"I Wish I Had Known"—Understanding Barriers to Accessing Aging-Related Resources

Abstract

There is a growing imperative to ensure that aging-related resources and information are accessible to older adults and caregivers as the population ages. Extension can play an important role in associated education and outreach. We report on the results of a community assessment conducted in Larimer County, Colorado, that addressed barriers to information access. The results of our assessment demonstrated that many people were not finding the right entry point to access the services they needed. These findings inform strategies being applied in Senior Access Points of Larimer County, a program that encompasses a coordinated, county-wide outreach campaign.

Keywords: aging, older adults, caregivers, community resources, prevention

Sue Schneider
Extension Agent
sdschneider@larimer.org

Allyson Brothers
Assistant Professor
Department of Human
Development and
Family Studies
Allyson.Brothers@colostate.edu

Colorado State
University
Fort Collins, Colorado

Introduction

Research overwhelmingly shows that the majority of older adults would like to age in place in their homes (AARP, n.d.). Yet many older adults do not use health and community services that could help them stay in their homes safely. Often, this is because they do not know about available resources (Denton et al., 2008). Furthermore, resource seeking often does not begin until a crisis occurs, such as a hospitalization (Magilvy & Congdon, 2001), at which point it becomes difficult to make fully informed decisions. Therefore, increasing community members' awareness of aging-related services and programs is important as a preventative community health strategy.

Reaching older adults can be challenging. Several theories and models exist for explaining why people often resist seeking resources and support. For instance, research has indicated that individuals of all ages tend to rely on their informal networks (e.g., friends, family, neighbors) for support before reaching out to agencies and professionals (Suitor & Pillemer, 1990). Additionally, help-seeking behavior tends to be shaped by fear of stigma, pity, or loss of independence (Wacker & Roberto, 2019). Additional barriers have been identified as

well (for a review, see Wacker & Roberto, 2019) and are thought to vary by geographic region.

With the project addressed herein, we aimed to understand more about local barriers to and opportunities for information access among older adults and caregivers. We formed a university–community partnership to conduct a community assessment. The effort was led by the Larimer County office of Colorado State University (CSU) Extension in partnership with CSU's Human Development and Family Studies Department, the Partnership for Age-Friendly Communities, and the Larimer County Office on Aging (hereafter referred to as "Office on Aging"). Our assessment informed the development of a program called Senior Access Points, which serves as an example of how a partnership-driven community assessment can inform the work of Extension professionals in meeting the changing needs of older adults and their family members.

Context

The aging population in the United States is projected to increase at a rate of over 100% by 2060 (Population Reference Bureau, 2015). This rapidly shifting demographic is of importance to Extension professionals and outreach practitioners who work to support healthy aging and safeguard health and well-being in local communities. Extension professionals contribute a critical community-based perspective, offering expertise in interdisciplinary collaboration (Duncan & Foster, 1996), caregiver training and support (Barrett, Swanson, & Song, 2005), and prevention education (Peek & Bishop, 2016).

Larimer County, Colorado, is located 1 hr north of Denver on the front range of the Rocky Mountains. The 65-and-older age group in Larimer County is projected to triple between 2010 and 2040 (Colorado Department of Local Affairs, 2012). Despite the demographic shift, data from Larimer County's Community Assessment Survey for Older Adults suggest that since 2010, there has been a downward trend in residents' awareness of community resources or what they might need to successfully age in place (National Research Center, 2014, 2018).

Methodology

To better understand the barriers to accessing local resources, our team engaged in a dual-approach assessment process involving a community survey and a series of focus group sessions with community professionals.

Survey

First, in early 2017 we developed a brief (5- to 10-min) survey and administered it to residents of Larimer County. Author Brothers, a gerontology researcher, led the evaluation effort. The survey was designed in conjunction with author Schneider, a CSU Extension agent, with valuable input from community volunteers and caregivers. Overall, we aimed to understand the experiences of local residents who had faced (or who may face) a situation involving caring for an older relative or friend. The survey included questions regarding which specific needs prompted respondents to look for resources, where they looked when they needed supports, and where they thought they might look if an issue were to arise in the future. (The survey is available upon request.)

Survey respondents were sought throughout the county, and we mobilized partner organizations and volunteers to disseminate the survey. Both online and paper responses were accepted. We collected data from

online surveys using the Survey Monkey online platform, and student interns entered data from paper surveys in an electronic database.

Focus Group Sessions

Next, we organized a partial-day workshop in which we hosted 26 representatives from various community agencies and medical centers serving older adults and caregivers. At this meeting, we presented the survey findings and then broke out into focus groups to seek input on resource gaps, access barriers, and potential outreach strategies. Focus group sessions were moderated by a Senior Access Points team member, and each group included five or six professionals. We recorded the ideas from each group's discussion and then compiled and synthesized the data to identify qualitative themes (Pollio, Graves, & Arfken, 2006).

Results

Survey Results

Demographics

Over the course of 6 months, our team collected 271 surveys. The majority of respondents completed the survey online (88%). Most respondents were women (83%), most were over age 61 (57%), and about half were working full or part time (53%). About half were caring for an aging parent (51%); other respondents were caring for a spouse (13%), a friend (14%), or someone with whom they had another type of relationship (22%). Respondents represented seven subregions within Larimer County, including rural areas and small towns, although most (70%) were from the urban center of Fort Collins.

Reasons for Seeking Resources

The top reason people reported for having sought aging-related resources was declining health. A list of the top eight reasons is provided in Table 1.

Table 1.

Most Commonly Endorsed Reasons for Seeking Aging-Related Resources

No.	Reason for seeking resources	Percentage endorsing
1	Declining health issues	39%
2	Caregiver resources and supports	37%
3	Home care services/medical equipment	32%
4	Forgetfulness or dementia issues	31%
5	Housing	28%
6	Transportation	16%
7	Falls	14%

8	Medical/mental health services	14%

Note. Participants were asked to indicate their top 3 reasons for seeking resources; therefore, the percentages do not sum to 100%.

Where Respondents Had Searched for Resources

The top places people reported having looked for resources included Office on Aging (endorsed by 47% of respondents), doctor's office (31%), the Internet (31%), and friend or family member (15%). Regarding where respondents thought they might look in the future, the most commonly endorsed options were Office on Aging (62%), the Internet (56%), senior center or club (38%), friend or family member (28%), and doctor's office (25%).

Focus Group Session Results

Barriers to Information Access

During focus group sessions, we asked professionals in the aging-services professions why they thought people might not be accessing resources that could help them. Through a qualitative coding process, we categorized their responses into three overarching categories:

- personal factors (fear of asking for help, lack of awareness or inability to admit there is a need, fear of losing independence, lack of awareness of resources, lack of planning ahead);

- family factors (family out of town, family unaware of needs, family unavailable, family unfamiliar with local resources); and

- systems factors (confusing/overwhelming system, lack of Internet access or familiarity, language/cultural barriers).

Access Points for Information

Through one focus group question, we sought input on potential community "access points," or places where older adults and caregivers would naturally go to seek information about aging-related resources. The highest number of endorsements were for doctors' offices, senior centers, libraries, and the Office on Aging. When asked for recommendations on specific places that could serve as information hubs, focus group respondents recommended 12 community sites, 14 organizations, and four medical facilities. They also emphasized the importance of reaching isolated seniors, coordinating outreach (to prevent duplication), and ensuring that residents were directed to agencies that had capacity to take inquiries and referrals.

Key Findings from Professional Expertise

By presenting the survey results to an audience of professionals, we were able to better contextualize and

understand the survey responses. The following observations were made during focus group break-out sessions:

- Although approximately half (47%) of survey respondents had used the Office on Aging, expert opinion told us that many clients were not aware of some key resources, such as a phone line for receiving free, personalized options counseling.

- Doctors' offices were the second most common place where respondents sought resources. Yet focus group members indicated that medical staff were rarely equipped with the up-to-date local knowledge (or the time) to point patients toward relevant aging-related information.

- The Internet was the third most common place where respondents looked for information. However, at the time the survey was conducted, a general Internet search for aging-related services (e.g., seniors care, dementia, home care) did not return the targeted information. Most often, a search would result in a list of businesses such as home health care agencies or senior living facilities, which may or may not be the best fit for a family's needs. Additionally, survey respondents indicated in open-ended responses that they did not know which search terms to use.

- Agency representatives indicated that people would commonly explain their stories four times to four different representatives before either finding an appropriate resource or giving up. This circumstance was of particular concern because the process of seeking help often occurs in high-stress situations for families who may not have the time, energy, or knowledge to identify resources or the economic means to access them (Magilvy & Congdon, 2001).

Applying Assessment Results to Inform Outreach Strategies

The survey results and focus group feedback were both critical in helping our team develop four main strategies for addressing personal, family, and systems barriers (for details, see Schneider & Brothers, 2019):

1. We developed a user-friendly website (www.LarimerSeniors.org), updated and maintained by CSU Extension, that provides a starting point for finding information and allows caregivers (including those who live in other regions and states) to become informed about Larimer County resources.

2. We designed outreach materials that lead people to two "right doors": the Senior Access Points website and the phone number for the Office on Aging.

3. We developed an ambassador program so that Extension volunteers (a) could prepare front desk staff at the "access point" sites recommended by focus group participants to answer aging-related resources questions and (b) could keep the sites stocked with Senior Access Points materials.

4. We formed a Senior Access Points coalition comprised of agency representatives to help increase community awareness about aging-related resources.

Discussion

In developing Senior Access Points, we drew on a robust assessment process that resulted in unique, innovative solutions to a vexing local problem. A key finding from our assessment is that the most common approaches to seeking aging-related information were not driving people to the "right door." Our assessment helped us identify one local "door" (Office on Aging) that was underused and positioned to provide more assistance. The assessment also led us to understand the need for developing an Extension-managed, community-driven, user-friendly website (www.LarimerSeniors.org). Additionally, our findings pointed us toward targeted outreach and education strategies for meeting people where they are—at medical facilities and community sites and via agencies they trust and frequent. Our outreach efforts have been led by an Extension agent with support from community partners and volunteer ambassadors, demonstrating how Extension professionals can work with local partners and resources to build community engagement and improve access for residents.

An important implication is that solutions to the information access gap need to emerge locally. Given that communities have unique histories, geographies, and cultures, there is no one-size-fits-all formula for addressing local barriers. If aging in place is to be an attainable goal, Extension professionals are needed to help identify access barriers, build local coalitions, and engage older adults in implementing outreach strategies. Research suggests that older adults are motivated to contribute to their communities and want their voices to be heard (National Research Center, 2018). Assessments not only can capture the voices of older adults but also can be a starting point for community engagement.

Conclusions

The Senior Access Points team is developing solutions to a problem that has afflicted our community for years: the need to ensure that individuals and their families are aware of available aging-related resources. Our work rests on the strength of our partnerships and the input that we gained from the community, which has informed our role in guiding a county-wide awareness campaign. Surprising benefits of the project, beyond connecting individuals to community resources, have come in the form of new approaches to community engagement and valuable conversations about seeking help and aging in place. Engaging communities in local assessments may be a critical first step in supporting the changing needs of an aging population.

References

AARP. (n.d.). Baby boomer facts and figures. Retrieved from https://www.aarp.org/livable-communities/info-2014/livable-communities-facts-and-figures.html

Barrett, G. J., Swanson, P. W., & Song, A. V. (2005). Evaluation of training program for caregivers to aging

adults. *Journal of Extension*, *43*(3), Article 3RIB6. Available at: https://www.joe.org/joe/2005june/rb6.php

Colorado Department of Local Affairs State Demography Office. (2012, July). *Aging in Colorado.* Retrieved from https://demography.dola.colorado.gov/demography/publications-and-presentations/

Denton, M., Ploeg, J., Tindale, J., Hutchison, B., Brazil, K., Akhtar-Danesh, N., . . . Boos, L. (2008). Where would you turn for help? Older adults' awareness of community support services. *Canadian Journal on Aging*, *27*(4), 359–370. doi:10.3138/cja.27.4.359

Duncan, S. F., & Foster, R. (1996). Promoting programs in aging through interdisciplinary collaboration. *Journal of Extension*, *34*(1), Article 1FEA4. Available at: https://www.joe.org/joe/1996february/a4.php

Magilvy, J. K., & Congdon, J. G. (2001). The crisis nature of health care transitions for rural older adults. *Public Health Nursing*, *17*(5), 336–345. https://doi.org/10.1046/j.1525-1446.2000.00336.x

National Research Center. (2014). *Community Assessment Survey for Older Adults (CASOA) report of results.* Retrieved from http://larimer.co.networkofcare.org/content/client/1189/Larimer-County-CASOA-Full-Report-2014-FINAL.pdf

National Research Center. (2018). *Community Assessment Survey for Older Adults (CASOA) report of results.* Retrieved from https://www.larimer.org/sites/default/files/uploads/2018/larimer_county_casoa_report_2018_final.pdf

Peek, G. G., & Bishop, A. J. (2016). Keeping it safe: Aging in place among rural older adults. *Journal of Extension*, *54*(2), Article 2R1B5. Available at: https://www.joe.org/joe/2016april/rb5.php

Pollio, H. R., Graves, T. R., & Arfken, M. (2006). Qualitative methods. In F. T. Leong & J. T. Austin (Eds), *The psychology research handbook* (2nd ed., pp. 254–274). Thousand Oaks, CA: Sage Publications.

Population Reference Bureau. (2015). *Aging in the United States.* Retrieved from https://www.prb.org/wp-content/uploads/2016/01/aging-us-population-bulletin-1.pdf

Schneider, S., & Brothers, A. (2019). Senior Access Points: Increasing awareness of aging-related resources. *Journal of Extension*, *57*(6), Article 6IAW4. Available at: https://joe.org/joe/2019december/iw4.php

Suitor, J. J., & Pillemer, K. (1990). Transition to the status of family caregiver: A new framework for studying social support and well-being. In S. M. Stahl (Ed.), *The legacy of longevity: Health and health care in later life* (pp. 310–320). Thousand Oaks, CA: Sage Publications, Inc.

Wacker, R. R., & Roberto, K. A. (2019). *Community resources for older adults: Programs and services in an era of change.* Washington, DC: Sage.

ed@joe.org.

If you have difficulties viewing or printing this page, please contact *JOE* Technical Support