

OMBUDSMAN BEST PRACTICES:

Enhancing Consumer Access through Coordination

Focus: Ombudsman and Aging I&R/A Programs

Prepared by the National Association of State Units on Aging

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Introduction

Consumers often start with little or no knowledge of the long-term care system and need information about the options available, costs of services, how to pay for care and where to find the services needed in a desired area. Older persons and caregivers may not be aware of the differences between types of services or levels of care, such as nursing homes and assisted living. In today's environment of 800 numbers, newspaper advertisements and internet websites targeted to seniors and their families, consumers may call a variety of agencies and help lines for information about long-term care or assistance with a care-related problem. Helping consumers find the information and assistance they need in a timely manner is crucial to empowering them to make informed decisions about long-term care options. As an increasing number of consumers and caregivers search for home and community based and residential long-term care options, efforts to improve consumer access to this vital information at the local and state level becomes more critical.

A fundamental question is how do residents, families and other consumers access the long-term care ombudsman program for assistance with problems or to obtain information about the quality of care available in long-term care facilities?

Informing consumers of their rights and options is a fundamental responsibility of the long-term care ombudsman program. To accomplish this, ombudsman programs have traditionally focused on community education efforts such as disseminating brochures and other written information and making presentations to residents, families, and the public. In 1996, NASUA drafted a technical assistance paper, *Guidelines for Educational Services* (attached in Appendix A), highlighting the important connection between effective outreach and the successful performance of the ombudsman program's required responsibilities, including complaint handling, systemic advocacy and resident empowerment. The Guidelines recommended that the ombudsman program's **educational efforts should be resident-centered and focused, directed toward the needs of diverse and appropriate audiences, and ensure the program is visible and accessible.**

Aging information & referral/assistance (I&R/A) programs are the primary collectors and maintainers of extensive information databases on a wide array of aging services and are often the first point of contact consumers have when searching for long-term care assistance. Therefore I&R/As play a critical role in access to the ombudsman

program and other aging and long-term care services and programs. In many states, ombudsman and I&R/A programs have developed regular channels of communication, including sharing information and establishing referral protocols in order to better serve consumers' information needs.

The network of 2,500 state and local aging I&R/A programs and services across the country assist older persons and caregivers by identifying their needs and linking them to appropriate and available resources and services.

Ombudsman programs should also be aware of the newly developing 2-1-1 network as another potential access link to the program. As communities develop a "system" to coordinate and streamline access to the full range of information consumers need, a number of states have developed "2-1-1" as an approach to streamlining consumer access. The Federal Communications Commission (FCC) has designated 2-1-1 as the abbreviated dialing code for consumer access to community health and human services information. Consumers dialing 2-1-1 reach a "call center," which may be operated by an aging I&R/A.

A national goal has been set by the organizations involved in 2-1-1 to cover 50% of the population by 2005. As more states begin to use "2-1-1" ombudsman programs will want to ensure that information about, and linkage to, the program is addressed and that staff who initially handle calls for assistance understand when to make referrals to the ombudsman program. It is therefore important for ombudsman programs to be familiar with 2-1-1 systems. (See Appendix B for a discussion of 2-1-1 and how it works.)

Effective coordination between ombudsman programs and aging information and referral systems, as well as linkage to 2-1-1 activity in the state, will ensure the delivery of accurate information to consumers in a timely fashion. To effectively accomplish this requires attention to mutual information sharing and coordination.

Despite the program's recognition of the value of coordination with aging I&R/A programs, however, ombudsman programs must also consider the constraints related to confidentiality under which the program operates. The Older Americans Act, as amended, specifically prohibits disclosing the identity of complainants or residents who make a complaint unless:

- (i) *the complainant or resident, or the legal representative of the complainant or resident, consents to the disclosure and the consent is given in writing;*
- (ii)(I) *the complainant or resident gives consent orally;*
and
(II) *the consent is documented contemporaneously in a writing made by the a representative of the Office in accordance with such requirements as the State agency shall establish; or*
- (iii) *the disclosure is required by court order.¹*

¹ Older Americans Act, as amended, Sec. 712(d)(2)(B)(i) - (iii).

This paper focuses on how access to the ombudsman program can be enhanced through establishing relationships with I&R/A programs. The paper also builds on previous recommendations developed by NASUA for educating I&R/A programs about the ombudsman program and for strengthening communication and referral coordination between the two programs (see Appendix C), including:

- Establishing and maintaining regular communication between ombudsman and aging I&R/A programs;
- Sharing publications and program information;
- Discussing and deciding appropriate referral protocols;
- Inviting each other to training; and
- Coalition building to address particular consumer issues.

Guidance

The provision of information to residents of long-term care facilities and to consumers of long-term care services is an essential element of the ombudsman program and is fundamental to the program's primary responsibility to receive, investigate and resolve complaints. It is critical that residents and those concerned with their quality of care and quality of life have easy and reliable access to the ombudsman program in order to have their questions and concerns addressed. Specifically, the **Older Americans Act (OAA)** states that the Long-Term Care Ombudsman Program shall "*inform the residents about means of obtaining services...*" provided by the program, in order to register complaints and receive assistance to protect their health, safety, welfare and rights.²

In addition to the Older Americans Act, several other sources were consulted for this paper, including the 1995 Institute of Medicine report on the ombudsman program and "Vision 2010" developed by NASUA in 1998. In broad terms, both of these documents provide guidance to the ombudsman program related to the issue of consumer access to the program.

The report issued by the **Institute of Medicine (IoM)**, which conducted an evaluative study of the Long-Term Care Ombudsman Program in 1994 (funded by the Administration on Aging), viewed access to the ombudsman program in relation to the number of ombudsmen available to provide a meaningful presence in nursing homes (specifically, the IoM study committee recommended a ratio of one full-time ombudsman for every 2,000 long-term care beds (Recommendation 6.1)).³ The IoM report does not directly address the program's efforts to reach consumers through coordination with other

² Older Americans Act, as amended, Sec. 712(a)(3)(C).

³ Harris-Wehling, Jo, Feasley, Jill C., and Estes, Carroll L., editors; *Real People, Real Problems: An Evaluation of the Long-Term Care Ombudsman Programs of the Older Americans Act*; Institute of Medicine, 1995.

information sources such as I&R/A programs. However, the report recommended that each Office of the State Long-Term Care Ombudsman be required to include in its annual report, information and comments about *"the level of awareness of residents, their agents, and other parties regarding the ombudsman program, and the availability of ombudsmen to individual residents"* (Recommendation 5.6).

The growing number of older adults, the increasing ethnic and cultural diversity of the older population, and the complex assortment of programs and services available to seniors and their families and caregivers, coupled with the relatively flat funding of most Older Americans Act (OAA) programs, highlight the necessity for creating partnerships and linkages among programs that provide information and assistance to older persons. To encourage such efforts, NASUA developed **"Vision 2010"** (attached in Appendix D), which identifies key OAA programs (including the ombudsman program) and the types of information each provides. This document presents a vision of an integrated, seamless, and easily accessible system of information and assistance for seniors. Ombudsman programs are encouraged to become familiar with Vision 2010 and begin looking for possible ways to coordinate with other programs that provide information and assistance to older persons and their families, since such programs serve as gateways to the long-term care system in many states.

Sources

Beginning in May 2001, NASUA conducted a **survey of state long-term care ombudsman programs and state I&R/A programs** to find examples of coordination between the two programs. Separate emails containing identical questions were sent to both programs in each state. The questionnaire asked programs to check off a list of activities in which they were involved with the other program, including:

- Cross-training of ombudsman and aging I&R/A program staff and/or volunteers
- Joint skill-building or other joint training events
- Sharing resource databases
- Common intake/shared telephone numbers
- Co-location in the same agency/unit
- Joint referral processes
- Interagency/inter-program agreements.

Follow up calls were made to programs that reported any of the coordination activities listed above to gather additional information. This yielded examples from several programs, which are presented below in the Findings section.

A separate, more comprehensive survey of states' aging I&R/A programs conducted at about the same time by NASUA's National Aging Information & Referral Support Center yielded supplemental data helpful to this paper. Information from 38 surveys was reviewed. While the majority of survey respondents did not identify any

formal coordination efforts with the state ombudsman program, several mentioned that cross-training occurs at the local level and specified that I&R/A staff are invited to attend state ombudsman trainings.

Findings

The information in this section describes some of the coordination efforts between ombudsman and I&R/A programs in order to enhance consumers' access to information about long-term care and services for older adults and their families. Coordination between ombudsman programs and aging I&R/A programs may take place at the state or local level, and may be formalized or informal. Examples of coordination to improve consumer access identified in the survey include:

- ♦ **shared resources and intake lines**
- ♦ **referral systems**
- ♦ **cross-training/joint skill building**

Significant challenges are faced by rural states to effectively serve clients who are geographically isolated or dispersed over a large area. Coordination in rural areas is recognized by many of these programs as an essential practice for ensuring consumer access.

As noted in the sections below, while not necessary for good coordination, **colocation** of ombudsman and I&R/A programs in the same unit or agency can benefit both programs by making it logistically easier to conduct cross training of staff, share resources and intake lines, and manage referrals, in an informal manner.

Shared Resources and Intake Lines

A number of state and local ombudsman programs share a common intake telephone line or single point of entry system with I&R/A programs. Programs with these arrangements tend to be located in the same agency or unit at the state or local/regional level. This arrangement provides an efficient way to screen calls and coordinate referrals to better serve consumers looking for information and assistance about aging or long-term care services. Many of the states with these arrangements have found that shared location facilitates sharing resources and databases, such as lists of facilities and services. Examples of shared resources and intake lines include:

- Typical of many states, the **Alabama** ombudsman program periodically updates the I&R/A program on its publications and other information for consumers. Ombudsman and I&R/A programs are both housed in the Department of Senior Services at the state level, providing centralized information and assistance on aging services in Alabama. According to Marie Tomlin, Alabama State Ombudsman, this arrangement has enhanced information sharing between the

programs and made it easier for older consumers and their families to find the services and assistance they need.

- The **St. Louis (Missouri) Regional Ombudsman Program** receives I&R/A funds to handle long-term care questions as part of a regional information center that serves a four county area.
- **Montana** provides consumers with a single toll-free telephone number answered by the Advocacy Assistance Program (AAP), located in the Governor's Office, which handles all calls regarding seniors' issues. Callers are referred to the ombudsman program as appropriate. Persons answering the calls receive training and information about the ombudsman program.
- In **North Dakota**, the ombudsman and I&R/A programs share a toll-free telephone line, the Senior Information Line. This number is listed on nursing home posters as the number to call to contact the ombudsman program. Calls are answered by an intake coordinator with ombudsman training who routes each call to the appropriate program. Consumers requesting placement assistance (e.g., requests for lists of facilities and services available in the area or other basic information about long-term care) are handled by the intake coordinator. This approach to handling information requests frees up time for ombudsman staff to focus on higher priority tasks such as complaint handling.

Referral Systems

In an effort to effectively resolve complaints and protect the rights of older residents of long-term care facilities, ombudsman programs across the country have worked to develop relationships and referral protocols with regulatory agencies, Adult Protective Service units, Medicaid Fraud Control Units, law enforcement entities, and protection and advocacy agencies. Formalized agreements with these organizations tend to be developed at the state level.

However, referral systems do not always require a formal memorandum of understanding to work. Only one of the states responding to the survey uses a formal agreement to coordinate referrals between ombudsman and I&R/A programs. More typically, training and regular communication between the programs ensure that referrals are made as appropriate.

- In **Rhode Island** a referral process has been established between the ombudsman and I&R/A programs. If the I&R/A program receives a call concerning elder abuse or the quality of care in a nursing home, a referral is made to the ombudsman program so an ombudsman can respond to the situation. Likewise, if the ombudsman program becomes aware of a long-term care facility resident who may need a guardian, a referral is made to the Elder Information Specialist at the state agency on aging. This type of referral protocol has proved to be successful,

particularly since the ombudsman and I&R/A programs are not housed in the same agency.

Cross-Training and Joint Skill Building

Important first steps in coordination between the ombudsman and I&R/A programs include: initiating dialogue, sharing information about the programs, and inviting each other to training sessions. These efforts provide an opportunity to learn about and discuss what types of issues to refer back and forth between programs and when it is appropriate to do so.

Programs that are doing cross-training or sharing information at training events involving both the ombudsman and I&R/A programs report that such interactions may happen in a variety of ways and may occur:

- ♦ through informal discussion and information sharing sessions;
- ♦ on a regular or as-needed basis; and
- ♦ result in the development of specific training curricula.

The following examples highlight the methods of cross-training and joint skill building activities designed to promote program coordination and consumer access.

- In **Missouri**, the St. Louis Regional Ombudsman Program, which covers St. Louis and four surrounding counties, has developed an integrated approach to coordinating with the area's I&R/A programs. The ombudsman program receives a total of about \$4,000 per year from a combination of sources (area agencies on aging and United Way) to operate a regional information line for aging and long-term care services. According to the regional ombudsman, a portion of the funds from one of the area agencies on aging includes Family Caregivers' program money. Two information specialists who handle calls are trained as ombudsmen in order to facilitate effective referrals to the program when appropriate.
- In **Montana**, the state unit on aging, area agencies on aging, and the Montana Board of Housing have collaborated to conduct an annual joint training for staff and volunteers in the information/referral & assistance (I/R&A) program, state health insurance assistance program (SHIP), state ombudsman program and reverse annuity mortgages (RAM) program. Each spring, these four programs work in partnership to conduct a re-certification training session. Several training sites around the state are selected so staff from each program can attend with minimal travel time. The two-day training includes an update on issues relevant to each program. While each program designs its own certification process, they each involve the other three programs in the curriculum. All four programs incorporate the other programs into their spring update training as well. Training on the ombudsman program provided to the other three programs includes information about the program and a protocol for when issues should be referred to the ombudsman program. Training participants have stated that bringing the programs

together helps them understand the bigger picture. The ombudsman program also provides training to the staff of the Advocacy Assistance Program (AAP) operated by the Governor's Office (see page 6 for a description of the AAP).

According to the assistant state ombudsman, many I&R/A staff wear multiple hats and may be certified as ombudsmen and/or SHIP volunteers and/or housing counselors in the RAM program. This is essential since Montana is a very rural state with area agencies on aging covering geographically large areas (one AAA has 17 counties) with limited staff. This efficiency born out of necessity cuts down on "windshield" time where program staff must travel long distances between clients or towns. One benefit is that ombudsmen and I&R/A staff are equally familiar with the other program. The assistant state ombudsman, John McCrea, states that the "outcome of these relationships has proven to be cost effective at both the state and local levels" and "has resulted in strong coalitions" working to meet the needs of consumers.

- In **North Dakota**, staff of the State Agency on Aging's toll-free Senior Information Line are trained as ombudsmen. The ombudsman program provides quarterly training to staff. This shared line is listed on posters in nursing homes as the number for residents and families to call in order to contact the Ombudsman Program. In addition, under a 2002 Robert Wood Johnson Advanced Care Planning grant, regional meetings between ombudsmen and I&R/A staff are regularly convened.
- **Rhode Island**. The I&R/A program invites the state ombudsman to speak about the program as part of the training provided to volunteer elder information specialists and community guardianship volunteers.

Coordination Elements - Questions to Consider

Ensuring residents and their families and caregivers easy access to advocacy assistance and information about long-term care services requires coordination among agencies in the aging network. **A coordinated system links consumers with the information and assistance they need in a timely manner.** While *The Long-Term Care Ombudsman Program: Guidelines for Educational Services* (Appendix A) paper developed by NASUA points out some of the essential elements for educating consumers, the questions below are designed to stimulate ombudsman programs' consideration about how linkages can be established with other programs to improve access to the program and long-term care information by consumers:

- Has the program attempted to identify barriers to access and directed resources toward eliminating or minimizing those barriers?
- Has the program identified and contacted information networks at the state and/or local level, including I&R/A programs and emerging 2-1-1 systems, to ensure these

programs know about the ombudsman program and when to refer people to the program?

- ❑ Is the program working with the I&R/A program to develop cross-training?
- ❑ Have referral protocols been developed with aging I&R/A programs?
- ❑ At the state level, has the program explored the possibility of linking with a central, statewide consumer information line to handle initial calls to the program?

Although not addressed in the survey, obtaining consumer input is an increasingly important component for ombudsman programs seeking to evaluate the program's effectiveness. A recent Ombudsman Program Outcome Measures Project, coordinated by NASUA under the National Ombudsman Resource Center, included the use of consumer satisfaction surveys and focus groups to examine program quality. Examples of consumer satisfaction surveys can be obtained from the National Ombudsman Resource Center. Given the growing recognition of the importance of consumer input in evaluating program quality, ombudsman program managers may wish to consider the following question as well:

- ❑ Does the ombudsman program follow up with consumers to determine whether the information or assistance they received from the program met their needs and expectations?

Confidentiality issues should be considered by ombudsman programs when participating in shared intake lines. Therefore, ombudsman program managers may wish to consider the following question:

- ❑ How will the identities of residents and complainants be protected if the ombudsman program shares an intake line with another program?

Summary

Ombudsman programs have increasingly devoted resources to enhancing consumer access to the program and providing information and assistance to help consumers choose among long-term care options. This Best Practices paper has presented examples of how some ombudsman programs have developed relationships with aging I&R/A programs in order to enhance consumer access to the program --- highlighting the benefits of shared resources and intake lines, the development of referral protocols, and cross-training and joint skill building.

Resources

The following resources, included in the Appendices, may be helpful to ombudsman programs seeking to enhance consumer access through education and coordination.

- Appendix A: The Long-Term Care Ombudsman Program: Guidelines for Educational Services. Draft document (NASUA, 1996).
- Appendix B: 2-1-1 --- The Emerging Access System for Community Services. (NASUA, 2003).
- Appendix C: Long Term Care Ombudsman and I&R Programs: Teaming Up for Success, Virginia Dize, Information & Referral Report, Vol. 5, No. 1 (March 1996).
- Appendix D: Vision 2010: Towards a Comprehensive Aging Information Resource System for the 21st Century. (NASUA, 1998).

APPENDIX A

The Long-Term Care Ombudsman Program: Guidelines for Educational Services (NASUA, 1996) draft

DRAFT #1 THE LONG-TERM CARE OMBUDSMAN PROGRAM
Guidelines for Educational Services

I. Background

The Older Americans Act (OAA) specifies many specific functions Long-Term Care Ombudsman Programs (LTCOP) should fulfill, including:

- ☐ identify, investigate and resolve complaints that are made by, or on behalf of residents (complaint handling);
- ☐ provide services to assist the residents in protecting the health, safety, welfare, and rights of the residents (empowerment);
- ☐ inform the residents about means of obtaining services (education);
- ☐ ensure that the residents have regular and timely access to [ombudsman] services (access);
- ☐ represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies (systemic advocacy);
- ☐ facilitate public comment on the laws, regulations, policies, and actions [affecting residents] (empowerment and systemic advocacy);
- ☐ promote the development of citizen organizations (empowerment); and
- ☐ provide technical support for the development of resident and family councils (empowerment).¹

Although only one of these selected ombudsman functions can be summed up as simply education, in actuality, successful accomplishment of each of these components of an ombudsman's job is integrally related to the provision of effective and complete educational services. To be explicit:

empowerment is most effective when people have information on:

- ✓ *what* their rights are,
- ✓ *who* is in the position of granting or thwarting those rights,
- ☐ *what tools* are available to help them enforce those rights,
- ✓ *who* their *allies* might be, and
- ✓ *what tactics* are likely to be most effective.

systemic advocacy is most effective when:

- ✓ recommendations are *clearly targeted* to address *identified needs*,
- ✓ a *single agenda* is focused on,
- ✓ allies are *informed* and on board, and
- ✓ a *track record* and *credibility* with policy-makers exists.

¹ Section 712, State Long-Term Care Ombudsman Program, of the Older Americans Act, Public Law 102-375.

complaint resolution is most effective when:

- ✓ residents are *fully informed* about options and consequences,
- ✓ the ombudsman has *credibility* and *access*, and
- ✓ *allies* are available to provide resources and support.

access only happens when residents, family members, and others who are involved with long term care residents *know about* the ombudsman program.

What all of these functions rest on, then, is education. Education gives people the tools they need; lays the groundwork for credibility and access; and recruits, motivates, and focuses allies. Put another way, education is one of the most effective tools ombudsmen have to carry out many of their core functions.

These "Guidelines for Educational Services" are designed to help state ombudsmen think through the most effective ways to use this powerful tool.²

II. Overview of the Guidelines

When an ombudsman program turns to evaluating and improving its educational services, it should ensure that the following seven major areas are addressed:

² Note that separate Guidelines will specifically and fully address audiences and functions only briefly covered here, including: systemic advocacy, working with other programs and agencies, and fostering and working with citizen groups. This "overlap" is in itself an example of how various components of an ombudsman's job can, with forethought, be synergistically combined.

- 1) The program's educational services are always resident-centered and focused.
- 2) The program uses both reactive and proactive strategies to provide educational services.
- 3) The program's educational services ensure the program is visible and accessible to residents, potential consumers, and others involved with long-term care residents.
- 4) The program's educational services improve residents' and others' ability to protect the health, safety, welfare, and rights of residents.
- 5) The program's educational services focus on the needs of diverse and appropriate audiences.
- 6) The program utilizes a variety of educational methods.
- 7) The State Ombudsman's management of the statewide program includes technical assistance, supervision, and training to support local programs' educational activities.

III. Guideline Commentary

Each Guideline addresses a large component of an ombudsman program's educational services. In the following discussion, we will address each Guideline in detail.

Guideline #1: The program's educational services are always resident-centered and focused.

The whole purpose of the Ombudsman program is, of course, to help protect the health, safety, welfare, and rights of residents of long-term care facilities. All educational services provided by the Ombudsman program should, then, directly or ultimately serve residents. To help ensure this Guideline is met, educational services should try to address the following issues.

- 1) Information targeted to residents, potential consumers, families and friends empowers them to protect residents' health, safety, welfare and rights.
One of the defining characteristics of Ombudsman programs is their insistence on residents taking as much control over their lives as they are capable of and comfortable

with. That means that information provided to residents, potential long-term care consumers, and their families and friends should always focus on enabling residents to knowledgeably act on their own behalf if they so choose.

2) **Educational services should focus on meeting needs identified by or on behalf of residents.**

Another defining characteristic of Ombudsman programs is their mandate to not only resolve individual complaints and issues, but to also collect and analyze these individual complaints to identify and address larger or more systemic problems. That means that educational efforts should be resident-driven: Ombudsman programs should design their educational efforts to meet or address needs identified through complaints from or communications with residents and those concerned about residents.

3) **Educational services should enhance systemic advocacy by and on behalf of residents.**

One step in systemic advocacy is identifying the areas that need to be addressed (see #2 above, and the "Guidelines on Systemic Advocacy Services"). Other steps include: communicating those needs and the proposed solutions; providing supportive evidence; mobilizing allies; and educating policy-makers. All of these steps involve education. Efforts to educate policy-makers, allies, and residents/potential consumers/family members in a position to assist with systemic advocacy (see Guidelines #4 and #5, below) should, therefore, be focused on the systemic advocacy agenda set by the Ombudsman program in response to residents' needs.

4) **Educational services provided to audiences other than residents/potential consumers/family and friends must continue to focus on the needs of residents.**

Many Ombudsman educational services will focus on audiences other than residents, potential consumers, family and friends (see Guideline #5, below). Obviously, these other audiences have their own needs and their own legitimate reasons for looking to Ombudsman programs for information. Ombudsman educational services should meet those needs to the extent possible *while still keeping the needs of residents paramount*. For example, if an Ombudsman program provides an in-service training to nursing home staff, the content of that educational service must support residents' rights and be in keeping with residents' needs.

5) **Residents' confidentiality must be protected throughout the provision of educational services.**

Ombudsman educational services as herein defined are heavily dependent on understanding and responding to the needs of individual residents who come to the attention of the Ombudsman program. Nevertheless, all educational services must carefully use information about individual residents and complaints in such a way that those residents' (and those who complain on a resident's behalf) confidentiality and anonymity is always protected. This does not necessarily preclude an Ombudsman program from sensitively asking a resident or family member if she or he would like to

forego confidentiality by, for instance, granting a media interview. However, the Ombudsman program must never breach a resident's confidentiality without express, informed consent.

- 6) **Ombudsman educational resources should be prioritized based on residents' needs.** There are almost always more opportunities to provide educational services than there are staff and/or resources to pursue. Although Ombudsman programs should always seek to maximize educational resources (see Guideline #6(13)), when choices do have to be made, Ombudsman programs should consider the degree to which a given opportunity may advance the specific, identified needs of residents. For example, if a program's systemic advocacy agenda includes an item that will require a great deal of voter support, addressing a League of Women Voters chapter may be a better use of limited resources than addressing a group of school children. This prioritization might be reversed if an identified need was for more community involvement -- including intergenerational interaction -- with nursing home residents.

Guideline #2: The program uses both reactive and proactive strategies to provide educational services.

Educational efforts can be divided into two categories: reactive ones, where the Ombudsman program responds to specific requests for information, and proactive ones, where the Ombudsman program initiates educational efforts or actively identifies and pursues opportunities to provide education. An optimal educational services component should include both reactive and proactive strategies.

- 1) **Systems exist to adequately respond to phone, mail, in-person and other requests for information.**
Every Ombudsman program should have systems in place for tracking and effectively responding to requests from residents, potential consumers, family members and others for information on long-term care, residents rights, and related issues. Written materials should be developed as needed to answer common requests. Policies about what individual complaint information will be given out must be in place. Referral mechanisms should be in place to assist Ombudsmen and their assistants to properly refer requests or questions the Ombudsman program is not in the best position to handle.
- 2) **Systems exist to adequately respond to training and speaking requests.**
Ombudsman programs should not have to reinvent the wheel each time they receive a request to address or train a group. Speeches, training materials, handouts, and other written documents prepared for presentations should be collected and kept easily available for re-use or adaptation. If Ombudsman resources are limited, Ombudsman programs should be able to effectively prioritize requests (see Guideline #1 above). Ombudsmen

should also turn down requests, if that becomes necessary, in a manner that preserves and enhances Ombudsman programs' credibility and effectiveness.

3) **Mandated reports and education activities are used proactively.**

Mandated reports and education activities (such as volunteer training programs) are, in a sense, "reactive" education: the Ombudsman program is responding to others' requests or requirements. However, an effective educational services program will also use these opportunities proactively. For example, annual reports can be sent -- with an appropriately-targeted cover letter highlighting key items -- to key policy-makers, consumer and professional groups, and allied agencies. Volunteer trainings can be designed to develop not only effective volunteer ombudsmen, but also effective community educators.

4) **The program proactively seeks out opportunities and audiences to educate.**

To be fully effective, educational services must not be confined to passively responding to others' requests. Based on identified residents' needs and on the Ombudsman program's systemic advocacy agenda, potential audiences should be identified and approached by the Ombudsman program. For example, if it is determined that more cases of criminal conduct within nursing homes need to be prosecuted, an Ombudsman program should consider developing educational strategies and pursuing educational opportunities aimed specifically at law enforcement, prosecutors, judges, and others associated with the criminal justice system.

Guideline #3: The program's educational services ensure the program is visible and accessible to residents, consumers, and others involved with long-term care residents.

Ombudsman programs' educational services, broadly speaking, have two different goals: ensuring that residents and others know about and have access to the Ombudsman program (Guideline #3)³, and improving residents' and others' ability to protect the health, safety, welfare, and rights of residents (Guideline #4)⁴. Obviously, the two goals are related. Nevertheless, effective educational programs consciously design educational strategies that address both goals either in tandem or separately, as appropriate.

1) **Visitation schedules promote awareness of the Ombudsman program.**

³ See also the separate Guidelines on Program Promotion.

⁴ Also see the separate Guidelines on working with other programs and agencies, fostering and working with citizens groups, and systemic advocacy services.

One of the primary uses of volunteer ombudsmen is to provide a regular (often weekly) presence in all (or targeted) nursing homes under a program's jurisdiction. These visits allow individual residents and visitors to become personally familiar with an Ombudsman program representative, promote informal discussion and resolution of problems, and allow the Ombudsman program to observe a nursing home's practices first-hand. In-person visits are also critical for residents who are not able to read printed materials or who are unable to make complaints on their own behalf. If an Ombudsman program does not use volunteers for in-facility visits, a visitation schedule for staff should be set up to assure residents at least occasional opportunities to meet an Ombudsman.

2) Written materials are developed and disseminated to promote Ombudsman program visibility.

All nursing homes are required to publicly post information on residents' rights and the availability of the Ombudsman program. Ombudsman programs may want to consider designing such posters and offering the camera-ready art to nursing homes, both as a service to them and as a way of ensuring the posters are easily readable. Brochures on the Ombudsman program should be developed and distribution opportunities identified and pursued. If the Ombudsman program and/or other agencies sends out information on long-term care options, for instance, an Ombudsman program brochure should be included. Brochures can also be distributed in senior centers, grocery stores, and meals programs; as inserts in local aging newspapers; and at public presentations. All written Ombudsman materials, regardless of primary content, should include a telephone number and other information on how to contact the Ombudsman program.

3) Public presentations and meetings are used to enhance awareness of and access to the Ombudsman program.

Both formal presentations/trainings and informal participation in community or professional meetings can be opportunities to enhance awareness of and access to the Ombudsman program. Formal presentations, whether done by paid or volunteer Ombudsman staff and regardless of audience, should always include both oral and written information on how to contact the Ombudsman program. Both volunteer and paid Ombudsman staff should also consider making their involvement in the Ombudsman program known in community or professional meetings and settings. They should also consider making written materials on the program available to these groups. Friends and loved ones of nursing home residents are active in a variety of community and professional groups, and allies for systemic advocacy can be recruited in the most "unusual" places.

4) Efforts should be made to reach residents who do not speak English or who have cultural reasons to be reluctant to contact the Ombudsman program.

Many nursing home residents, of course, are reluctant to contact the Ombudsman program. They may be afraid of rocking the boat, or distrustful of "government employees," for instance. All educational efforts aimed at residents and their relatives should therefore stress confidentiality, non-retaliation mandates, and complainant control

of Ombudsman actions. In-person visits can also minimize residents' concerns by allowing residents to develop trust in a given person rather than a faceless agency.

Some residents, however, cannot access Ombudsman programs because they do not speak and/or read English and so are not reached by posters or brochures in English, or by Ombudsmen who do not speak their language. Efforts should therefore be made to:

- ✓ identify residents who do not speak English and determine what language(s) they do speak and whether they can read those language(s) when written;
- ✓ identify volunteers who speak those languages to function either as volunteer ombudsmen or as-needed interpreters (as a last resort, paid interpreters should also be identified);
- ✓ identify skilled translators (either volunteer or paid) for written materials. Research carefully, however, before you invest in translations; not all translators are equally skilled, and an improper translation can do more harm than good. Test a given translation on other speakers of the language before you distribute it publicly.

Another strategy that may be effective in reaching non-English speakers is to identify and give a presentation in English to a group of bilingual speakers, encouraging them to get involved in visiting and/or advocating for residents. Although it is seldom advisable to use nursing home staff as interpreters because of the potential conflict of interest, staff members may be able to help an Ombudsman program identify and access organizations that involve speakers of a given language.

Ombudsman programs also need to educate themselves about the beliefs and practices of cultural or ethnic groups within their jurisdictions, focusing particularly on those beliefs or practices that may limit Ombudsman access or effectiveness. For instance, in some cultures women should not speak to men about intimate problems, or vice versa. If members of those cultural groups are present in a nursing home, efforts should be made to ensure that an "appropriate" Ombudsman program representative approaches those residents.

5) Other access barriers to the Ombudsman program should be minimized.

If the Ombudsman program would mean a long-distance call for someone within the program's service area, installation of a toll-free number should be considered. Ideally, after-hours callers to the program should be given emergency referral numbers and be allowed to leave a message to be returned during business hours. Innovative ways to contact the program -- a locked box in each facility or an e-mail address in communities where many professionals are on-line? -- should be considered.

The second broad goal of Ombudsman programs' educational services is to improve residents' and others' ability to protect the health, safety, welfare, and rights of residents. There are numerous ways to contribute to meeting this goal, some of which have been discussed above. Below are additional ways this Guideline can be approached.

Guideline #4: The program's educational services improve residents' and others' ability to protect the health, safety, welfare, and rights of residents.

1) Educational efforts with residents should focus on their empowerment.

To successfully self-advocate, residents need to know, at a minimum:

- ✓ *what* their rights are,
- ✓ *who* is in the position of granting or thwarting those rights,
- ☐ *what tools* are available to help them enforce those rights,
- ✓ *who* their *allies* might be, and
- ✓ *what tactics* are likely to be most effective.

Although not all residents will choose self-advocacy, the education they need to successfully self-advocate should be available through the Ombudsman program, both in the form of individual counseling and support and through written materials that address common issues such as residents' rights and the state's licensing and regulatory structure and addresses.

Residents should also be given the opportunity and empowered to participate, as appropriate, in educational efforts related to systemic advocacy. That may mean offering a resident the opportunity to talk to a reporter interested in nursing home issues or informing residents of a pending bill about which they may wish to contact their legislators.

2) Educational efforts with non-residents should focus on residents' rights and empowerment.

Many times, a person other than the resident pursues a complaint or issue regarding resident care. These people need access to empowering education on the issues delineated above. They may also need education on the need and right of residents to make their own decisions, and they may need assistance in distinguishing between their personal desires and needs and the resident's desires and needs. Ombudsmen personnel - both staff and volunteer -- should be prepared to sensitively provide this type of educational service. Similarly, in-service or other professional educational efforts should include discussion of the difference between residents' needs and rights and staff and professionals' needs and rights.

3) Ombudsman programs should direct some educational efforts toward governmental agencies, policy-makers, and allies in a position to affect the interests of residents.

Although systemic advocacy is covered more fully in another Guideline, it is important to remember that educational services can enhance systemic advocacy. Written public education materials on residents rights and the ombudsman program, annual reports, and other routinely produced materials can be sent to policy-makers and allied professionals. These routine efforts should be continued even when a given type of policy-maker is not

relevant to the current systemic advocacy agenda. Periodic mailings promote the Ombudsman program's track record and credibility, which can then be built upon quickly and effectively when a new advocacy agenda suddenly makes these policy-makers "relevant."

Ombudsmen can also ask to address hearings, public meetings, conferences, or other gatherings of policy-makers and allied professionals. Special oral "briefings" (with appropriate accompanying written materials) can be hosted for policy-makers and others. "Fact sheets" or summaries of residents' needs and the Ombudsman program's current systemic advocacy agenda can be developed and sent to policy-makers and allied agencies. Task forces or boards an Ombudsman representative sits on can be periodically updated on residents' needs and systemic advocacy efforts underway. In all of these efforts, the goal is to keep residents' needs and concerns in front of key people, and to enable and encourage them to act to protect and enhance residents' health, safety, welfare and rights.

Educational services directed at community groups and the "general public" may also include an advocacy/empowerment component. Ombudsman programs should consider whether a given "general public" educational piece or program should include information on how to participate in the program's systemic advocacy efforts.

Finally, it is important to note that some Ombudsman programs solicit private funding or in-kind donations. Routine educational efforts -- particularly low-resource ones such as periodic mailings on ombudsman program activities -- directed at past and potential local funders can contribute to the program's credibility and track record and encourage further donations. These funders can also be asked to underwrite educational services, such as providing low- or no- cost design or printing services, or loaning equipment for presentations.

4) Educational efforts should be undertaken whenever new or emphasized information may address residents' needs.

It is possible to address the inappropriate use of restraints through individual advocacy. It may be even more effective to develop and offer a group training to nursing home staff and/or health care professionals on alternatives to restraints. Ombudsman programs should routinely consider the appropriateness of various educational strategies to positively affect problems identified through individual complaints. Ombudsman programs should also monitor announcements of new research, legislation, or practices affecting residents' health, safety, welfare, or rights, and consider disseminating this information through trainings or written materials. If the program uses volunteers, be sure to recruit them as media-watchers, to increase the number of publications and media outlets regularly scanned for useable news.

Throughout these Guidelines, we have identified in passing numerous audiences the Ombudsman program must address. Ideally, Ombudsman programs should consciously design educational

Guideline #5: The program's educational services focus on the needs of diverse and appropriate audiences.

services to meet the special needs of all of the following audiences.

1) Residents and their families and friends.

Long-term care facility residents are, as a group, a vulnerable population. Residents may have cognitive impairments. They may be unable to read. They may feel dependent upon and worried about jeopardizing the care given them by facility staff. They may be reluctant to rely on "government agents" for assistance. They may not know what sort of care residents *should* expect. Friends and family members may have similar fears and limitations. In addition, nursing home populations are not stable; new residents and families are constantly being introduced to long-term care facility life. All of these realities -- plus the fact that people for the most part do not pay attention to information until it becomes personally and immediately relevant -- dictate that Ombudsman programs' educational efforts aimed at residents and their families and friends must be ongoing and repetitive, and use multiple methods of communication. An educational effort that relies solely on posters, for instance, is not acceptable.

As described more fully in Guideline #3(4) above, educational efforts must also be made in ways that are appropriate and accessible to residents and family members who do not speak or read English or who have cultural beliefs or practices that may limit the effectiveness of commonly-used strategies. It is not enough for such residents to simply "access" the Ombudsman program; the program also needs to assure it can meet their advocacy and education needs once contact has been made.

2) Potential long-term care consumers.

A large percentage of the information requests Ombudsman programs receive is about long-term care options. Ombudsman programs need to be prepared to assist these potential consumers and their families through verbally-communicated information and written materials. Public education materials should be prepared or made available covering topics such as facilities within the Ombudsman program's jurisdiction; how to evaluate and choose a nursing home that will meet their needs; alternatives to nursing homes; payment options and requirements; and, of course, information on the Ombudsman program and residents' rights. Ombudsman programs should also have a clear policy on what information they will release on individual complaints against facilities. Ombudsman programs should also be prepared to refer potential consumers to other agencies that may be able to meet their needs for education and/or services. It also may be appropriate and effective to target educational presentations to groups that include potential long-term care consumers.

3) **Resident and family councils and citizens' organizations.**

Although another Guideline (Fostering and Working with Citizens Groups) covers this audience in more detail, it is important to remember that these groups are a key audience for educational services. They may need education on appropriate expectations for residents' care, how to advocate on behalf of good care (see also Guidelines 4(1) and (2), above), and how to participate in systemic advocacy efforts. Ongoing educational efforts with these groups can also enhance residents' access to the Ombudsman program, through word-of-mouth referrals. Finally, these groups sometimes are a good source of volunteers; Ombudsman programs with volunteer components should consider mentioning this fact whenever they communicate in person or in writing with these groups.

4) **The "aging network."**

The "aging network" -- the state unit on aging, area agencies on aging, all the programs they supervise or contract with, and related aging services organizations -- is a key audience Ombudsmen must address. These professionals are: primary referral sources; gatekeepers and information providers on services residents and family members need; aware of financial, in-kind, and material resources that can assist Ombudsman programs; and key players in systemic advocacy. They need to be kept abreast of the needs Ombudsman programs identify, and they need to be involved in systemic advocacy.

However, aging network professionals are overstressed as well. All educational services provided to them -- whether informal conversations or formal presentations -- need to be prepared with these professionals' needs in mind: what information does the Ombudsman program have that will assist these professionals in carrying out *their* duties? For instance, many aging network professionals are concerned about community-based long-term care. Effective Ombudsman educators will look for opportunities to link residents' needs and concerns with the needs and concerns of community-based care consumers. Opportunities to do systemic advocacy that will be beneficial to "clients" of both programs should also be identified and pursued. Ombudsmen should also be watchful for educational efforts sponsored by the aging network that can be expanded to include an Ombudsman program message.

5) **Facility staff.**

Like aging network professionals, facility staff are overstressed and probably primarily interested in information that will help them do their jobs more easily or more effectively. They also need to know about residents' rights and what the Ombudsman program does and how it can be accessed. Ombudsman informal and formal education strategies should therefore be couched, to the extent possible, in ways staff will recognize as personally helpful and useful. At the same time, the Ombudsman program's message -- about residents rights and empowerment -- must never be lost; Ombudsmen must be careful when meeting facilities' needs for in-service training to always keep residents' needs primary (see Guideline #1). Ombudsman programs should also remember that facility staff can sometimes be allies in systemic advocacy efforts, and provide education on the advocacy agenda as appropriate.

It is also worth reiterating that facility staff tend to have high turnover rates. Ombudsman educational efforts with this audience therefore need to be ongoing and repetitive, to ensure that as many staff members as possible know about the program and residents' rights.

6) **Regulators.**

Like aging network professionals, nursing home regulators are: primary referral sources; gatekeepers and information providers on services residents and family members need; and key players in systemic advocacy. Like other professionals, they are also overstressed and may be primarily interested in information that directly affects their work. Educational efforts with this audience should focus on the complementary but different role Ombudsman programs play, stressing the areas in which the Ombudsman can be helpful to the regulator. Regulators should also be considered as possible allies on some systemic advocacy efforts.

7) **Legislators, policy-makers, and other state officials.**

Obviously, when a specific systemic change needs to be made to meet residents' needs, the policy-makers involved need to be educated on those specific concerns and needs and the required policy change(s). However, as was mentioned earlier, educational efforts directed at policy-makers should be on-going, not limited to when the Ombudsman program "needs" the policy-maker. Routine communication with all policy-makers will help keep them aware of residents' needs and the Ombudsman program's work, and will provide a base of credibility and access that can be quickly built upon when the Ombudsman program's advocacy agenda does directly involve the policy-maker.

8) **Media.**

What reporters want is either *news* or a good feature story. Ombudsman programs need to have a policy in place for responding to media requests, including who can release what sorts of information (always protecting confidentiality, of course). Ombudsmen should also occasionally review residents and family members served, and consider approaching appropriate ones to ask if they would ever be willing to talk to reporters. Since reporters almost invariably want to highlight a "real case," Ombudsman programs that keep possible interviewees in mind are better able to help ensure a story that includes residents' perspectives and needs.

The media "audience" should also be considered for proactive educational efforts. By definition, the mass media reaches many more people at a given moment than an Ombudsman program can possibly reach one-on-one. Regular news releases can be sent to the media on nursing home or Ombudsman related topics. Ombudsmen can cultivate relationships with reporters who have a special interest in aging issues and offer them story leads or other assistance in effectively covering nursing home issues.

9) **The general public.**

The "general public" is seldom an audience worth expending a lot of educational

resources on. Instead, Ombudsmen programs should try to identify sub-groups within the "general public" who already have an interest in nursing home issues, or who can relatively easily be shown why they should have a personal interest in nursing home issues. Once these sub-groups are identified -- middle-aged workers with aged parents, for example -- it becomes easier to identify the most effective and cost-efficient methods of reaching that audience. Remember, people generally do not pay attention to or retain information unless it is immediately, personally relevant. That results in two somewhat contradictory mandates: general education efforts need to be repetitive and ongoing to reach people when they're ready, and such efforts should, because of their low effectiveness rates, not consume a lot of resources. An example of an effective resolution of this contradiction is an agreement a local California Ombudsman worked out with her local paper. They run a weekly notice about the "open office hours" she holds at a local senior center. Arranging this agreement didn't require a lot of Ombudsman time or resources, but it does increase both access and visibility for the Ombudsman program.

Guideline #6: The program utilizes a variety of educational methods.

The most effective education -- and certainly the most effective access mechanism for Ombudsmen -- is probably one-on-one, face-to-face conversations that directly respond to individuals' immediate needs. Of course, no Ombudsman program has enough staff -- paid or volunteer -- to hold multiple conversations with every nursing home resident, let alone all the family members and related professionals who are interested in residents' well-being. Nor is oral education always useful when someone later needs to review information such as the precise wording of residents' rights or the phone number of the state's licensing agency. In these cases, written reference materials are essential. At the same time, many residents do not or cannot read, and no individual educational strategy can reach everyone that may be interested precisely at the time they are most receptive. Therefore, effective Ombudsman programs must constantly utilize a variety of educational methods.

1) **Personal contacts.**

As discussed in Guideline #3(1) above, Ombudsman programs must have regular visitation programs to allow residents the opportunity to develop personal relationships and trust, and to improve residents' overall access to the Ombudsman program.

2) **Group trainings and presentations.**

Another effective use of personal appearances is group trainings or presentations. These mechanisms allow education about the Ombudsman program, residents' rights, and other issues to be imparted to many individuals at once. The audiences for such presentations can be residents; facility staff; family and friends of residents; associations, meetings, or conferences of aging network staff or other related professionals; policy-makers;

students; and community groups.

3) Informal in-person education.

As discussed in Guideline #3(3) above, educational strategies do not have to be formal. It is possible to increase awareness of and access to the Ombudsman program simply by staff and volunteers making a habit of including their Ombudsman program affiliation when they do self-introductions at business, professional, or social events.

4) Brochures and pamphlets.

All Ombudsman programs should have brochures or pamphlets listing residents' rights, the functions of Ombudsman programs, and how to make a complaint to or ask a question of Ombudsman staff. Development of written materials that answer other commonly-asked questions -- such as a listing of contact and other information on all nursing homes in the area; how to determine the best nursing home to meet individual needs; payment options for nursing home care; and community-based alternatives to nursing home care -- can also save both staff and potential consumers' time. Brochures may also be an effective way to train on issues such as alternatives to restraints and ways to recognize and prevent fraud within nursing homes. However, think carefully about investing in such limited-use written materials: do all the people you need to reach read English? Would an in-person training, perhaps in conjunction with written materials, be more effective?

Once brochures and other written materials are developed, Ombudsman staff and volunteers should constantly be alert to new opportunities to distribute them to their targeted audiences.

5) Posters.

As previously mentioned, all nursing homes are required to post information about residents' rights and how to reach the Ombudsman program. This mandate is an opportunity the Ombudsman program may wish to pursue, by developing camera-ready artwork for such a poster and making it available to nursing homes as a free service. Such Ombudsman-prepared posters would, of course, be highly readable.

6) Newsletters, fact sheets, reports, and other written materials.

Brochures and posters are "evergreens"; the information they contain should seldom change. Other formats may be more appropriate for time-sensitive or changing information, such as current year data on complaints, the current systemic advocacy agenda, new research results or pending legislation, etc. This information can be disseminated in any number of ways.

Programs that have the resources may want to consider producing a "newsletter" (which can be as simple as photocopies of a one-page sheet produced with a standard word processing system). Such newsletters are highly flexible. One local Virginia program uses them to: disseminate complaint data; recruit new volunteers; publicize its advocacy

agenda; highlight notable nursing home residents; educate about empowerment strategies; announce new staff, etc. The mailing list for such a newsletter can be as extensive or targeted as budget and priorities dictate.

The distribution list for mandated reports should be reviewed. Is the Ombudsman program getting the maximum access and education "bang" for the buck spent on preparing these reports? Should additional policy-makers or others routinely receive the reports? Would it be more effective to distribute a fact sheet or "Executive Summary" and offer to send the full report on request?

"Fact sheets," like newsletters, are highly flexible education tools. Practically any kind of information can be included in a fact sheet, and they do not need to be fancy or expensive to be effective. A handout prepared for a training, for instance, can be reformatted and retitled for a fact sheet, and distributed to far more audiences than those who could attend the training. Fact sheets can also be distributed cheaply in conjunction with other materials. A good use for a fact sheet might be how to contact policy-makers about a particular policy issue affecting residents.

7) **Mass media.**

Ombudsman programs that only respond to media requests and never initiate contact with print or broadcast journalists are missing an important educational opportunity and tool. Media releases should be sent to journalists whenever new staff are hired, new complaint statistics compiled, a new advocacy agenda announced, or new research results made available. Although not all of these releases will result directly in stories, they do serve to keep journalists aware of the existence of nursing home residents and issues and of the Ombudsman program, and may "pay off" down the road. Ombudsmen staff and volunteers should also be alert to opportunities to write letters to the editor or otherwise comment on stories or broadcasts that touch on residents' issues. Finally, Ombudsmen can identify and initiate contact with reporters who regularly cover aging issues, offering to help them with background materials or information, or even to supply them with suggestions for timely or interesting feature stories.

Ombudsmen staff should also be alert to local radio or television talk shows with articulate, sensitive hosts who may be interested in nursing home issues. Call the appropriate station and ask for the name of the show's *producer* (not the host) and either talk to or send materials (or both) to him or her, explaining how you think the Ombudsman program could help the show present nursing home issues in an interesting and appropriate way.

Reporters often want to interview an "actual victim." Although Ombudsman must always be aware of confidentiality and safety considerations, more residents and family members than you might think are willing to discuss their stories in public, as a public education service. Ombudsmen programs should periodically review residents and families they have assisted, and identify people who might be articulate, willing discussants of

residents' experiences. Helping reporters identify such individuals can help ensure that residents' perspectives and needs get included in the story.

Finally, Ombudsman programs should have a clear policy about what staff can release what information to the media. The mass media is a powerful tool that cuts both ways. All Ombudsman staff and volunteers should know precisely how they are expected to react if approached by a reporter.

8) Public service announcements (PSAs) and videos.

Radio PSAs are fairly easy to do. Oftentimes a script is all that's needed, although it's possible to use a volunteer or professional announcer and provide radio stations with a taped PSA. (For more information on radio PSAs, see the appropriate *Getting Out...the Word* listing in the Resources list). Television PSAs, at a minimum, require graphics and a professional announcer. They are therefore more expensive to produce. Videos similarly represent a significant investment in resources, even if those resources are "only" staff time used in recruiting advertising agencies, college broadcasting courses, or other experts to volunteer in-kind services. Nevertheless, PSAs and videos can be used over and over again and can be very effective at reaching large audiences. They should be considered as a possible education strategy.

9) Buttons, bus placards, magnets, and other media.

There are lots of ways to get the message out about the existence of the Ombudsman program. Programs have effectively used refrigerator magnets, bus placards, bookmarks distributed by the public library, and other innovative methods to keep the Ombudsman program's name and phone number circulating.

10) Technology.

As mentioned in Guideline #3 above, it is important for an Ombudsman program that covers a large area to have a toll-free number to improve residents' access. Ombudsman programs in areas where a high percentage of the population is "on-line" with computers may want to consider getting and advertising an electronic mail address and/or Web site.

11) Newspaper columns.

If the Ombudsman program has a staff member or volunteer who enjoys writing, it may be possible to get a local newspaper, a local seniors' paper, and/or the paper put out by the state unit on aging or the area agency on aging to include a regular column sponsored by the Ombudsman program. Such a column could include disguised (to protect confidentiality) complaints and how the Ombudsman program resolved the complaint, a question-and-answer segment open to readers' questions, news affecting nursing home residents, empowerment strategies, or any number of other topics. Ombudsman programs may also want to explore a partnership with other areas' Ombudsman programs whereby such columns are "traded," so that one month program X would write the copy that appeared in both communities' papers, and the next month program Y would produce the content.

12) **Directories.**

Most communities produce any number of resource directories aimed at different populations or simply produced by different government agencies and/or voluntary associations. Ombudsman staff and volunteers should always pick up such directories when they run across them and ensure that if the Ombudsman program is not currently listed, that the sponsor agrees to list it in the next edition.

13) **In-kind and piggy-backed publicity.**

Ombudsman staff and volunteers should be encouraged to be creative and alert to innovative public education methods and partners. If a given store has a high percentage of older customers, perhaps the owner would be willing to include the Ombudsman brochure or a fact sheet in every bag, or even print one side of the store's bags with information on the program. When there will be a community event aimed at elders or with a focus that will attract many older families, Ombudsman programs should consider requesting a table at which to hand out materials, or simply arrange to make written materials available. If local libraries, grocery stores, coffeehouses, or other outlets routinely give non-profits space to distribute materials, Ombudsman programs should make a point of ensuring their brochures are included.

All aging network-sponsored events and written materials should include references to the Ombudsman program, including its purpose and phone number. Similarly, partnerships should be sought with entities such as the local Bar Association, which may be willing to print and distribute brochures on residents' rights or other legal issues.

If an Ombudsman program has many eager volunteers, they may be willing to "staff" another organization's event in exchange for Ombudsman program publicity at that event. Or consider the reverse: perhaps a printer will donate printing of a brochure or other public document in exchange for explicit acknowledgement (i.e., advertising). Although some business support may represent a possible conflict of interest (for instance, if the donation is made by a nursing home chain), such arrangements with other businesses can benefit residents, the Ombudsman program, and the business.

Obviously, Ombudsman programs must always weigh the benefits of a given educational strategy against the resources required to pursue that strategy, but oftentimes such creative "in-kind" or "piggy-backed" publicity does meet bang-for-buck criteria.

Guideline #7: The State Ombudsman's management of the statewide program includes technical assistance, supervision, and training to support local programs' educational activities.

The State Ombudsman has several key roles to play in the development, execution, and supervision of local programs' educational services.

1) **Provide leadership in setting educational priorities for the statewide program.**
Educational efforts need to be made on both state and local levels. Simply setting and communicating the State Ombudsman's educational priorities encourages local Ombudsmen to either follow the state's priorities or develop a similar but more locally-targeted priority list.

2) **Assist in development or review of key educational policies.**
Experience has shown that several educational services' issues can be problematic. State Ombudsmen should therefore consider giving specific guidance to and/or helping local Ombudsman programs develop policies concerning:

- ☐ Who may release what information to reporters.
- ☐ What information about individual complaints and/or individual facilities' complaint records will be released publicly.
- ☐ Any other issues related to educational services that may be potentially problematic for that state, such as direct contact with legislators or possible conflicts of interest involving certain education partners or audiences.

Development and/or discussion of these policies will help ensure local Ombudsmen feel secure enough about what *not* to do that they may confidently pursue the other options.

State Ombudsmen may also want to assist local programs develop internal policies and systems concerning: tracking requests for information; prioritizing training/speaking requests; using volunteers as trainers or speakers; and other educational issues it might be useful for local programs to address.

3) **Provide training and technical assistance to ensure local Ombudsmen understand and carry out an effective educational services component.**

These Guidelines are intended to help State and local Ombudsmen understand the potential range and usefulness of educational services. Local Ombudsmen who are new or have not effectively focused on the educational services part of their duties may need specific training and/or technical assistance to ensure they understand and can implement such key points as always presenting a resident-centered and -focused message and prioritizing educational services based on the program's advocacy agenda. State Ombudsmen should also monitor local reports to ensure that educational activities do seem to follow these key guidelines, and that local Ombudsman programs that seem to be neglecting particular audiences or types of educational vehicles are given targeted advice and assistance.

4) **Develop or distribute materials that can be used or adapted by local programs.**
It is very wasteful for every local Ombudsman program to develop its own posters, brochures, guidelines on how to choose a nursing home, and other commonly-used materials. State Ombudsman programs can develop such materials to be used statewide,

provide prototypes that can be adapted as necessary by local programs, and/or circulate materials developed by one local program to other programs. State Ombudsmen are also well-placed to receive and review other states' materials to see if any are adaptable. State Ombudsmen can also distribute to local programs copies of public education materials they develop or use, for re-use by local Ombudsmen. If the State Ombudsman enjoys writing, he or she may wish to author a monthly column (see Guideline #6(11)) that local Ombudsmen can offer to local publications. State Ombudsmen can encourage local programs to share with one another the training and education materials they develop. State Ombudsmen should also watch for and forward to local programs any news or developments that local programs can use in trainings or as an "excuse" to contact reporters.

5) **Develop statewide or regional educational activities.**

The State office may be the appropriate lead for major public education efforts such as production of television PSAs, development of a comprehensive, multi-media campaign, and multidisciplinary conferences. The State Ombudsman can also encourage local programs to cross jurisdictional lines to produce trainings or undertake other joint educational projects.

Whenever the State Ombudsman is involved in state-level elder rights issues and projects or other multi-agency projects, he or she should be alert to educational materials, partnerships, and ideas that can be used or pursued by local Ombudsmen. The State Ombudsman should also continually search for sources of state-level support for education, including private funders that may respond better to a request from a state than a local agency.

6) **Provide specific assistance on meeting the needs of minority populations.**

One of the most difficult educational tasks local programs face -- and one that is often ignored because it typically affects only a small percentage of the residents the Ombudsman program is supposed to serve -- is effectively reaching and serving residents who do not speak or read English, or who have cultural beliefs that make "traditional" approaches less effective. Therefore, State Ombudsmen may want to be especially proactive in assisting local programs identify and share human and written resources that use other languages. The State Ombudsman may also want to provide in-service training on any sub-populations within the state that have cultural beliefs that may affect Ombudsman effectiveness. State Ombudsmen should also identify state-level resources -- such as the Refugee Bureau, statewide translator services, or lists of local organizations devoted to a particular cultural group -- that may be able to provide information or assistance on these topics to local Ombudsmen.

IV. Resources
(Annotated list)

APPENDIX B

2-1-1 --- The Emerging Access System for Community Services (NASUA, 2003)

2-1-1—THE EMERGING ACCESS SYSTEM FOR COMMUNITY SERVICES

➤ *What Is It? How Does It Work?*

On July 21, 2000 the Federal Communications Commission (FCC) designated 2-1-1 as the abbreviated dialing code for consumer access to community health and human services information. Citizens across the country have come to depend on "911" for accessing emergency police and fire services and "411" for directory assistance. Establishing "2-1-1" as the number for universal access to community services and resources was a logical next step.

The development of 2-1-1 provides an important opportunity for communities to develop a "*system*" to coordinate and streamline access to the full range of information resources, thus ensuring consumers get to the right source of assistance, while reducing their confusion, frustration, and stress. Consumers dialing 2-1-1 reach a "call center," operated by a community-based I&R/A. The call center I&R specialist identifies the problem or need, decides the most suitable I&R/A service for that individual, and then proceeds to either implement the normal I&R process or routes the consumer to the most appropriate specialty I&R (i.e., aging, child care resource and referral) or special purpose I&R (i.e., crisis hotline, mental health helpline, abuse line) for assistance. In addition, for those who want to contribute to the community through volunteerism, donations or civic participation, 211 facilitates involvement in the community.

➤ *What Is Happening Nationally?*

The FCC provided for a review of the extensiveness of the use of 2-1-1 at the end of five years, reserving the right to recall the number if it was not "adequately deployed." At the beginning of 2002 just 6% of Americans could access a 2-1-1 service. At the end of 2002, there were 57 operating 2-1-1 call centers in 20 states, serving 51 million people or 18% of the population. In addition to the pending threat of recall of this valuable social utility, the convergence of a number of activities and trends highlighted below has contributed to the momentum reflected in this growth.

There has been and continues to be an emphasis among government at the federal, state and local levels to enhance consumer access to programs and services while maximizing efficiency. Consequently, the public sector has taken a strong leadership role in many states—both in the design and planning, as well as in the financing of the system. The Centers for Medicare and Medicaid acknowledged that Medicaid funds could be utilized to support 2-1-1 as an access mechanism for low-income persons. Connecticut's statewide 2-1-1 system clearly demonstrated its effectiveness in providing support and assistance to the state's victims and their families in the aftermath of the terrorism attack in New York. Its success drew the attention of the U.S. Congress and contributed to the inclusion of 2-1-1 as an allowable cost under the *Public Health Security and Bioterrorism Act* signed into law in June, 2002.

Many state governments have made substantial commitment to 2-1-1. Some states have established statewide planning committees or task forces on 2-1-1 to ensure appropriate statewide planning and roll-out, including coverage of rural communities. In many areas, state government has been instrumental in financing 2-1-1 utilizing public funds from state general revenue, Federal Financial Participation, TANF, Social Service Block Grant, Maternal Child Health Block Grant, Mental Health and Substance Abuse, and Housing and Urban Development, to name a few. Some states are using 2-1-1 to fulfill federal or state legislative mandates, while other states are supporting 2-1-1 to fulfill administrative initiatives including E-government strategies.

Significant promotional and educational efforts have been underway for the last two years, as well. The Alliance of Information and Referral systems (AIRS) has established 2-1-1 Training Institutes to educate 2-1-1 providers at various levels of systems development. It has taken a strong leadership role in the use of telephony or Voice Over Internet Protocol (IP) technology. Importantly, AIRS also has the essential 2-1-1 quality assurance mechanisms in place—including operational standards, staff certification, and program accreditation. United Way of America has served as the on-going liaison to the FCC and focused on developing a national communications strategy including a 2-1-1 logo. The National 2-1-1 Coalition, comprised of many national associations whose members are involved in the provision of I&R/A, has addressed the development of internal policy statements on 2-1-1 for the respective organizations and educating the members about how to get involved at the state or local level in 2-1-1 planning and development. With a grant from the Annie E. Casey Foundation, NASUA has focused on involving the public sector in supporting the development of 2-1-1 systems at the federal, state, and local levels. NASUA also convened and hosted for the National 2-1-1 Coalition the first *Washington Briefing* to familiarize federal officials, Congressional staff and national associations with 2-1-1. The Administration on Aging, a member of the Coalition, has taken a leadership role in facilitating the interest of other operating agencies within the U.S. Department of Health and Human Services in 2-1-1 and, among other activities, has sponsored national teleconferences for the Regional Offices. And last but not least, the widespread distribution of the Brookings Institution and The Urban Institute research brief, *Calling 211: Enhancing the Washington Region's Safety Net After 9/11*, lent ever further visibility and credibility to the development of 2-1-1 systems.

2-1-1 systems have evolved a variety of relationships with aging information and referral/assistance services. In some locations the aging I&R/A is serving as the 2-1-1 call center, such as in Texas where nine of the state's twenty-five call centers are or will be operated by aging I&R/As. The most common model, however, is one in which there is a memorandum of understanding between the AAA and the 2-1-1 call center on how aging-related calls are to be handled. These arrangements vary—ranging from routing all aging calls to the AAA's I&R/A to the 2-1-1 call center handling general informational calls but routing the caller to the AAA for more in-depth assistance; some MOUs are very general while others are highly detailed; and some AAA contract with the 2-1-1 for evening and weekend coverage.

It is important that long-term care ombudsmen, as well as other aging network professionals, be aware of the status of 2-1-1 in communities across the state. The ombudsman needs to understand the local 2-1-1 implementation model and the relationship of the 2-1-1 call center to the AAA and its I&R/A services in the area. Ombudsmen may wish to work with the AAA to determine the most suitable referral protocol to the ombudsman program within the context of the overall system of interface with the 2-1-1 call center. Among others, considerations may include routine complaints versus emergency abuse situations and regular business hours versus evening and weekend coverage.

Since the goal of the national organizations involved in 2-1-1 development is to achieve 50% coverage of the population by 2005, the current momentum for establishment of 2-1-1 is expected to continue. It is, therefore, incumbent on ombudsman to collaborate with the State Units on Aging and/or the Area Agencies on Aging to ensure that the emerging 2-1-1 system effectively serves older persons and their families seeking to access the ombudsman program.

APPENDIX C

Long Term Care Ombudsman and I&R Programs: Teaming Up for Success

Virginia Dize

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LONG TERM CARE OMBUDSMAN AND I&R PROGRAMS: TEAMING UP FOR SUCCESS!

by Virginia Dize, Senior Program Associate

National Long Term Care Ombudsman Resource Center

You probably know that the Long Term Care Ombudsman (LTCO) Program investigates and resolves complaints about nursing homes and board and care. But did you know that Ombudsmen also provide information to older persons and their families when they're looking for long term care? Ombudsmen answer some of the same kinds of questions that come to *I&R/As*:

How can I find a "good" nursing home?

I'm looking for a facility that's more homelike than a nursing home. What's available in my community?

Is financial help available to pay for long term care?

How do I qualify for Medicaid?

Ombudsmen know a lot about long term care facilities. In addition to investigating complaints, Ombudsman volunteers make frequent visits to the homes in their jurisdiction to meet with residents. They can tell consumers whether there have been verified complaints against a particular home, and whether the licensing agency found any problems during their inspection. LTCOs usually have brochures or checklists which give consumers advice on what to look for when choosing a nursing home or another type of long term care facility. As a matter of fact, a recent article in *Consumer Reports*, August 1995 found Ombudsmen gave the "best advice" to those looking for nursing home care for an older relative.

What should *I&R/As* do to ensure that consumers who come to them for information about long term care get the best and most complete answer to their questions? Here are a few suggestions.

1. **Start a dialogue** with the Ombudsman. How does the LTCO handle consumer information requests? Make sure the LTCO knows about the *I&R/A*'s services.
2. **Publications.** Find out if the LTCO has brochures or checklists for consumers on choosing a nursing home or other long term care facility. Can the *I&R/A* get copies to give directly to consumers?
3. **Complaint information.** Find out what kind of information consumers can get from the LTCO about complaints made against particular long term care facilities.
4. **Referrals.** Decide when it is appropriate for the *I&R/A* to make a referral to the LTCO and when the Ombudsman should refer callers to the *I&R/A*. Agree on emergency procedures to handle situations in which abuse may be involved.

5. **Training.** Invite each other to training, especially on new issues such as assisted living, outcome measures, or information systems. Training also provides an opportunity for service updates on topics like residents' rights.

6. **Coalition building.** Join together in a coalition for elder rights to address a particular issue such as problems consumers have finding a nursing home that accepts Medicaid or the lack of alternatives to nursing home care in the community.

7. **Touch base** from time-to-time to make sure that both the LTCO and the I&R/A have up-to-date information about each other's resources.

APPENDIX D

Vision 2010:
Towards a Comprehensive Aging Information
Resource System for the 21st Century
(NASUA, 1998)

Vision 2010: Toward a Comprehensive Aging Information Resource System for the 21st Century

Introduction

Over the past twenty years, our society has witnessed a dramatic expansion in the scope and diversity of products, services, and technologies available to its citizens. This ever-growing market basket of options offers opportunity for selections responsive to the needs, interests, and preferences of individual consumers. Successful negotiation of this maze of choices, however, demands a more informed and empowered consumer.

Today, older Americans and their families face a complicated array of choices and decisions about their health care, income security, insurance, housing, financial management, and long term care. Changing benefits in public programs and an expansion of private sector services contribute to this confusing consumer climate. The following examples illustrate the circumstances confronting older adults and their families.

Health Care. Nowhere is the confusion more evident than in the area of health care. Older persons are increasingly faced with difficult choices in a number of areas, including employer insurance coverage, Medigap and other supplemental coverage, new options in Medicaid, and payment for prescription medications. Perhaps most notably, as the Medicare program progressively reshapes its benefits package, beneficiaries will need to weigh the value of traditional fee-for-service coverage against a bewildering array of new managed care options.

Economic Security. Evidence suggests that older Americans in the 21st century will have to become more involved in managing their retirement incomes and, consequently, will need sound advice.

Consumer fraud directed towards the elderly is a growing concern. The prospect for Social Security reform is likely, while at the same time, private and public pension plans are becoming more complex. In addition, many older persons will need or want to pursue options for continued employment.

Housing. For older adults, who share a universal desire to continue to live independently in their own homes, housing is another major concern. Accessing information about the broad array of housing options often requires multiple contacts. Subsidized housing can

be scarce. Those with greater means often struggle to understand the range of available independent, congregate, and supportive living options. Aggressive sales tactics in an increasingly competitive senior housing market leave many consumers overwhelmed.

Long Term Care. The prospect and high price tag of long term care concerns many older persons, especially those living on limited incomes. To help with the daily tasks of living, many older persons and their families need sound advice in evaluating the level of assistance required, options for receiving care in their home, community or institutional setting, and criteria for selecting quality care providers.

Assisted living is a burgeoning new option that is not as closely regulated as the nursing home industry. Older persons who can no longer live on their own, but are not frail enough to require a nursing home, need assistance and support in selecting appropriate care settings and services.

Whether planning for the future or actually confronting the imminent need for long term care, older consumers and their families need help in figuring out ways to finance and access care.

The Older Americans Act Information Network Today

The Older Americans Act (OAA) network is unique in its ability to educate and empower millions of older persons and their families. For over 35 years, it has worked hard to establish the substantial credibility it currently enjoys as a source of accurate, unbiased information and assistance. Since 1965, the aging network has developed a wide range of programs that provide information, counseling, education, and advocacy. Some of these include:

Information and Referral/Assistance. Often the first point of contact, the 2,500 state and local I&R/A services across the country screen consumers and caregivers and link them with available and suitable resources to meet their needs. Over 13 million direct calls for assistance are answered each year, with over 2 million additional older persons and family caregivers contacted through proactive outreach.

Eldercare Locator. This is a nation-wide toll-free directory service designed to link callers with the best source of information about programs, resources, and services in the community where the older person lives.

National Family Caregiver Support Program. Established under of the 2000 Amendments to the OAA, this program provides five categories of services to assist family members caring for older persons: information about services; assistance with accessing services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services on a limited basis.

State Health Insurance Information, Counseling, and Assistance. This program responds to an array of private and public health insurance concerns. Professional and

volunteer counselors are available by phone and at various community sites such as senior centers, Social Security offices, and hospitals. On a national scale, the value of this program is evident in the over 5 million older persons it has served across the country.

Case Management. Professional case managers — who conduct initial assessments, develop care plans, and coordinate and monitor services — provide individualized counseling and assistance to older persons and their families on a variety of topics. In FY 1998, the OAA alone was responsible for bringing over 2.8 million hours of case management services to nearly 385,000 frail older persons.

State Long Term Care Ombudsman. Operated by State Agencies on Aging, this program investigates and resolves complaints related to residents of long term care facilities, educates residents and their families about rights and benefits, provides consultation to individuals, (most often about financing and selecting among long term care alternatives), and advocates for improvements in the care system.

Legal Services. This program offers education, advice, counseling, and legal intervention on a broad range of issues, such as public benefits, health care, financial exploitation, landlord-tenant problems, advance medical directives, and guardianship. It provides over 1 million hours of legal counseling and assistance each year. State legal hotlines add to these numbers.

Elder Abuse & Adult Protective Services.

Designed to educate communities on how to recognize and report abuse, neglect, and exploitation, these programs provide public education, training, toll-free reporting numbers, and skilled professionals who investigate, assess risk, and develop service plans for abused older adults and potential victims.

Nutrition Program. Providing nutritious meals, socialization, and health-related education and counseling, this program offers both congregate and home-delivered meals. The congregate program serves over 2 million older persons each year; and the home-delivered program serves another 1 million. Because these programs are in regular, often daily, contact with older persons, they are frequently the first place participants turn for assistance.

Senior Centers. The 6,000 + senior centers across the nation are often a community focal point for activities for older adults, offering educational programs covering a wide range of issues and linking older persons to other resources. As a result of regular contact, older persons often turn to the senior center for advice.

Pension Counseling Projects. These projects educate older workers and retirees about pension essentials and rights, help resolve pension problems and disputes, and link older persons to benefits and services for which they qualify.

Future Trends and Their Implications

We can identify today with a fair degree of reliability many significant characteristics of the environment in which tomorrow's consumer information and assistance programs will operate. Some key elements of this environment are explained below.

- **An escalating population of elders.**
From 35.3 million in 2000, the number will grow to 40 million in 2010 and to 53.3 million in 2020. These sheer numbers alone will severely strain and perhaps overload the capacity of current aging information programs. Assuming an increase in I&R/A contacts proportionate to population growth, by 2020 information and assistance calls could nearly double to 20 million requests each year.
- **A rise in the overall level of education of the elderly, yet many elders remain under-schooled.**
In 1994, 45% of Americans between the ages of 65 and 74, and 35% of those 75 and older, had at least one year of college education. Yet, almost five percent of the elderly had less than 5 years of schooling. While consumer information and assistance programs will need to be prepared to serve better educated consumers seeking more sophisticated information, they cannot overlook the importance of services and outreach to the less educated.
- **A more ethnically and culturally diverse population of older Americans.**
By 2020, approximately 22% of all elderly will belong to a minority group, up from 14% in 1990. Consumer information programs will not be able to ignore this demographic shift in the ethnic and racial composition of older Americans. Among other things, outreach strategies will have to be adapted to appeal to this diverse population. The number of elderly who have difficulty speaking English is likely to increase as younger immigrants continue to bring their elderly parents to this country and as immigrants already here continue to age. The multilingual capabilities and cultural sensitivities of many consumer information programs will have to be enhanced.
- **Increasing improvements in and expanded utilization of technology.**
Computerization of work functions will continue to grow, and the prevalence and use of personal computers at home will increase. To provide the most effective and efficient service, consumer information programs will need to improve their technological capabilities. They will also want to capitalize on the ability of the Internet to economically serve seniors and their families.
- **Stagnant growth of fiscal resources.**
The stagnation of fiscal resources for social services is illustrated by the funding of Title III of the Older Americans Act. The relative value of funding for Title III declined by slightly more than 50% between 1973 and 1995. To do more with less, consumer information programs will be forced to take advantage of the efficiencies of

technology. Limited funds from public sources may also stimulate them to seek partnerships with the private sector.

➤ **A greater diversity of choices and decisions facing seniors.**

Medicare and other government benefit programs will continue to undergo modifications. In response to new ideas and opportunities to fill in gaps left by government, the private sector will continue to develop new services. The development of assisted living is a case in point. This increased diversity of choices will place an even greater decision-making burden on seniors and their families and make the consumer information programs all the more needed.

Policy and Program Challenges

The increasingly complex environment—

for both consumers and information and assistance programs—suggests that the aging network faces a variety of challenges in successfully meeting the needs of the increasing numbers and diversity of the older population and their caregivers in the 21st century.

➤ **TECHNOLOGY**

An aging information resource system's ability to transform the large body of available information into knowledge inevitably relies on the use of computer databases and Internet technology.

Current trends suggest that the technological capacities of State and Area Agency on Aging information services are at widely different stages. Some states are well along in the development of computer systems that integrate client tracking, case management, I&R/A, and record-keeping functions or that link I&R programs and databases. Information programs in other places lag behind.

A major obstacle to disseminating information and new knowledge at any scale is the failure to adopt a common taxonomy of human services. Although the AIRS/Infoline Taxonomy of Human Services has been widely endorsed and promoted, its implementation is far from universal.

On-line services are a cost-effective way to convey basic consumer information to large numbers of people, especially long distance caregivers. Greater reliance on this mode of transmitting information will help free 21st century information providers to give attention to higher level assistance, such as counseling.

The Administration on Aging and most State Units on Aging have World Wide Web sites, and a growing number of the Area Agencies on Aging have gone on-line as well. The usefulness of the Web sites varies, but progress is being made in becoming more consumer friendly and rich in content.

Sophisticated information technology needed to facilitate one-stop shopping for consumers is readily available. Navigating through the landscape of sources of information requires considerable consumer knowledge. The Administration on Aging has taken the first step in facilitating consumer access by developing lists of Web sites for various aging topics with direct links to the sites, as well as making the Eldercare Locator

database available on-line. The challenge facing aging information and assistance programs is determining how to take full advantage of the technology.

➤ **FINANCIAL RESOURCES**

Financial investments in aging information resource systems have not kept pace with increasing knowledge. With the Internet's emergence as an information superhighway and the enormous growth in the older population, the demand for information is rising. In FY 1998, about \$79 million was spent on the I&R/A program — the point of consumer contact in the OAA network which has the most extensive reach.

Insufficient resources impede the goal of proactively meeting consumer needs for information. Twenty-first century aging information resource systems must have adequate funding to meet the new consumer demands that will be imposed.

➤ **HUMAN CAPITAL**

The effectiveness of an information resource system depends in large measure on an adequate level of staffing and on the capacities of both paid and volunteer staff. To empower consumers, as well as to serve as effective advocates, personnel must have advanced communication skills, technological expertise, and the ability to integrate and customize resource information.

Sufficient numbers and skill levels of personnel will be influenced by the degree of investment of financial resources in training and development, as well as by the increased professionalism of the information and assistance field. While the practice of certifying personnel and accrediting programs is in the early stages of acceptance, there are indications that these are effective methods for enhancing the capacity of the workforce and improving the quality of service.

➤ **DIVERSITY**

Mirroring the general population, the cultural and ethnic diversity of the 21st century's older population will be greater than ever before. By 2020, approximately 22 percent of all older persons will belong to a minority group, with Hispanics constituting the largest segment.

More than one million older adults currently report that they have difficulty with English, and this number is expected to continue to increase. In spite of the rise in the overall educational attainment of the older population, a small but significant portion lacks essential literacy skills. Special efforts will be needed to ensure access to emerging technologies and to educate consumers on how to use them to overcome social and geographic isolation.

The challenge in the foreseeable future is to discover and fully understand the diversity of needs of older persons and their families and then to ensure that those needs are met in a culturally competent and sensitive fashion.

➤ QUALITY

Enhancing the quality of information and assistance services requires a better understanding of what makes information appropriate and useful to older consumers and their families.

Public health disciplines have extensively studied patient education; however, with the exception of a few studies on the role of information in consumer selection of managed care, little applied research exists on consumer education principles and approaches for reaching older persons and their families. At the same time, research and the development of outcome measures for consumer education and empowerment remains to be done.

Recently, the Administration on Aging-funded National I&R Support Center adopted the Standards developed by the Alliance for Information and Referral Systems—the professional association for I&R personnel. The standards are intended to serve as a benchmark and guide against which aging I&R/As can assess the quality of their service. A few states have also established their own standards.

Enhancing the quality and fullness of information services in the 21st century will require re-examination of existing standards and modification in terms of appropriateness and applicability to both specific information programs and the comprehensive information resource system.

➤ PARTNERSHIPS

Public and private sector collaborations and partnerships can prove an effective way to partially compensate for continued level funding from the OAA and can enrich the content and capacity of an aging information resource system.

Aging network agencies have a long history of building partnerships with other public entities, private non-profits, and the business community. Applying this partnership expertise towards the full realization of an information resource system for the 21st century will be critical to success. Further, developing partnership guidelines that ensure open and equitable access for all older persons to the information resource system is essential.

➤ KNOWLEDGE BUILDING

Information and assistance services collect significant amounts of information about the needs, interests, priorities, and emerging problems of older persons and their families — information potentially useful to the broader aging network, as well as policymakers.

However, only a few State and Area Agencies on Aging currently have fully integrated the information available through all information and assistance programs.

The challenge and opportunity will be to effectively harness the capacity of the entire information resource system to generate data and information useful for planning, improving aging services, anticipating future problems, and training front line personnel. Information and assistance programs are well positioned to share best practice models and generate new knowledge valuable to professionals and policymakers.

The Vision

A fully integrated system linking the extraordinary breadth of consumer information available today is vital to empowering older Americans.

To ensure that consumers have access to all the information needed to make informed decisions, the Older Americans Act information system of the 21st century will have to re-conceptualize those information and assistance models that have driven them in the past.

Knowledge is accelerating at a remarkably fast pace. If we are truly going to encourage consumers to act more effectively in their own behalf, information resource systems will need to find ways to better harness and share the collective knowledge base that we have.

NASUA envisions that the Older Americans Act information and resource system will be easily and universally accessible, the best and most comprehensive source of information for older Americans, their families, and the public. This will be achieved by:

- ◆ **LEADERSHIP**—With the Older Americans Act network at the national, state and local levels taking a proactive role in responding to increases in demand for information and related services
- ◆ **COMPREHENSIVENESS**—So that the aging information resource system becomes, in essence, a one-stop shopping source for consumers.
- ◆ **RESPONSIVENESS**—To better serve the diverse population of older consumers and their families by attending to the wide range of special needs and interests they represent
- ◆ **INTEGRATION**—Establishing linkages with programs in aging, health and educational institutions, state and community service agencies, the federal government, and business to promote seamless information delivery
- ◆ **ADEQUATE FUNDING**—With increases commensurate to increasing needs and demands for services by a growing number of older persons and their families

- ◆ **SKILLED PERSONNEL**—Sufficient in number, to meet the anticipated number of requests for information and to provide counseling, decision-support, and advocacy assistance appropriate for empowering consumers
- ◆ **TECHNOLOGY**—To maximize communication and reach greater numbers of user audiences cost-effectively
- ◆ **MARKETING**—To ensure that older persons and their families across America have an understanding of and access to the information resource system

A Call-to-Action

NASUA calls upon the Aging Network to:

- ▶ Assume a strong leadership role in promoting the current Older Americans Act information and assistance programs as the essential foundation upon which to build a comprehensive and coordinated aging resource system to address the needs of older consumers and their family caregivers in the next century.
- ▶ Develop consensus among key national, state and local stakeholders on the vision for a national aging information resource system.
- ▶ Promote the vision with the full range of public and private organizations using the wide range of outreach and media resources available to the aging network.
- ▶ Advocate for legislative and/or regulatory policies that facilitate the development of the envisioned system.
- ▶ Establish as a state and local priority the development of such a system with the goal of achieving one-stop shopping for older consumers and their families.
- ▶ Develop multi-year strategic plans, including the identification of key design options, operational features, and transition issues for implementing such a system.
- ▶ Secure new resources and re-align existing funding to achieve a comprehensive and coordinated system.

- ▶ Enhance capabilities of aging information programs to meet the needs of racially, culturally, ethnically, and geographically diverse groups of older consumers and their families.
- ▶ Take full advantage of available technologies to maximize both information systems management and consumer access to information resources.
- ▶ Ensure an adequate complement of staff with the necessary general and specialized expertise and promote their continued development through regular and progressive levels of training.

The approach each state will take to achieve a comprehensive and coordinated system for consumer-centered information, education and assistance will vary according to its needs, current structures, and prevailing customs. NASUA recognizes the complexity of this undertaking and the need for partnerships among a wide and diverse group of agencies and organizations to advance the development of information resource systems. NASUA commits itself to this important partnership in meeting the challenges in developing national, state, and community strategies to address the information, education, counseling and assistance needs of older persons and their families in the 21st century.