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Miami University

Year 1997

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Program

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The Elderly Services Program**

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Background

Hamilton county, along with the nation as a whole, has experienced a demographic revolution unprecedented prior to the 20th century. As a result of major public health, environmental, and medical advances, life expectancy has increased dramatically. With over 154,000 people over the age of 60, Hamilton county has one of the largest aging populations in the state. About 38,000 older people in the county have a long-term disability, with about one-third of this group (13,000 people) classified as severely disabled (Mehdizadeh et al., 1996). Although extending life expectancy is viewed as a positive step, one negative side effect is the increasing number of older people who now need chronic care.

Two major concerns have been directed toward the long-term care system in the United States. The costs of providing long-term care, particularly institutional care, have increased dramatically. In both Ohio and the nation long-term care has become a major component of the budget, with national public expenditures totaling \$58 billion in 1996 (Burwell, 1996). About \$2 billion of Ohio's budget is allocated to long-term care. Combined with high costs is a criticism that the system of long-term care is biased towards delivering care in the nursing home setting, despite older peoples' documented preferences for in-home services. To respond to this problem Ohio and other states have begun to increase the resources going to home care.

Despite continued increases in state funding, Ohio's PASSPORT program for older people in need of long-term care serves fewer than 13,000 people statewide, and fewer than 1,000 older people in Hamilton county. To be eligible for the state PASSPORT program recipients must meet the nursing home level of care criteria, and meet a strict income and asset test, which for example, requires a client to have less than \$2,000 in assets excluding one's home

and automobile. Thus, the PASSPORT program is targeted toward those older people with extreme levels of disability and the lowest income levels. This however, leaves a large number of disabled older people with low and moderate income with no governmentally financed in-home care.

The impetus for the in-home care program in Hamilton County mirrors the national concern about the lack of services available to older people requesting care outside the nursing home setting. The idea for a tax levy funded program had its roots in two phenomena-- a community history of tax levies to fund children's services, mental health, health, and rehabilitative and long-term care services; and a similar type of home care program that had been developed elsewhere in the state. In response to the home care challenge, the citizens of Hamilton County approved a five year tax levy allocating 13.2 million dollars per year to fund in-home services for people age 60 and above. The Cincinnati Council on Aging administers the levy funds through a care management program (Elderly Services Program, or ESP) and carries an active caseload of over 5200 disabled older people. Council on Aging staff determine client eligibility, and arrange and monitor in-home services. ESP funds a range of in-home care including such services as personal care, homemaker, adult day care, home delivered meals, transportation, respite care, medical equipment, emergency response systems, and home modifications.

This report, which is part of a larger evaluation of the Elderly Services Program (ESP), is funded by the Robert Wood Johnson Foundation. The Foundation found ESP to be a unique program and provided funds for the Scripps Gerontology Center at Miami University, and the Office of Geriatric Medicine at the University of Cincinnati to examine the program. Results

would be used both by ESP for program improvement, and by the Foundation for its health systems promotion project being implemented throughout the United States. The objective of this study is to evaluate the effectiveness of the program. The evaluation addresses the following questions:

- (1) Is ESP serving an appropriate target population?
- (2) Is ESP performing the clinical functions of case management in an appropriate manner?
- (3) Are the clients of ESP satisfied with the care they receive?

Study Methods

The study uses data from primary and secondary sources. Information on the characteristics of ESP clients comes from the program's management information system and a survey of ESP recipients, and includes data on individuals at enrollment and annually thereafter. The assessment of clinical practice comes from a review of a random sample of case records and interviews with ESP staff members involved in care delivery and supervision. Data on ESP consumer satisfaction comes from an in-person survey completed on a random sample of program clients.

ESP Client Characteristics

A description of the 5,234 ESP clients currently enrolled is presented in Table 1. About one-third of the enrollees are between the ages of 60 and 74. Forty-three percent are between the ages of 75 and 84, and just under one-quarter are age 85 and above. As is common for those receiving long-term care, almost four-fifths of the clients are women. Unlike the typical nursing

Table 1
Characteristics of ESP Clients
1997

<u>Characteristic</u>	<u>Percent</u>
<u>Age</u>	
60-64	5.0
65-74	28.1
75-84	43.2
85-89	15.9
90+	7.9
<u>Gender</u>	
Female	78.2
<u>Ethnicity</u>	
Non-white	34.1
<u>Income</u>	
100% Poverty or below	29.1
100-150% Poverty	34.5
150-200% Poverty	21.3
200-250% Poverty	9.3
250% Above poverty	5.7
Single income clients	78.8
<u>Disability Levels</u>	
Mild disability (1 Instrumental Activity of Daily Living limitation)	2.9
Moderate Disability (1 Activity of Daily Living limitation or 2 or more Instrumental limitations)	34.9
Severe Disability (2 or more Activity of Daily Living limitations)	62.3
<u>Family Support</u>	
Is there someone who could take care of you for a few days?	
Yes	65.8
Total Clients	5,234

home resident, a sizeable proportion of clients (34%) are members of a minority group, most often African-American. ESP clients have relatively low incomes. Just under 30% of the clients have incomes that fall below the poverty threshold (\$7,890 annually). An additional one-third of the enrollees have an income level between poverty and 150% of the poverty level. A small proportion of clients (5.7%) have incomes greater than 250% of poverty (\$19, 725), and these individuals are required to contribute to the costs of their care.

ESP was developed to serve older people who were experiencing a chronic disability requiring long-term care. The majority of ESP clients (62.3%) are classified as severely disabled. To be in this category an individual must have two or more impairments in activities of daily living. Activities of daily living include such tasks as bathing, dressing, and walking within one's home. Just over one-third of the clients are classified as moderately disabled, and thus experience one activity of daily living limitation or two or more instrumental activity of daily living limitations. Instrumental activities include such tasks as meal preparation, shopping, and housekeeping. A small proportion of clients (2.9%) have a mild disability, and these individuals typically receive transportation assistance associated with a specific health condition or treatment, such as dialysis.

The availability of informal supports has been identified as a critical component of the long-term care system. Research studies continually find that for the majority of older people informal caregivers, usually a spouse or an adult child, provide about three-quarters of the long-term care needed (Mehdizadeh & Atchley, 1992). Changes in societal demographic trends, a more mobile society, and a shifting workforce continue to place more and more strain on family caregivers. When asked if there was someone who could take care of them for a few days two-

thirds of the ESP clients surveyed in our study reported no. Of those with caregivers, almost half were adult children, highlighting the importance of intergenerational support.

These data indicate that ESP is serving an at-risk group of older people. The vast majority of clients (97.1%) are classified as either moderately or severely disabled. The clients served are typically women living on incomes of 150% of poverty or below. ESP serves a high proportion of minority group members. ESP clients in a majority of instances report limited family support. Although the characteristics of those served is only one indicator of program performance, these data indicate that ESP is serving its intended target population.

Assessing ESP Clinical Effectiveness

The ESP home care intervention is based on a single entry point system in which older people with a disability can call one number to receive needed services. The program uses a triage system in which program applicants are assigned to a service category depending on their level of disability and amount of informal support. Individuals with moderate needs are placed into an ongoing case management category. ESP clients in this category have a limit of \$350 per month on the amount of in-home services funded by the program. Additionally, these individuals typically receive care management assessment and monitoring via the telephone. The majority of ESP clients (81%) are in the ongoing case management category. Individuals with severe needs are placed in a category that allocates up to \$550 per month for services. These clients typically receive care management assessment and monitoring through an in-person process.

The high use of the ongoing case management category varies from traditional community-based case management, which relies extensively on in-person case management. The advantages of an ongoing telephone approach is that clients can receive services faster, and such an approach has been shown to be less expensive and less intrusive. The potential disadvantage of this approach is that the telephone assessment and service monitoring process would be less effective, resulting in a less appropriate service plan for the consumer.

To assess the effectiveness of this process, clinical researchers at Scripps completed a review of the telephone and face to face care management process. The study had as its major objective: To understand the benefits and limitations of the ESP clinical practice model in contributing to an appropriate match between the client's needs and services received. To conduct the study a nurse and social worker research team completed a clinical review of 40 ongoing case management clients selected at random. Data were gathered through in-person interviews completed in the home of the client. To evaluate the accuracy of the telephone assessments, research interviews completed a re-administration of the telephone assessment instrument. The research interview was then compared to the telephone assessment, the plan of care, and the services that had actually been received. All interviews were completed 5 weeks after entry into the program, to ensure that the in-home services were already in place. The service package was considered to be appropriate if the client was able to remain at home comfortably and if the client was satisfied that the service package met his/her needs.

Researchers found that accurate and relevant data can be gathered and an appropriate care plan can be established by telephone. In general, clients were satisfied with the package of services that had been arranged for them, although several identified a desire for additional

services. A few clients expressed a desire to be more involved in selecting services, however, most were happy that someone else was addressing their service needs. Overall, researchers reported that telephone assessment and care planning can be effective in contributing to an appropriate service package while preserving consumer autonomy. The capacity of the telephone assessment to elicit accurate information was also affirmed in the study. The clinical researchers found that overall clients were being appropriately served and expressed satisfaction with the services arranged.

Consumer Satisfaction Survey

In order to assess satisfaction with ESP services a consumer survey was developed by researchers at Scripps. To complete the survey a random sample of active ESP clients was selected for an in-person visit. Interviews, conducted by Scripps research staff, took about 30 minutes to complete and focused on consumer health and functional status and consumer satisfaction with ESP services. One hundred and fifty-nine ESP clients completed the survey (a 68% response rate).

The consumer satisfaction component of the survey focused on two areas, service satisfaction and client respect. As presented in Table 2, service satisfaction focused on five key areas: choice, amount of time to receive care, satisfaction with amount and type of services, and overall satisfaction. In general ESP clients reported high levels of service satisfaction. For example, over 91% of the respondents felt that ESP met almost all or most of their service needs. Over 92% reported getting the kind of services that they desired. Eighty-nine percent were satisfied with the amount of time it took to arrange services. These lower satisfaction rates may

Table 2
Consumer Satisfaction Survey for the Elderly Services Program

Consumer Survey Items	Response Category	Percent
<u>Satisfaction</u>		
To what extent did the choices of ESP services meet your needs?	None of needs met	0.7
	Only a few met	7.9
	Most of needs met	49.3
	Almost all needs met	42.1
How satisfied were you with the amount of time it took to begin ESP services?	Very dissatisfied	2.0
	Mostly dissatisfied	8.8
	Mostly satisfied	50.3
	Very satisfied	38.8
How satisfied are you with the amount of help received?	Very dissatisfied	1.3
	Mostly dissatisfied	7.2
	Mostly satisfied	52.6
	Very satisfied	38.8
Are you getting the kind of service you wanted?	Definitely not	1.3
	Not really	6.5
	Yes, generally	53.6
	Yes, definitely	38.6
Overall, how would you rate the quality of ESP?	Poor	0.7
	Fair	6.8
	Good	40.8
	Excellent	51.7
<u>Client Response</u>		
The people at ESP listen to my opinions.	Strongly agree	35.6
	Agree	58.2
	Disagree	4.8
	Strongly disagree	1.4
The people at ESP treated me with respect.	Strongly agree	56.3
	Agree	43.0
	Disagree	0.0
	Strongly disagree	0.7

Sample Size 159

be attributable to the waiting period for services that has been required because of high demand for the program. On the overall satisfaction measure over 92% of the respondents reported the quality of ESP as good or excellent.

The survey also asked two questions about how clients were treated by ESP. Over 99% of the respondents reported that ESP staff treated the client with respect. The vast majority (92.2%) reported that ESP listened to their opinions. Other studies of consumer satisfaction suggest that being treated with respect and dignity is a critical satisfaction indicator for long-term care recipients.

Summary and Conclusion

This study reviewed the ESP project during the third and fourth years of operation. Three areas of ESP were examined; client characteristics and circumstances, clinical practice of agency, and consumer satisfaction. Findings indicated that ESP clients appeared to be a vulnerable group of people. The majority of clients were low income women who experienced severe levels of disability. A majority had limited family support. A clinical review of care management practice indicated that the program had implemented a cost saving client assessment and care management process that appeared to be effective. Finally, consumer survey data indicate a high level of satisfaction with ESP services. Along a range of survey items program respondents were consistent in their attitudes toward the program. Although such data need to be compared over time in order to develop benchmarks of quality, these data suggest that ESP is on target with consumers.

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