, race, ethnicity, language, disability, and gender identity are collected by a significant majority of those responding. Information on sexual orientation was reported to be collected by a much smaller share of respondents (24 percent). While there is likely to be some variation across states and communities in the types of demographic information collected through I&R/A conversations, there has been an emphasis more broadly at the federal level on the collection of sexual orientation and gender identity data (also known as SOGI data).[7] Additionally, 13 percent of respondents indicated that 'other' demographic data

[6] Joint Center for Housing Studies of Harvard University. (2023). Housing America's Older Adults 2023, pp. 16-17. Available at https://www.jchs.harvard.edu/sites/default/files/reports/files/Harvard_JCHS_Housing_Americas_Older_Adults_2023.pdf

[7] For example, Executive Order 14075 of June 15, 2022, on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals which, among other provisions, directs the Secretary of HHS to consider ways to improve and increase appropriate data collection on sexual orientation and gender identity in

is collected by I&R/A specialists. In qualitative comments, respondents identified data categories including income/income level, military/veteran status, zip code (this may be a proxy for geographic status such as rurality), and marital status.

Figure 13



Description: Figure 13 is a bar chart representing responses (N=212) about categories for demographic questions. The categories include age, race, ethnicity, language, disability, gender identity and sexual orientation.

I&R/A encounters are intended to reflect a natural and empathetic conversational style. While demographic questions might aid in the identification of relevant resources – and provide valuable data to an agency on the overall population served – specialists may be concerned about the impact of asking sensitive questions on rapport and the flow of the conversation. The survey asked respondents whose agencies collect demographic information through I&R/A encounters to qualitatively indicate whether specialists receive training on asking demographic questions and the nature of this training. Respondents were also asked to share examples of demographic questions (see Figure 14).

surveys on older adults, accessed February 9, 2024. https://www.federalregister.gov/documents/2022/06/21/2022-13391/advancing-equality-for-lesbian-gay-bisexual-transgender-queer-and-intersex-individuals

A subset of respondents did indicate that staff receive training on asking demographic questions. This training might come through programs or offerings from national organizations. For example, some respondents indicated that specialists take part in SAGECare cultural competency training.[8] A number of respondents pointed to training available from Inform USA.[9] Other training resources referenced included ILRU training[10] and Visibility Matters.[11] Training may be available from the state (one respondent mentioned, for example, their state's civil rights training) or provided by the agency. Additionally, respondents pointed to staff-level practices to increase competency with asking demographic and other questions. These include staff mentoring, shadowing experienced I&R/A specialists asking demographic questions, providing suggested ways/sample scripts for asking questions, and supervision that addresses all aspects of call handling. Finally, demographic data collection may be incorporated into broader areas of training such as training on interviewing skills, customer service, and on diversity, equity, and inclusion.

Figure 14

Asking Demographic Questions: Examples from the Field

The examples below, provided by survey respondents, highlight approaches to asking demographic questions and illustrate techniques such as universalizing, using natural conversation, and blending questions into information and referral provision.

- Would you mind sharing your disability with me? Sometimes programs are very specific in what they help with, so that may help me find appropriate programs. Please don't feel you have to share that with me though.
- Many of the services we fund require individuals be age 60 and older to qualify. Can I ask how old you are?
- We typically ask callers how they identify themselves in regard to race, ethnicity, gender and primary language needs.
- Can I ask you some demographic questions we ask all of our callers?
- Our database only searches by city or zip code. Can you give me a city or zip code that I can search?
- I need to review a few demographic questions with you. This information can help identify areas of need and sometimes create new programs or resources. Is it okay for me to go over those questions with you?
- There are services for people who are age 60 and over – would you like that information?
- Would you be willing to disclose your disability so we might match you to the best service available?
- Offer "prefer not to say" and "prefer to self-describe" options.

[8] This training helps to foster more LGBTQ+-welcoming organizations. For information, visit https://www.sageusa.org/what-we-do/sagecare/

[9] Inform USA's learning center offers training a range of I&R competencies. One popular course on asking demographic questions, *What Color are your Socks*, is available on the platform. For more information, visit https://learn.informusa.org/

[10] See https://www.ilru.org/training

[11] See https://pcoa.org/ways-we-help/visibility-matters.html/.

Using Demographic Data for Service Improvements

As emphasized in the Standards for Professional I&R, data collection should serve useful purposes such as community planning and informing outreach to diverse communities.[12] The 2023 I&R/A Survey asked respondents whose agencies collect demographic data through I&R/A encounters to qualitatively describe some ways that their agency uses this data. Along with indicating that demographic data is collected to meet reporting requirements, respondents identified a number of ways that this data helps to inform service improvements. Several of these examples are listed below. Whether focused on service delivery, the resource database, or community engagement, these myriad examples illustrate that demographic data collection and analysis can have a meaningful impact on I&R/A services.

As reported by respondents, demographic data informs service improvements such as:

- Using language data to justify the need for language support services
- Expanding the resource database
- Ensuring content accessibility and ease of use
- Ensuring that staff represent the community we serve
- Fostering new community partnerships
- Driving strategic planning to increase our presence in underserved communities
- Identifying service gaps and where new services may be needed
- Informing state and local plans on aging
- Understanding who we are not serving and changing our outreach policies
- Providing insight into populations currently served
- Identifying culturally specific resource needs
- Informing staff training
- Supporting grant and funding applications
- Creating initiatives on diversity, equity, inclusion, and accessibility

[12] Inform USA Standards and Quality Indicators for Professional Information and Referral (Version 9.0).

Understanding and Supporting a Community: How the Amputee Coalition Uses Demographic Information

The Amputee Coalition, a national organization focused on supporting, educating, and advocating for individuals living with limb loss and limb difference, is dedicated to enhancing the quality of life for people with limb loss and limb difference and their families, improving care, and preventing limb loss. The Amputee Coalition administers the National Limb Loss Resource Center® which provides comprehensive information and resources to the community. The Resource Center operates a toll-free helpline, and individuals can also connect with a resource specialist through an online Ask an Information Specialist form. The Resource Center's website provides a searchable collection of materials on living with limb loss and limb difference.

Demographic information is important to understanding the population impacted by limb loss/limb difference and to helping ensure that resources reflect the experiences and needs of the community. Demographic data (e.g. age, gender identity, race/ethnicity, state/zip code, veteran status, amputation level/cause) may be collected through forms or through I&R contacts. The Ask an Information Specialist form, for example, collects a set of data elements on individuals. With I&R contacts, the resource team is working to refine its approach to data collection so that contacts can generate a functional data set while maintaining rapport and engagement.

As may be the case with other I&R programs that collect demographic information, the data collected through forms or contacts helps the Resource Center to better understand who they are serving and who they are missing. Additionally, program data can be compared to national prevalence data to identify service gaps. The Amputee Coalition recently published *Prevalence of Limb Loss and Limb Difference in the United States: Implications for Public Policy* in collaboration with Avalere. The comparison of data sets, for example, enabled the resource team to identify a need for greater engagement with Native communities. Additionally, given the prevalence of individuals living with limb difference, the resource team is considering a life stage approach to resources which could foster more connection with people of all ages including transition-age youth.

Informed by demographic information, the organization can create resources and services that are responsive to populations within the limb loss/limb difference community (e.g. language, culture, role, etc.). Language and terminology can reflect community self-identity along with professional best practices. Additionally, engaging with diverse community members results in products that are more sensitive to lived experiences. For example, a new guide on sex and intimacy within the limb loss community was informed by conversations with LGBT community members. Demographic information also informs how resource information will be developed to ensure greater content accessibility and new modes of engagement. Resource materials are often available in a PDF format but moving forward, the organization will look to strengthen its reach by developing resources that emphasize digital accessibility (i.e., compatible with a variety of screen readers and alignment with the highest digital ADA recommendations) while also investing in more diverse formats such as video and audio-based resources. For more information, visit the Amputee Coalition's National Limb Loss Resource Center®.

Minnesota's Senior LinkAge Line Materials Meet Diverse Language Needs

The Senior LinkAge Line® is a free statewide service of the Minnesota Board on Aging in partnership with Minnesota's Area Agencies on Aging. The Senior LinkAge Line provides support to older Minnesotans and their families and caregivers, helping them connect to local services, access information and resources, and get the help they need. The Senior LinkAge Line serves diverse communities across the state. Demographic data collected through encounters informs needs around language access, culturally specific resources, and more. The Senior LinkAge Line website hosts a wide array of materials to help individuals find information and materials are available in languages such as Vietnamese, Amharic, Hmong, Maay Maay, Russian, and Somali, reflecting the language needs of the state's diverse communities. Examples of Senior LinkAge Line kiosk cards in Somali and Hmong are shown below. The kiosk cards describe how the Senior LinkAge Line and MinnesotaHelp.info can help individuals find information and assistance on key services like housing programs, health insurance, and financial assistance. Visit the Senior LinkAge Line for more examples.

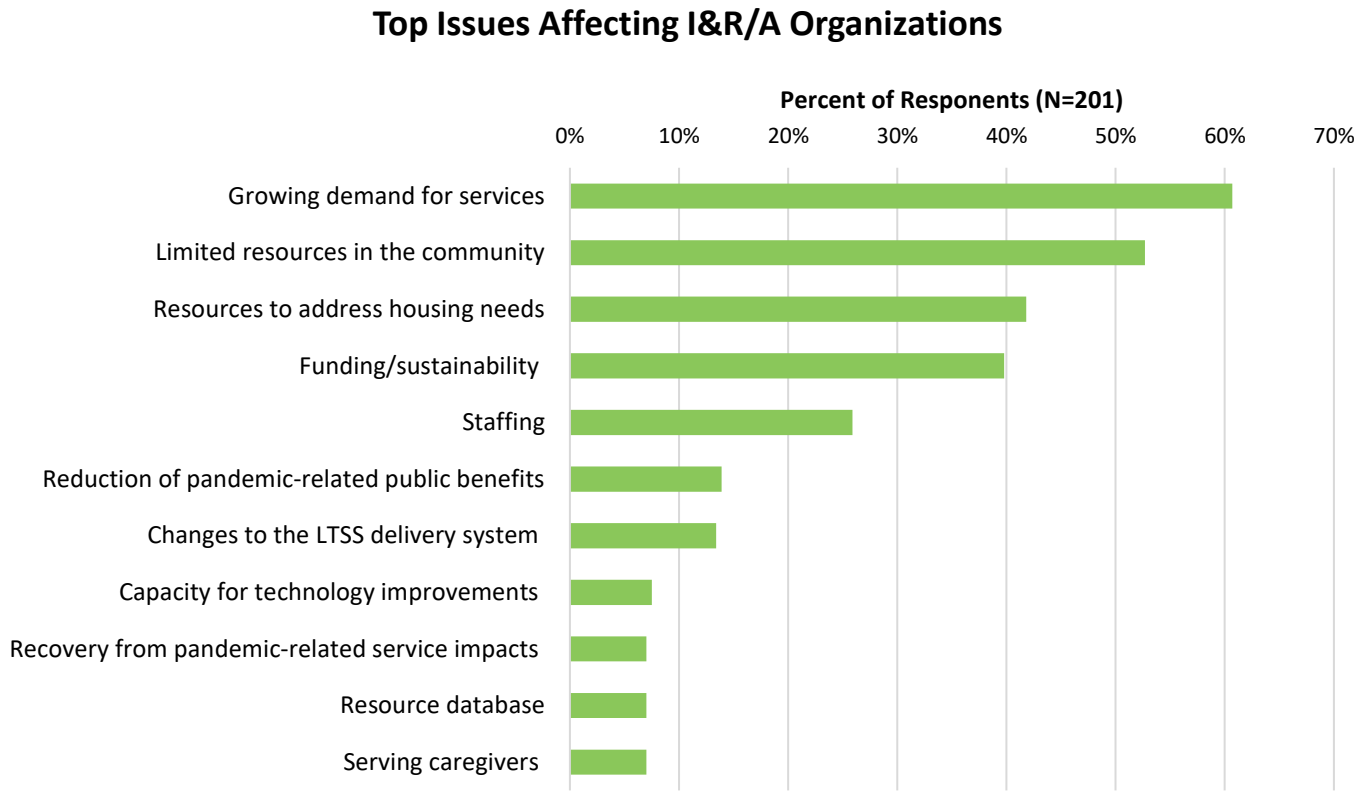
Description: Image of Minnesota Senior Linkage Line kiosk cards in Somali and Hmong.

Conclusion

Data related to I&R/A service delivery provides a window into community needs and unmet needs, issues impacting the workforce, and important developments such as the collection and use of demographic information. The 2023 I&R/A survey asked respondents to identify the top three issues affecting their program as a concluding question. The top issues (Figure 15), which include growing demand for services, limited resources in the community, and resources to address housing needs, all speak to service delivery. While I&R/A programs and specialists cannot alone fill systemic gaps in services, eliminate waitlists, or guarantee that an individual will qualify for a program, the connection that is at the heart of I&R/A encounters has an impact. I&R/A specialists help people navigate the maze of health and human services, empower people with information, problem solve with individuals, and listen attentively and with empathy. This type of engagement defines the value of I&R/A service delivery.

"Our team strives to serve as a comprehensive resource center, not only for individuals with disabilities, but for anyone seeking support services. We take pride in our resourcefulness and unwavering commitment to our community through collaborative partnerships and community outreach initiatives."
- Center for Independent Living respondent

Figure 15



Description: Figure 15 is a bar chart presenting responses (N=201) about the top issues affecting I&R/ A organizations. The top issues listed in the chart from highest to lowest are growing demand for services, limited resources in the community, resources to address housing needs, funding/sustainability, staffing, education of pandemic-related public benefits, changes to the LTSS delivery system, capacity for technology improvements, recovery from pandemic-related service impacts, resource database, servicing care.

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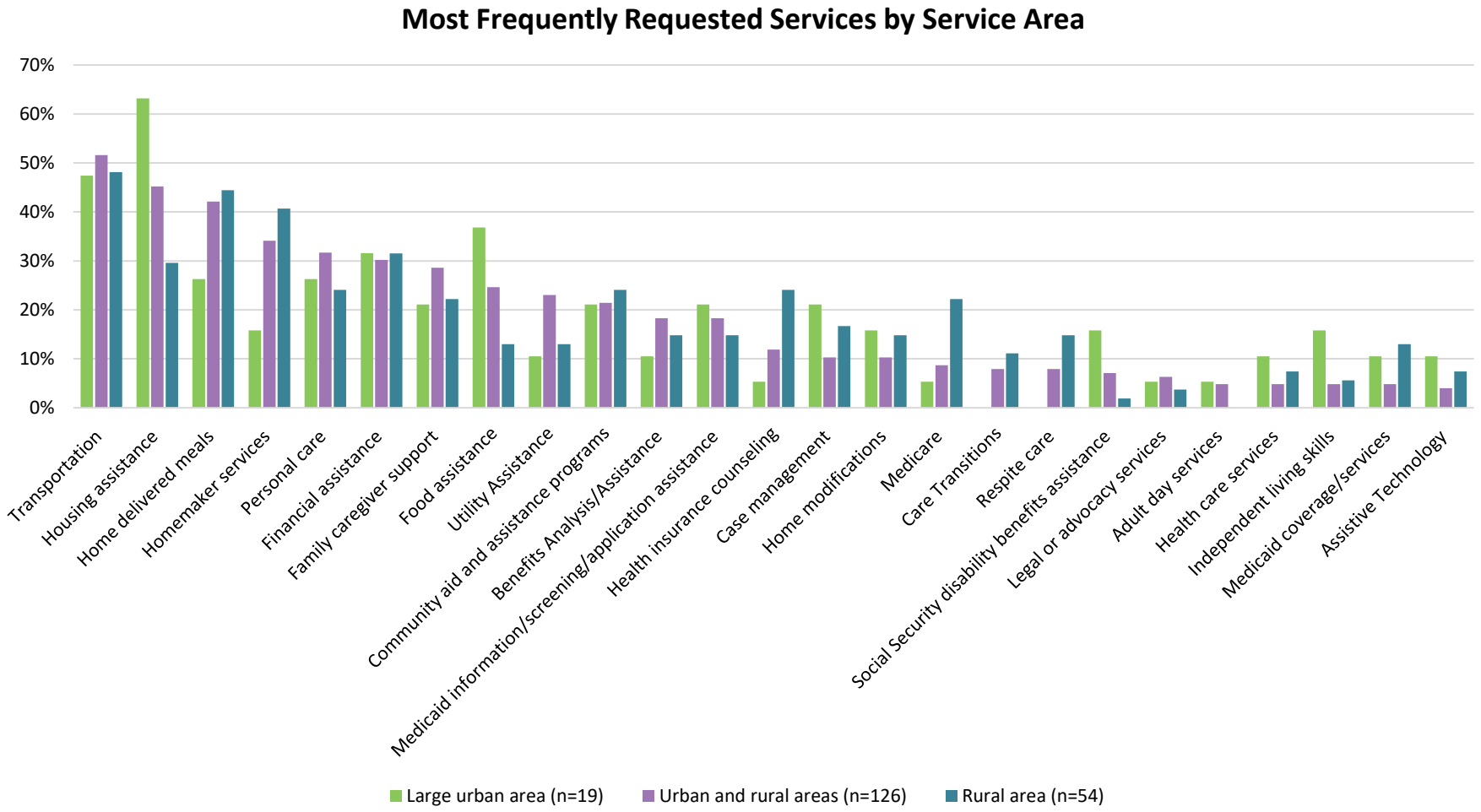
The National Information and Referral Support Center is administered by ADvancing States, with funding provided in part by the Administration on Aging within the Administration for Community Living, U.S Department of Health and Human Services. The National I&R Support Center provides training, technical assistance, and information resources to build capacity and promote continuing development of aging and disability information and referral services nationwide. Inform USA, USAging, and the National Council on Independent Living (NCIL) are key partners in the success of the Center.

ADvancing States represents the nation's 56 state and territorial agencies on aging and disabilities and long-term services and supports directors and supports visionary leadership, the advancement of systems innovation and the articulation of national policies that support long-term services and supports for older adults and people with disabilities. ADvancing States' members administer services and supports for older adults and people with disabilities, including overseeing Older Americans Act (OAA) programs and services in every state. Together with its members, the mission of the organization is to design, improve, and sustain state systems delivering long-term services and supports (LTSS) for people who are older or have a disability and their caregivers.

The National Council on Independent Living is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including: individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the human and civil rights of people with disabilities throughout the United States. Since its inception, NCIL has carried out its mission by assisting member CILs and SILCs in building their capacity to promote social change, eliminate disability-based discrimination, and create opportunities for people with disabilities to participate in the legislative process to affect change. NCIL advances independent living and the rights of people with disabilities and envisions a world in which people with disabilities are valued equally and participate fully

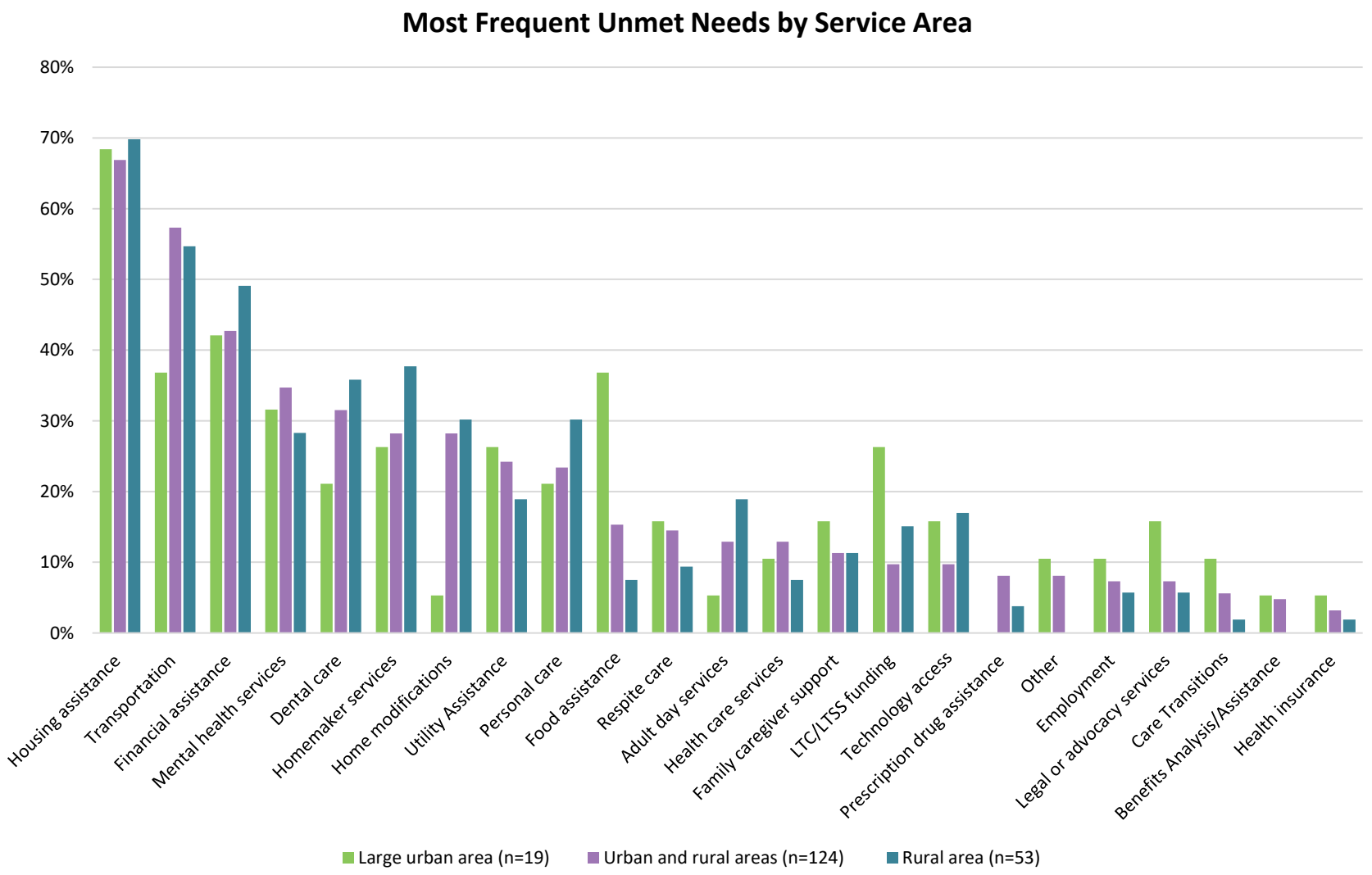
Appendix A

Figure 8



Description: Figure 8 is a bar chart that breaks down the data from Figure 6 by service area. The chart includes a breakdown of most frequently requested services by service area (large urban area, urban and rural areas, and rural area).

Figure 9



Description: Figure 9 is a bar chart that breaks down the data from Figure 7 by service area. The chart includes a breakdown of most frequent unmet needs by service area (large urban area, urban and rural areas, and rural area).