

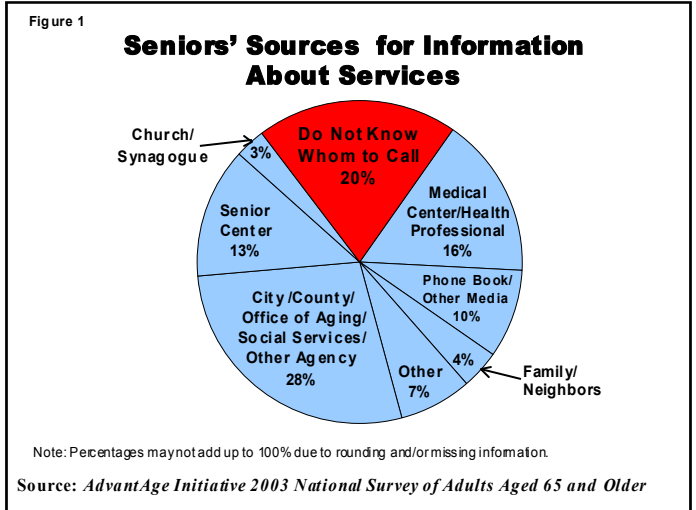
The Great Information Divide: Where Do Older Adults Turn for Help?

FACT SHEET

March 2004

Finding appropriate supportive services when they are needed is a critical issue for older adults. The *AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older* finds, however, that one of five (20%), or more than 6.6 million adults aged 65 and older in the U.S., do not know whom to call for information about services (Figure 1),¹ and that older people most likely to need or use services – for example, those with activity limitations or poor health – are the least likely to know where to turn.

Meals on wheels, home health care, special transportation, and other services enable many older people – particularly those who are isolated or frail – to continue living independently in their own homes and avoid costly assisted living facilities or nursing homes. Not knowing where to find information about such services may cause needless suffering and delay in obtaining help. It can also lead to inappropriate emergency calls or expensive hospitalization.

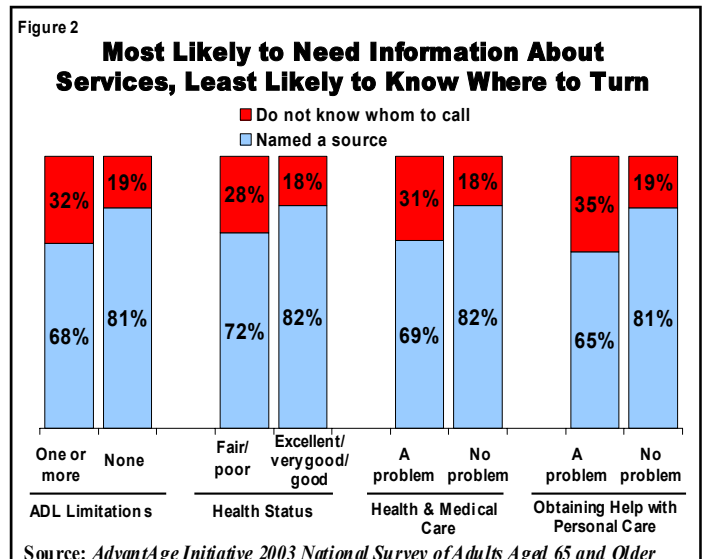


In an elder-friendly community, *all* older people, including those most “at risk,” know where to turn for information about services available in their community. Communities need to develop strategies to target less educated, low income, and minority elders, as well as those in poor health, with information about the availability of services and resources, in formats that are easy to read and comprehend.

THE GREAT INFORMATION DIVIDE

The people most likely to need or use services are the ones least likely to know where to turn for information about such services (Figure 2).

- One third (32%) of elders with one or more activities of daily living limitations (ADLs)² do not know how to get information about services, compared to only one of five (19%) seniors with no activity limitations.
- Nearly three of ten (28%) elders in fair or poor health do not know whom to call, compared with fewer than one of five (18%) older people in excellent, very good, or good health.

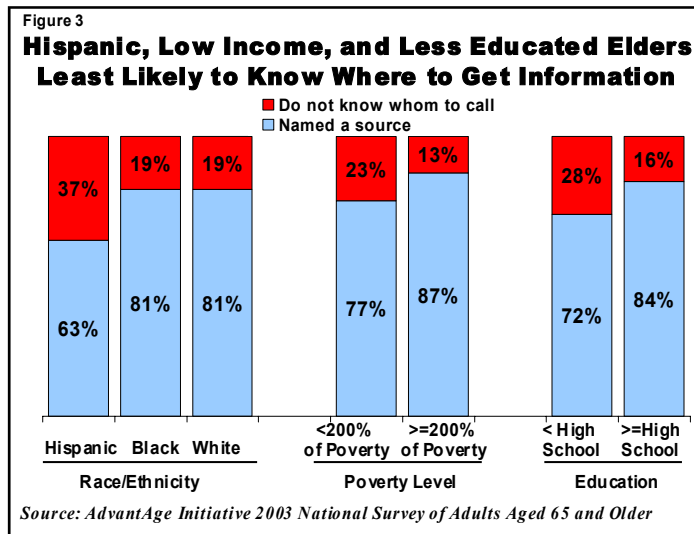


¹The survey asked, “What is the best resource for information about the availability of the following services: Senior center, meals on wheels, visiting nurse, special transportation, hospice, congregate meals, home health aide, homemaker service, home repair service, and respite?”

²People were asked whether they need assistance with following activities of daily living (ADLs) – taking a bath or shower, dressing, eating, getting in/out of bed/chair, using/getting to a toilet.



- More than three of ten (31%) seniors who say that *health and medical care* are “a problem”³ for them do not know whom to call, compared to fewer than one of five (18%) elderly for whom *health and medical care* are “not a problem” (Figure 2).



- Over one third (35%) of those who say that *obtaining help with personal care* is “a problem”⁴ do not know whom to call compared to one of five (19%) elders for whom *obtaining help with personal care* is “not a problem” (Figure 2).
- More than one third (37%) of Hispanic⁵ elders do not know whom to call for information as opposed to only one of five (19%) white or black elders (Figure 3).
- Similarly, low income⁶ and less educated seniors, who generally have higher rates of poor health and disability, are significantly more likely than their counterparts to say they do not know whom to call about services (Figure 3).
- Additionally, older people living in the Southern U.S. (25%) are notably more likely than those in the Northeast (17%), Midwest (19%), and West (16%) to say that they do not know the best source of information about services (not shown).

The AdvantAge Initiative 2003 National Survey of Adults Aged 65 and Older, a random digit dial (RDD) telephone survey conducted by International Communications Research (ICR) from April 16, 2003, to June 22, 2003, consisted of 30 to 35 minute telephone interviews in English and Spanish with a nationally representative sample of non-institutionalized adults age 65 years and older. The study oversampled non-institutionalized African Americans and Latinos aged 65 and older, and adults aged 85 and older. The final data were weighted to the parameters of the adult population aged 65 and older using the U.S. Census Bureau’s March 2002 Current Population Survey (CPS) to produce representative results for the 33,575,435 non-institutionalized adults aged 65 and older in the 48 contiguous states in the United States.

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For additional information contact the AdvantAge Initiative at: advantageinitiative@vnsny.org

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³Survey participants were read a list of areas that might be problems for some people and were asked whether each poses a “very important problem,” “somewhat of a problem,” or “no problem” for them. Responses of “very important problem” and “somewhat of a problem” were combined to indicate a “problem.”

⁴Ibid.

⁵The survey sample was categorized into four mutually exclusive race categories: White non-Hispanic, Black non-Hispanic, Hispanic, and Other. The category “Other” includes American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, Mixed race, and Some other race. Due to the small number of respondents in the category “Other,” separate analysis for this category is not performed. In all analyses, White means “White non-Hispanic,” Black means “Black non-Hispanic.”

⁶A federal poverty measure based on poverty guidelines issued each year in the Federal Register by the U.S. Department of Health and Human Services. According to the 2002 guidelines, a person in a one-person household was considered below 200% of poverty if his/her annual income was below \$17,720. In the survey, 36% of seniors were classified as below 200 percent of poverty, 37% at 200 percent of poverty or above, and 27% in the category “poverty unknown” due to incomplete information on income.

The Center for Home Care Policy and Research is an independent research center within the Visiting Nurse Service of New York and the only provider-based research organization in the nation focusing on home health care policy. Its mission is to promote the delivery of high quality, cost-effective care in the home and community, and support informed decision making by policy makers, managers, practitioners, and consumers of home and community based services.

