

A NEEDS ASSESSMENT OF
PERSONS 60 AND OLDER
IN RAMSEY COUNTY, MINNESOTA

Volume II

Survey of Staff in Agencies Which Serve the Aging

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FOREWARD

This is the second of four volumes of reports from the Wilder Foundation's Needs Assessment of Persons Aged 60 and Over in Ramsey County. This volume describes the methods and results of a survey of 132 professionals in human service agencies in Ramsey County which serve the aging. It is intended for use by all individuals with a professional or personal interest in the aging process, including especially, service-providers, foundation representatives, government officials, and other citizens who have a responsibility or a commitment to serve the aging. The Planning and Development Office staff are committed to continued involvement with any individuals or groups who would like assistance in the interpretation or use of the survey findings presented in this report.

The completion of this survey report has resulted from the collective effort of a large number of individuals who, in paid or voluntary capacities, contributed their assistance to the study.

Mary Sontag, who began work on the project as a volunteer-intern, quickly assumed an important staff role in the design and administration of the survey. She worked diligently to ensure results of the highest quality; and the effectiveness of our work would be far less without her input.

Within the Planning and Development Office, many people who were not formally part of the project staff contributed productively to the work required to accomplish the agency staff survey. Dr. David Berger, the Director of the office, offered sage advice and counsel. Frank Popplewell did the computer programming for the statistical analyses appearing in Chapter 3. Dianne Reid also assisted in data processing and preparation. Liz Finn was ably assisted in manuscript preparation by Cate Countryman and Janet Nitti.

Dr. Daniel Mueller and Robert Peterson offered many helpful comments on early drafts of this report. It is more readable and more effectual because of their input.

Helen Mederer contributed useful ideas during the design phase of this portion of the study. She also assisted in the work on Volume I; although her efforts were inadvertently, and regrettably, unacknowledged.

Finally, our appreciation is expressed to the 132 staff in human service agencies in Ramsey County who participated in the agency staff survey. This portion of the study could not have been accomplished without their help.

Paul W. Mattessich, Ph.D.

St. Paul, Minnesota

July, 1982

EXECUTIVE SUMMARY

This second volume from the Needs Assessment of Persons 60 and Older reports the methods and results of a survey of 132 staff members of agencies which serve the aging in Ramsey County. The survey participants were selected purposively to represent the broad spectrum of judgements, attitudes and outlooks of professionals who provide many different types of service, who work in organizations ranging from very large to very small, and who hold different positions in their organizational hierarchies. The principal findings from the survey appear below.

Attitudes Toward the Aging and the Service Delivery System

- Human service agency staff want to make their services and programs available and accessible to all older people.
- Most providers of service to the aging consider the service delivery system for the aging in Ramsey County to be poorly monitored, poorly coordinated, and inadequately funded.
- Most agency staff do not see a great deal of friction or competition among agencies regarding client referrals or client service.
- Most agency staff do perceive competition for funds among agencies in the county.
- The majority of service providers feel that they need more information about the older people in their service area.
- The majority of service providers feel that most older people lack knowledge of available services.
- The majority of service providers feel that many older people have unmet needs which current services are not designed to meet.
- Staff with more experience see more inadequacy in programs and program information than do those with less experience.
- Virtually all agency staff feel, optimistically, that significant improvement in the service delivery system for the elderly is possible.

Perspectives on Need

- Agency staff suggest that they and their colleagues see the following problems among the elderly as most seriously needing attention: loss of independence and ability to care for oneself; health problems resulting in disability; need for home health services; and living on a fixed income.

-----Staff feel that most people in Ramsey County would see the problems most seriously needing attention as: living on a fixed income; and high medical expenses. They assume the Federal Government considers these problems to be: high medical expenses; living on a fixed income; inability to pay utility bills; inadequate nursing home care; lack of suitable housing; and high health insurance costs.

-----Most staff have favorable opinions of the level of understanding about service delivery issues among the officials of the Metropolitan Council, Ramsey County and the United Way; but they have unfavorable opinions about officials of the federal government and the State of Minnesota.

-----Human service agency staff in Ramsey County are most likely to obtain information about older people from other service providers.

Information Regarding Service Programs and Service Delivery Issues

-----A substantial, unfulfilled need exists among human service agency staff for an up-to-date perspective on the programs and resources for the aging available through agencies in Ramsey County.

-----Most agency staff feel it would be helpful to know more about their own agencies' programs.

-----The most common source of innovative ideas for providing service to the aging is reported to be older people themselves.

-----The most common source of information on funding is the newspaper.

Allocating Money for Service

-----Services which should receive the largest share of available funds are, in the opinion of human service agency staff: home health aide, homemaker, chore service; and health assessment, treatment, physical therapy.

-----Services which staff feel should receive the smallest shares of funds are: arts appreciation and individual artistic development; education services and library services; legal assistance and individual and organizational advocacy; employment programs; and financial counseling and tax assistance.

Estimates of Characteristics of Older People In Service Area
and of Older Clients

- The majority of staff in agencies which serve the aging are unaware of the number of older people in their agencies' service areas.
- Staff generally perceive a lack of information about their agencies' services among older people in their service areas.
- Most human service agency staff have no information, or have inaccurate information, regarding demographic and social characteristics of the elderly in Ramsey County, such as: the proportion who live alone; the proportion who live with a spouse; the proportion who leave the house at least once per week; and others.
- Staff tend to see the aging residents of the county as somewhat more dependent and disabled than they actually are.

Provision of Service: Problems, Prospects, Improvements

- Staff in agencies which serve the aging cite inadequate funds and an insufficient number of staff as the two biggest problems which inhibit them from providing more effective service to older people.
- Staff suggest that hiring more employees, doing more outreach, adding more programs, and obtaining increased funding are the principal changes which could improve service to older people.
- Most agencies' staff feel that their service areas contain older people who are eligible for service but who do not receive it; and they opine that reluctance to request service and ignorance of available service prevent significant numbers of older people from receiving service.

Evaluation of Service

- Record systems which monitor the activities of human service agencies in Ramsey County with their clients are, in many cases, appallingly poor.
- Very few agencies have any reliable means for determining the impacts of their service programs upon either their specific clients or the community at large.

Recommendations

Recommendations developed in response to the findings from Volume II of this study are:

1. That human service agencies develop regular educational opportunities for staff to: a) maintain up-to-date knowledge of the aging process among residents of Ramsey County; and b) maintain an accurate, state-of-the-art perspective on service programs.
2. That every human service agency develop a client record system as the basis for monitoring its services, evaluating service effectiveness, and portraying its activities to the public.
3. That human service agencies encourage the development and improvement of geriatric practice specialties within the fields of health care, social work, law, and other professions.
4. That the Wilder Foundation and other, local foundations support the activities necessary to deliver educational and technical assistance to human service agencies.
5. That human service agencies be encouraged and given support to increase their productivity and efficiency with existing staff and resources.

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CHAPTER 1

INTRODUCTION TO THE NEEDS ASSESSMENT STUDY¹

1. Purpose of the Needs Assessment Study/Overview

During May 1978, the Wilder Foundation's Planning and Development Office launched a study of Ramsey County residents aged 60 and over. The major purposes of the study were: (1) to develop and disseminate contemporary information about the needs of the aged; (2) to organize corollary information about the local programs of service and opportunities for satisfying the needs of the aged; (3) to stimulate within the staff of the Wilder Foundation and other local agencies an expanding commitment to the purposeful use of information in planning services for and with the aged; (4) to improve the accessibility to, and quality of, human service activity for the aged; (5) to evolve productive planning alliances across local agencies working with the aged; and (6) to develop, refine, and evaluate data collection and data treatment methods which would have application in future needs assessment studies of other populations.

Given these challenging purposes, a selective series of orienting questions emerged in the early planning which helped to shape the overall scope and character of the study. These questions are displayed here. Associated with each, is the specific volume of this four-volume report in which the question is examined.

1. What are the demographic attributes of persons 60 and older in Ramsey County? For example, what are the size and composition attributes of households of older persons? (Volume I)

¹This chapter is an abridged version of the first chapter of Volume I of the four volumes of reports from this study. Sections 1, 2, and 3 of the present chapter are taken verbatim from Chapter 1 of Volume I. Omitted from the present chapter are sections of Volume I - Chapter 1 which discuss contemporary interest in aging and uses of data from the community study. The final section of Chapter 1 has been prepared specifically for this volume.

2. What are the living conditions of older people in Ramsey County with respect to each of 14 adjustment domains (that is, 14 aspects of their day-to-day lives--as listed below)?

a. Housing:

Do the dwellings in which older people reside suit the needs and preferences of older residents? What preferences, if any, do older people have for alternate housing? (Volume I)

b. Safety Status:

To what extent are the living quarters of the elderly safely equipped? To what extent do the elderly feel secure in their homes and on the street? How many of them are victims of crime? What are their responses when crimes occur? (Volume I)

c. Family-Social Ties:

To what extent are older persons integrated into networks of family, friends and neighbors? What functions do these networks serve? How satisfied are older people with the quantity and quality of their interaction with family, friends and neighbors? Do older people feel they have someone in whom they can confide and someone who will care for them in the event of serious illness or disability? (Volume I)

d. Transportation:

What are the predominant modes of transportation among persons 60 and over? How satisfied are they with their mobility and ability to travel? Do older people feel that transportation problems inhibit them or limit their ability to participate in community life? If so, in what ways? (Volume I)

e. Legal:

What are the legal problems which confront older people? How do they solve those problems? Are they satisfied with the solutions available to them? (Volume I)

f. Spiritual:

What is the extent of formal religious participation among older people? What sorts of contacts do they have with church-related organizations and with clergy? How satisfied are they with the forms of religious expression available to them? (Volume I)

g. Education:

Do older people participate in formal programs of instruction? Are there programs (available and unavailable) in which they desire to participate? What barriers exist to their pursuit of learning opportunities? (Volume I)

h. Employment:

How many older people participate in the labor force? What is the nature of the participation? Do the employed consider their jobs financially satisfactory as well as personally fulfilling? Do barriers exist which prevent older people from obtaining employment? (Volume I)

i. Volunteer Work:

What are the levels of participation among older people in volunteer activities? What additional volunteer opportunities would they like to have? (Volume I)

j. Recreation:

How do older people spend their leisure time? Are the nature and quantity of recreational activities available to older people adequate to meet what they consider their needs for amusement and enrichment? (Volume I)

k. Health:

How able are older people to perform activities of daily living? What are the physical conditions which they consider impediments to optimal functioning? What are their health care practices? What are their prevailing chronic illnesses? (Volume I)

l. Life Satisfaction/Happiness:

How satisfied and how happy are older people with the circumstances of their lives? What sort of conditions produce worries or depression? How lonely and how deprived do they feel? (Volume I)

m. Nutrition:

Are older people satisfied with the foods and eating facilities available to them? Do they have eating problems which are related to other health or health care problems? (Volume I)

n. Economic Status:

What are the sources and levels of income among the older population? To what extent do older people believe that their income can meet current and future financial needs? In what ways do financial problems hinder participation in community life? (Volume I)

o. Knowledge and Use of Services:

What do older people know about social services for the aging in their community? What services do they use? How do they go about finding assistance if they need help? What characteristics distinguish the knowledgeable from the uninformed? What distinguishes service users from non-users? What shortcomings of individuals or of agencies do older people feel restrict their access to services? (Volume I)

3. What distinguishes the good from the poor adjusters in each of the domains listed above? (Volume I)

4. How does adjustment in the above domains vary across geographic regions of the county? (Volume I)

5. How are problems and maladjustments in one domain correlated with problems and maladjustments in other domains? (Volume I)

6. What do those who provide services to aged persons know and feel about older people in Ramsey County? (Volume II)

7. What do service providers see as the top priorities for services to the aging in Ramsey County? (Volume II)

8. What do service providers see as impediments to service delivery within individual agencies and within the system of service delivery as a whole? (Volume II)

9. What do service providers feel could make their work more effective for clients and more satisfying for them as staff? (Volume II)

10. How well do agency staff cope with the demands of their work, and what do they consider their biggest problems? (Volume II)

11. How do the views of service providers concerning the living conditions and needs of the aging compare with the views of older people themselves on these issues? (Volume II)

12. How do adult children of aging individuals view:
 - a. the living conditions of their parents; (Volume III)
 - b. their parents' ability to adjust within the various domains discussed above; (Volume III), and
 - c. the needs which their parents will likely have in the future? (Volume III)
13. With respect to interaction between adult children and their aging parents:
 - a. What types of contacts occur? (Volume I, III)
 - b. What types of aid are exchanged from child to parent or vice versa? (Volume I, III)
 - c. How satisfied are children with the nature and level of interaction which they have with their parents? (Volume III)
14. What pressures do adult children experience as a result of interacting with, or providing assistance to, their older parents? (Volume III)
15. How do the knowledge and opinions of children with regard to parents' needs compare with parents' reports on the same issues? (Volume III)
16. How do residents of long term care facilities differ from residents in the "free community" with respect to:
 - a. adjustment to the demands of living in group quarters: How well (or poorly) do long term care residents cope within each of the adjustment domains discussed above? (Volume IV)
 - b. social and physical characteristics: What are the social and physical traits, if any, which distinguish nursing home residents from persons living independently? What are residents' feelings concerning reasons for nursing home entry? (Volume IV)

By providing the answers to these questions, it is expected that the project can provide a comprehensive, accurate portrayal of the ways that older people live in Ramsey County. However, the outcome of this project should be more than the simple revelation of a set of facts about the aging population. The project should produce a basic core of methods which can be set into action periodically to ascertain the salient questions held by service providers and the general public concerning the condition of the aged, and to obtain answers to those questions. It should provide impetus for the continued improvement of our knowledge about the community and about the social services available in the community. In this light, the dissemination of findings from the study is not a terminus. Rather, it is part of a long-term process with immediate results (e.g., the development of a body of knowledge about the aging); with middle-range results (e.g., improvement of

existing services, start-up of new programs, etc.); and with long-range results (e.g., the continued monitoring, assessment, and ultimate enhancement of the quality of life of aging residents of Ramsey County).

2. Components of the Study

The Wilder project includes four major components. Each component taps a different source for obtaining information on the living conditions of older people and on the contemporary system of service delivery for older people in Ramsey County.

1. A survey of 1,228 Ramsey County residents age 60 and over provides perspectives of older people on their present and future needs, problems, and expressed concerns. For example, this initial project component enabled older people to express their ideas and opinions about contemporary community life; and it also gave them the opportunity to describe how they "make it" within their community contexts. The residents' survey also reveals the extent to which Ramsey County's older residents know about services available to them and the extent to which they take advantage of "known" services. In the design of this survey, questions were formulated systematically to cover a large number of adjustment domains (e.g. health, transportation, etc.), all of which were thought to be important for describing, assessing, and understanding the living conditions and needs of older people.

2. A survey of 132 staff in agencies which serve the aged yields service deliverers' judgments of the needs of Ramsey County's older population. It also identifies major impediments to effective service delivery as perceived by service workers, and it summarizes their suggestions for improving the performance of both individual organizations and the service delivery system as a whole.

3. A survey of 100 adult children of a subsample of the older people who took part in the large, community survey provides another perspective on the living conditions and needs of the elderly. It provides information collateral to the initial survey of 1,228 older people on the extent of contact between older people and their children. It also reveals the interplay of special stresses and satisfactions experienced by a younger generation of individuals who are under pressure, of one sort or another, to supply care to their aging parents--care which is not typically considered in formal appraisals of service delivery to the aged.

4. A survey of 156 nursing home residents parallels the large survey of residents in the free community.² The nursing home survey has particular relevance because of its exclusive attention to aging persons living in institutional arrangements in Ramsey County.

Reports of the results of these study components appear in four volumes. The major portion of each volume is devoted to consideration of one component. In addition, Volume I contains a comprehensive overview of the entire study; and the other volumes contain brief overviews of the study in their opening chapters. Volumes II through IV contain descriptions of some of the relationships among the results from the four different components; and Volume IV contains a final, global summary of the whole study.

3. Progressive Stages in the Four-Part Study of Ramsey County's Older Residents

The Wilder study progressed through several stages from proposal formulation to dissemination of the research findings. During the first stage, prior to May 1978, the Planning and Development Office of the Wilder Foundation prepared a study proposal and submitted it to three project funders: The Wilder Foundation; the St. Paul Foundation; and the United Way of St. Paul. Joint funding was established, along with a recommendation for a Governance Committee to set general policy, to provide oversight for the project, and to advise in hiring staff. This committee consisted of representatives from the funding organizations, from local social service agencies, and from government.³

During the second or implementation stage of the project, a Technical Advisory Committee was constituted to advise project staff on the multiplicity of scientific/technical issues which had to be resolved. This second committee consisted of representatives from social service agencies, government, academic institutions, and local foundations. Its members became involved in examining and commenting on project plans and in offering counsel on the development of data collection strategies, data treatment, and interpretation. To ensure that the data gathering components of the study would

²It is, however, shorter than the survey of residents in the free community; and it is designed to pertain to conditions of institutional life.

³Names and affiliations of members of two project committees, the Governance Committee and the Technical Advisory Committee, appear in Appendix A.

fulfill the major project objectives, input was solicited from a range of social service agency staff members concerning their informational needs with respect to the aging residents of Ramsey County. Accordingly, in May of 1978, all agencies known to provide services to persons aged 60 and over received a mailing which described the project and which invited their participation in the processes of study design and implementation. At the same time, all agencies were alerted that the results of the study would be completely available to them for their planning purposes. Project staff met with agency representatives who expressed an interest in discussing their data needs and the ways in which the study could meet those needs.

The third stage of the Ramsey County study involved the development, refinement, and application of data-collection procedures. For each of four separate surveys (i.e., the four surveys introduced in the previous section), interview forms were designed and pretested, samples drawn, and interviews conducted. It should be mentioned, again, that advice and suggestions were repeatedly requested from knowledgeable persons in the community concerning the development of the data collection methods.⁴

A fourth stage of the project involved processing and analyzing the collected survey data. The large body of data had to be readied for computer entry and placed into a computerized file. The data were aggregated and packaged in formats convenient for analyzing and interpreting results of the surveys.

The fifth, and final, stage of the project, that of dissemination of study findings, began in the Spring of 1980. From the very beginning of the project, there existed an explicit commitment to disseminate all findings widely and thoroughly. Beyond the written reports, such as this volume, which describe project results, dissemination activities included conferences and seminars for agency personnel and the general public as well as consultation or technical assistance to groups with an interest in special portions of the study's findings.

⁴All of the surveys were not conducted concurrently. So, for example, design and pretesting of the agency survey were carried out while interviews were being conducted for the survey of older people, and before the design and pretesting of the adult children and nursing home surveys had begun. The period of time during which interviewing occurred for any of the four surveys was November 1978 to June 1980, although the length of time spent on each particular survey was considerably shorter than this total period.

4. Planning of This Volume

This volume (Volume II of the reports from the Needs Assessment Study) is intended to be a resource document based upon a survey of attitudes, opinions, and knowledge among staff in agencies which serve the aging in Ramsey County. Readers of this report are strongly encouraged to comment on the extent to which the report was able or unable to assist them with their specific pursuits.

The remainder of this volume is designed to provide the reader a thorough understanding of the mechanics and the results of the survey of 132 agency staff. Chapter 2 describes the development of the survey and of the sampling plan; and it describes the characteristics of the 132 survey participants. Chapter 3 presents the survey results and an analysis of these results. The concluding chapter reviews important issues and problems revealed by the survey; and it offers recommendations based upon the results of the survey; and it presents comments from local experts regarding those recommendations.

CHAPTER 2

THE SURVEY OF PROVIDERS OF SERVICE TO THE AGING IN RAMSEY COUNTY

1. Goals of the Survey

The survey of staff who provide services to the aging in Ramsey County was intended to learn their perspective on the living conditions and needs of county residents aged 60 and older. It was also intended to obtain their insight concerning issues or problems which confront the system of service delivery to aging persons in Ramsey County. In this sense, it constitutes a "key informant" approach to needs assessment. That is, professionals whose positions enable them to focus specifically on a particular population are asked to identify unmet needs within that population and to suggest priorities and adjustments with respect to the services delivered to that population. The data from this survey complement the data from the surveys of older people in the free community, of adult children, and of nursing home residents.

Specifically, the survey of agency staff provides information in response to five of the questions established for the study and listed in Chapter 1. These questions (Nos. 6 - 10) concern: service providers' knowledge and feelings about older people in Ramsey County; service priorities for the aging; impediments to service delivery within agencies and within the service delivery system as a whole; strategies for increasing the effectiveness of the activities of human service agencies in Ramsey County; and the demands, stresses and problems experienced by agency staff in their day-to-day work.

2. Development, Content, and Format of the Survey

Questions for the agency staff survey were developed by the project staff in collaboration with the Technical Advisory Committee. Questions were pretested and revised before a final version of the survey instruments was composed.

The survey instrument was a questionnaire designed for completion by each respondent in a meeting or conference room in his or her own agency. A project staff member established appointments in which the agency personnel

who would take part in the survey completed the questionnaire. The staff member then visited the agency at the appointed time and instructed respondents concerning the purpose of the survey and the procedures to be followed in filling out the questionnaire. Each surveyed staff member independently completed a questionnaire, without consulting with others concerning questions or responses within the survey. However, respondents could ask questions of the Wilder staff member in attendance whenever they had problems filling out the questionnaire. Respondents generally took about an hour to provide their responses to the survey. All questionnaires were completed between July and November of 1979.

3. Sampling

Project staff and the Technical Advisory Committee wanted to ensure that agency personnel who participated in the survey would be representative of the heterogeneous group of providers of human services to the aging in Ramsey County. Thus, a sampling strategy was developed which involved five major steps for selecting agencies to participate.¹

Step 1: A list, compiled by the Metropolitan Council, of agencies which provide human services to the aging in Ramsey County was consulted. The list contained approximately 150 agencies.

Step 2: The Metropolitan Council's list was examined and updated for completeness.

Step 3: From the list were deleted: agencies which reported, as part of the Metropolitan Council's 1978 service inventory, that they had spent no money on services to persons 60 and older in 1976; agencies which provided only in-patient health services; and agencies which provided only financial assistance.

Steps 1, 2, and 3 produced a set of approximately 60 agencies from which the sample could be drawn. In steps 4 and 5, the actual selection occurred.

Step 4: All agencies which reported spending \$100,000 or more on services to the elderly became part of the sample.

¹Note that no established technique exists for selecting respondents for a survey such as this. The method described in this section constitutes an optimal method in accord with the goals of the survey and the time and financial resources of the project.

Step 5: Additional agencies were selected in a way which ensured that the sample would include:

- (a) at least two agencies which provided each of the following types of services:

employment programs	outreach
tax assistance	advocacy
health assessment and screening	newsletters
home health, home-maker,	education
chore service	social/recreational services
physical, occupational therapy	arts appreciation
housing assistance	structured counseling
congregate meals	mutual help groups
home delivered meals	friendly visiting
grocery shopping	telephone reassurance
transportation	volunteer opportunities
escort services	protective services;
information and referral	

- (b) at least two major community centers with programs for the aging;
(c) at least two small meals-on-wheels programs;
(d) at least one leisure age center;
(e) at least one proprietary agency.²

The above steps produced a set of 20 different agencies. The selection process ensured that a broad spectrum of agencies from large (e.g., those selected in step 4) to small (e.g., those selected in step 5, c and d) would be represented. It also ensured that professionals with exposure to a variety of service types would be included as survey respondents.

Within each agency, an effort was made to enlist survey participation of all staff who were directly involved in providing services to the elderly and who supervised such service providers. In agencies with a large number of personnel (i.e., greater than 15), a sample of staff was randomly selected; and each sample from the larger agencies included approximately 15 respondents. Of the 20 agencies from which participation was requested, 19 agreed to take part in the survey.

²Note that one agency can serve to meet several of the criteria in step 4 and/or 5. For example, a community center could provide congregate meals, social and recreational services, and volunteer opportunities.

4. Composition of the Sample of Agency Staff

Table 2-1 provides a demographic profile of the staff who participated in the survey. It includes information on sex, age, years spent in the present agency of employment, years spent in any agency providing social and health services, education, and position in the agency.

The sex distribution of the respondents is expectably uneven. Ninety-two percent were female. Only eight percent were male. With respect to age, 27 percent of the respondents were in their 20's; 33 percent were in their 30's; 19 percent were in their 40's; 16 percent were in their 50's; and five percent were 60 or older.

Eleven percent of the respondents were newcomers to their agency, having spent less than one-half of a year there, as of the time of the survey. Fifty-one percent of the respondents had spent four or more years in the agencies in which they were working at the time of the survey. Only 14 percent of the respondents had spent two or fewer years in the human service field. About half had spent seven or more years professionally. Sixty-nine percent of the sample had at least a Bachelor's degree. Nineteen percent had graduate degrees.

The positions of the respondents within their agencies are listed in Table 2-1. Large proportions of the respondents listed their positions as coordinators (15%), registered nurses (15%), supervisors (14%), and assistant coordinators (12%). These position titles, provided by the respondents themselves in response to an open-ended question, should be interpreted with the understanding that the activities associated with each title can vary widely from agency to agency.

Table 2-2 indicates the percentage of respondents who were involved in providing each of 29 types of service and the percentage of respondents whose agencies were involved in providing each service. Direct involvement was largest with respect to information and referral (68%), indicating that most of these staff provide their aging clients with responses to service-related questions and with advice on appropriate programs of service. Between one-third and one-half of the staff who were surveyed also reported direct involvement in outreach (45%), health assessment and screening (40%), and telephone reassurance (34%). With respect to agency involvement in providing

Table 2-1

CHARACTERISTICS OF AGENCY STAFF
WHO PARTICIPATED IN THE SURVEY

Characteristic	N ^a	Percent of Sample	Characteristic	N	Percent of Sample
<u>Sex</u>			<u>Years in Human Service Field</u>		
Male	11	8	0 - 2	18	14
Female	121	92	3 - 6	47	36
			7 - 10	27	20
<u>Age</u>			11 - 15	22	17
20 - 29	35	27	16+	16	12
30 - 39	44	33			
40 - 49	25	19	<u>Education</u>		
50 - 59	21	16	Less than high school	1	1
60+	6	5	High school diploma	23	17
<u>Years in Present Agency</u>			Associate degree	14	11
Less than ½ year	14	11	Bachelor's degree	66	50
1 year	27	20	Master's degree	23	17
2 - 3	24	18	Ph.D., M.D.	2	2
4 - 5	27	20			
6 - 7	17	13	<u>Position in Agency</u>		
8+	23	17	Coordinator	20	15
			Registered nurse	20	15
			Supervisor	18	14
			Assistant coordinator	16	12
			Social worker/case worker	13	10
			Senior case aide	8	6
			Outreach Worker	4	3
			Intake worker	4	3
			Homemaker	4	3
			Occupational therapist	3	2
			Other	14	11

^aTotals do not equal 132 for some items, and percentages do not equal 100 percent for some items due to missing responses for those items.

Table 2-2
INVOLVEMENT OF RESPONDENTS AND OF RESPONDENTS' AGENCIES
IN PROVIDING PARTICULAR TYPES OF SERVICE

Type of Service	Percent of		Percent of	
	N	Sample	N	Sample
	Direct Involvement of Staff Member		Involvement of Agency	
A. Employment Programs	8	6	32	24
B. Financial Counseling	25	19	46	35
C. Tax Assistance	12	9	30	23
D. Health Assessment and Screening	53	40	70	53
E. Home Health Aide, Homemaker, Chore Service	43	33	70	53
F. Therapy, Treatment	36	27	64	49
G. Housing Assistance	32	24	47	36
H. Rental Assistance	18	14	26	20
I. Congregate Meals	20	15	36	27
J. Home Delivered Meals	27	21	49	37
K. Grocery Shopping	22	17	41	31
L. Transportation	35	27	67	51
M. Escort Services	10	8	29	22
N. Information and Referral	90	68	110	83
O. Outreach	59	45	76	58
P. Advocacy-Legal, Individual and Organizational	30	23	37	28
Q. Newsletters	20	15	44	33
R. Education Services	38	29	54	41
S. Social/Recreational Services	31	24	41	31
T. Library Services	6	5	14	11
U. Arts Appreciation	4	3	12	9
V. Structured Counseling	20	15	46	35
W. Self-Help Groups	17	13	41	31
X. Friendly Visiting	41	31	59	45
Y. Telephone Reassurance	45	34	63	48
Z. Volunteer Opportunities	27	21	70	53
AA. Protective Services	16	12	23	17
BB. Case Management	41	31	60	46
CC. Legal Assistance	4	3	8	6

the listed services, 83 percent of the respondents reported that their agencies provided information and referral service; 58 percent reported agency involvement in outreach; and half or more reported agency involvement in health assessment and screening (53%), home health aide, homemaker, chore service (53%), volunteer opportunities (53%), and transportation (51%).

CHAPTER 3

THE SURVEY FINDINGS

In this chapter, the responses to the questionnaire items used in the survey are presented. These responses are then analyzed to learn whether they vary with the respondents' age, education, length of work experience in human service programs, and type of position in their current work settings. Implications of the findings and analysis are discussed.

Recall that staff members completed the survey questionnaires independently in a group setting. Every group session began with an introduction read by the Wilder staff member who monitored the session. This introduction defined the purpose of the study and offered the survey participants the opportunity to raise questions. Specifically, the introduction was:

We are visiting you today as part of a major study of persons aged 60 and over in Ramsey County. This study is being conducted by the Wilder Foundation.

In this part of the study, we want to learn the perspectives of agency professionals, such as yourselves, on the issues which confront the people and organizations who work with the elderly. What we've done is to develop a challenging set of questions to which we would like you to respond during the next hour. We ask each of you to help us by responding individually, because we expect a range of perspectives and opinions even within the same organization. There are no definitive answers, as yet, to the issues and dilemmas which confront the providers of service to older persons. Your insight will be helpful.

We would like to emphasize that the information which you provide will be summarized in aggregate form. No individual will be identified; and no organization will be identified. We're interested in what you have to say, and we would like you to say it as clearly and openly as possible.

That gives you a basic overview of what we're up to. If you have any questions, we can answer them now; and we will answer any which arise as we go on.

We want you to understand that the questions we have prepared are intended to apply to many different types of organizations. You may feel that some questions apply to either you or your organization less than other questions. Nonetheless we want you to answer all of them from whatever perspective you have. Remember: we are here to help if any questions arise.

The initial items on the questionnaire elicited information about staff and agency characteristics. The data from these items were previously discussed in Section 4 of Chapter 2. Therefore, the review of the questionnaire undertaken here begins with a set of items concerning staff members' attitudes and responses toward aging individuals in Ramsey County and toward the system of service delivery to the aging in the County.¹

¹The discussion of every question includes a reference to its number. Readers can use the question numbers to locate the statistics which they wish to examine in the appropriate table. For each question, the number of respondents who gave a particular response appears in the column labeled "N" in a table. Percentages used in the text generally have a base of 132 (the number of agency staff who were surveyed.) The percentages appear in the tables in columns labeled "% of Sample." For survey questions which were asked only of a portion of the respondents, another set of percentages appears in the appropriate tables, labeled "% of Subgroup."

1. Attitudes Toward the Aging and the Service Delivery System

Question 10 asked the respondents to indicate the extent of their agreement with each of 20 statements about the aging in Ramsey County and about the system of service delivery to the aging in the County. Responses could range along a four point continuum from "strongly disagree" to "strongly agree." In addition, some respondents wrote the comment "don't know," or left an item with no response, if they felt that they could not indicate their extent of agreement or disagreement with a particular statement. Responses to each of the 20 statements in question 10 are documented in Table 3-1.²

Substantial agreement on the part of survey participants (i.e., at least 67 percent with "agree" or "strongly agree" responses) occurred for the following seven statements:

- d. Any older person who calls this agency to request information about available services should receive that information. (98%)
- e. All programs and services of this agency should be equally available to any older person who asks to take part in them. (84%)
- r. Agencies in Ramsey County must compete with one another for funds. (81%)
- a. Most persons 60 and over are not aware of the social services available to them in the community. (80%)
- i. This agency needs to know more about the unmet needs which exist among older persons in its service area. (79%)
- t. Agencies which serve the elderly in Ramsey County are bogged down in red tape due to government regulations. (76%)
- b. Many older people have needs which, at present, no services are designed to meet. (69%)

On the other hand, two-thirds or more of the survey participants disagreed with eight of the 20 statements:

- s. It is probably impossible to make any significant improvements in the system of service delivery to the elderly in Ramsey County. (94%)
- m. Overall, the system of service delivery to the elderly in Ramsey County is adequately funded. (80%)

²Note that the percentages in Table 3-1, as in all the tables of this chapter, are rounded. Therefore, their total may sometimes differ slightly from 100%.

- q. Agencies in Ramsey County must compete with one another for older clients. (79%)
- g. A request for this agency's service from an older person with an income of \$70,000 per year is less important to act upon than a request from someone with an income of \$3,500 per year. (73%)
- n. Overall, the system of service delivery to the elderly in Ramsey County is adequately monitored and evaluated. (73%)
- p. When different agencies serve the same older client, staff members from these agencies tend to disagree on the best way to serve the client. (73%)
- l. Overall, the system of service delivery to the elderly in Ramsey County is adequately coordinated. (69%)
- o. Many agencies in Ramsey County are reluctant to refer older clients to other agencies. (68%)

For four statements, the responses of the agency staff reflected less consensus. (That is, the proportion of neither those who agreed nor those who disagreed equalled or exceeded 67 percent.) These statements are:

- c. Older people dislike receiving free services. (41% agreed; 58% disagreed)
- f. Any older person who requests help from this agency, and who will pay for service, should receive this agency's service--regardless of his/her formal eligibility. (57% agreed; 37% disagreed)
- h. This agency needs new service programs directed toward older persons. (62% agreed; 37% disagreed)
- k. Staff members of this agency frequently have trouble meeting older clients' needs through existing agency programs. (48% agreed; 52% disagreed)

To understand whether the opinions expressed for individual items are a product of one or more general, underlying attitudes, the items were factor analyzed. The factor analysis of the responses to the 20 items in Question 10 revealed three clusters (shown in Table 3-2): Factor 1, entitled a System Management Factor, which includes items regarding coordination (1),

funding (m), monitoring (n), and competition for funds (r); Factor 2, labelled a Service Inadequacy Factor,³ which includes items dealing with lack of needed services (b), need for new, agency programs (h), and lack of information about the needs of the aging (i); and Factor 3, designated an Agency Friction Factor, which includes items concerning reluctance of agencies to refer clients to one another (o), disagreement among agencies (p), and competition among agencies for clients (q).⁴

Investigation of the relationships between scores on these three attitudinal factors and staff characteristics (i.e., age, education, years in human service field, and position in agency) revealed: no association between the staff attributes and the scores on the System Management Factor; a significant association between years in the human service field and scores on the Service Inadequacy Factor; and no association between any of the staff attributes and the scores on the Agency Friction Factor.⁵ Table 3-3 shows that more experienced service providers see more inadequacy in the service delivery system than do those with less experience.

³ Factors 2 and 3 are labelled in a negative fashion because the items which they include are statements of problems or shortcomings. From a statistical standpoint, they could just validly be described positively; although the signs of the factor loadings would change.

⁴ The method used was the SPSS version of principal components analysis with VARIMAX orthogonal rotation. Cases with more than three missing responses to the 20 items were excluded from the calculations, with the result that the analysis was based on an N of 128 respondents. Specifics on the procedure and its output can be obtained from Planning and Development Office staff.

⁵ In this chapter, all relationships designated as statistically significant are significant at the .01 level or lower. Readers interested in specific information on the chi-square tests, F-tests, and t-tests used in this chapter to demonstrate statistically significant relationships should consult with project staff.

Analysis of the ten attitudinal items which do not comprise part of the three factors produced only one statistically significant finding. This finding, shown in Table 3-3, is that older aged staff, in contrast to younger aged staff, tend to disagree less strongly with the notion that significant improvement in the delivery system is impossible.⁶ Thus, individuals engaged in the provision of services to the elderly exhibit very few attitudinal differences among one another, whether they are older or younger, experienced or inexperienced, highly educated or minimally educated, managers or line staff.

⁶Hence, the more experienced staff perceive deficits in the service system; and the older aged staff feel that improvement is possible. In many, but not all, instances, of course, these two types of staff are the same individuals.

Table 3-1

STAFF ATTITUDES: SURVEY ITEM 10

10. Please indicate the extent to which you agree or disagree with each statement below.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Missing
a. Most persons age 60 and over are not aware of the social services available to them in the community.	N 0 %	26 20 %	82 62 %	24 18 %	0 0 %	0 0 %
b. Many older people have needs which, at present, no services are designed to meet.	N 2 %	39 30 %	68 52 %	23 17 %	0 0 %	0 0 %
c. Older people dislike receiving free services.	N 8 %	68 52 %	45 34 %	9 7 %	2 2 %	0 0 %
d. Any older person who calls this agency to request information about available services should receive that information.	N 1 %	1 1 %	44 34 %	85 64 %	0 0 %	1 1 %
e. All programs and services of this agency should be equally available to any older person who asks to take part in them.	N 3 %	18 14 %	43 33 %	67 51 %	1 1 %	0 0 %
f. Any older person who requests help from this agency, and who will pay for service, should receive this agency's service--regardless of his/her formal eligibility.	N 13 %	36 27 %	45 34 %	30 23 %	2 2 %	6 5 %
g. A request for this agency's service from an older person with an income of \$70,000 per year is less important to act upon than a request from someone with an income of \$3,500 per year.	N 45 %	51 39 %	20 15 %	14 11 %	0 0 %	2 2 %
h. This agency needs new service programs directed toward older persons.	N 4 %	45 34 %	63 48 %	19 14 %	1 1 %	0 0 %

Table 3-1
(Continued)
STAFF ATTITUDES: SURVEY ITEM 10

		Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know	Missing
i.	This agency needs to know more about the unmet needs which exist among older persons in its service area.	N 3 %	21 16	81 61	24 18	2 2	1 1
j.	Staff members of this agency generally lack the time necessary to provide adequate services to older people who use this agency.	N 29 %	63 48	37 28	13 10	0 0	0 0
k.	Staff members of this agency frequently have trouble meeting older clients' needs through existing agency programs.	N 6 %	62 47	49 37	15 11	0 0	0 0
l.	Overall, the system of service delivery to the elderly in Ramsey County is adequately coordinated.	N 22 %	68 52	38 29	1 1	1 1	2 2
m.	Overall, the system of service delivery to the elderly in Ramsey County is adequately funded.	N 29 %	76 58	19 14	2 2	4 3	2 2
n.	Overall, the system of service delivery to the elderly in Ramsey County is adequately monitored and evaluated.	N 24 %	73 55	30 23	1 1	4 3	0 0
o.	Many agencies in Ramsey County are reluctant to refer older clients to other agencies.	N 4 %	86 65	30 23	3 2	8 6	1 1
p.	When different agencies serve the same older client, staff members from these agencies tend to disagree on the best way to serve the client.	N 3 %	94 71	31 24	0 0	4 3	0 0

Table 3-1
(Continued)
STAFF ATTITUDES: SURVEY ITEM 10

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>	<u>Don't Know</u>	<u>Missing</u>
q. Agencies in Ramsey County must compete with one another for older clients.	N 15 % 11	90 68	22 17	0 0	5 4	0 0
r. Agencies in Ramsey County must compete with one another for funds.	N 2 % 2	17 13	88 67	19 14	5 4	1 1
s. It is probably impossible to make any significant improvements in the system of service delivery to the elderly in Ramsey County.	N 48 % 36	77 58	6 5	1 1	0 0	0 0
t. Agencies which serve the elderly in Ramsey County are bogged down in red tape due to government regulations.	N 5 % 4	21 16	74 56	26 20	5 4	1 1

Table 3-2

FACTOR ANALYTIC RESULTS: ITEM 10

<u>Factor</u>	<u>Item</u>	<u>Factor Loading</u>
Factor 1 "System Management"	l - service delivery adequately coordinated	.55
	m - service delivery adequately funded	.56
	n - service delivery adequately monitored	.81
	r - agencies must compete for funds	.54
Factor 2 "Service Inadequacy"	b - lack of needed services	.42
	h - new service programs needed	.85
	i - need for more information about unmet needs	.56
Factor 3 "Agency Friction"	o - agencies reluctant to refer clients	.71
	p - disagreement among agencies	.55
	q - competition among agencies for clients	.46

Table 3-3
RELATIONSHIPS BETWEEN STAFF CHARACTERISTICS AND RESPONSES
TO ATTITUDINAL ITEMS^a

Staff Characteristic	(N)	Item Average Response Score
<u>Years in Human Service Field</u>	<u>Factor 2 - Service Inadequacy</u>	
0 - 3	(26)	5.2
4 - 7	(49)	4.9
8 - 11	(21)	5.6
12+	(34)	5.7
<u>Age</u>	<u>10S - Impossible to Improve Service Delivery</u>	
20 - 29	(35)	1.5
30 - 39	(44)	1.7
40 - 49	(25)	1.6
50+	(27)	2.0

^aOnly statistically significant findings (at .01 or less) are presented.

2. Perspectives on Need

Question 11 offered the respondents the opportunity to report what they saw inside and outside of their own agencies regarding perceptions of need among the aging. This question asked that respondents indicate which three problems, from a list of 22 problems facing senior citizens, would be considered by each of three groups to be most seriously in need of attention. These three groups were: staff in a respondent's agency; most people in Ramsey County; and the federal government. Responses to Question 11 appear in Table 3-4.

Staff respondents were most likely to feel that staff in their own agency would see four problems as seriously needing attention: loss of independence and ability to care for oneself (46%); health problems resulting in disability or loss of functioning (43%); the need for home health care services (42%); and living on a fixed income (27%). Of the 22 problems, respondents were very unlikely to assume that their agencies would attach much salience to: high health insurance costs; inability to accomplish household repairs; lack of preparation for retirement; lack of social and recreational activities; infrequent visiting by children, and inability to do grocery shopping.⁷

The views of what "most people in Ramsey County" would consider the three problems most seriously needing attention differed somewhat from the projected or assumed views of the staff in the respondents' agencies. Frequently mentioned as what "most people" would consider were: living on a fixed income (52%); high medical expenses (42%); health problems resulting in disability or loss of functioning (21%); inadequate nursing home care (20%); and fear of crime (20%).

Finally, the priorities of the federal government were seen to differ slightly both from those of agency staff and from those of "most people in Ramsey County." Problems presumed to be considered most seriously needing attention by the federal government were: high medical expenses (61%); living on a fixed income (36%); inability to pay utility bills (28%); inadequate nursing home care (28%); lack of suitable housing (28%); and high health insurance costs (27%).

⁷ Note that Volume I demonstrated the pervasiveness of grocery shopping problems among the elderly, especially those 70 and older. It also suggested that transportation and nutrition--both of which are related to grocery shopping--constitute key elements in the adjustment of older persons.

Problems considered to be of least concern to the federal government were: inability to accomplish household repairs; loneliness; lack of social and recreational activities; concern or worry about old age; infrequent visiting by children; inability to do grocery shopping; help with household chores; and the burden of caring for a disabled spouse or family member.

Thus, to make some comparisons, living on a fixed income was the only problem for which the three groups were perceived to share a strong concern. Notable differences appear between agency staff and "most people" with respect to: health problems; high medical expenses; need for home care services; and loss of independence. Differences between agency staff and the federal government appear for: health problems; high medical expenses; high health insurance costs; the need for home care services; and loss of independence; among others. Readers can consult Table 3-4 to compare and contrast the respondents' perceptions of these three groups for each of the 22 problems listed in Question 11.

The patterns of responses to this question were similar for different types of staff. That is, the analysis revealed no statistically significant differences among persons of different ages, educational levels, years of experience or positions.

Questions 12 through 14 focus upon the process of learning about needs by agencies and governmental organizations. In response to Question 12, survey participants rated the level of understanding that each of five administrative bodies has concerning the provision of services to older persons. Three administrative bodies tended to have "good" or "very good" ratings: the Metropolitan Council's Area Agency on Aging; Ramsey County; and the United Way. Two had relatively poor ratings: the federal government; and the State of Minnesota. It is interesting to note that, although the Area Agency on Aging constitutes the local representative of the federal government, the staff who participated in this survey distinguished between these two bodies and rated them very differently. In any case, the responses to this question reveal that most of those who provide services to the aging do not consider their local regulatory and funding agencies to be obtuse regarding the everyday exigencies of working with older clients. On the other hand, they do consider the larger, more remote funders and regulators to be relatively destitute of knowledge regarding the practical aspects of serving older clients.

Questions 13 and 14 enabled the respondents to indicate the means by which their agencies had made a definite investment to help them learn about the needs of older people, during the six months preceding the interview. The source of information most commonly made available to the staff who participated in this survey was personal contact with other service providers (reported by 73 percent of the respondents).⁸ The reported investment by agencies in apprising their staff members of the needs of older people is surprising and gratifying, as shown in Table 3-4. However, the heavy reliance upon information from other service providers may have detrimental effects, since results presented later in this chapter reveal the absence of accurate information about elderly Ramsey County residents among service providers.

⁸The term, "definite investment," appeared in Question 13 to sift casual learning opportunities from more significant opportunities. However, survey respondents may have interpreted the term loosely.

Table 3-4

PERSPECTIVES ON NEED: SURVEY ITEMS 11 - 14

11. We would like you to think about the needs of persons age 60 and older as they are perceived by staff in your agency, by most people in Ramsey County, and by the Federal Government.

In your opinion, which three problems facing senior citizens (listed below) would be considered by staff in your agency, by most people in Ramsey County, and by the Federal Government to be most seriously needing attention?

	Agency		Most People		Federal Government	
	N	%	N	%	N	%
Health problems resulting in disability or loss of functioning	57	43	28	21	20	15
High medical expenses	20	15	55	42	80	61
High health insurance costs	1	1	4	3	35	27
Need for home health care services	56	42	9	7	10	8
Inadequate nursing home care	7	5	26	20	37	28
Inability to pay utility bills (N.S.P., fuel bills)	10	8	21	16	37	28
Inability to accomplish household repairs	1	1	2	2	1	1
Lack of suitable housing	9	7	8	6	37	28
Living on a fixed income	35	27	68	52	47	36
Lack of preparation for retirement both financially and emotionally	2	2	12	9	8	6
Loneliness due to social isolation or loss of spouse	25	19	24	18	3	2
Loss of independence and ability to care for self in own home	61	46	24	18	11	8
Lack of available social and recreational activities	1	1	6	5	2	2
Concern about old age or worry about the future	3	2	17	16	2	2
Alcohol and drug abuse problems	22	17	4	3	8	6
Children do not visit frequently	0	0	4	3	0	0
Inadequate transportation services	20	15	21	16	12	9
Inability to do grocery shopping	2	2	6	5	0	0
Need for help with household chores and yard work	14	11	8	6	0	0
Lack of adequate nutrition in diet	23	17	7	5	20	15
Burden of caring for disabled spouse or family member	14	11	7	5	3	2
Fear of crime or going out at night	6	5	26	20	8	6
Missing Responses	1st	1	1	2	2	3
	2nd	3	2	3	2	5
	3rd	3	2	4	3	7

^aEntries in columns labelled "N" denote the number of survey participants who identified a particular problem as "one of the three most important." Total in each column equals 396.

^bEntries in columns labelled "%" denote the percentage of survey participants who identified a particular problem as "one of the three most important." Total in each column equals 300%.

12. How good an understanding do you feel each of the following administrative bodies has concerning what it's like to be on the "front line," providing services to older persons?

	very poor under- standing		poor under- standing		good under- standing		very good under- standing		Don't Know		Missing	
	N	%	N	%	N	%	N	%	N	%	N	%
a. The Federal Government	(38)	29	(74)	56	(18)	14	(0)	0	(1)	1	(1)	1
b. State of Minnesota	(12)	9	(84)	64	(32)	24	(1)	1	(2)	2	(1)	1
c. Metropolitan Council Area Agency on Aging	(5)	4	(26)	20	(80)	61	(16)	12	(4)	3	(1)	1
d. Ramsey County	(7)	5	(41)	31	(74)	56	(6)	5	(2)	2	(2)	2
e. United Way	(7)	5	(33)	25	(76)	58	(12)	9	(3)	2	(1)	1

13. During the past six months, has your agency made a definite investment in assisting you to learn about the needs of older people in your service area through any of the following means: (Check as many as apply).

N	%	
88	67	Reports or brochures of other service-providers
96	73	Personal contact with other service-providers
58	44	Newspapers
72	55	Workshops or seminars within your agency
88	67	Inter-office communication (memos in your agency)
74	56	Seminars or staff meetings with other personnel in your agency
51	39	Professional journals
84	64	Workshops or seminars outside of your agency
49	37	Reports issued by your agency

14. Does your agency invest itself in learning about the needs of older community residents in ways which are not included in the above categories.

	N	%
Yes	51	39
No	69	52
Don't Know	1	1
Missing	11	8

(If yes, please describe:)

Means	N	% of Sample	% of Subgroup
Contact with older people	23	17	45
Seminars, meetings	7	5	14
Professional association memberships	12	9	24
Needs assessment	6	5	12
Missing	3	2	6

3. Information Regarding Service Programs and Service Delivery Issues

In Question 15, survey participants rated the amount of information available to them concerning services for the aged which are provided by agencies other than their own. Fifty-five percent of the sample felt that their information regarding other agencies was "about adequate." (See Table 3-5.) However, 42 percent considered such information "less than adequate." This single finding indicates a substantial, unfulfilled need perceived by service agency staff for an up-to-date perspective on the programs and resources available through agencies in Ramsey County with whom they ostensibly share a common mission. The negative effects of this unfulfilled need are, of course, experienced whenever an older person who seeks help receives less than adequate information and referral.⁹

Interestingly, only two percent of the surveyed staff indicated that they would not be helped by learning more about the activities of agencies other than their own which deliver services to the elderly (Question 16). Seventy-five percent of the respondents replied that learning about the activities of other agencies would be "extremely helpful" or "very helpful." Thus, the survey findings again point to a partial, but significant, information vacuum among service agency staff.

The responses to Question 17 demonstrate that the hunger for information extends even to information concerning one's own agency. Specifically, only 14 percent of the respondents indicated that it would not be helpful for staff in their own agencies to learn more about their own agencies' programs.

Where do staff seek new and innovative ideas for providing services to the aging population? Responses elicited by Question 18 suggest that staff are most likely to seek such ideas from contacts with older clients themselves (84%). Another form of personal contact--with service providers--was the second most likely source for new and innovative ideas (80%). Other sources from which a majority of respondents reported seeking new and innovative ideas for providing services are: reports or brochures of other service

⁹When these findings were presented prior to report publication, along with the findings from the survey of the aging which revealed lack of knowledge regarding service among older people, the comment was frequently made that service providers' assistance to older people is often "the blind leading the blind."

providers (71%); workshops or seminars outside of their own agencies (71%); newspapers (58%); and seminars or staff meetings within their own agencies (55%). Only two percent of the respondents reported an inability to find sources of new ideas.

Question 19 enabled respondents to suggest means by which providers of service to the elderly could be kept up-to-date on new programs and services.¹⁰ Most often mentioned were regular mailings or newsletters (25%) and a centralized information service (25%). Other suggestions appear in Table 3-5. Thirty-seven percent of the respondents did not provide any suggestions.

Means by which learning actually occurs with respect to new legislation and funding which affect services for the elderly were elicited by Question 20. The largest proportion of staff who were surveyed (73%) indicated that newspapers provided them an avenue for such learning. Fifty-eight percent mentioned contacts with other service-providers; and 47 percent mentioned inter-office communication (memos within their own agencies). Other responses appear in Table 3-5. Only five percent reported an inability to learn about new legislation and funding.

Twenty-seven percent of the staff who participated in the survey had read the latest report from the Aging Program of the Metropolitan Council concerning its Ramsey County service delivery study (Question 21).¹¹ "Helpful" and "not helpful" aspects of this report were listed by the respondents; and they appear in Table 3-5. Twelve percent of the respondents (46 percent of those who had read the latest report) indicated that they had used the report (or any of the preliminary reports from the service delivery study) to obtain information on service needs.¹² Seven percent of the sample (26 percent of the report readers) felt that the development of a similar report every two or three years would be "very useful;" 14 percent of the sample (54 percent of the report readers) felt such development would be "useful."

¹⁰Up to two suggestions were recorded for each respondent, as Table 3-5 indicates. Percentages which appear in the text represent the total percentages of those respondents who listed a particular suggestion either first or second.

¹¹This report described the Aging Program's estimates of the quantity of service being delivered to aging persons in the County.

¹²Note that this question (21c) and the next question (21d) were asked only of those staff who had read the latest report.

Table 3-5
 INFORMATION REGARDING SERVICE PROGRAMS AND SERVICE
 DELIVERY ISSUES: SURVEY ITEMS 15 - 21

15. How would you describe the amount of information which you have available on services for the aged provided by other agencies in Ramsey County?

The information available to you is: (Please check one.)

<u>N</u>	<u>% of Sample</u>	
2	2	More than adequate--there is never any question about what other agencies provide
72	55	About adequate--services provided by other agencies are usually known by staff of your agency
56	42	Less than adequate--there exist many ambiguities concerning services of other agencies
2	2	Absolutely inadequate--virtually no information is available on other agencies' services

16. How helpful would it be for your agency's staff to learn more about the activities of other agencies which deliver services to the elderly?

<u>N</u>	<u>% of Sample</u>	
51	39	Extremely helpful
48	36	Very helpful
31	24	Helpful
2	2	Not helpful

17. How helpful would it be for your agency's staff to learn more about the activities of your agency in regard to services for the elderly?

<u>N</u>	<u>% of Sample</u>	
26	20	Extremely helpful
34	26	Very helpful
51	39	Helpful
18	14	Not helpful
2	2	Don't know
1	1	Missing

18. Where is it that you look for new and innovative ideas for providing services? (CHECK AS MANY AS APPLY.)

<u>N</u>	<u>% of Sample</u>	
2	2	Am unable at present to find sources of new ideas
		Look for such ideas in:
94	71	Reports or brochures of other service-providers
106	80	Personal contact with other service-providers
77	58	Newspapers
47	36	Workshops or seminars within your agency
51	39	Inter-office communication (memos in your agency)
72	55	Seminars or staff meetings with other personnel in your agency
63	48	Professional journals
94	71	Workshops or seminars outside of your agency
34	26	Reports issued by your agency
111	84	Contacts with older clients

19. Do you have any suggestions on how providers of services to the elderly can be kept up-to-date on new programs and services?

<u>Suggestion</u>	<u>1st Mention</u>		<u>2nd Mention</u>	
	<u>N</u>	<u>% of Sample</u>	<u>N</u>	<u>% of Sample</u>
Regular mailings or newsletters	27	20	6	5
Centralized information service	28	21	5	4
Regular meetings of staff from different agencies	14	11	4	3
Announce availability of new services	7	5	1	1
Miscellaneous	3	2	3	2
Have no suggestions	49	37	-	-
Missing	4	3	-	-

20. How do you learn about new legislation and funding which affect the delivery of services to the elderly? (CHECK AS MANY AS APPLY.)

<u>N</u>	<u>% of Sample</u>	
7	5	Am unable to learn about such legislation and funding
		Learn from:
51	39	Reports or brochures of other service-providers
76	58	Personal contact with other service-providers
96	73	Newspapers
25	19	Workshops or seminars within your agency
62	47	Inter-office communication (memos in your agency)
54	41	Seminars or staff meetings with other personnel in your agency
37	28	Professional journals
51	39	Workshops or seminars outside of your agency
59	45	Reports issued by your agency

21. Have you read the Metropolitan Council's last report from its service delivery study?

	<u>N</u>	<u>% of Sample</u>
Yes	35	27
No	96	73
Missing	1	1

(If yes, Questions 21a, b, c, d were asked.)

- a. What did you find helpful?
- | | <u>N</u> | <u>% of Sample</u> | <u>% of Subgroup</u> |
|--|----------|--------------------|----------------------|
|--|----------|--------------------|----------------------|

Helpful Aspects

Described total system well	6	5	17
Estimated potential number of clients	5	4	14
Showed need for agency coordination	4	3	11
Miscellaneous	9	7	26
Nothing mentioned as helpful	11	8	31

- b. What was not very helpful?

Not Helpful Aspects

Data were confusing to read	5	4	14
No solutions presented	3	2	9
Miscellaneous	6	5	17
Nothing mentioned as not helpful	21	16	60

- c. Have you used it (or any of the preliminary reports) to obtain information on service needs?

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Yes	16	12	46
No	17	13	6
Missing	2	2	6

- d. How useful would it be to develop a similar report every 2-3 years?

Very useful	9	7	26
Useful	19	14	54
Not useful	5	4	14
Missing	2	2	6

4. Allocating Money for Service

Question 22 presented the service agency staff who participated in the survey with a list of 18 types of service which could be delivered to aging persons. The respondents were asked to assume that they had complete control over all money spent in Ramsey County to provide services for persons aged 60 and over. Then, they were asked to indicate the percentage of that money which they would earmark for each particular type of service.¹³ Table 3-6 presents the responses to Question 22 in two ways. First, it indicates the average percentage of the total funds which staff would allocate to each service. For example, the average, suggested allocation to employment programs was 3.2 percent of the total money spent on elderly services. Second, the table reveals the percentage of respondents who suggested allocations of specific proportions for each type of service. So, for example, 22 percent of the respondents indicated that they would allocate zero percent of the money spent on elderly services to employment programs; 12 percent would allocate one percent; 15 percent would allocate two percent; etc.¹⁴

The services which should receive the largest shares of funds, in the opinion of the surveyed staff, are: home health aide, homemaker, chore service (average = 12.5%); and health assessment, treatment, physical therapy (average = 11.6%). Services to which respondents would provide the smallest shares of funds are: arts appreciation and individual artistic development (average = 1.6%); education services and library services (average = 2.3%); legal assistance and individual and organizational advocacy (average = 3.2%); employment programs (average = 3.2%); and financial counseling and tax

¹³Note that survey participants were directed to make sure that the total percentage of allocated funds equalled 100 percent. To prevent errors, the Wilder staff member in attendance at the survey session inspected Question 22 as each person turned in his/her completed survey form and asked those individuals who had allocated more or less than a total of 100 percent to correct their responses to the question.

¹⁴The term, percent, is used with reference to two features of Table 3-6: (1) the categories across the top of the table which designated the percent of total funds which would be allocated to a type of service; and (2) the cell entries which indicate the percent of respondents who would allocate a specified proportion of funds.

assistance (average = 3.4%). In fact, large proportions of respondents felt that absolutely no money should be allocated to some of these least favored types of service. For example, 34 percent would not allot funds to arts appreciation; 26 percent would not allot funds to education and library services; 22 percent would make no allocation to employment programs; etc.¹⁵

Analysis of the responses to Question 22 revealed no statistically significant difference in the average monetary allocation to each type of service among staff who differed with respect to age, education, years in the human service field, or position. However, reliable differences in the allocations did emerge when staff responses were partitioned into categories based upon: 1) whether or not the respondent's agency provides a particular service; and 2) whether or not the respondent personally provides a particular service. Table 3-7 shows that, for eight of the 18 types of service, average allocations were higher among those whose agencies provide the service than among those whose agencies do not do so. It also shows that, for eight of the types of service (not all the same as the previous eight), average allocations were higher among those respondents who personally provide a particular service than among those who lack personal involvement with the provision of the service.

The average allocations of funds for specific types of service, computed from Question 22, indicate the funding priorities of staff in agencies which deliver human services to the aging in Ramsey County. Undoubtedly, staff considered many issues when responding to this question: the unmet need(s) which a particular service addresses; the current investment in meeting needs addressed by service; the cost of providing a service; the presumed effectiveness of a service relative to other services or to no service at all; and probably other factors.

¹⁵ Recall that these allocations pertain only to services designed specifically for persons aged 60 and over. Thus, a respondent who indicates that no money should be allocated to arts appreciation for older people is not necessarily indicating that no money should be spent on arts appreciation for people of all ages.

Table 3-6
ALLOCATION OF FUNDS TO SPECIFIC ELDERLY SERVICES: SURVEY ITEM 22

Type of Service	Average Allocation (%)	Percent of Respondents Who Would Allocate A Specified Percentage of Funds to Each Type of Service ^a											
		0	1	2	3	4	5	6-9	10-14	15-19	20-24	25+	
Employment Programs	3.2	22	12	15	14	5	18	6	4	1	2	0	
Financial Counseling and Tax Assistance	3.4	17	9	24	10	7	19	6	5	2	1	0	
Health Assessment Treatment and Physical Therapy	11.6	8	0	2	2	1	8	15	32	12	11	8	
Home Health Aide, Homemaker, Chore Service	12.5	4	1	2	0	1	12	14	31	13	14	8	
Housing Assistance and Rental Assistance	7.6	9	3	5	3	7	30	11	19	5	4	4	
Congregate Meals	7.2	4	4	7	7	8	28	14	19	2	2	5	
Home Delivered Meals	7.9	2	3	4	8	3	30	19	20	3	4	4	
Transportation and Escort Services	8.3	5	1	5	8	2	24	14	26	6	5	3	
Information and Referral, Outreach Services and Newsletters	5.0	10	6	14	8	4	27	11	17	2	0	0	
Legal Assistance and Individual and Organizational Advocacy	3.2	13	9	23	15	6	23	5	5	0	0	0	
Education Services and Library Services	2.3	26	12	18	17	7	16	1	2	0	0	0	
Social/Recreational Services	5.0	10	3	16	6	8	30	11	11	2	2	0	
Arts Appreciation and Individual Artistic Development	1.6	34	21	20	9	5	9	1	0	0	0	0	
Structured Counseling	4.2	17	5	11	10	4	29	9	12	1	0	0	
Friendly Visiting and Telephone Reassurance	3.7	12	8	22	11	3	29	6	8	0	0	0	
Volunteer Opportunities and Self-Help Groups	3.5	17	10	14	12	8	25	6	6	1	0	0	
Protective Services	5.1	11	8	12	11	5	24	12	9	3	2	1	
Case Management	4.7	17	10	6	11	2	27	10	9	3	0	1	

^aPercentages in each row total approximately 99% because two survey participants did not respond to this question. Each average allocation is computed on the basis of 130 responses.

Table 3-7
AVERAGE ALLOCATIONS (ITEM 22): PROVIDERS VS. NON-PROVIDERS OF SERVICE

Type of Service	Average Allocation (%)	Average Allocation (%)		Average Allocation (%)	
		Among Respondents Whose Agencies:		Among Respondents Who, As Staff:	
		Do Provide The Service	Do Not Provide The Service	Do Provide The Service	Do Not Provide The Service
Employment Programs	3.2	N.S. ^a		N.S.	
Financial Counseling and Tax Assistance	3.4	N.S.		N.S.	
Health Assessment, Treatment, and Physical Therapy	11.6	13.1	9.0	N.S.	
Home Health Aide, Homemaker, Chore Service	12.5	14.9	10.0	15.7	11.1
Housing Assistance and Rental Assistance	7.6	N.S.		N.S.	
Congregate Meals	7.2	9.8	6.2	12.8	6.1
Home Delivered Meals	7.9	10.9	6.2	13.0	6.5
Transportation and Escort Services	8.3	N.S.		N.S.	
Information and Referral, Outreach and Newsletters	5.0	N.S.		N.S.	
Legal Assistance; Individual and Organizational Advocacy	3.2	4.1	2.9	N.S.	
Education Services and Library Services	2.3	N.S.		N.S.	
Social/Recreational Services	5.0	N.S.		N.S.	
Arts Appreciation and Individual Artistic Development	1.6	2.7	1.5	3.8	1.5
Structured Counseling	4.2	N.S.		5.9	3.9
Friendly Visiting and Telephone Reassurance	3.7	N.S.		4.3	3.1
Volunteer Opportunities and Self-Help Groups	3.5	N.S.		N.S.	
Protective Services	5.1	10.0	4.1	9.5	4.5
Case Management	4.7	6.7	3.0	6.8	3.7

^a"N.S." indicates that the difference is not statistically significant.

5. Estimates of Characteristics of Older People in Service Area and of Older Clients

A set of six questions asked the survey participants to estimate specific demographic and social characteristics of older residents in the local community and of the older clients whom their agencies serve. Sixty-eight percent of the respondents indicated that they did not know the number of people aged 60 and older who live in their agencies' service areas (Question 23). The distribution of responses for those who felt that they did know these figures appears in Table 3-8. As Table 3-9 indicates, respondents in professional staff positions were more likely than both directors and supervisors and "other" staff to report that they didn't know the number of older people in their agencies' service areas. No other staff attribute was related to responses to this question.

Despite ignorance concerning the number of older residents in their service areas, most respondents did not feel too handicapped to estimate either (a) the proportion of people aged 60 and over in their agencies' service areas who have a reasonable idea about the services of their agencies, or (b) the proportion of people aged 60 and over in their agencies' service areas who use the agencies' services. (See Table 3-8.)

Thirty-six percent of the respondents made estimates of 14 percent or lower regarding the proportion of older people in their service areas who know about their agencies' services (Question 24). However, 26 percent of the respondents felt that approximately half or more of their potential, elderly clientele have a reasonable idea about their agencies' services.¹⁶ Seventeen percent of the respondents reported that they had no idea of the proportion of people 60 and older in their service areas who know about their services. Table 3-8 details the range of responses to this question.

Education affected the estimates of the proportions of older people who know about the agencies' services. Respondents with higher levels of education were more likely than those with lower levels to ascribe ignorance to the elderly within their service areas. In fact, more than half of the respondents with graduate degrees felt that fewer than ten percent of the older residents of their agencies' service areas know about their agencies. (See Table 3-9.)

¹⁶The perception by most service providers of ignorance among aging persons regarding available services is corroborated by the findings reported in Volume I.

Question 25 asked the survey participants to estimate the proportion of older people in their service areas who use their agencies' services. Thirty percent reported that they didn't know enough to make such an estimate. As Table 3-8 indicates, quantified responses ranged from estimates of zero percent to estimates exceeding 50 percent.¹⁷ Education again affected respondents' estimates. Staff with more education estimated less use of service than did staff with less education. (See Table 3-9.)

In response to Question 26, survey participants made a large number of estimates concerning characteristics of their clients and of Ramsey County residents aged 60 and older. They indicated, for each estimate, whether it was an informed estimate or merely a guess. The responses to Question 26 are presented in two ways in Tables 3-10 and 3-11.

Table 3-10 indicates the percentage of respondents who offered a specific estimate for each of 12 characteristics of the elderly population of Ramsey County; and it indicates the percentage of respondents who reported that they simply "didn't know" about a particular characteristic. So, for example, five percent of the survey participants believed that between zero and 20 percent of the persons aged 60 and older in Ramsey County live alone; 16 percent believed the figure to be within 21-40 percent; etc.¹⁸ Moreover, 20 percent of the survey participants didn't know enough about the proportion of people living alone to make an estimate.

Two implications of the data in Table 3-10 are readily apparent. First, admissions of ignorance by individuals who are expected to have specialized knowledge regarding the living conditions and needs of the elderly are relatively high. That is, for each population characteristic, at least one in five survey participants reported that she or he could not even make a guess. A second implication of the data in Table 3-10 is that misinformation among service providers is shockingly high. This is evinced by the wide range of estimates for each characteristic: everyone can't be right. Whereas the

¹⁷ When compared with the data on service usage reported in Volume I, most of the estimates made in response to Question 25 seem very high.

¹⁸ Respondents offered specific percentages, which have been collapsed into the ranges specified in Table 3-10. Note that the term, percent, is used with reference to two features of Table 3-10: (1) the categories across the top of the table, which designate the estimated percent of Ramsey County residents aged 60 and older who have a particular characteristic; and (2) the cell entries, which indicate the percent of respondents who made an estimate within a specified range or who reported that they "didn't know."

respondents cited other service providers as their most common source of information about older people (see Question 13), it is quite likely that staff in agencies which serve the aging cultivate error among one another, rather than temper an accurate perspective of the attributes of the population whom their agencies serve.

Table 3-11 further explores the extent to which survey respondents "didn't know" or "guessed" about characteristics of both the older residents of the county and the older clients of their agencies. Table 3-11 indicates, for each of the twelve characteristics: the percentage of "don't know" responses; the percentage of "guess" responses; and the total percentage of "don't know" and "guess" responses. The table also reveals the average response regarding each characteristic of Ramsey County residents.¹⁹ These data strongly indicate that staff in agencies which serve the aging in Ramsey County have woefully inadequate knowledge of the county's elderly population. Remarkably, a large percentage also have little confidence in their ability to describe their own agencies' clients.

The reason for the lack of knowledge about their own agencies' clients may be indicated by the responses to Question 27, which asked the survey participants to report whether their agencies keep statistics on any of the characteristics listed in Question 26. (See Table 3-8.) Very few respondents reported that their agencies keep such statistics. (For nine of the 12 characteristics, the percentages of respondents whose agencies keep such data fall within the range of two to 17 percent.) Items of information which were most often reported to be kept are related to: living in a senior high rise (33%); living with spouse (28%); and living alone (27%).

The responses to Question 27 reveal appallingly poor record systems among the agencies which serve Ramsey County's aging population. These agencies do not have the means of accounting for the types of people who request and use their service, how often they use it, etc. (At best, the responses indicate faulty administration within agencies. That is, if records such as those listed in Question 27 are actually kept, the agencies either don't notify staff of their existence or don't assemble them for convenient and efficient use.) From this evidence alone, it is undeniable that any effort to understand

¹⁹The distribution of responses and the average responses regarding client characteristics do not appear in Table 3-10 and 3-11 because they cannot be aggregated across agencies.

the service delivery system for the aging in Ramsey County as a whole cannot possibly succeed. Indeed, even the actions of most, individual agencies are, at present, inscrutable.

Goldstein (1980) observed that "Social workers paradoxically have too much theoretical knowledge from which to draw at the same time that they have a paucity of specific types of knowledge needed in specific situations to achieve specific goals." She exhorted social service professionals to acquire greater understanding of the properties of the environments in which people live. In the specific case of those who provide social and health services to Ramsey County's aging residents, it might be true that, despite theoretical and technical proficiency, agency staff suffer from inaccurate or absent knowledge of the living conditions of the elderly.

Moreover, to move beyond Goldstein's concerns, we might ask: How can agencies plan their activities if they have such poor information at their disposal? How can they discuss or portray clients' needs to the general public as well as to policy-makers and funding organizations if they lack enough information for adequate description?²⁰ How can agencies evaluate their work and improve the quality of their services without such information? These questions must be, and will be, addressed in the formulation of recommendations based upon this study.

The analysis of the responses to Question 26 pursued two, additional issues. The first issue was: Do the responses vary systematically with respect to respondents' age; education; years in the human service field; or position in agency? To examine this issue, the responses to the 12 items were examined for their possible relationship to each of these four staff characteristics. Table 3-12 reveals that five of 48 possible differences were statistically significant and that all of them involved education or position. More highly educated staff, in comparison to those with less education, made, on the average: lower estimates of the proportion of older people who completed college; lower estimates of the proportion of older people who live in senior high rises; and lower estimates of the proportion of older people who work for pay. With respect to position, professional staff, in contrast to both directors-supervisors and "other" staff, made

²⁰ Much of the information necessary for an accurate accounting of client service is, of course, probably collected by individual workers for their own clients. However, it is not aggregated and stored for entire agencies.

lower, average estimates of: the proportion of older people who get out of the house at least once per week; and the proportion of older people who know about available services.²¹ Since the responses to Question 26 constitute prima facie evidence of inadequate information among the providers of service to the aging, the small number of differences among different types of staff implies, notably, that inaccuracy permeates the agency ranks, without regard for training, position, or experience.²² Conspicuous in their absence are relationships between either age or years of experience and the estimates made regarding Ramsey County's elderly residents. One might have hypothesized that maturity and experience would temper the older staff member's perspectives to the community conditions and result in a characteristically different set of responses among the older staff than among their callow colleagues.

The question of possible relationships between staff characteristics and staff estimates regarding the attributes of older residents of the county was also addressed by examining the number of "don't know" responses to the total set of 12 items in Question 26. "Don't know" responses were summed for the Ramsey County estimates and for the agency client estimates, creating what were labelled, "don't know" indices. These two indices enabled the computation of the average number of "don't know" responses regarding the attributes of Ramsey County residents (average = 2.9) and of agency clients (average = 1.1).

Table 3-13 reveals that some respondents were significantly more likely than others to report ignorance of the percentages requested in Question 26. That is, older staff were much more likely than younger staff to indicate that they didn't know what proportion of Ramsey County residents have a particular characteristic. For example, respondents aged 50 and over indicated "don't know" to an average of 6.9 items regarding residents of the county, in contrast with an average of 1.1 "don't knows" among staff aged 20 to 29.

²¹Note that the analysis of these differences, the results of which appear in Table 3-12, excluded the "don't know" responses.

²²The absence of a significant difference with respect to a particular item indicates that the responses of no subgroup of respondents cluster homogeneously and in distinction to those of other subgroups. Thus, to the extent that the survey findings in and of themselves demonstrate the inaccuracies in service-providers' perceptions of community residents, the analysis of those findings reveals that such misconstruction is not the product of just one type of staff person. It is shared by all.

(See Table 3-13.) Respondents with less education offered more "don't know" responses than did those with more education (e.g., averages of 4.4 for high school and 2.0 for M.A., M.S.W., Ph.D., M.D.).

Concerning clients of the respondents' own agencies, significant age differences in the number of "don't know" responses also appeared. Older staff were likely to offer more "don't know" responses than were younger staff. (See Table 3-13.) The greater number of "don't know" responses among older respondents, both with regard to county residents and agency clients, is surprising. It contradicts the intuitively appealing hypothesis that individuals with greater longevity would have a more solid grasp than would younger people upon the conditions of the aging.²³

Responses from agency staff regarding eight of the 12 items in Question 26 were compared with estimates of the characteristics of Ramsey County's older population derived from the survey of residents of the free community. (Four items were omitted from this comparison because comparable estimates were not obtainable.) Table 3-14 shows the comparisons and notes, for each, whether the survey respondents tended to see older people as "better off" or "worse off" than they probably are.²⁴ For six of the eight characteristics, the agency staff who participated in the survey saw the older residents of the county in worse shape than the community survey evidence would lead one to conclude. Staff looked more pessimistically than appears justified upon: the proportion of older people who live alone; the proportion who are married and living with spouse; the proportion who get out of the house at least once per week; the proportion with children in the area; the proportion with a

²³It is also possible that more "don't know" responses among the older respondents indicate an unwillingness (not shared by younger respondents) to guess in response to the question. However, there is no way to determine this.

²⁴Each of the eight differences between the average staff responses and the estimate derived from the Survey of Persons 60 and Older is statistically significant at .001 or less.

physical limitation; and the proportion with transportation problems.²⁵ For only two items did staff cast the older residents of the county in a somewhat better light than would seem justified from the results of the community survey. These were: the proportion who completed college; and the proportion who work for pay.

Thus, not only do service providers seem to hold inaccurate perceptions of the older people whom their agencies intend to serve, but the perceptions lean toward greater problems, debilitation, and isolation than in fact, exist. Such a leaning may occur because staff generalize from the highly disabled to the total population. In any case, questions arise regarding the abilities of human service organizations and their staff members to plan and deliver effective service to older people if their views of older people are both blurred and overly pessimistic.

²⁵ Responses regarding the proportions who live alone, who live with spouse, and who have children in the area suggest that agency staff underestimate the resources potentially available to older people from their families. Litwak (1980), among others, has suggested that informal support networks, including family and friends, can maximize the impacts of service from formal agencies.

Table 3-8

ESTIMATES OF CHARACTERISTICS OF
OLDER PEOPLE: SURVEY ITEMS 23-25, 27

Now we would like to ask you about your perceptions of some of the characteristics of clients in your agency as they compare with other persons 60 and older in the community.

23. About how many people age 60 and older live in your agency's service area?

<u>Number</u>	<u>N</u>	<u>% of Sample</u>
75 to 10,000	16	12
10,001 to 45,000	7	5
45,001 to 75,000	8	6
75,001 to 300,000	4	3
Don't know	90	68
Missing	7	5

24. What proportion of the people age 60 and over who live in your service area would you estimate have a reasonable idea about what your agency does for the elderly?

<u>Percentage</u>	<u>N</u>	<u>% of Sample</u>
0 to 14	48	36
15 to 29	18	14
30 to 44	8	6
45 to 59	16	12
60+	19	14
Don't know	22	17
Missing	1	1

25. What proportion of the people age 60 and over who live in your service area would you estimate use the services of your agency?

<u>Percentage</u>	<u>N</u>	<u>% of Sample</u>
0 to 4	26	20
5 to 9	11	8
10 to 19	13	10
20 to 29	12	9
30 to 39	8	6
40 to 49	8	6
50+	14	11
Don't know	39	30
Missing	1	1

27. If your agency keeps precise statistics on any of the items mentioned above, could you circle the letters corresponding to those items:

Statistics Regarding	Kept		Not Kept		Don't Know		Missing	
	N	%	N	%	N	%	N	%
Lives alone	36	27	89	67	6	5	1	1
Married, lives with spouse	37	28	88	67	6	5	1	1
Completed college	11	8	114	86	6	5	1	1
Gets out of house	9	7	116	88	6	5	1	1
Lives in high rise	43	33	82	62	6	5	1	1
Works for pay	19	14	106	80	6	5	1	1
Knows about services	3	2	122	92	6	5	1	1
Eligible to receive Title XX services	23	17	102	77	6	5	1	1
Has one or more children in Twin Cities	12	9	113	86	6	5	1	1
Cannot do one or more of five specified activities	20	15	105	80	6	5	1	1
Needs social services he/she doesn't receive	11	8	114	86	6	5	1	1
Has transportation problems	11	8	114	86	6	5	1	1

Table 3-9

STAFF CHARACTERISTICS RELATED TO ESTIMATES OF NUMBER
OF PERSONS IN SERVICE AREA, KNOWLEDGE OF AGENCY, AND USE OF AGENCY

Characteristic	(N)	Estimate				
<u>Number of 60+ Persons in Service Area</u>						
<u>Position in Agency</u>		<u>Made Estimate</u>	<u>Don't Know</u>			
Directors, Supervisors	(53)	47	52			
Professional Staff	(37)	3	97			
Other Staff	(27)	22	78			
<u>Percent Who Know About Agency</u>						
<u>Education</u>		<u>0-9</u>	<u>10-38</u>	<u>39+</u>	<u>Don't Know</u>	<u>Avg.</u>
High School	(24)	4	21	50	25	45
Associate Degree	(12)	15	46	23	15	29
Bachelor's Degree	(66)	21	38	26	15	29
M.A., M.S.W., Ph.D., M.D.	(25)	52	20	12	16	15
<u>Percent Who Use Agency</u>						
<u>Education</u>		<u>0-4</u>	<u>5-20</u>	<u>21+</u>	<u>Don't Know</u>	<u>Avg.</u>
High School	(24)	13	8	50	29	36
Associate Degree	(13)	0	23	39	39	24
Bachelor's Degree	(66)	20	27	21	32	21
M.A., M.S.W., Ph.D., M.D.	(25)	40	32	4	24	7

Table 3-10

AGENCY STAFF'S ESTIMATES OF CHARACTERISTICS OF
RAMSEY COUNTY RESIDENTS AGED 60 AND OLDER: SURVEY ITEM 26^a

Percent of staff (N=132) who estimate the percentage of residents with a specified characteristic to be within the range of:

<u>Characteristic</u>	<u>0-20%</u>	<u>21-40%</u>	<u>41-60%</u>	<u>61-80%</u>	<u>81-100%</u>	<u>Don't Know</u>
Lives alone	5	16	32	23	5	20
Married, living with spouse	15	38	21	3	1	23
Completed college	58	14	2	0	0	25
Gets out of house at least once per week	3	10	20	34	10	24
Lives in a senior citizens' high rise	42	24	7	4	0	24
Works for pay (full-time or part-time)	45	23	5	3	1	24
Knows about services and programs for people 60 and older	24	30	14	8	1	22
Eligible to receive Title XX services	14	24	18	11	1	33
Has one or more children in the Twin Cities area	6	11	24	26	6	27
Cannot do one or more of: climbing stairs; preparing meals; bathing; grocery shopping; using the phone	32	30	13	1	2	23
Needs social services he/she doesn't receive	14	25	24	11	3	24
Has transportation problems	16	27	17	12	5	23

^aEstimates were provided in response to Question 26 which was worded:

Using the characteristics listed below, please compare your agency's clients age 60 and over with the general population age 60 and over in Ramsey County. (We realize that most of your figures will be estimates, rather than precise statistics. If you feel the need, however, to represent an answer as more of a "guesstimate" than an estimate, indicate your feelings by putting a circle around the answer: e.g., (50%))

Table 3-11

STAFF ESTIMATES (ITEM 26): AVERAGE RESPONSES; DON'T KNOW RESPONSES; AND GUESSES

Characteristic	Clients ^a			Ramsey County Residents			
	% Who Indicated They Didn't Know	% Who Gussed	% Don't Know Plus % Who Gussed	Average Response (%)	% Who Indicated They Didn't Know	% Who Gussed	% Don't Know Plus % Who Gussed
Live alone	6	33	39	55	20	54	74
Married, living with spouse	7	33	40	37	23	52	75
Completed college	11	36	47	16	25	52	77
Get out at least once per week	8	32	40	64	24	51	75
Live in senior high rise	8	31	39	25	24	52	76
Work for pay	8	30	38	24	24	49	73
Know about services	6	33	39	35	22	50	72
Eligible to receive Title XX services	18	42	60	42	33	55	88
Have children in area	14	39	53	57	27	53	80
With physical limitation	7	33	40	31	23	51	74
In need of social service not receiving	8	33	41	44	24	52	76
With Transportation problems	8	33	41	45	23	49	72
AVERAGE	9	34	43	--	24	52	76

^aThe "average response" column is omitted for clients because responses cannot be aggregated across agencies.

Table 3-12

ESTIMATES OF CHARACTERISTICS OF RAMSEY COUNTY
RESIDENTS AGED 60 AND OLDER BY STAFF CHARACTERISTICS

<u>Estimated Item</u> (Percent of Ramsey County residents aged 60 and older who _____)	<u>Staff Characteristic</u>	<u>Average Estimate</u>
		(N)
Completed College	Education	
	High School/Associate ^a	(20) 26
	Bachelor's Degree	(57) 14
	M.A., M.S.W., Ph.D., M.D.	(21) 11
Get out of house at least once per week	Position in Agency	
	Directors, Supervisors	(39) 72
	Professional Staff	(35) 54
	Other Staff	(22) 66
Live in a senior citizens' high rise	Education	
	High School/Associate	(23) 36
	Bachelor's Degree	(55) 24
	M.A., M.S.W., Ph.D., M.D.	(21) 17
Work for pay (full-time or part-time)	Education	
	High School/Associate	(22) 36
	Bachelor's Degree	(57) 20
	M.A., M.S.W., Ph.D., M.D.	(21) 21
Know about services and programs for people aged 60 and older	Position in Agency	
	Directors, Supervisors	(40) 40
	Professional Staff	(35) 26
	Other Staff	(23) 42

^aSince "don't know" responses were excluded from this analysis, category sizes declined and the categories of "high school" and "associate degree" had to be combined.

Table 3-13
 "DON'T KNOW" RESPONSES BY
 STAFF CHARACTERISTICS

<u>"Don't Know" Index</u>	<u>Staff Characteristic</u>	<u>Average Score</u>
	(N)	
<u>"Don't Know" Index: Ramsey County Residents</u>	(131)	2.9
	<u>Age</u>	
	20-29	(35) 1.1
	30-39	(44) 2.1
	40-49	(25) 2.6
	50+	(27) 6.9
	<u>Education</u>	
	High School	(24) 4.4
	Associate Degree	(14) 6.1
	Bachelor's Degree	(66) 1.9
	M.A., M.S.W., Ph.D., M.D.	(25) 2.0
<u>"Don't Know" Index: Clients of Respondents' Agencies</u>	(131)	1.1
	<u>Age</u>	
	20-29	(35) 0.4
	30-39	(44) 0.2
	40-49	(25) 0.9
	50+	(27) 3.6

Table 3-14

AVERAGE RESPONSES FROM STAFF (ITEM 26) COMPARED WITH ESTIMATES
DERIVED FROM SURVEY OF RAMSEY COUNTY RESIDENTS AGED 60 AND OLDER

Characteristic	Average Response of Surveyed Agency Staff ^a	Estimate Derived From Survey of Persons 60 and Older ^b	Better (+)/ Worse (-) ^c
Live alone	55	29	-
Married, living with spouse	37	58	-
Completed college	16	10	+
Get out of house at least once per week	64	95	-
Work for pay	24	18	+
Have children in area	57	69	-
With physical limitation ^d	31	24	-
With transportation problems	45	16	-

^aAverage of percentages estimated by agency staff respondents (excluding "don't know" responses).

^bEstimates from survey of residents of the free community reported in Volume I.

^cAll differences are statistically significant at .001 or less.

^dSee Table 3-9.

6. Provision of Service: Problems, Prospects, Improvements

Problems providing service to older people and means for improving this service were the focus of the next set of questions. Question 29 asked the survey participants to list the two biggest problems which inhibit them from providing more effective service to the older people who use their agencies. (See Table 3-15.) Most often mentioned were inadequate funds (44%) and not enough staff members (44%).²⁶ These two items, of course, are closely associated with one another, since staff costs comprise a major portion of the budget of most almost every agency. It is likely that the current agency climate with budget cuts and staff layoffs will intensify the perceived impacts of these problems. Other responses included: poor coordination among agencies (10%); reluctance of older people to request service (10%); inadequate transportation for clients (10%); etc.

Ironically, the problems mentioned reflect the implicit, tenuous assumption that "more is better." Very few mentioned problems related to efficiency, staff training, inadequate administration, etc. With the evident lack of adequate record-keeping systems, noted in the previous section of this chapter, it is difficult to identify problems and to determine the actual effects of action taken to prevent and/or correct problems.

When asked what three changes agencies could make to improve service (Question 30), the most frequent responses were that they should hire more employees (22%); do more outreach (18%); add more programs (16%); and obtain more money (14%). Other responses appear in the table. As with the previous question, regarding problems providing service, respondents who were asked to propose changes seem apathetic regarding intra-agency issues of improved efficiency, effectiveness, coordination, etc. They suggest few innovations in performance and operational philosophy and rely heavily on the banal "more of" solutions.

The financial picture for services to the elderly was judged to be excellent or very good by 18 percent of the respondents; good or fair by 69 percent of the respondents; and poor or very poor by nine percent of the respondents (Question 31).

²⁶ Note that the "first" and "second" mentions for each response to Question 29 can be added to obtain the total percentages reported in the text.

When asked whether, during the year preceding the interview, the programs of services to the elderly in the respondents' agencies received their requested funding (Question 32), 27 percent responded affirmatively, 22 percent responded negatively, and 39 percent reported that they "didn't know." When asked whether the funding received was the amount they "would have liked," affirmative responses decreased to six percent, negative responses increased to 46 percent, and "don't know" responses were received from 32 percent of the survey participants.

The amount of involvement by clients and by older people in general in the decision-making process regarding services for the aging was explored by Question 33. As Table 3-15 indicates, at least one-third of the agency staff who took part in the survey worked within an agency which has representation of older people (clients as well as non-clients) on advisory committees and boards of directors. For agencies which lacked involvement of a particular type, survey participants indicated whether such involvement should be developed. The table reveals that roughly half of them were positive about such a prospect for advisory committees; fewer had such favorable dispositions regarding older people on boards of directors.

The vast majority (85%) of survey participants felt that their service areas contain people who are eligible for service but who are not receiving it (Question 34). About three-fourths of those who felt that such people exist also felt that their agencies have the resources to provide services to these people. The reasons why persons eligible for service were not receiving it were considered to be: resistance or reluctance to request service (mentioned by 72 percent of those who felt such people exist); ignorance of service (62%); inadequate transportation (14%); and others. (See Table 3-15.)

Table 3-15

PROVISION OF SERVICE: SURVEY ITEMS 29-34

29. List the two biggest problems which inhibit you from providing more effective service to older people who use your agency.

<u>Problem</u>	<u>First Mention</u>		<u>Second Mention</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Limited funds	(44)	33	(15)	11
Staff too small/caseloads too large	(31)	24	(28)	20
Poor coordination among agencies	(8)	6	(5)	4
Older people reluctant to request service	(7)	5	(6)	5
Inadequate transportation for clients	(6)	5	(6)	5
Agency lacks effective programs	(5)	4	(7)	5
Poor information about services	(2)	2	(9)	7
Eligibility requirements, regulations	(6)	5	(6)	5
Too much paper work and "red tape"	(3)	2	(7)	5
Lack adequate facilities	(2)	2	(5)	4
Other	(15)	11	--	--
No such problems	(2)	2	--	--
Missing	(1)	1	--	--

30. What three changes could your agency make which would be most meaningful to older people who use your agency?

<u>Change</u>	<u>First</u> <u>Mention</u>		<u>Second</u> <u>Mention</u>		<u>Third</u> <u>Mention</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Hire more employees	(11)	8	(9)	7	(9)	7
Outreach efforts, advertising	(7)	5	(10)	8	(6)	5
Add more programs	(10)	8	(7)	5	(4)	3
Obtain more money	(11)	8	(5)	4	(3)	2
Better transportation for clients	(10)	8	(5)	4	(1)	1
More comprehensive homemaking service	(6)	5	(7)	5	(2)	2
More personal contact with clients	(6)	5	(3)	2	(2)	2
Staff education concerning services	(3)	2	(4)	3	(6)	5
Move service sites to neighborhoods	(4)	3	(6)	5	(1)	1
Add visiting, companion, phone check services	(5)	4	(1)	1	(4)	3
Better coordination with other agencies	(4)	3	(3)	2	(4)	3
Change community attitudes	(3)	2	(2)	2	(4)	3
Other	(19)	14	(25)	19	(21)	16
None	(29)	22	--	--	--	--
Don't know	(4)	3	--	--	--	--

31. What is the financial picture for your agency's services to the elderly?

	<u>N</u>	<u>% of Sample</u>
excellent	6	5
very good	17	13
good	40	30
fair	52	39
poor	9	7
very poor	2	2
don't know	4	3
missing	2	2

32. During the past year, did your program of services to the elderly receive funding in the amount you:

	<u>Yes</u>		<u>No</u>		<u>Don't Know</u>		<u>Missing</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
a. requested?	35	27	29	22	52	39	16	12
b. would have liked?	8	6	61	46	42	32	21	16

33. How have you involved older people in the decision-making processes of your organization, and how should they be involved? (Check as many as apply.)

	<u>Are Now Involved</u>		<u>Should Be Involved (if not now)</u>		
	<u>N</u>	<u>% of Sample</u>	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
a. clients sit on the Board of Directors	30	23	33	25	33
b. clients sit on an advisory committee	44	33	47	36	55
c. older people, who are not clients, sit on the Board of Directors	42	32	21	16	24
d. older people, who are not clients, sit on an advisory committee	44	33	38	29	44
e. other (please specify: _____)	6	5	7	5	6

34. Are there people in your service area who are eligible to receive your service(s), but who are not doing so?

	<u>N</u>	<u>% of Sample</u>
Yes	112	85
No	3	2
Don't know	16	12
Missing	1	1

- 34a. Would you have the resources to provide services to them if they presented themselves?

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Yes	85	64	76
No	27	20	24

- 34b. What are some of the reasons why these persons are not receiving service?

<u>Reason</u>	<u>First Mention</u>		<u>Second Mention</u>		<u>Third Mention</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Resistance, reluctance to request service	(29)	22	(39)	30	(27)	20
Ignorance of service	(61)	46	(10)	8	(11)	8
Inadequate transportation for clients	(3)	2	(13)	10	(3)	2
Inadequate funding	(2)	2	(4)	3	(8)	6
Inadequate number of staff	(7)	5	(4)	3	(4)	3
Agency lacks information on these people	(4)	3	(4)	3	(0)	0
Physicians don't refer clients	(4)	3	(4)	3	(0)	0
Other	(2)	2	(5)	4	(3)	2

7. Evaluation of Service

Question 35 asked the survey participants how their agencies determined whether they (the agencies) are having any significant impact upon the community. One-third of the respondents reported that they "didn't know." Others proffered such means as: counting the number of clients (21%); "formal program evaluation" (14%);²⁷ and informal comments from clients (11%). (See Table 3-16.)

When asked what type of data, not presently collected, they would like to collect concerning the effectiveness of their agencies' services (Question 36), 39 percent replied that there are no data which they would like to collect. Twenty percent reported that they would like to receive comments from clients regarding agency services.²⁸ Other responses appear in the table.

Thus, the efforts of human service agencies in Ramsey County to understand the impacts of their programs appear paltry. Moreover, despite the laudable appetite for receiving comments from clients, the staff who participated in the survey appear little interested in solid measurement of program effectiveness.²⁹ The unpropitious consequences of such a posture among organizations and of such an attitude among staff members are probably exacerbated by funding reductions (among agencies who experience them) and by inflation. That is, to the extent that agencies have inadequate knowledge of whom they serve (as demonstrated by responses to Question 27) and virtually no, systematic understanding of program effectiveness, they act blindly in revising their programs and are as likely to eliminate or reduce superior services as they are to eliminate or reduce inferior ones. Dedicated, hardworking staff in effective programs have no more evidence to justify the preservation of their positions than do indolent or incompetent staff.

²⁷ Note that details were not provided to clarify this response. Thus, ideas of what constitutes "formal program evaluation" may vary widely among respondents.

²⁸ Reasons why they cannot, at present, solicit such comments were not provided.

²⁹ Indifference, and even resistance, to program evaluation are not unique to Ramsey County service providers. They exist in many human service settings. (See: Rodman and Kolodny, 1971; Weatherly, et al., 1980.)

An additional, ill consequence of lack of evaluative activity within human service organizations is that agencies which do not pursue such activities tend to be less innovative than those which do (White, 1981). Ramsey County agencies which serve the aging, without evaluating such service, enfeeble their organizational capacity to adapt to changes in the conditions of older residents of the community and to changes in service delivery technologies.

Table 3-16
EVALUATION OF SERVICE: SURVEY ITEMS 35-36

35. How does your agency determine whether it is having any significant impact upon the community?

<u>Means</u>	<u>N</u>	<u>%</u>
Counting number of clients	(27)	21
Formal program evaluation (general)	(18)	14
Informal comments from clients	(14)	11
Formal evaluation by clients	(8)	6
Other	(19)	14
Don't Know	(45)	34
Missing	(1)	1

36. What sort of data, which you don't collect now, would you like to collect concerning the effectiveness of your programs?

<u>Type of data</u>	<u>First Mention</u>		<u>Second Mention</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Comments from clients on service	(22)	17	(5)	3
Follow-up of former clients	(16)	2	(5)	4
Community needs survey	(6)	5	(2)	2
Determine how service keeps people out of nursing homes	(6)	5	(0)	0
Other	(14)	11	(2)	2
None	(51)	39	--	--
Don't Know	(16)	12	--	--
Missing	(1)	1	--	--

8. Inter-Agency Contacts

On the last page of the questionnaire, survey participants were asked to indicate which of 75 agencies they had contacted during the two months preceding the interview. As Table 3-17 reveals, agencies most likely to have been contacted are: Ramsey County Welfare Department (64%); Ramsey County Nursing Service (61%); St. Paul-Ramsey Hospital (50%); and Catholic Social Services (47%).

9. Reactions to Hypothetical Cases

The agency staff who participated in the survey were presented, in the middle of the questionnaire, with three vignettes which described hypothetical cases similar to those which staff in agencies serving the aging might encounter in their normal, daily course of activity. The survey participants were asked how their agencies would respond to each of these cases:

The first vignette was:

Mrs. Smith, an 82 year old woman, telephones and states that she has arthritis, hypertension, and a diabetic condition. She states that she needs help with household chores and has difficulty getting in and out of the bathtub. Preparing a meal, or preparing anything more than a snack is difficult for Mrs. Smith. She says that she lives alone and that her income is \$380 per month. What would your agency do if presented with this situation?

Respondents first indicated whether their agencies would merely provide information to "Mrs. Smith," or whether their agencies would actually provide her with service. Most (80%) reported that their agencies would actually provide some type(s) of service; 16 percent reported that their agencies would only provide information. (See Table 3-18.)

Among those who would provide service, the most frequently mentioned types of service were: meals on wheels (32% of those who would provide service); home health services (26%); homemaker services (24%); health assessments by a doctor or nurse (26%); and needs assessment by a social worker (22%).³⁰

³⁰ Note that the questions concerning service, asked in the vignette section of the questionnaire, are open-ended. The terms used by the staff who participated in the survey are, therefore, the terms which appear in Tables 3-18, 19, 20 and in the text of this section of Chapter 3.

Table 3-17

INTER-AGENCY CONTACTS: SURVEY ITEM 37

37. Which of the following agencies have you contacted during the past two months? (Circle as many as apply.)

N	%	N	%	
52	39	American Red Cross	9	7
53	40	Home Services Association	5	4
36	27	St. Paul Society for the Blind	9	7
42	32	Jewish Family Service	2	2
8	6	Lutheran Social Service	3	2
62	47	Catholic Social Service	3	2
49	37	St. Paul Rehabilitation	3	2
30	23	R.S.V.P.	3	2
46	35	Wilder Downtown Senior Center	1	1
47	36	The Wilder Foundation (other than Senior Center)	4	3
30	23	Capital Community Service	33	25
26	20	Jewish Community Center	37	28
28	29	Hallie Q. Brown Community Center	13	10
30	23	Merrick Community Center	10	8
19	14	Merriam Park Community Center	51	38
25	19	West Seventh Neighborhood Center	13	10
21	16	Neighborhood House Association	38	29
16	12	Ramsey County Libraries	9	7
15	11	St. Paul Public Libraries	7	5
9	7	St. Paul Parks and Recreation	31	24
10	8	Ramsey County C.E.T.A.	30	23
8	6	St. Paul C.E.T.A.	23	17
39	30	Ramsey County Mental Health Clinic	6	5
80	61	Ramsey County Nursing Service	16	12
84	64	Ramsey County Welfare Department	12	9
54	41	Ramsey Action Programs	6	5
55	42	St. Paul Housing and Redevelopment Authority	21	16
44	33	St. Paul Health Department	15	11
41	31	Mayor's Office--Information and Complaints	7	5
24	18	White Bear Lake Senior Citizens Program	11	8
17	13	Roseville School District	7	6
18	14	North St. Paul-Maplewood School District	56	42
32	24	St. John's Hospital Home Care Program	12	9
21	16	United Hospitals--Telephone Reassurance		
66	50	St. Paul Ramsey Hospital--Senior Health Clinic		
6	5	North End Health Center		
3	2	St. Paul Dental Society		
9	7	West Side Community Health Center		
4	3	C.O.N.C.E.R.N.		
12	9	Midway Meals		
15	11	East Area Homebound Meals		
13	10	Southwest Area Meals		
		Volunteers with Meals		
		North St. Paul-Maplewood Senior Advisory Council		
		Redeemer Arms--Grocery on Wheels		
		East Side Leisure Center		
		Highland Leisure Center		
		Hillcrest Leisure Center		
		Leisure Age Center--Holy Episcopal Church		
		Leisure Age Center--St. Paul's United Church of Christ		
		St. Anthony Park Leisure Center		
		Midway--Hamline Leisure Center		
		Metropolitan Senior Federation		
		Senior Advocates		
		COMPAS		
		Spanish-Speaking Seniors		
		Information and Referral--Know Phone		
		Ramsey County Detoxification Center		
		Senior Chemical Dependency Program		
		Minnesota Heart Association		
		Samaritan Hospital		
		Bethesda Hospital		
		Midway Hospital		
		Mounds Park Hospital		
		Riverview Hospital		
		Quality Care		
		Kelly Health Care		
		Staff Builders Health Care Services		
		Nursing Care Services		
		Upjohn Health Care Services		
		J & P Home Care Inc.		
		Upper Midwest American Indian Center		
		Medical and Business Temporaries		
		Family Service of St. Paul		
		Moundsview School District Senior Citizens Program		

Forty-five percent of the respondents whose agencies would provide service felt that they themselves would have responsibility for handling "Mrs. Smith's" case; 11 percent stated that no particular person in their agencies would have this responsibility; and 42 percent reported that a designated person, other than themselves, would have the responsibility.

The vast majority (91%) would ask other agencies to collaborate with them by providing services which their own agencies could not provide. The agencies which would be approached and the types of services which would be requested appear in Table 3-18. The most frequently mentioned services which would be requested are: meals on wheels (39%); homemaker services (28%); and home health services (22%).

Slightly less than one-fourth of those whose agencies would provide service felt that the provision of service could start immediately; 45 percent felt that "Mrs. Smith" would have to wait a few days to start receiving service; 16 percent predicted that the waiting would last a week or two; and 13 percent predicted even longer waiting times.

Those respondents who reported that their agencies would provide only information, not service, to "Mrs. Smith" most often offered as the reason for this agency reaction that their agencies don't provide appropriate service (57%). (See Table 3-18.) All of them would refer "Mrs. Smith" to another agency. Those agencies, and the types of services expected from them appear in Table 3-18. The services most frequently mentioned are the same as those most frequently mentioned by the staff whose agencies would actually provide the services.

Fifty-seven percent of those who would only provide information to "Mrs. Smith" reported that they would refer her to a specific person in another agency for assistance. Forty-three percent would ask her to call the other agency by herself; while 52 percent would call for her. Most of these staff saw only a small chance that their agencies would begin a program designed to help the type of client described here.

The second vignette was:

You receive a telephone call from a neighbor of Mrs. Long's. The neighbor informs you that Mrs. Long, age 79, who lives alone has been acting strangely for the past three or four weeks. She has not been outside her house for the past five days. This morning, the neighbor stated she went to inquire about Mrs. Long, but Mrs. Long did not open her door. The

neighbor states Mrs. Long's voice sounded weak, and she expressed concern regarding Mrs. Long's health and her ability to continue to live independently. Mrs. Long has no relatives living in the area, but has a sister living in another state. Mrs. Long and her deceased husband were professional architects who worked until their late 60's. What would your agency do if presented with this situation?

Seventy-four percent of the respondents indicated that their agencies would become involved in providing service to "Mrs. Long." Twenty-three percent reported that their agencies would only offer information (See Table 3-19.)

Among those whose agencies would provide service, 54 percent recommended an assessment by a social worker, and 32 percent recommended a health assessment by a doctor or nurse. Other, recommended services appear in Table 3-19.

Thirty-eight percent of the staff whose agencies would provide service felt that they would have responsibility for ensuring that "Mrs. Long" receives those services; 15 percent reported that no specific person would have such responsibility; and 45 percent reported that someone other than they themselves would have the responsibility.

Assistance from other agencies would be requested by 85 percent of these staff. The agencies and the types of requested services appear in Table 3-19. The services which would most often be requested from other agencies are a health assessment (32%) and an assessment by a social worker (12%).

Sixty percent of these staff felt that "Mrs. Long" could receive service immediately; 28 percent felt that she would have to wait one or two days; and very few predicted a longer wait.

Turning to those respondents who stated that their agencies would provide information, but no other service, to "Mrs. Long," 84 percent reported that their agencies don't provide appropriate services. (See Table 3-19.) Eighty-seven percent indicated that they would refer "Mrs. Long" to another agency. Most (35%) would want her to have a health assessment by a nurse or doctor; 18 percent recommended adult protection services; and 16 percent recommended an assessment by a social worker. The proportions of staff who would refer to a specific person in another agency and who would call the other agency themselves appear in Table 3-19. Most

staff saw only a small chance that their agencies would initiate a program to serve clients such as "Mrs. Long."

The third vignette was:

Mr. Green, age 62, has been employed as a cabinet maker for the past 25 years. He chose to retire because he wanted to be relieved of the demands and pressures of his job, and he wanted more time for relaxation. He is living on his Social Security and retirement pension. Mr. Green says that since retiring he has become quite unhappy. He misses the opportunity to perform his woodworking skills and to see the people at work. Mr. Green thinks he would like to find something to do during the day. What would your agency do if presented with this situation?

Fifty-eight percent of the survey participants felt that their agencies would provide some type(s) of service to "Mr. Green;" while 37 percent felt that their agencies would provide information only. (See Table 3-20.) Among those whose agencies would provide a service, the most frequently recommended was "volunteer opportunities" (32% of those whose agencies would provide a service). Twenty-nine percent of these staff recommended recreational services; 21 percent recommended employment opportunities; 21 percent mentioned "information and referral;" and 18 percent mentioned counseling.

Twenty-six percent of these staff felt that they would be responsible for making sure that "Mr. Green" receives service. Seventy-two percent felt that they would ask another agency to provide services which their agencies could not provide. The services most likely to be requested are: employment opportunities (20%); volunteer opportunities (26%); recreational activities (17%); and adult day care (8%).

Twenty percent of these staff felt that "Mr. Green" could receive service right away; 40 percent felt that he would have to wait a day or two; 18 percent predicted a wait of one or two weeks; ten percent expected longer waits.

Of the staff who stated that their agencies would provide information, but not service, to "Mr. Green," 92 percent reported that their agencies would do so because they don't provide the appropriate service. (See Table 3-20.) Most (88%) indicated that they would refer "Mr. Green" to another agency, generally for employment opportunities (33%), recreational activities (33%), or volunteer opportunities (20%). Twenty-seven percent reported that

they would refer "Mr. Green" to a specific person in another agency on his own. Most saw little probability that their agencies would begin programs to serve such clients as "Mr. Green."

TABLE 3-18

REACTIONS TO HYPOTHETICAL CASE: "Mrs. Smith" (SURVEY ITEM 28)

<u>Item and Response Categories</u>	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Indication of how agency would respond to situation.			
Agency would only provide information to Mrs. Smith, but would not provide any other service	21	16	--
Agency would provide some type(s) of service to Mrs. Smith	105	80	--
Missing	6	3	--
<hr/>			
Items completed by 105 staff members whose agencies would provide some type(s) of service.			
a. What type(s) of service would be provided?			
Meals on wheels	34	26	32
Home health services	27	20	26
Homemaker services	25	19	24
Health assessment by M.D. or R.N.	27	20	26
Needs assessment by social worker	23	17	22
Chore service	15	11	14
Occupational therapy	14	11	13
Information and referral	16	12	15
Other			
<hr/>			
b. Staff member with responsibility for making sure client receives service:			
I myself	47	36	45
someone other than myself	44	33	42
no special person (any of several staff)	12	9	11
missing	2	2	2

Table 3-18

Page 2

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
c. Would you ask other agency to provide additional services which your agency would not provide by itself?			
Yes	96	73	91
No	6	5	6
Missing	3	2	3
(If Yes, specify agency and service.)			
<u>Agency</u>			
Ramsey County Welfare Dept.	31	23	22
Ramsey County Nursing Service	19	14	13
Other			
Missing	2	2	2
<u>Service</u>			
Meals on wheels	41	31	39
Homemaker services	29	22	28
Home health services	23	17	22
Chore services	19	14	18
Health assessment by M.D. or R.N.	19	14	18
Other			
Missing	1	1	1
d. Obviously, waiting lists, heavy case loads, staff shortages, time of year, etc., affect the likelihood that people can receive service. Taking this into account, how likely is it that Mrs. Smith would immediately receive service if she were to come <u>today</u> to your agency?			
Mrs. Smith:			
-would get service starting today	25	19	24
-may have to wait a few days to start receiving service	47	36	45
-may have to wait a week or two	17	13	16
-may have to wait more than 2 weeks	12	9	11
-probably could not receive service for a very long time, if at all	2	2	2
-missing	2	2	2

Table 3-18

Page 3

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Items completed by 21 staff members whose agencies would provide information only.			
a. Why would you only provide information, but no other service?			
-agency doesn't provide any appropriate service(s)	12	9	57
-agency provides appropriate service(s), but this particular individual doesn't qualify	5	4	24
-agency case load is too large to take a person who is not in serious need	0	0	0
-other	4	3	19
b. Would you refer Mrs. Smith to any other agency?			
-Yes	21	16	100
-No	0	0	0
(If Yes, four items,)			
b1. Which agency?			
-Ramsey County Welfare Dept.	11	8	52
-Ramsey County Nursing Service	4	3	19
-Other			
-Missing	1	1	5
b2. What service would you want her to receive?			
-Homemaker service	11	8	52
-Home health service	9	7	43
-Case management	7	5	33
-Health assessment by M.D. or R.N.	6	5	29
-Other			
-Missing	2	2	10
b3. Is there a specific person in that agency to whom you would refer her?			
-Yes	12	9	57
-No	5	4	24
-Missing	4	3	19
b4. If you make the referral, would you:			
-ask her to call the other agency	9	7	43
-call the other agency yourself	11	8	52
-Missing	1	1	5

Table 3-18
Page 4

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
c. On a scale of 0% to 100%, what is the probability that your agency might begin, in the near future, a program which would serve this type of client?			
-0	10	8	48
-1-10	3	2	14
-11-20	1	1	5
-21-50	3	2	14
-Don't Know	1	1	5
-Missing	3	2	14

TABLE 3-19

REACTION TO HYPOTHETICAL SITUATION: "Mrs. Long" (SURVEY ITEM 28)

<u>Item and Response Categories</u>	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Indication of how agency would respond to situation.			
Agency would only provide information to Mrs. Long, but would not provide any other service	31	23	--
Agency would provide some type(s) of service to Mrs. Long	98	74	--
Missing	3	2	--
<hr/>			
Items completed by 98 staff members whose agencies would provide some type(s) of service.			
a. What types of service would be provided?			
Needs assessment by social worker	53	40	54
Health assessment by M.D. or R.N.	31	23	32
Adult protection	13	10	13
Information and referral	11	8	11
Meals on wheels	11	8	11
Other			
<hr/>			
b. Staff member with responsibility for making sure client receives service:			
I myself	37	28	38
Someone other than myself	44	33	45
No special person (any of several staff)	15	11	15
<hr/>			
c. Would you ask any other agency to provide additional services which your agency would not provide by itself?			
Yes	83	63	85
No	8	6	8
Missing	7	5	7

Table 3-19

Page 2

	N	% of Sample	% of Subgroup
(If Yes, specify agency and service.)			
<u>Agency</u>			
Ramsey County Welfare Department	17	13	17
Ramsey County Nursing Service	14	11	14
Family Service	14	11	14
Other			
Not applicable	8	6	8
<u>Service</u>			
Health assessment by M.D. or R.N.	31	23	32
Needs assessment by social worker	12	9	12
Adult protection	9	7	9
Information and referral	9	7	9
Other			
Not applicable	8	6	8
Missing	2	2	2

- d. Obviously, waiting lists, heavy case loads, staff shortages, time of year, etc., affect the likelihood that people can receive service. Taking this into account, how likely is it that Mrs. Long would actually become a client and immediately receive service if she were to come today to your agency?

Mrs. Long:

-would get service starting today	59	45	60
-may have to wait a few days to start receiving service	27	20	28
-may have to wait a week or two	3	2	3
-may have to wait more than two weeks	2	2	2
-probably could not receive service for a very long time, if at all	0	0	0
-Missing	2	2	2

Items completed by 31 staff members whose agencies would provide information only.

- a. Why would you only provide information but no other service?

agency doesn't provide any appropriate service(s)	26	20	84
agency provides appropriate service(s) but this particular individual doesn't qualify	2	2	7

Table 3-19

Page 3

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
agency case load is too large to take a person who is not in serious need	0	0	0
other	3	2	10
<hr/>			
b. Would you refer Mrs. Long to any other agency?			
Yes	27	20	87
No	0	0	0
Missing	4	3	13
(If Yes, four items)			
b1. Which agency?			
-Ramsey County Nursing Service	10	8	32
-Ramsey County Welfare Department	8	6	26
-Other			
-Missing	3	2	10
b2. What service(s) would you want her to receive?			
-Health assessment by M.D. or R.N.	11	8	35
-Adult protection	6	5	18
-Needs assessment by social worker	5	4	16
-Other			
-Missing	3	2	10
b3. Is there a specific person in that agency to whom you would refer her?			
-Yes	10	8	32
-No	13	10	42
-Missing	8	6	26
b4. If you make the referral, would you:			
-ask her to call the other agency	11	8	36
-call the other agency yourself	15	11	48
-Missing	5	4	16
<hr/>			
C. On a scale of 0% to 100%, what is the probability that your agency might begin, in the near future, a program which would serve this type of client?			
-0	18	14	58
-1-10	6	5	19
-11-20	0	0	0
-21-50	1	1	3
-100	1	1	3
-Missing	3	2	10

TABLE 3-20

REACTIONS TO HYPOTHETICAL CASE: "Mr. Green" (SURVEY ITEM 28)

<u>Item and Response Categories</u>	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Indication of how agency would respond to situation.			
Agency would only provide information to Mr. Green, but would not provide any other service	49	37	--
Agency would provide some type(s) of service to Mr. Green	76	58	--
Missing	7	5	--
<hr/>			
Items completed by 76 staff members whose agencies would provide some type(s) of service.			
a. What type(s) of service would be provided?			
Volunteer activities	24	18	32
Recreation, social activities	22	17	29
Employment opportunities	16	12	21
Counseling	14	11	18
Health assessment by M.D. or R.N.	6	5	8
Needs assessment by social worker	7	5	9
Information and referral	16	12	21
<hr/>			
b. Staff member with responsibility for making sure client receives service:			
I myself	20	15	26
someone other than myself	36	27	47
no special person (any of several staff)	14	11	18
missing	6	5	8

Table 3-20
Page 2

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
c. Would you ask other agency to provide additional services which your agency would not provide by itself?			
Yes	55	42	72
No	15	11	20
Missing	6	5	8
(If Yes, specify agency and service.)			
<u>Agency</u>			
Retired Seniors Volunteer Program	9	7	12
Wilder Senior Center	7	5	9
Other			
Missing	3	2	4
<u>Service</u>			
Employment Opportunities	22	17	29
Volunteer Activities	20	15	26
Recreation, Social Activities	13	10	17
Adult Day Care	6	5	8
Other			
d. Obviously, waiting lists, heavy case loads, staff shortages, time of year, etc., affect the likelihood that people can receive service. Taking this into account, how likely is it that Mr. Green would immediately receive service if he were to come <u>today</u> to your agency?			
Mr. Green:			
-would get service starting today	15	11	20
-may have to wait a few days to start receiving service	30	23	40
-may have to wait a week or two	14	11	18
-may have to wait more than 2 weeks	7	5	9
-probably could not receive service for a very long time, if at all	1	1	1
-missing	9	7	12

Table 3-20

Page 3

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
Items completed by 49 staff members whose agencies would provide information only.			
a. Why would you only provide information, but no other service?			
agency doesn't provide any appropriate service(s)	45	34	92
agency provides appropriate service(s), but this particular individual doesn't qualify	0	0	0
agency case load is too large to take a person who is not in serious need	1	1	1
other	3	2	6
b. would you refer Mr. Green to any other agency?			
Yes	43	33	88
No	4	3	8
Missing	2	2	4
(If Yes, four items,)			
b1. Which agency?			
Wilder Senior Center	9	7	18
R.S.V.P.	8	6	16
Other			
Missing	2	2	4
b2. What service would you want him to receive?			
Recreation, Social Activities	16	12	33
Employment Opportunities	16	12	33
Volunteer Activities	10	8	20
Adult Day Care	7	5	14
Other			
Missing	4	3	8
b3. Is there a specific person in that agency to whom you would refer him?			
Yes	13	10	27
No	24	18	49
Missing	6	5	12
b4. If you make the referral, would you:			
Ask him to call the other agency	25	19	51
Call the other agency yourself	13	10	27
Missing	5	4	10

Table 3-20
Page 4

	<u>N</u>	<u>% of Sample</u>	<u>% of Subgroup</u>
c. On a scale of 0% to 100%, what is the probability that your agency might begin, in the near future, a program which would service this type of client?			
--0	30	23	61
--1-10	9	7	18
--11-20	1	1	2
--21-50	4	3	8
--51-100	1	1	2
--Don't Know	1	1	2
--Missing	3	2	6

CHAPTER 4

TRANSLATING THE STUDY FINDINGS INTO ACTION

1. Introduction

Stephen White, in his book, Managing Health and Human Service Programs, emphasizes that change in human service organizations is a constant phenomenon. He suggests that managers have two choices regarding this phenomenon: either they can allow the changing environment to manage them; or they can anticipate and adapt to the changing environment in ways that accomplish their organizational goals.

Which of these choices have human service agencies in Ramsey County selected? The study findings suggest that many agencies, by design or by default, have opted for the former. That is, they allow the changing environment to manage them, instead of anticipating, planning for, and adapting to change in a way that maximally enhances their service to clients. Undeniably, many organizations do profess involvement in planning. However, the efficacy of such planning is irrefragably circumscribed by such impediments as: the absence of systems for accurately recording service delivery; the lack of evaluation activity to measure service effectiveness; the inaccuracy of knowledge among staff about the older residents of Ramsey County; the unsatisfied hunger among staff for information about the programs in agencies other than their own; and the lack of coordination among agencies.

In this chapter, we turn to recommendations which suggest strategies for reducing or removing the impediments mentioned above as well as other problems revealed by this study. These recommendations, if implemented, will require agencies to alter their current practices and to develop a forward-looking, pro-active posture regarding change. Alteration of agency practices invariably produces some discomfort.¹ However, it is expected that translating the study findings into action through the stated recommendations will improve the ease and efficiency with which staff accomplish their work and, most importantly, will help the aging residents of Ramsey County meet their needs.

¹Chapter 6 in Volume I describes some of the dilemmas and problems which accompany efforts to improve service programs.

Before examining the recommendations, let us review the major findings of the survey of staff in agencies which serve the aging.

2. A Summary of the Survey Findings

In this section, we review the principal findings from the survey of 132 staff members of agencies which serve the aging in Ramsey County. Recall that the survey participants were selected purposively to represent all staff who work within the diverse set of human service agencies which minister to the aging in the county. Hence, as we reflect upon the survey results, the reader should remain mindful that these results are representative of the broad spectrum of judgments, attitudes, and outlooks of professionals who provide many different types of services, who work in organizations ranging from very large to very small, and who hold different positions in their organizational hierarchies.

Attitudes Toward the Aging and the Service Delivery System

- Human service agency staff want to make their services and programs available and accessible to all older people.
- Most providers of service to the aging consider the service delivery system for the aging in Ramsey County to be poorly monitored, poorly coordinated, and inadequately funded.
- Most agency staff do not see a great deal of friction or competition among agencies regarding client referrals or client service.
- Most agency staff do perceive competition for funds among agencies in the county.
- The majority of service providers feel that they need more information about the older people in their service area.
- The majority of service providers feel that most older people lack knowledge of available services.²
- The majority of service providers feel that many older people have unmet needs which current services are not designed to meet.³

²Results presented in Volume I reveal the extent of insufficiency of service knowledge among older people as well as the factors associated with this insufficiency.

³Chapters 5 and 6 of Volume I describe the extent of unmet need among the older residents of Ramsey County as well as patterns of service usage.

- Staff with more experience see more inadequacy in programs and program information than do those with less experience.
- Virtually all agency staff feel, optimistically, that significant improvement in the service delivery system for the elderly is possible.

Perspectives on Need

- Agency staff suggest that they and their colleagues see the following problems among the elderly as most seriously needing attention: loss of independence and ability to care for oneself; health problems resulting in disability; need for home health services; and living on a fixed income.
- Staff feel that most people in Ramsey County would see the problems most seriously needing attention as: living on a fixed income; and high medical expenses. They assume the Federal Government considers these problems to be: high medical expenses; living on a fixed income; inability to pay utility bills; inadequate nursing home care; lack of suitable housing; and high health insurance costs.
- Most staff have favorable opinions of the level of understanding about service delivery issues among the officials of the Metropolitan Council, Ramsey County, and the United Way; but they have unfavorable opinions about officials of the federal government and the State of Minnesota.
- Human service agency staff in Ramsey County are most likely to obtain information about older people from other service providers.

Information Regarding Service Programs and Service Delivery Issues

- A substantial, unfulfilled need exists among human service agency staff for an up-to-date perspective on the programs and resources for the aging available through agencies in Ramsey County.
- Most agency staff feel it would be helpful to know more about their own agencies' programs.
- The most common source of innovative ideas for providing service to the aging is reported to be older people themselves.
- The most common source of information on funding is the newspaper.

Allocating Money for Service

- Services which should receive the largest share of available funds are, in the opinion of human service agency staff: home health aide, home-maker, chore service; and health assessment, treatment, physical therapy.

-----Services which staff feel should receive the smallest shares of funds are: arts appreciation and individual artistic development; education services and library services; legal assistance and individual and organizational advocacy; employment programs; and financial counseling and tax assistance.

Estimates of Characteristics of Older People in Service Area
and of Older Clients

-----The majority of staff in agencies which serve the aging are unaware of the number of older people in their agencies' service areas.

-----Staff generally perceive a lack of information about their agencies' services among older people in their service areas.⁴

-----Most human service agency staff have no information, or have inaccurate information, regarding demographic and social characteristics of the elderly in Ramsey County, such as: the proportion who live alone, the proportion who live with a spouse; the proportion who leave the house at least once per week; and others.

-----Staff tend to see the aging residents of the county as somewhat more dependent and disabled than they actually are.

Provision of Service: Problems, Prospects, Improvements

-----Staff in agencies which serve the aging cite inadequate funds and an insufficient number of staff as the two biggest problems which inhibit them from providing more effective service to older people.

-----Staff suggest that hiring more employees, doing more outreach, adding more programs, and obtaining increased funding are the principal changes which could improve service to older people.

-----Most agencies staff feel that their service areas contain older people who are eligible for service but who do not receive it; and they opine that reluctance to request service and ignorance of available service prevent significant numbers of older people from receiving service.

⁴Information obtained in the survey of persons 60 and older tends to corroborate this perception.

Evaluation of Service

- Record systems which monitor the activities of human service agencies in Ramsey County with their clients are, in many cases, appallingly poor.
- Very few agencies have any reliable means for determining the impacts of their service programs upon either their specific clients or the community at large.

3. Recommendations

Five recommendations which grow out of the study findings appear in this section. These recommendations essentially concern generic features of the service delivery system. They propose that a few organizational dimensions of the service delivery system be altered or enhanced in order to improve the efficiency of that system. Some of the recommendations overlap in their implications and/or in the activities which they engender. Each, however, has a unique emphasis.

Similar to the recommendations proposed in Volume I of the Needs Assessment Study reports, most of these recommendations should be considered jointly by human service agencies in Ramsey County before they can effectively be implemented. Each agency must decide independently where it stands on issues of change and improvement; but the recommendations from this study require community response which can most appropriately be effected by conjoint agency activity.

Recommendation 1: That human service agencies develop regular educational opportunities for staff to: a) maintain up-to-date knowledge of the aging process among the residents of Ramsey County; and b) maintain an accurate, state-of-the-art perspective on service programs.

Two findings from the study led to this recommendation: first, the discovery of inaccurate perceptions, or even ignorance, regarding the living conditions of the elderly in Ramsey County; and second, the testimony from agency staff as to the benefit of knowing more about service programs inside and outside of their own agencies. Note that this recommendation resembles the first recommendation made in Volume I. Whereas the results of Volume I demonstrate insufficiency of knowledge among older people, the results of Volume II demonstrate knowledge deficits among professionals.

Service agencies, including the Wilder Foundation, can respond to the unmet need for staff education in a variety of ways. Seminars or group meetings on a regular basis could inform new staff and remind old staff of existing service programs throughout the county; and they could apprise staff of characteristics of the local aging population (demographic attributes, social characteristics, patterns of service usage, etc.). Such meetings could provide a showcase for newly developed programs; and they might also be used as fora for discussing innovations in service delivery technology.

As staff who participated in the survey suggested, a regular newsletter, perhaps in conjunction with a centralized information service, could help to keep professionals in the county abreast of new service programs. The Red Cross Information and Referral Center is developing a comprehensive, computerized file of services available to residents of the county.⁵ This has the potential to serve as a core resource for any organized effort to disseminate information to professionals who serve the aging.

Recommendation 2: That every human service agency develop a client record system as the basis for monitoring its services, evaluating service effectiveness, and portraying its activities to the public.

From the responses of agency staff to the survey questionnaire, it appears that most human service agencies which assist the aging in Ramsey County have no reliable means for describing the types of people whom they serve, the amount of service which they provide, and the effects of service upon their clientele. Hence, reliable monitoring of most agencies and accountability to the public are rendered impossible.

The absence of basic client data seriously impairs the ability of agency staff to make decisions and to plan their services effectively. However, the mood among the general public and among funders of social service programs includes less tolerance of undocumented results than it did in years

⁵ The Red Cross Information and Referral Center initiated operations on November 2, 1981. It has compiled a service resource file which it will continually update. This file is intended to be used by staff in human service agencies. In addition, members of the general public can call the counselors employed by the Center to secure information regarding services appropriate and available to deal with problems which they have.

past. (See, for example, Bere, 1981, and Demone et al., 1978.)⁶ During a period of desiccation of the funding sources for most human service agencies, it becomes difficult to approve the funding of an agency which cannot demonstrate that its programs actually produce desirable results in an efficient, economical manner.

Improvement of our service delivery technology without a reliable appraisal of the effectiveness of our present technology becomes a haphazard, if not impossible, activity. To increase the effectiveness and efficiency of human service programs, it is necessary to understand how well programs currently work and then to determine precisely what difference it makes, if any, to alter the programs.

The implementation of record-keeping and evaluation systems cannot occur overnight; and it is not a cost-free activity. However, appropriate methods exist for such implementation. Agencies can adopt these methods without having to create their own from scratch.⁷

Recommendation 3: That human service agencies encourage the development and improvement of geriatric practice specialties within the fields of health care, social work, law, and other professions.

The need for such geriatric practitioners is evident from the study findings. Human service agencies require staff whose training is specially attuned to the aging and who can continually apprise their colleagues of the status of the aging and of new developments in the field of gerontology. Special methods of outreach and special ways of working with older people could be set into motion by these practitioners.

⁶ Weissman (1973) suggested that few, if any, social service agencies will become accountable regarding the outcome of their work unless external pressure is brought to bear upon them. He proposed that the National Association of Social Workers lobby for legislation to require program evaluation.

⁷ The Wilder Foundation has a comprehensive system for recording service delivery and for measuring service impacts. It, and organizations with similar technologies, could offer to demonstrate their methods and work with human service agencies which need to develop or enhance record systems. (See recommendation 4.)

The study results presented in Volume I have the implication that cross-disciplinary training is necessary for those who deal with the aging. That is, the problems of the aging tend to be multi-faceted and interrelated: nutrition; transportation; health; etc. A study by the National Institute of Medicine has suggested that, to date, specialization in the field of health care has tended to lessen the quality of care provided to the aging--because the aging have multiple problems (Robbins, 1981). The lack of specialized geriatric training for professional practitioners has produced "ineffective treatment of elderly patients, the wasting of large amounts of money, and staggering health services costs for the aging" (Harris, 1979).⁸

Concrete actions which agencies in Ramsey County can take in accord with this recommendation include: hiring geriatric specialists; providing internships for students who wish to focus their careers upon care of the aging; and formal admonishment of educational institutions to include the required training in their curricula.⁹

Recommendation 4: That the Wilder Foundation and other, local foundations support the activities necessary to deliver educational and technical assistance to human service agencies.

The recommendations emanating from this study call for an entity with the appropriate financial and technical resources, and without inordinate political contingencies or bureaucratic lethargy, to place into operation the means for: staff education and dissemination of information; monitoring and evaluation of human service agency programs; and fostering of the training of geriatric practitioners.¹⁰ The Wilder Foundation has the potential to

⁸ These practitioners include: physicians; nurses; psychiatric social workers; physical and occupational therapists; nutritionists; and many other types of workers in hospitals, social agencies, skilled nursing homes, and other facilities.

⁹ Nationally, 64 percent of all medical schools teach some form of geriatric medicine--up from 48 percent in 1978 (Robbins, 1981). Despite this encouraging sign, it is still early in the evolution of these curricula, with room for improvement both among schools which have implemented them and among schools which have not. The University of Minnesota is a leader in this regard.

¹⁰ Indeed, an agency with enough financial resources could pursue these activities independently; but the efficiency and effectiveness of unilateral action is probably much less than that of conjoint action.

provide technical assistance of certain types to agencies which need it.¹¹ Wilder should demonstrate leadership and encourage other organizations with such ability to participate in a consortium of service to provide assistance to their fellow human service agencies. Grant-making foundations could underwrite the cost of meetings and seminars, data collection technology, training and recruitment activities, and other things necessary for furthering these study recommendations.

Activities associated with the recommendations of this study do have a cost. However, that cost is likely much less than the cost of the inefficiency which these activities can decrease or eradicate.

Recommendation 5: That human service agencies be encouraged and given support to increase their productivity and efficiency with existing staff and resources.

The probability of increased funding for human service organizations during the next few years is extremely low. Many agencies are experiencing decreases in this funding from government and other sources; and even those which have received small increments over previous years have not received enough money to keep pace with inflation and rising expenses.¹² Nationally, some human service agencies have attempted to consolidate their operations in order to survive. Some agencies, or major programs within agencies, have had to fold. The grimness of the current financial picture for the human services is intensified by the impossibility of relying upon private sources (i.e. foundations, corporate philanthropy, public contributions and voluntarism) to compensate for the tightening of federal spending.¹³ Thus, "more staff" and "more money"--the two items which human service agency personnel feel could improve the performance of their agencies-- have small likelihood of materializing.

¹¹ This "potential" does not imply the capacity to do such work without increased costs, additional staff, etc.

¹² See, for example, the 1982 allocations to United Way agencies of the St. Paul area by the United Way Board, December 10, 1981.

¹³ An editorial in the New York Times (December 27, 1981) noted that, even if business giving were to double in 1982 from its 1981 level, it would barely replace 10 percent of the government cuts in social spending.

Since unfulfilled needs among the aging will not likely diminish during the next few years, agencies are compelled to pursue strategies for increasing their efficiency. James Bere, a corporate philanthropist and chairman of a multinational corporation, has gone so far as to contend that the big problem at present for the non-profit sector is not the availability of money, but rather the establishment of procedures for ensuring that money which is allocated is used effectively and efficiently for the benefit of the entire community. "Philanthropy is not expected to show a profit, but it is supposed to have results. Inefficiency and unclear purpose can develop in both profit and non-profit sectors. But in business we are held to account. In the future, business will be asking for similar accountability from the recipients of its philanthropy. In the new flood of requests we hear a great deal about how federal cuts will hurt organizations. We have heard remarkably little about what organizations will do to compensate so they can achieve as much as ever with less money. In the philanthropic arena, the competition is going to be intense. Philanthropic or business organization, we face the same rule: Become more productive, or be prepared to fade away." (Bere, 1981).

The first four recommendations proposed in this volume (staff education, program evaluation, geriatric practice, foundation assistance) derive from the goal of increasing human service agency efficiency and effectiveness. We need to make this an explicit goal and to strive diligently to attain it within existing resources. Note that this commitment should not dissuade agencies from seeking support beyond current levels when such support is required. Without a doubt, the creation of new programs and the expansion of old programs may have strong justification. However, given the economic reality of today, human service agencies must use their resources prudently to maximize the impact of those resources.

The means for improving efficiency and effectiveness probably lie within agency staff themselves. Administrators should seek to produce innovation by exploiting the creativity and ingenuity of their personnel. All too often, organizations ignore the strengths and abilities of staff. If staff could be seen as a fecund source of ideas for improving human service organizations, and if staff creativity were harnessed productively,

a multitude of benefits would accrue. Staff would experience a sense of belonging and of making a special contribution to their agencies; agencies themselves would operate with larger, more positive impacts upon the communities which they serve; and older people would receive increasingly better service.

4. Response to Study Findings and Recommendations

Human service agency staff who participated in the survey reported in this volume demonstrated their readiness to examine their performance and to discuss strategies for change. Many agency staff (including some survey participants) have attempted to build upon the study, even before report publication, by using the findings in planning programs, preparing grant applications, assessing the merits of proposed programs, developing techniques for reaching underserved populations, and for other purposes.

Seven individuals who play important roles in the delivery, coordination, and/or funding of services for the aging in Ramsey County were invited to offer comments on the recommendations presented in this volume. Their comments provide independent appraisals of each recommendation and include predictions of obstacles which might interfere with action taken in response to a recommendation. The comments also indicate the likely impact(s) of the activities associated with each recommendation for the clients whom their agencies serve. The individuals who were invited to share their reactions were:

Ron Reed, ACSW
Executive Director
Family Service of Greater St. Paul

Gerald A. Bloedow
Executive Secretary
Minnesota Board on Aging

Paul A. Verret
Executive Director
The Saint Paul Foundation

Karla Skahen
Coordinator/Planner
Elderly Services
Ramsey County Community Human Services Department

George W. Meirick, ACSW
Administrator
Catholic Charities of the Archdiocese of St. Paul and Minneapolis

Jane Whiteside
Program Manager for Aging
Metropolitan Council of the Twin Cities Area

Robert E. Peterson, Director
Division of Services to the Elderly
Amherst H. Wilder Foundation

It was suggested that these local and state level experts structure their comments to respond to four questions regarding each of the five recommendations in this volume. The four, suggested questions were:

1. What action, if any, would your agency take in response to this recommendation?
2. What impediments or obstacles would your agency encounter in attempting to act upon this recommendation?
3. Would you encounter any internal or external resistance (and, if so, from whom) in attempting to respond to this recommendation?
4. Would the accomplishment of such a recommendation have an impact upon the older people whom your agency serves; and if so, what would that impact be?

Some of the reactors felt that one or more of the questions did not apply to their situations; and they used a different format.¹⁴ In addition, one individual desired to write a general letter which interwove comments regarding all five recommendations. Therefore, the comments from six of the reactors regarding each, specific recommendation appear together in this section after the recommendation. The comments from the seventh reactor appear independently.

Comments on Recommendation 1

That human service agencies develop regular educational opportunities for staff to: a) maintain up-to-date knowledge of the aging process among the residents of Ramsey County; and b) maintain an accurate, state-of-the-art perspective on service programs.

Ron Reed, Family Service of Greater St. Paul:

1. Senior Program staff already share current information re services at weekly meetings: Ongoing education in gerontology is also provided (time permitting) through in-services and assigned readings.

It would be helpful to get input on a regular basis re the changes in demographics, attributes, social and economic characteristics, patterns of usage, etc., of the Ramsey County elderly population. It would also be helpful to us to have a monthly updated list of services--perhaps in a newsletter--from the centralized I. & R. agency.

¹⁴ Comments from the reactors have been published without any editing by project staff, except for being grouped together by recommendation.

2. Other than the question of time and staff goal attainment--the idea of seminars on a regular basis sounds O.K.
3. Not likely to be any resistance--especially if both private and public agencies' staff are involved and internally recognizing that this would be another block of time not available for direct service.
4. Clients served can be helped more effectively and efficiently if the worker is knowledgeable and has the information about services at his/her fingertips. Having updated information re the population would be helpful in locating and serving--some of the hard to reach--non-motivated elderly.

Gerald A. Bloedow, Minnesota Board on Aging:

1. MBA Action

It is unlikely MBA would take formal action in relation to staff of agencies in Ramsey County. The Metro AAA would be supported if they were to assist in carrying out the recommendation.

2. Impediments Obstacles

The MBA focus is primarily statewide on issues and concerns, therefore, involvement in dealing with a problem at the county level is more appropriately the responsibility of the AAA.

3. Internal/External Resistance

Both state and AAA staff would resist state involvement in local problems of this nature except as the involvement were appropriate to state functions e.g. update on current state and national issues.

4. Impact on People Served by MBA

--We are not a direct service agency.

--It would be advantageous to older people (better referral, better interagency coordination and collaboration.)

Paul A. Verret, The St. Paul Foundation:

If trends discerned in other professions eventually reach the professions serving the aging, then somehow the obligation to maintain at least the presumption of an adequate level of knowledge will be imposed on all professionals serving the aged, either as a condition for continued public funding or as a condition for maintaining professional credentials. While this may promote mediocrity, it will establish at least a minimal standard which may be all that a democracy can impose. When funds are scarce, educational efforts are generally the first to go. Over time the agencies that survive will do what is proposed in this recommendation without any outside stimulation. In the short run other concerns probably would be given higher priority in The Saint Paul Foundation's consideration of grants to agencies serving the elderly. Agencies will come and go, whether or not those who fail to survive understand why. At the same time the major reason for The Saint Paul Foundation's participation in the funding of this very study is to develop a portrait of the aging in Ramsey County for our use in grant analysis.

Karla Skahen, Ramsey County Community Human Services Department:

After reviewing the current opportunities available for staff for continuing education in the problems, issues and resources available to the Elderly we feel a sufficient number of organizations are attempting to meet the needs of staff. For example, the Greater St. Paul Senior Workers Association, which is an offspring of a monthly continuing education session implemented and staffed approximately two years by the Ramsey County Community Human Services Department, provides monthly opportunities for staff to share information on new or expanded services, and to address work and target population issues, legislation, service delivery, etc. The organization has also sponsored specific training workshops on educational needs identified by the membership.

Similar organizations, i.e., Minnesota Gerontological Society, All University Council on Aging, Nursing Home Social Workers, Alzheimer Group, Geriatric Interest Groups, etc., have been established to meet the appropriate educational needs of their membership. In addition, the Area Agency on Aging, the Minnesota Board on Aging, the public and private universities and colleges have sponsored and continue to provide educational courses in the area of aging and on problems of the aged. Many of these organizations and other local, state and federal agencies publish periodic newsletters containing information on services, funding availability, research findings, new concepts and ideas in service delivery, etc., providing the reader with a broad perspective of the aging network.

We are of the opinion that there are sufficient educational resources within our community. To avoid further duplications we would recommend, coordinating the existing networks rather than creating a new system.

George W. Meirick, Catholic Charities of the Archdiocese of St. Paul and Minneapolis:

EDUCATION - We would welcome it. This is a problem to staff in direct service. No resistance anticipated. It should have a positive effect by helping prepare more effective staff. Current organization of Senior Workers is a potential vehicle.

Jane Whiteside, Metropolitan Council Program on Aging:

Being neither a direct human service provider nor a training organization, the recommendation would not affect our agency directly.

We would in general agree that it is important for staff of human service agencies to have a good understanding of the aging process, the status of older people in the area they serve, and the services needed by various groups within the older population. However, whether all staff need all of this training and how regularly it should be provided is not clear and perhaps needs to be looked at more closely.

Jane Whiteside, con't:

The recommendation is not clear concerning the human service agency's responsibility for such training, that is, whether each agency would be expected to develop and provide its own training, or whether the agency would simply be expected to locate (but not provide) appropriate training opportunities. In fact, both of these options could be somewhat inefficient. A more workable approach might be to involve human service agency staff in joint planning with existing training organizations to develop together a training program that could be carried out by the latter to meet the needs of the former. Organizations such as the Greater Minneapolis and St. Paul Seniors Workers Associations, the Minnesota Gerontological Society, the All-University Council on Aging, and the Minnesota Board on Aging are examples of agencies that might be approached to develop and conduct this type of training.

Other than funding limitations, we are not aware of any major impediments, obstacles or resistance to such training and educational opportunities.

In response to this recommendation, we would continue to support the existing groups that now provide training and to encourage the Title III projects we fund to take advantage of appropriate training. If an effort were made to organize a more systematic training program for human service agency staff, we would of course cooperate in providing whatever information and other assistance we could.

Comments on Recommendation 2

That every human service agency develop a client record system as the basis for monitoring its services, evaluating service effectiveness, and portraying its activities to the public.

Ron Reed, Family Service of Greater St. Paul:

1. Family Service has already initiated a Management Information Service-- which is a well organized and clearly documented source of client data. We also have used a client questionnaire completed at the last session and again in 3 months to get client's perception of help received. This input has implications for providing effective services as well as accountability regarding funding.
2. None.
3. None other than usual resistance to additional paperwork which might interfere with direct client service time. Important for a system to streamline rather than complicate existing process.
4. Accountability is one necessary aspect of providing quality services.

Gerald A. Bloedow, Minnesota Board on Aging:

1. The MBA would be interested in outcome models for monitoring, evaluating, reporting and accountability. It would appear that broader common mission goals, and possibly objectives would need to be accepted so that some potential for aggregation of outcomes for Ramsey county, Metro area, and state would be possible.

Gerald A. Bloedow, con't:

2. There is an absence of public mission, goals, policy as well as an absence of universal language on outcomes.
3. There might be individual agency difficulty in accepting a broader goal.
4. We are not a direct service agency, however, increased public understanding of accomplishments tends to help build community support for aging programs and confidence in community agencies.

Paul A. Verret, The Saint Paul Foundation:

Shades of Charles Birt's hope for Family Centered Project! Not "every" agency will do this. Better to set some realistic goals, for example, in five years 50% of the agencies providing services to the elderly in Ramsey County will participate in a common client record system. In so stating, it is recognized that the old turf problem has not gone away: Ramsey County cannot afford competing, expensive monitoring and evaluation systems. It will take diplomacy to bring even the major vendors together on this. It sure is needed, but not just in the field of the aging. Within our limited means The Saint Paul Foundation would encourage this. Improved managerial competence may be the area of greatest gain in the nonprofit world in the coming years. What is proposed in this recommendation is an essential managerial tool.

Karla Skahen, Ramsey County Community Human Services Department

We are in concurrence with your recommendation. In looking, however, at the existing service system it appears that almost all major providers/agencies have fairly sophisticated data collection capability. For the smaller organizations we are not sure whether this capacity can be developed without support and encouragement from the funding agencies. We also would caution against any collection of data that did not have a very defined, use-oriented purpose.

To monitor its services the Ramsey County Community Human Services Department has created a special Research and Evaluation Unit. Client outcome evaluation of services provided by the department and through contracting private agencies is being conducted on an ongoing basis. These evaluations include the services to be provided, clients served, specific objectives and measures, and outcomes. In addition to the structured evaluation of services to clients, planning teams for specific target populations are responsible for "on-site" inspection of general program operation. In conducting routine "site-visits" the Elderly Service Planning Team found that the contracting agencies have established and maintained appropriate records on clients served, number of services provided, client profiles, and unmet needs.

George W. Meirick, Catholic Charities of the Archdiocese of St. Paul and Minneapolis:

RECORDING - Current recording produces only statistics. This may be an obstacle due to time and perceived duplication, could cause resistance. Accomplishment could produce positive impact, especially in evaluation.

Jane Whiteside, Metropolitan Council of the Twin Cities Area:

We agree that a client record system is useful for describing and monitoring the services an agency provides. Our Title III grantees are required to maintain a client record system which allows them to produce quarterly reports on client characteristics, service activities (by units of service) and "result" or outcome measures. Since our program began administering Title III funds seven years ago, over 30 agencies in Ramsey County have received Title III funds and thus been required to maintain a recordkeeping system capable of producing the required data.

It is not clear whether the recommendation is advocating a uniform client record system across agencies. While this could be useful for planning purposes, it might be difficult to achieve as long as reporting requirements differ from one funding source to another.

It should also be pointed out that evaluation of service effectiveness is a very difficult area and may not be a reasonable expectation of a client record system.

Because it is required by federal and state regulations, we would continue to require client record systems in agencies we fund. We would also be very interested in discussing common data requirements with other funding sources.

Comments on Recommendation 3

That human service agencies encourage the development and improvement of geriatric practice specialties within the fields of health care, social work, law, and other professions.

Ron Reed, Family Service of Greater St. Paul:

1. The fact the Family Service has a Services for Seniors Program demonstrates a commitment to the concept of geriatric practice specialties. Continuing education in the form of inservices, classes, seminars, conferences, etc., is encouraged: some financial assistance is available to staff for this purpose--when money is not available time is usually allowed. We have hired one gerontologist and when recruiting staff, experience working with the elderly is required.
2. It's difficult to influence educational institutions to expand their curricula when their funding is in jeopardy--other than through providing internships which Family Service has already done. Still encourage those institutions to provide more related courses in the professional schools.
3. Again, time may be a factor internally. Also--it's important to recognize the knowledge gained by experience of those already in the system--(such as NASW--originally included all in the field with or without MSW).
4. Better trained practitioners will better serve clients: they will look at the whole person and recognize the inter-relationship and impact of the many factors in each situation.

Gerald A. Bloedow, Minnesota Board on Aging:

1. The MBA is currently attempting to work with professional schools on geriatric specialities within the various disciplines.
2. The issue of age integrated vs. age segregated is pervasive throughout all activities related to elderly. The needs of elderly are those common to all age groups, even though there are differences in degree and scope. Unique approaches to helping the elderly deal with medical, social, economic and psychological problems are needed and should be included in curricula of various professional schools.
3. Resistance may be encountered by schools where gerontology is emphasized for its own value as opposed to geriatric application of various professional disciplines.

There will no doubt be resistance to adding to cost of professional training by adding a geriatric component to professional training.

4. Not direct impact since we are not a direct service agency.

Policy, planning, program development and administrative decisions that reflect geriatric specialization within general professional training is more likely to be characterized by an intergenerational approach to needs of the elderly.

In other words the problems of the elderly are more likely to be addressed directly but not to the exclusion of other generations if this recommendation were carried out.

Paul A. Verret, The Saint Paul Foundation:

Aging is not a disease. Rather, it is part of the spectrum of human existence. Changes in American society have left the poor elderly high and dry. While a firm believer in using specialists when appropriate and in having properly trained professionals, is it possible that most of the elderly poor need less specialized and less costly kinds of help? It would appear that in other fields the evolution of professionals, while achieving the goal of better trained vendors, has also served to establish "guilds" which in turn serve to keep many motivated people out of the business, thereby reducing competition and perhaps even increasing fees. Some balance is needed. Rather than simply accept the major premise of this recommendation, The Saint Paul Foundation would be willing to see what a given limited pilot effort in the development of a specific badly needed practice specialty in geriatric care in the Saint Paul area would achieve.

Karla Skahen, Ramsey County Community Human Services Department

The Team was reluctant to support this recommendation in total. While recognizing the multi-faceted and interrelated problems of all of the clients being served by our agency, it was felt that over-specialization has as many problems as the use of generalists. We would encourage the development of programs/curricula of the special problems of the elderly as a requirement for its professionals.

George W. Meirick, Catholic Charities of the Archdiocese of St. Paul and Minneapolis:

PRACTICE IMPROVEMENT--We now employ specialists. We would encourage it. We have always had students from Social Work/Gerontology on staff. Would continue to do so. The agency might work with others to admonish educational institutions. The impact might be realized in more staff, even if only learners. More attention by internal management and Board of need for programs of service.

Jane Whiteside, Metropolitan Council of the Twin Cities Area

While we generally support the development of expertise in geriatric practice, we also feel that training in aging should be part of the curriculum for all students in the professional schools and not just the concern of "specialists."

While we would like to see increased emphasis on this type of training in the professional schools, it is not clear what the recommendation is advocating for human service agencies to do in "encouraging" this to happen. As a general rule, it is probably most appropriate for agencies to be advocates with professional schools and to offer the expertise of their staff as resources for training.

To the extent that geriatric training is integrated into professional training generally, funding should not be that great a problem.

In response to this recommendation, we would continue to support efforts both to provide training in aging to all professionals and to establish practice specialties, and we would be available to provide technical assistance to the professional schools in developing these types of training programs.

Comments on Recommendation 4

That the Wilder Foundation and other, local foundations support the activities necessary to deliver educational and technical assistance to human service agencies.

Ron Reed, Family Service of Greater St. Paul:

1. Role of Agencies unclear--Our Agency could participate in a "consortium" of service: we have knowledge and skills to share re providing specialized services and also re management information systems, evaluation monitoring, accountability, etc. What the relationship of the supporting foundations would be to the agencies is also unclear. Does "support" mean to fund?? Further clarify "Technical Assist."
2. Rather than starting another vehicle for this purpose--it might make sense to do this through existing fora--i.e. Senior Workers of St. Paul Ramsey County.

Ron Reed, con't:

3. Suspect some resistance from County level staff who are already in a "coordinating role re services." Further--there may be a conflict of interests between the direct service agency (in competition with other agencies for clients and funding) and the "facilitator agency" of a consortium of providers.
4. Although we have specialized staff, experienced in working with older persons, further education can only increase their knowledge and skill in serving clients.

Gerald A. Bloedow, Minnesota Board on Aging:

1. No formal MBA action is likely. However, non-public agency initiative and stimulation in following through on recommendations is important.
2. The absence authority of one agency to monitor and evaluate other agencies is the main impediment. Since statutory authority for a private (or public) agency to monitor or evaluate other public and private providers is not likely, individual agency or consumer concurrence on Wilder (or other foundations) as the monitoring evaluator of all aging agencies would be necessary.
3. Resistance from agencies being evaluated, educated, trained is most likely.
4. The MBA is a planning, policy, administrative entity with no elderly as direct clientele.

If elderly were involved in the follow-up to the monitoring, it is likely they would benefit from the improved service. The contribution they can make to improved services is important.

Paul A. Verret, The Saint Paul Foundation:

Why restrict participation to other "local" foundations? If what is proposed is of sufficient quality, then perhaps other "national" foundations would be interested. Further, it is in the interest of other parts of the "donor community" to be active in upgrading the services needed by those who serve the elderly. The Saint Paul Foundation would be willing to participate (if a viable program was developed) in initiating such an educational and technical assistance program to human service agencies if they want it. However, the Foundation would not support it perpetually. The question of just which entity would be responsible for providing educational and technical assistance programs stirs up embers of past inabilities in Ramsey County to get together on joint efforts. Those being educated or technically assisted, however, should be asked to both help shape the program and pay for it from the very outset.

Karla Skahen, Ramsey County Community Human Services Department:

As previously stated under recommendation 1, we support access to educational opportunities for workers involved in services to the elderly. However, increasing utilization and strengthening of the existing network should be a top priority. One specific area of improvement, such as transferable accredited unit hours to degree programs sponsored by universities and colleges should be addressed to make attendance at seminars more beneficial to the worker. In the area of technical assistance, staff from the Community Human Services Department with special expertise have assisted and will be available to assist individuals, groups or agencies with special needs or when called upon.

George W. Meirick, Catholic Charities of the Archdioceses of St. Paul and Minneapolis:

FOUNDATION SUPPORT - This is positive. We would not resist Wilder leading these recommendations. Do not anticipate any resistance. Should positively benefit clients by better service, more focused service, more coordination and ultimately more done for elderly in Ramsey County.

Jane Whiteside, Metropolitan Council of the Twin Cities Area:

We feel it is appropriate for the Wilder Foundation and other foundations to provide financial support for activities necessary to deliver educational and technical assistance to human service agencies. In some areas, such as the development of elderly housing, it may also be appropriate for Wilder itself to provide the necessary education and assistance (though Wilder and other foundations could possibly assist these other agencies in various ways).

In response to this recommendation, we would be interested in discussing the appropriate types of assistance to be provided and/or supported by Wilder and other foundations.

Comments on Recommendation 5

That human service agencies be encouraged and given support to increase their productivity and efficiency with existing staff and resources.

Ron Reed, Family Service of Greater St. Paul:

1. Family Service has already been looking at productivity and efficiency for over a year--looking at ways to increase direct service time. The Services for Seniors staff are most productive and have made a maximum impact in the community at large by virtue of the effects of their intervention with the elderly population. Further, volunteers are used within the agency in certain roles--as adjuncts to the professional staff in their work with clients.

2. Older adults are likely to be underserved by the social services due to stigma attached to "getting help" (especially counseling) and also because they lack knowledge of available services. (This is being overcome in part by our extensive outreach program.)
3. I don't believe there would be any resistance to the notion of productivity--as long as quality of service is not jeopardized--i.e. spreading-self too thin.
4. As indicated in #3--there is the potential danger of crossing the boundary between "peak efficiency and productivity" to "spreading ones self too thin." This is particularly so of an agency like Family Service--where service goals have traditionally been very high. This could have a negative impact upon clients.

This staff has been creative and is providing service to a number of "groups"--which can be an efficient way to provide service.

Gerald A. Bloedow, Minnesota Board on Aging:

The wording on Recommendation #5 implies agencies are not now working productively and efficiently with existing staff and resources and need encouragement to improve. (That is provide more at less cost.)

Encouraging productivity and efficiency without regard to appropriateness of the product may not be in the best interests of the agency or the aging. Perhaps a broader look at effectiveness along with efficiency is in order.

Paul A. Verret, The Saint Paul Foundation:

Who can be against this? All nonprofit agencies could improve the productivity and efficiency of their existing resources, not just organizations serving the aging. However, where does this objective rank in relation to the other recommendations in this volume? Further, how would the use of volunteers in private and public agencies fit in with increased productivity and efficiency using existing staff resources? Workable strategies to achieve the objectives of this recommendation should include a careful "cost-to-value" analysis.

Karla Skahen, Ramsey County Community Human Services Department:

The Ramsey County Community Human Services Department has implemented a variety of new concepts and approaches directed at work analysis, increased productivity and improving staff performance. The establishment of "Quality Circles" is just one of many examples. Through this mechanism, staff at the line levels are afforded the opportunity to provide input and effect change through time saving devices analyzed and developed by the groups. Allowing flex time or reduced work hours has been another benefit to the worker. In the final analysis, positive outcome of recommendation 5 rests with decision making boards or agency management.

George W. Meirick, Catholic Charities of the Archdiocese of St. Paul and Minneapolis:

INCREASED PRODUCTIVITY AND EFFICIENCY - We agree that the first four recommendations will help carry out recommendation #5.

Jane Whiteside, Metropolitan Council of the Twin Cities Area:

We of course support the concept of increased productivity and efficiency within human service agencies. We support these objectives through our monitoring of Title III grants and through our county-by-county service delivery studies, whose goal is greater efficiency in the system through elimination of duplication and designation of target groups, service areas, and roles/responsibilities of agencies to provide specific services.

It is not clear what specific actions are envisioned in the recommendation, nor who would be involved.

Our response to this recommendation would be to continue working with our Title III projects and through our service delivery studies with these goals in mind.

Letter from Robert Peterson, Wilder Foundation, Regarding Study Recommendations:

Dear Dr. Mattessich:

Thank you for the opportunity to comment on Volume II of your study of persons aged 60 and older in Ramsey County. The many findings identified by your study are of great concern and interest to the Division of Services to the Elderly. When combined with the issues raised by the Governor's Task Force on Health Care which completed its work in December of 1981 and the issuance of the State Plan for Long-Term Care completed by the Department of Health, Office of Community Development, there is indeed a need for the public forum you proposed in your communique soliciting this response.

The issues each of us as providers face cannot be effectively dealt with by any one organization, public or private in its orientation. As you say in your report, "these recommendations should be considered and deliberated jointly by human service agencies in Ramsey County before they can effectively be implemented."

The Wilder Foundation, in particular its Division of Services to the Elderly, would welcome the opportunity to participate in such a forum as well as to actively participate in conjoint action towards resolving the issues which confront our long-term care delivery system. It is our belief, however, that the recommendations of this study be added to those put forth in the State's Long-Term Care Plan, and integrated with the planning currently underway at the metropolitan level through the Area Agency on Aging and the work plan on aging and physically handicapped adults currently underway in Ramsey County.

Resolving the issues your study identifies requires the kind of perspective that could be gained from such a forum where priorities could be established and tasks designed for the various planning and provider organizations to join together in seeking resolution to these most critical problems confronting all of us.

Specifically, I would like to focus on what action our agency would take.

- In the area of regular educational opportunities or training, the Division is prepared to work collaboratively with other organizations in developing training materials and conducting education and training events that cut across organizational boundaries. In this time of limited resources, we all need to work together in this area.

The second part of your recommendation deals with the accurate state-of-the-art perspective on service programs. Specific action in this area would involve continuing to support the Red Cross Information and Referral Center resource file and to encourage providers to do so.

- Your recommendation to encourage the development and improvement of geriatric practice specialties is also an important recommendation. The Foundation will continue our support of programs such as the program in geriatric medicine at the University of Minnesota Medical School headed by Pat Irvine, M.S., as well as the new oral health geriatric program at the dental school headed by Ralph Katz, D.D.S., Ph.D., and the well established center for long-term care administration education in the Division of Health Services Administration at the University of Minnesota headed by Ken Gordon and Ruth Stryker. We would also be quite interested in working with the new dean at the nursing school, Dean Ellen Fahey, in exploring geriatric specialties in nursing as well as to continue our activities in placing interns from the nursing school in our programs for on site experience.
- Also of great interest is your suggestion to encourage and to support increasing productivity and efficiency of existing staff and resources. A number of ideas deserve development and would receive support of the Foundation. These include:
 - The development of self-help and mutual-help approaches to the delivery of care and services.
 - Finding better ways to support the natural caring systems, family, friends, neighborhoods, in the delivery of services.
 - Exploration of the potential of Quality Circles and/or Theory Z management techniques into human service organizations.
 - Intensifying team-building activities within service programs.

I will not try to deal with the impediments or obstacles, internal or external resistance, but certainly we acknowledge their existence. Careful strategic and tactical planning will be required if we are all to work together in confronting these critical issues in finding effective ways to work together to their resolution.

You also asked what the impact would be upon older people. The only justification we really have in taking specific action to better train our staff, better inform them of the various programs and services available within the community, to develop geriatric practice specialties, to improve the efficiency and effectiveness of our delivery system, is that it results in an older population better able to maintain their independence and cope with the disabilities and losses that often accompanies growing older. In planning for change within our delivery system, we must, however, continually ask that question and measure our efforts against the improved well being of the older people we serve.

Sincerely,

Robert E. Peterson, Director
Division of Services to the Elderly

Summary of Responses

The recommendations derived from the survey of professionals in agencies which serve the aging can help to focus the efforts of those who wish to improve the system of service delivery to the elderly. Additional recommendations may also be warranted and could be proposed by the users of this report.

In fact, the experts whose comments appear in this section, while generally positive about each of the recommendations, made some of their own suggestions for improving the system of service delivery. These experts supported the goal of staff education (Recommendation 1); but some advocated better use and coordination of existing channels (e.g., Greater St. Paul Senior Workers Association, Minnesota Gerontological Society, etc.). They strongly favor record-keeping and accountability (Recommendation 2); but they differed among themselves as to the adequacy of current program reporting and program evaluation efforts. Although geriatric practice specialties constitute desirable means for improving service to older persons (Recommendation 3), some reactors advised against "overspecialization." Foundation support (Recommendation 4) for activities to improve service delivery was favorably viewed by the experts. Several suggested that such support will only have benefits if the recipient agencies want to improve education, enhance their information systems, etc. All of the reactors applauded the general goal

of increased efficiency (Recommendation 5). Most urged that specific means be proposed; and one suggested better agency coordination with natural supports of family, friends, and neighbors.

5. Conclusion

This volume has presented the opinions and outlooks of professionals who serve the aging regarding: the status and needs of the elderly population; problems in their own agencies and within the overall service delivery system; priorities for providing service; and program monitoring and evaluation. It is hoped that interested individuals and groups will use the volume, in combination with the other study volumes, to improve service delivery to the aging, and consequently, to enhance the quality of life of all community residents.

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APPENDIX A

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