

## **Information and Assistance**

***Where We Are...Where We Can and Should Be***

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## **JUST WHEN YOU THOUGHT YOU KNEW IT ALL**

In the highly acclaimed book, *Ishmael*, a story was told about the creation of man and how most of us believe that once man "appeared," the evolutionary cycle was complete. The top had been reached...there could be no more improvements. However, the author noted that if we had interviewed a jellyfish 500 hundred million years ago, before man appeared, no doubt the jellyfish would have claimed that it was the ultimate end - the pinnacle of creation had been achieved.

The point of the story, of course, is that we often think we have reached the top—we can do no better. We have set our standards high and we have reached or exceeded these standards. Unfortunately, however, our high standards are confined by our vision and we stop thinking creatively. We put a "roof" on our ideas and we are unable to see the sky, the clouds, the stars....

So with these lofty thoughts in mind, let us begin with our third topic of review relative to the new National Caregiver Support Program, that of information and assistance. How have we come to define "information and assistance" ...how should we adapt information and assistance (I&A) to better serve the caregiver...what do we believe is "good" I&A...in other words, the pinnacle of I&A ... and then let us explore what I&A could and should become if we continue with its "creation."

As we all know, "information for caregivers" and "assistance with access" are two key components of the National Caregiver Support Program and the aging network is charged with the responsibility of building a service system that incorporates these two components. The Administration on Aging has made it clear that the result of the National Caregiver Support Program must be more than a patchwork of caregiver services across states. Instead, the result must be a unified system that crosses communities and hopefully, some day, crosses state boundaries. It must be a system that recognizes the diversities of the "caregiver" and the complexities of "caregiving." And it must be a system that begins with providing caregivers the information they need, wherever they are along the journey. Our universal tag line should be, "You have called or 'connected to' the right place...how can we help?"

## **A BRIEF LOOK BACK**

For years, I&A for older adults, their families and the public at large was considered more of an informal service. Those working in the field of aging often assigned a secretary or a volunteer to develop a list of services in the community but often the lists were limited to those services paid for by the Older Americans Act along with a few nursing homes or retirement facilities. When the Older Americans Act was reauthorized in 1978, new emphasis was placed on the importance of I&A. However, states, Area Agencies on Aging, and direct service providers still struggled with the concept. Questions were often raised on whether I&A lists should even include information about services provided by "for-profit" agencies. Money was scarce and there were so many other demands for "direct services" that the development of I&A was severely limited.

Then, in the mid 1980s, Work Family Inc, a corporate service company out of Boston, began redefining I&A. They started with child care and set up a child care referral service across the country for employees of participating corporations. IBM was one of the first to recognize the

caregiving role of their employees but initially the caregiving concept was confined to parents of children needing child care. The next step was recognizing the caregiving role of employees as adult children caring for their parents or other relatives. They wanted a nationwide eldercare information, "consultation" and referral service for their employees. IBM and other interested corporations turned to Work Family to develop such a system.

Since the Aging Network had not yet embraced the concept of I&A, Work Family contracted with a variety of different agencies across the country, and, where there were no I&A service agencies, they helped to create one. Fortunately, Work Family had a well thought-out design with high, uniform standards for quality and they began working with the Aging Network, where possible, to create an elder care I&A system. They purchased computers and developed software to assist in the collection and organization of that information. They emphasized the importance of giving a minimum of 3 to 5 referrals so families had options. They required follow up on every call to determine satisfaction. They required the employee or "caregiver" to seek needed information rather than the "end user" so as to ensure family involvement. They developed tip sheets, check lists, and public benefit information that could be included with the referrals. With this type of information and a selection of providers, families could better make an informed choice. They developed protocols, they trained staff, and they taught many of us the importance of "serving the customer," a customer who was invariably the caregiver of an older adult.

For those of us who were fortunate enough to have been involved in this process, we came to better understand the need and the value of information and assistance. We began to understand that I&A must be far more than a yellow pages...it needed to include consultation and the exchange of general information as well. If the caregiver did not know the questions to ask us, we learned better how to listen and respond. We began seeing I&A as a separate and distinct service and a way to reach the general public, far beyond those who were seeking services funded by the public sector.

There might very well have been the same kind of eldercare I&A standard setting happening at the national level but in our small, confined world in Atlanta, Georgia in the mid 1980s, this was our first exposure as an Area Agency on Aging to what I&A could and should be. And we basically began at this point, building step by step, an aging information and assistance system.

In 1992, amendments to the Older Americans Act again placed emphasis on I&A. However, I&A still lagged behind the development and enhancement of other, more direct, services. The Alliance of Information and Referral Specialists (AIRS), Info Line of Los Angeles, the National Association of State Units through the National Information and Referral Center and the National Association of Area Agencies on Aging through the Eldercare Locator were beacons of light but the concept of what I&A could and should be was far from being embraced by the Aging Network. United Ways across the country also contributed to the effort by establishing "Help Lines" and publishing directories of service providers, yet the development of I&A for older adults and their families or caregivers was very basic at best.

## SO WHERE DO WE BEGIN

And now, finally with the passage of the National Family Caregiver Support Program and its focus on information and assistance, the Aging Network as a whole seems to be more committed to making I&A a viable service. This paper will take advantage of this new interest and focus on what it means and what it takes to build an aging information system at the local level and then move to a discussion on building a system statewide. Granted, we are at the “jellyfish stage” but the Aging Network now has resources to move ahead.

Let’s begin with reviewing the original definition of I&A as it appeared in the Older Americans Act. The Act states that I&A or I&R is a service for older adults that (1) provides individuals with current information on opportunities and services available in their communities including information on assistive technology; (2) assesses the problems and capacities of the individuals; (3) links the individuals to the opportunities and services available; and, to the extent possible, (4) ensures that individuals receive the services they need and that they are aware of the opportunities available determined by adequate follow up. This certainly is a good foundation from which to build.

In Atlanta, the Atlanta Regional Commission (ARC)-- the Area Agency on Aging for the 10 county Atlanta metro area-- began the process of developing an I&A system in the early 1980s. First we decided to manage the system at the regional AAA level and create I&A as an inter-related component in each of the ten counties in the region. Next, ARC convened a steering committee that guided us through the initial development. The committee also helped to formulate a vision that was in keeping with our public mandates. In this time of rapid change, the vision, as expected, has been revised many times but the basic goal for I&A and all other services has remained the same, that of helping older adults remain in the community for as long as possible to enjoy a high quality of life.

As we developed I&A many decisions were made along the way, some good and some not so good. First, throughout the process, we have had to maintain an inventory of our internal resources. What are the costs, what funding sources are available, are there other potential revenue sources that we have not explored, what are the staffing requirements, how does the agency structure help or hinder the ongoing development?

Next, we have continually analyzed our geographic area. How does the health and human service infrastructure effect the implementation or expansion of the service? What are the political considerations? How should the business community be involved? How should special needs populations be included. How should the demographics influence development and expansion?

As we designed the system, we had to identify the potential users and we had to name it. In Atlanta, the name selected was “*Aging Connection*” and we are currently in the process of developing an additional statewide tag line that will speak to caregivers. We also had to decide what information to collect from callers and what to do with this information once it was collected. We had to develop a follow-up system to measure client satisfaction. And probably most importantly, we had to develop a provider database along with a special aging and long-term care taxonomy so that we could keep the information organized. This included establishing policies and procedures with inclusion and exclusion criteria. Currently, the database contains over 40

categories and 150 services and includes traditional services and some not so traditional. For example, in addition to the more traditional services, we open categories and collect information based on caller and users request such as “what veterinarians pick up pets,” or “what beauty shops send hairdressers to the home.” This database, named “*CONNECT*” has become the foundation of the entire aging and long term care information system.

ARC selected Elderly Services Program (ESP) software developed by CyberPath Inc. for this information system. The software manages both provider and client information and has allowed ARC the opportunity to customize and modify the software to meet the needs of its information system.

As the provider database grew, the business community, including hospitals, managed care companies, retirement facilities and community organizations, became interested and saw that the use of an extensive service provider database would be a way to better meet the needs of their older customers and the families of these older customers. In response to this interest, ARC created *Aging Connection Plus*. Business and community organizations are now able to subscribe to a fully automated, comprehensive, constantly updated “*CONNECT*” database of over 4,000 providers and 8,000 services and they pay an annual fee of \$5,000 to \$10,000 per year. This public-private partnership of over 40 subscribers has enabled the continued expansion of the database and enhanced I&A for both the general public and the business community. At the same, ARC made the ESP software and *Aging Connection Plus* information available for AAAs outside the State of Georgia.

Currently, ARC uses the “*CONNECT*” database to not only support *Aging Connection* and *Aging Connection Plus*, the two I&A programs, but also the Community Care Services Program and the SOURCE Program (two of Georgia’s Medicaid Waiver Programs); the Health Insurance Counseling Program; the Corporate Eldercare Program; the Aging Information Network, a training component for service providers; and most recently a Senior Employment Referral Program. The combination of these programs generates over 5,000 calls per month across the region, many of which are caregivers.

Further, additional software has been developed which interfaces with the ESP software. It allows for client screening that measures need through ADLs and IADLs, a client assessment instrument and care plan which links back to the provider database, and a brief caregiver assessment tool.

## **RECENT MILESTONES RELATIVE TO THE NATIONAL CAREGIVER SUPPORT PROGRAM**

So what have we learned in the long process of developing such a system and what have been some of the more important milestones that are particularly related to National Caregiver Support Program. Probably one of the most significant strides forward was when all of the Area Agencies on Aging across Georgia and the State Division of Aging agreed several years ago to work together and have one uniform I&A system. AAAs in other states such as Alabama, Iowa, and Illinois have also followed the same course of working together to develop one unified provider database. This, of course, is particularly beneficial for caregivers who must cross

geographic boundaries to access services. How frustrating for a caregiver to have limited access to service information because of geographic boundaries meaningful only to the aging network.

Another major milestone in the development of this I&A system has been the ongoing training and soon-to-be AIRS certification of I&A Specialists in Georgia. The training focuses, in part, on the need to explore the unique needs of the caregiver in addition to the needs of the older adult. For example, if a caregiver calls and asks for information about adult day care for a parent or spouse, the I&A specialist, through a structured interview, can explore the situation further and ask the caregiver. “Do you provide most of the personal care such as bathing?” If the caregiver answers yes, then the I&A specialist can share information about assistive devices which might help in bathing or the I&A specialist can explore support group or counseling services etc. As a result, the caregiver can not only access needed information about services for a parent or spouse but can also receive information that could be critical in helping to maintain the caregiver role.

A third major milestone has been the creation of a web site, *agingatlanta.com* that is linked to the *Connect* database. Caregivers can begin their search for information and services through the Internet and correspond with staff using email.

A fourth milestone has been the development of an ongoing collaborative effort with community organizations to further enhance the I&A system. Partners such as the Greater Georgia Alzheimer’s Association, Jewish Family and Career Services, and United Way 211, have all helped to strengthen the system. In fact, the United Way 211 is currently transferring most aging related calls such as those from caregivers to the Aging Connection, Monday through Friday. ARC, in turn, intends to contract with the United Way 211 to handle aging related calls in the evening, weekends and holidays.

## **WHERE DO WE GO FROM HERE**

So where does the Aging Network go from here. We cannot become complacent thinking that our I&A system has reached its ultimate development. Understanding that the Aging Network has I&A systems in varying stages of development, the following nine recommendations relate to how these systems can be adapted to better meet the needs of caregivers

**One** ...Of utmost importance is the recognition that caregivers are customers in their own right and that they have needs separate and apart from the older adult. As Marcia Schnedler, a syndicated columnist noted in a recent article, a caregiver needs help for the older adult and respite for themselves. We are so attuned to assessing the needs of the older adult that we often fail to recognize and assess the needs of the caregiver. Part of the dilemma, of course, is that caregivers themselves have not recognized their own role and their own needs.

**Two** ...Therefore, I&A systems should consider adding a caregiver assessment instrument to determine caregiver need in addition to the more traditional instruments used to determine the needs of the older adults such as assessing unmet ADL and IADL needs. In Georgia, the I&A systems captures caregiver information through a structured interview used during the screening process. Questions asked include: Who is the primary caregiver? Are they physically or emotionally overburdened? Are they able to provide care, and if able, are they willing? Further, are they able and willing to increase their caregiving responsibilities as necessary? And finally, to

what extent are the caregivers needs being met? Without such a structured interview, the needs of the caregiver could easily go undetected. However, we are still just capturing basic information and are exploring other instruments such as the one used by the Greater Georgia Alzheimer's Association to measure caregiver stress in administering a caregiver voucher program.

**Three ...**I&A systems should also reexamine what they normally include in mail outs and add items such "Caregiving Tip Sheets" and/or copies of articles affirming the role of the caregiver. Cover letters distributed with mail outs could also be adapted to recognize the role of the caregiver.

**Four ...**Further, I&A systems should consider adding a staff position to primarily provide caregiving consultation to help the caregiver explore solutions. For example caregiving consultation could include a discussion on day-to-day management of behaviors, or management of schedules, and/or management of medications. In Atlanta, a new caregiving consultation position is being added to the I&A staff and will be filled by an R.N. with clinical experience because of the many health issues surrounding caregiving. However, a medical social worker or someone with related skills and experience could also be effective.

**Five ...**We must look to I&A "system" building. In my opinion, we must set as a goal, a coordinated I&A system in every state and make this system available to the business community and health and social service organizations. In Lynn Friss Feinberg's paper on systems development, she recommends that "caregivers of all ages and income levels should have access to high quality information and support services wherever they live in a state." And, as we design statewide systems we must recognize the unique characteristics of caregivers and address diversity among caregivers including language and cultural differences and differences between generations. For example, Dr. Rhonda Montgomery notes that spouses and adult children do not respond to the caregiver role in the same way and seek assistance at different stages of the caregiver process. The implications of the many types of caregiver diversity must be understood and dealt with in all components of an I&A system.

**Six ...**In addition, the Aging Network must identify new and innovative ways to serve caregivers through the Internet. Much time has been spent in this paper speaking to the development of an I&A system that uses the telephone to connect with the caregiver and the older adult. We must also explore how we can better use our respective web sites to connect to Internet users, both at home and in the workplace. Additionally, we must work more closely with national organizations recognized for their information resources such as AOA, NASUA, NAAAA, AARP, the American Society on Aging, the National Council on Aging and the National Alzheimer's Association and link caregivers to their web sites.

**Seven ...**We must also identify ways to better connect to human resource offices in the corporate community to provide information to their employees who are caregivers. This past year, AT&T convened employee focus groups to discuss ways the company could help them in their caregiving role. The Aging Network, in turn, needs to work with the business community to help create awareness of caregiving issues and provide information and assistance to them and their employees wherever possible.

**Eight ...**New methods of outreach must be explored. Fortunately, a number of States and Area Agencies on Aging are making exceptional efforts to get information to caregivers. For

example, California has developed Caregiver Resource Centers across their State to provide easier access and Wisconsin has created the Community Options Program integrating caregiver support within their regular service system. Additionally, AAAs across the country are using unique outreach methods to get information to the very hard-to-reach caregiver. For example, Southwest Missouri AAA is launching a two year outreach program in which a staff member and a specially equipped van with caregiver information will be assigned to a very isolated geographic area that has no electricity or running water. Denakkanaaga, Inc., a Title VI Agency outside Fairbanks, Alaska, is staffing and equipping a boat with service and public benefit information to reach those isolated communities that are connected only by the Yukon River. In Georgia, the AAAs are launching a new quarterly magazine called "Georgia Generations" which will feature caregiving issues and will be distributed through physician offices, pharmacies and other places frequented by caregivers in both urban and rural areas.

*Nine* ...And finally, the Aging Network must involve caregivers, listen to their needs, and adjust service systems to better meet these needs. This past year, the State Division of Aging in Georgia convened focus groups of caregivers across the State. What was learned from these focus groups is helping to direct the implementation of the Caregiver Support Program in Georgia. Minnesota is also conducting focus groups throughout the State to guide program design. The State of Pennsylvania has listened to the caregiver and is defining respite services based on what the caregiver defines as respite. And there are many more examples of how the Network is listening and then responding.

So let us continue with our "creation" of I&A, never falling in the "jellyfish trap" and assuming that we have reached the pinnacle of perfection...always learning from each other and adapting so that we can better meet the needs of older adults and their caregivers. As Claude Pepper, the great spokesman for the elderly and their caregivers once said, "They deserve much ...and they need much." May we help to make a difference.

## **AUTHOR DESCRIPTION**

Cheryll Schramm, M.S.W. serves as Director of the Area Agency on Aging for the Atlanta Region, and formerly worked as the Director of a County Aging Program. She is a member of a number of local, state, and national aging organizations. Currently, she is a Board Member of the National Benevolent Association and the American Society on Aging. She also serves on the Board of Directors for the Georgia Gerontology Society and was a Georgia delegate to the 1995 White House Conference on Aging. In addition, she is a former President of the National Association of Area Agencies on Aging.

**COMMENTS ON CHERYLL SCHRAMM'S PAPER**

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As the paper suggests, the national aging I&R/A system is fundamentally prepared to embark upon fulfilling its role in implementation of the National Family Caregiver Support Program—the infrastructure is in place; standards have been updated to reflect progress required over the next decade; vehicles for enhanced professionalism of personnel are established; a taxonomy is available; software and models for both shared and web-based databases are developed; and the availability of an easy-to-remember abbreviated dialing code (211) for consumer access is on the horizon. In short, the national aging I&R/A system has both the fundamental structural and support systems required to effectively serve both older Americans and their family caregivers. While I&R/A services across the country vary in their stages of development, it is important to examine their evolution, progress, and success to date in order to fully appreciate and value what we have to build upon for the NFCSP.

## **HISTORY OF AGING I&R**

The passage of the Older Americans Act (OAA) in 1965 affirmed the nation's highest sense of commitment to the well being of older persons. As stated in the paper, in 1973 OAA amendments required State and Area Agencies on Aging to develop and maintain I&R services within "reasonably convenient access to all older Americans."

Throughout the 1970s and 1980s, the Administration on Aging was the only federal agency with a clear mandate for I&R services to assist with meeting the needs of the older population. As a result, the Interdepartmental Task Force on Information & Referral for Older People was established at the federal level. Working agreements were developed with 17 federal departments and agencies including HUD, Labor, Transportation, Agriculture, Veterans Administration, and several divisions within Health and Human Services.

Those federal agreements served as models to facilitate the development of I&R systems by State Units on Aging (SUAs) at the state level and Area Agencies on Aging (AAAs) at the community level. The mid and late 1970s was an intense period in the formulation of OAA policies and regulations including the creation of the first minimum requirements for I&R services. This paved the way for two major AoA instructional guidebooks on I&R—*"Information and Referral: How To Do It,"* a four-volume series published in 1975 to provide guidelines for establishing and maintaining I&R services, and *"I&R Services for the Elderly,"* a program development handbook written in 1977. This handbook served for many years as the OAA guideline for I&R service development. In 1983, the United Way and AIRS joined to update their I&R systems standards to address changing technology and innovations in service delivery.

Intensive development efforts by SUAs and AAAs throughout the 1970s and 1980s resulted in I&R/A systems with a variety of organizational arrangements, structures and funding sources based on the political, demographic, and socio-economic characteristics of the state or community served. It was during the 1980s that state aging I&R systems recognized the increase in call volume among families caring for older persons, with dramatic growth in calls from long distance caregivers. While state aging systems focused significant attention on enhancing access to I&R/A services by investing resources in the establishment of statewide and/ or national toll free 800 numbers throughout the late 80's and 90s, studies were conducted to determine the

feasibility of a national access system and to assess the capacity of I&R services across the country to support such a system.

In response to the findings, AoA launched its National I&R Initiative in 1990 which established I&R/A as a national priority and provided the momentum for state aging I&R/A systems to enhance technological capabilities, quality of service, and capacity of staff. Through this initiative a national access service—the Eldercare Locator—was established, as well as the National Aging I&R Support Center. The Support Center has work with state and area agencies throughout the last decade to assist them to redesign of I&R/A systems; develop and operationalize I&R/A standards; train and certify personnel; stay current on and utilize emerging technologies; address the needs of an increasingly diverse consumer population, and more.

The AoA Initiative sparked a renewed emphasis on I&R systems as a priority among state and area agencies on aging. Many state systems developed and implemented 3-5 year systems improvement plans aimed at assuring a more sophisticated and consistent level of service across geographic areas. Meanwhile, the 1990s witnessed significant advances in technology, as well as an expansion in the availability of public and private sector services and products for older persons. These developments offered not only new opportunities for sharing of I&R databases and direct consumer access, but also created an increasingly complex consumer environment.

In 1999, *Vision 2010*, a white paper on meeting the challenges of the next century, provided a framework for SUAs and AAAs across the country to re-affirm their commitment and launch major initiatives to further the capacity of I&R systems. The National Family Caregiver Support Program offers the opportunity to redesign components of I&R/A systems; develop new, and systematize many of the current activities being undertaken; and formalize efforts to assist caregivers in fulfilling their caregiving roles.

## RESPONSE TO THE RECOMMENDATIONS IN THE PAPER

The paper alludes to or directly discusses many of the critical issues that must be addressed if the aging I&R system is to realize its potential in the NFCSP. The following section draws from and expands upon several concepts identified from the paper.

- **Leadership** among SUAs and AAAs is essential to success and includes—
  - leadership in creating the vision for I&Rs in the NFCSP;
  - leadership in promoting the strengths of the current I&R system;
  - leadership in identifying weaknesses and plans to meet those challenges;
  - leadership in ensuring on-going quality assurance and systems change as required to respond to caregiver needs;
  - leadership in keeping I&R systems development for caregivers as a priority among agency staff and providers;

- leadership in developing new partnerships;
  - leadership in securing additional resources as may be required to achieve the vision; and
  - leadership in designing data collections systems that can inform the systems change process, service development and advocacy, to name a few...
- **Comprehensiveness** of database information. To provide “one-stop-shopping” for caregivers and their older family members, many I&R systems will need to expand the resource files or databases. In addition to including the availability of special services, such as home delivery by grocery stores and pharmacies and hair dressers that go to the home, many caregivers will seek resources related to legal, financial, housing, pension issues, and other matters. Those with the financial ability to pay for services will seek information on for-profit providers. Consequently, many systems will need to re-examine and modify current policies governing the scope of providers included in the resource file/ database in order to expand the inclusion and exclusion criteria, while avoiding liability.
  - **Coordination** issues must be addressed in relation to programs and services within the Aging Network and external to the system.
    - Internal coordination between the I&R service and other aging programs with an information and assistance component—LTC ombudsman, SHIP, abuse, etc.— is essential. Often family caregivers enter the system through these other programs. Consequently, it is critical that the staff of other programs be educated about the role and function of the I&R service under the NFCSP and readily link caregivers to it. Further, it may also be timely to explore the possibility of establishing a centralized database of resources shared by all aging programs utilizing a standard taxonomy. While some states have already developed statewide databases, many have not. To serve caregivers most effectively, an integrated, statewide database may be desirable.
    - External coordination with other I&R systems may also required. For grandparents caring for grandchildren and older persons caring for children/youth with disabilities, special relationships will the I&Rs serving those populations must be developed. Those systems will need to be educated on aging I&R and the NFCSP, but may require training on a range of aging topics such as kincare, communicating with older persons, etc. Close coordination will be necessary to ensure that the needs of both the younger care recipient and the older caregiver are met.

The aging I&R system may also need to develop or enhance linkages with the workforce development system to assist caregivers seeking full or part time employment. Further, states and area agencies must be “at the table” to ensure that 211 services across the country are designed to reflect a seamless system of access for caregivers as well as older persons.

- **Technology** can play a crucial role in realizing the potential of the aging I&R system for caregivers. In the last decade, most I&Rs have become computerized. Due to limitations in the availability of home and community services in some small, often rural communities, some I&Rs have maintained manual systems. Yet, the Internet offers a new venue both to assist caregivers access local service information and to help the I&Rs identify information and other resources to better serve caregivers.

In light of the growing number of caregivers—particularly among “boomers” who are more technologically savvy—the Internet offers the opportunity for many to “self-serve” utilizing I&R databases. As state aging I&R systems design the NFCSP, they will need to consider current softwares that have Internet capability, while examining whether the terminology utilized by existing databases is “consumer friendly” for the caregiving public.

The use of integrated client tracking systems—designed for both the caregiver, as well as the care recipient—and computerized caregiver assessment tools that link to the I&R database may need to be developed or current systems may need to be redesigned. The development of an Intranet system can facilitate the sharing of client information.

- **Personnel** is key to effective service delivery. The I&R system will be increasingly called upon by caregivers as a decision support system, for care management support, and for education or empowerment to negotiate the health and human service systems. Consequently, professionalization of I&R staff is an essential to quality service delivery. Staff need to be viewed as knowledge brokers—skilled professionals (paid or volunteer) capable of analyzing, synthesizing, and creatively applying information to complex problems. As indicated in Schramm's paper, certifying I&R staff should become the expected course of action for staff. Toward this end, the I&R Support Center has been working with AIRS to develop an aging I&R specialist certification and examination expected to be launched in Spring, 2002. Once the aging and general competencies are published a new resource will be available to guide the training and development of personnel toward certification.
- **Marketing** to caregivers will require new strategies, techniques, and materials. As in Atlanta, the title for the I&R service may need to be modified or a tag line adopted that is responsive to caregivers. Outreach to caregivers will likely require new approaches such as working with and through employers; for kinercare situations, working with school systems; and for older persons caring for young people with disabilities working with disease-specific, disability and youth organizations. New products or use of materials available through web sites or other organizations may be needed to help inform and educate caregivers. Marketing can be viewed as a major vehicle for development of partnerships with a broad range of entities—some of who can later be encouraged to help fund special projects, services, or outreach efforts aimed at caregivers.
- **Responsiveness** of the systems to an increasingly diverse population of caregivers and care recipients is essential. As pointed out in the paper, educational level, literacy level, ethnicity/race and cultural background, rural/urban, the generation and relationship of the

caregiver to the care recipient, and point in the caregiving process—all reflect differences that will require accommodation and flexibility in the I&R system.

- ***Knowledge Building*** needs to be the goal for data collection, customer satisfaction surveys, and evaluation activities. The I&R system offers the opportunity to capture data and information not only useful in making modifications in the I&R service itself, but also useful for planning, improving aging services, anticipating emerging needs, training personnel, and determining systems advocacy issues.

The aging I&R system has the experience and capacity to meet the challenges faced in the new NFCSP. The structure, support system, and tools are available. Each state aging I&R system must find its own approach according to its needs, current design, and prevailing customs. Yet for all, success will require commitment, hard work at all levels of the system, and the allocation of the necessary financial resources.

## **COMMENTS ON CHERYLL SCHRAMM'S PAPER**

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Our specialty aging information and assistance service is a fundamental resource for caregivers and ought to be greatly expanded and enhanced to meet the broad range of information and resource needs for seniors, their families and the public at large. Yes, we have come along way from the first days of our aging information and referral lines. We have made a great leap forward from the days of rolodex cards and phone referral lines.

Today as we look ahead, we all agree that there is much to be done in the continuing evolution of our information and assistance service. The National Family Caregiver Support amendments and new funding under the Older Americans Act offer a wonderful opportunity to recast our system with an eye toward providing information, resources and support to those caring for a spouse, parent, sibling or friend.

It is true, we can make our systems more responsive to caregivers by: adding more self-help and care information and tips; re-thinking how we assess need and developing better tools to do so; developing Internet technical assistance health and information villages; creating interactive caregiver chat rooms, bulletin boards and Listservs; providing scheduled online chat experts to answer caregiver questions; and building cooperative relationships, agreements and linkages with other speciality services and organizations offering key information, services, support, and assistive technology to make caregiving more manageable.

However, it would be a shame for us to do all this and develop the best information and assistance system imaginable, if we fail to make this resource more readily available and accessible to people when they need it most. As we expand and improve our information and assistance service, let us also do it in a way that ensure that the powerful information and assistance system we build and expand upon is a simple phone call or keystroke away for those who need us most.

Therefore, I would include in Cheryl Schramm's list of recommendations these additions: (1) using new technology, primarily online database/Internet web technology so that any senior, caregiver, or professional assisting caregivers at critical decision making points has easy access to useful, comprehensive data when they most need it and are "information ready," and (2) implementing the 211 initiative in our respective states.

**Online database:** The Internet is the future for effective information and referral systems. Through it we can develop, expand, and implement an online information and assistance database in ways that make our information consumer friendly and interactive. This advancement alone can be the most important action step we take for caregivers in our states. Imagine caregivers having a powerful information and assistance resource only a keystroke away, and at any time of the day or night.

If we do this right by partnering with other statewide and regional providers of I&R/A, we can create a comprehensive integrated database and provide specialty or population-specific formats that are useful and can be tailored to individual user needs. The Administration on Aging, State Units on Aging, state Medicaid agencies, health departments, et cetera, need to provide the leadership and funding support to make this a reality.

**211 Initiative:** Few plan to become caretakers for loved ones. For most it happens due to an acute illness or ever increasing disability or chronic illness. So, it is difficult to market our 800 numbers effectively to people who are not "information ready." Creating a simple dialing system like we did for emergencies through 911, will go a long way toward improving caregiver access to our information and assistance system.

This means we will have to rethink how we deliver our speciality line services within the larger context of information, referral, and assistance statewide, and consider partnerships, roles between a statewide I&R system and speciality aging lines, funding, outreach, technology, and referral protocols. 211 ought to be a primary objective for us all. In this effort, maybe our new tag line might be, "the information people." And wouldn't that be a great step forward?