

WHY ELDERS DO NOT FOLLOW UP ON SUGGESTIONS THEY REQUESTED

An exploratory study by Care for Elders funded by the City of
Houston, Department of Health and Human Services

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I. EXECUTIVE SUMMARY

As Houston's population ages, the proportion of older adults living in poverty and despair increases. For vulnerable elders, the daily balancing act of managing meager resources against growing needs intensifies due to severe challenges such as economic downturn or the results of natural disaster. Helping elders at risk identify and meet their needs for basic services such as food, shelter, and utilities requires specialized skills. To address this concern, the United Way of Greater Houston, in collaboration with Care for Elders and elder oriented organizations, added a dedicated elder service to the 2-1-1 helpline.

Older adults (over age 60) who call the helpline are seamlessly transferred to one of several Elder Specialists (ES) who are able to assess the level of need and provide direct information about resources or refer the caller to a Care Manager (CM) for more specialized attention, including a home visit. Generally, one in three callers end up with a CM and have a longer and more personalized relationship with a professional who can facilitate their progress.

In 2004, approximately one year after the elder helpline service was initiated, Dr. Kelley Moseley conducted a comprehensive study of callers. Among other findings, he discovered a large proportion (about 40 percent) of elder callers who did not have their needs met because they failed to act on information they sought and received. The idea for a follow-up study on this population was conceived by Care for Elders' collaborative partners. Moseley identified that elders who call the helpline tend to be among the most vulnerable elders and their inability to meet their needs constituted a possible escalation of their marginalized health and wellbeing status.

This study was developed at the initiative of Care for Elders with funding from the City of Houston's Department of Health and Human Services. Both organizations serve elders and constitute part of the resource network that is available for them. The study's primary goal was to explore why elders failed to meet their needs after they called the helpline and received information to guide them. We wondered if there were systemic barriers that could be identified, that if addressed, would ease the burden for these vulnerable older adults, who are struggling to hold on to independent life in the community.

We reviewed calls to the helpline by elders during the period between July 2009 and October 2009 and identified a sample of elders who fit into the category of callers whose needs remained unmet pending their own actions. The qualitative study examined how elders described their activities in meeting their most urgent needs, and their experiences before, during, and after Hurricane Ike in September 2008.

The study began in late 2009 with interviews collected between January 2010 and April 2010. Data from interviews of 48 older participants between 60 and 84 years of age, along with information from two focus groups with ES and CMs, were submitted for qualitative analysis. The study found no substantial differences in the characteristics of two primary groups of elder callers - those whose needs were met through connection with the helpline, and those whose needs were not met, for all reasons. The elders in the sample, however, were slightly different, suggesting that this group of vulnerable elders may face more challenges for reasons not related to their actions.

This study confirmed what Moseley identified in 2004 as the general characteristics of Houston's most vulnerable elders. They are more likely to be African American women who live alone, in poverty, and whose ages range between 65 to 75. Recently, with increased economic hardships, there has been an increase in the number of Latina callers to the helpline. Elders who called for assistance live throughout Houston, but calls came more frequently from zip codes of low-income neighborhoods. Elders called the helpline for many reasons, chief among them was their urgent need for assistance with utility bills, or a complex set of needs that they were not able to untangle and manage alone.

Most elders in our study presented themselves as capable and self-reliant. They reported making attempts to obtain assistance from a variety of resources before contacting the helpline. Elder Specialists and Case Managers who provide professional assistance to elder callers had a different view of most callers, identifying them as people who are facing unending poverty and challenges to daily survival. They saw them as generally incapable of navigating the complex system of applications, qualifications, and waiting lists for available and insufficient resources. Many elders managed one crisis at a time reasonably well by using available resources where they were most needed.

The network of support for elders fails them when additional crises emerge such as severe temperatures requiring additional electricity, or a need for house repairs. Although many of the callers have families, they think of adult children as a source of support in terms of advice and ultimate assistance (as in the event of a hurricane). Elders do not want to burden their families and generally do not consider them a resource for satisfying daily, household or self-management needs. In addition, many family members are involved with their own difficult needs. In other cases, they live away or are absent for some other reason.

Preparing for impending weather emergency requires some of the same skills and capacities as obtaining resources for daily needs. Callers knew about Hurricane Ike's trajectory by watching television. Though they were aware of basic preparation needs, and many were considering leaving for safer places, less than 50 percent did. Most elders stayed at home, and for the most part fared well. Their challenges were more severe after the storm, when their supplies were insufficient, and long periods of power loss were difficult to tolerate. Some felt abandoned in the long period after Ike and would have liked a phone call to check on them and offer assistance.

Professionals who assist elder callers shared their perspective on existing barriers that elders must negotiate to receive assistance. These included shortages in funding for needed programs such as housing repairs and food stamps, difficulty in obtaining transportation, long and complicated phone systems and waiting to speak to agency representatives, increased use of cell phones by elders that impose an additional cost for waiting on the line, difficult application processes, and insufficient or poorly trained staff in places where elders may struggle to express their needs in clear and precise terms.

The agencies that provide core resources including transportation, housing repair, utility assistance, food delivery and food stamps are at the heart of the fragile system for elders in need. Agreement and resource mapping among these service providers with a shared and simplified application mechanism would benefit all involved by identifying funding and reducing significant barriers for elders with complex needs.

Staff members who assist elders in any service capacity would benefit from specific training, perhaps by United Way professionals, that would assist them in determining if callers have met their needs, or if additional interventions may be required.

The flexible funding pool which assists elders who have no other recourse to meet financial short term needs, would hopefully be increased to accommodate the growing need for services by an increasing population of vulnerable elders.

Implications from the study are based on the findings from a small group of the most vulnerable elders. Callers remembered their interactions with EM and CMs as positive experiences in an otherwise difficult world. These professionals are able to help callers identify and prioritize their needs, reach available resources, and manage their lives with greater assurance of community support for an additional period of time. The elder care helpline of the United Way is unmatched in Houston as a single entry point of clarity in an otherwise bewildering system of potential resources.

II. OVERVIEW

In 2004, working on behalf of Care for Elders, Dr. Kelley Moseley reviewed all calls to Elder Specialists (ES) and found that nearly 40% of elders who were given specific information to help address their needs did not follow up by acting on those recommendations. This finding raised concerns about the ability of the services to address needs and help a large group of elders at risk. The concern for this group of elders became the fundamental motivation for this study that sought to understand what unseen barriers may stand in the way of some elders who do not follow the advice they called to get.

This report is based on analysis of all the data that was collected on elder callers to the 2-1-1 helpline between July 2009 and October 2009. In addition, we examine the insights of Elder Specialists (as Enhanced I&R Specialists prefer to be called), and Case Managers, which were collected through separate focus groups. We also debriefed the primary interviewer, an experienced Case Manager, after she concluded the interviews with 43 of the 48 elders in this sample.

Although this study faced delays at the start we found most elders to be willing participants. As a group, they represent some of the most vulnerable older people in Houston. Many live on the margin of utter poverty and depend on a thin safety net in times of need or disaster. Their connection to the professionals who are available through the helpline is expressed through unsolicited appreciation for the voice at the other end of the phone line and the Case Managers who often enable continued life at home.

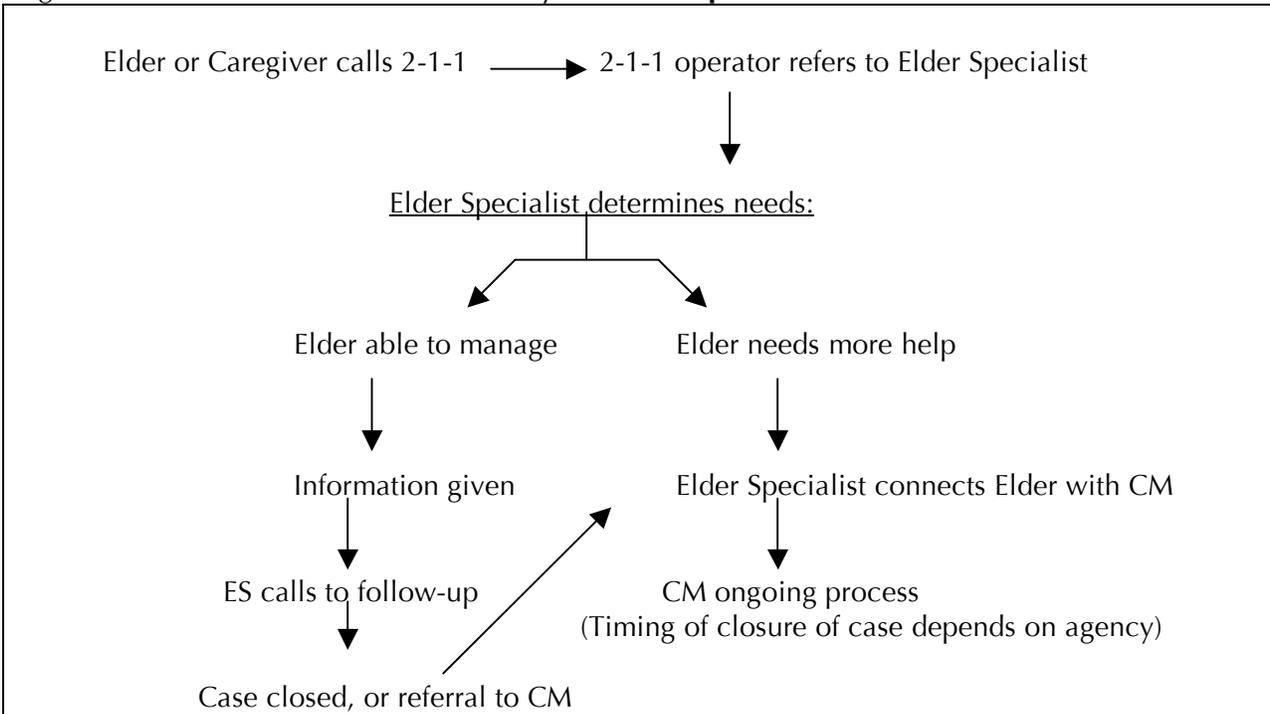
The proposal and the first two reports, submitted earlier, describe the dual interest in the elder decision-making process. Care for Elders (CFE) and the City of Houston's Department of Health and Human Services (HDHHS), wished to understand how elders manage in times of need and pending emergency. We investigated these two areas of interest that overlap at the point of translating information to action on the part of the elders.

A. Identifying and Resolving Needs

Elder callers or their care providers, who call 2-1-1 for assistance, are connected to an Elder Specialist (ES, or formerly called an Enhanced I & R Specialist). These professionals interview the callers and provide them with resources and information, as well as assess the elders' capacity to manage the ongoing search on their own. If the ES determines that the elder caller requires more assistance or has complex needs, a referral is made to a Case Manager (CM), who will schedule a home visit and begin a more personal assistance program. Figure 1, below, provides a schematic representation of this process.

Figure 1

Study Process Map



B. Emergency Conditions

The Houston Department of Health and Human Services, with several services for older Houstonians, was concerned about their safety during and after periods of major disaster. Houston's geography and history create conditions in which the most vulnerable neighborhoods are also home to the city's poorest and most at-risk older populations. For elders in these communities, poorly maintained homes, difficulty in mobility, few resources, social isolation, severe weather damage or other emergencies add to the existing risks that socioeconomic and health conditions may impose, to create life-threatening conditions.

The City provides evacuation assistance for elders and other vulnerable residents for which they must register each year. Media efforts to inform elders that they can call the United Way of Greater Houston by dialing 2-1-1 to register are helpful. Although many elders seem to know about the evacuation assistance registry, it is not clear how the decisions related to safety are made. The

vulnerability of the older population before and after severe storms was the concern that prompted the HDHHS to participate in this study and include questions about Hurricane Ike.

C. Study Goals

The study was designed **to identify systemic barriers that prevent elders from using information they seek and receive, to address their urgent needs.** To that end, we focused on the elders who interacted with helpline specialists and who were classified as “not having their needs met pending their own actions”. We identified three sub goals to guide this study:

- Identify the actions and experiences of elders who have lived through Hurricane Ike, by exploring how they prepared and dealt with this emergency condition.
- Explore the perception of Elder Specialists and Case Managers of the process of assisting elders in getting information they need for their ongoing safety and independence.
- Explore the perception of elders who engaged with Elder Specialists and/or Case Managers of the barriers to following through on recommendations they sought by calling the helpline.

III. METHODS

We experienced some delays making sure all partners in this study were ready to proceed. When sorted out, we began to interview clients in mid December 2009. More delays occurred due to the holidays, but interviews began fully in mid January 2010 and were completed by the end of March 2010.

Callers who initiated their calls to 2-1-1 between July 1, 2009 and October 31, 2009, were selected so that our interview followed their call to the helpline within a three month period, and was still relatively fresh in their memory. Due to several changes in the start dates, Dr. Gerald Goodman, co-principal investigator, had to review additional data in order to adjust the dates. From the lists of all callers to the helpline during the target period, he generated a call list consisting only of those elders who fell into the category of “unmet needs pending client action” as determined by an ES or CM. The elders who were reached by phone on this list became the convenience sample (the sample) for this study. The professionals who worked with the elder caller assessed on follow-up calls.

A. The Study’s Sample

The process of arriving at the final list began with all 482 callers to the helpline during the target period of July to October 2009. We then removed from the list 262 elders whose needs were clearly met during the initial conversation with ES, or who said so during the follow-up call from the ES. In addition, of the remaining 220 elders, we removed from the list all those whose needs were not met because they did not meet criteria for specific programs or were ineligible in other ways. That left **81 elders** as potential candidates for participation. Of this group:

- Two were found to be listed by error in categorization and were dropped from the list.
- Another 27 elders were not reachable by phone on three separate attempts at different times and were dropped from the list.
- An additional 4 elders refused to participate.

We were left with **48 elders** in the sample. This sample included 5 elders who preferred to be interviewed in Spanish, and arrangements were made to have a Spanish language interviewer trained to carry out those conversations.

B. Data Collection and Analysis

We analyzed the quantitative information of all elder callers and specifically looked for similarities and differences of demographic characteristics between the sample of elders (those whose needs were not met pending their own actions), and the rest of elder callers, in the two primary groups: those whose needs were met, and those whose needs were not met.

Qualitative analysis of interviews was done in several phases. Initially we categorized responses by topic, and at a later analysis, examined more specific responses of the elders in the sample as they described their own decision processes and actions during challenging times. These analyses led to a rich description of the diversity of elders as they describe their lives.

To provide another view on this group of elders, we conducted focus groups with the professionals who respond to the calls for help. Elder Specialists (ES), the first to engage elders in needs identification, and Case Managers (CM) provided insights from their vast experiences of dealing with all elder callers, thus providing a professional context for the sample elders.

IV. ANALYSIS

A. Descriptive Data

1. General Characteristics of All Elder Callers

We first evaluated the general characteristics of all elder callers during the study period and compared elders who reported that their needs were met following interaction with ES and elders who reported that their needs remained unmet upon follow up. These two primary groups were virtually identical in demographic characteristics. In this analysis we relied on data from elders who talked with ES only, since data on elders who talked with CMs was not available for this analysis. We rely, however, on the outcomes of an earlier study of a large group of callers, completed by Dr. Mosley, who demonstrated that no demographic differences existed between elders who talk with ES or CMs.

The demographic characteristics of all elder callers during the study's period are illustrated in tables found in the Appendix (Appendix 1) and are summarized in Table 1 below:

Table 1 Comparison between the Two Primary Groups of Elders

Geography	The distribution of zip codes of elders’ residences reveals no concentration of sources of calls. They call from all areas where low income elders live.
Gender	As expected, more women called than men. In both primary groups the ratio of women to men callers was the same.
Household Income	The four most frequently reported income categories were nearly the same in both groups. Income ranged between \$901 and \$1200 a month.
Age	Age was equally distributed.
Living Arrangements	There were no differences in living arrangements between the groups.
Ethnicity	Both groups had nearly identical ethnic distribution.

2. Needs Expressed by All Elder Callers

Elders who spoke to ES in both major groups (those whose needs were met, and those whose needs were not met) reported similar needs, although the frequency of the occurrence of those needs varied slightly. Of the needs expressed by all elders in both groups, 7 of the top 10 most frequently expressed needs in each group are the same (see Table 2). None of the three most identified needs, however, overlapped. This slight variation in frequency of needs may be linked to who ultimately helped the individuals in either group. A large category, “multiple needs” for example, with 32 percent of needs, is ranked first among those whose needs were met. It is likely, although we have no data to support it, that elders with multiple needs were referred to CMs who were instrumental in addressing those needs. Another major category that is reflected in both groups is the need assistance in paying utility bills. Here too, we did not have information about what distinguished one group from another in this category, and why some had needs met, while others with the same need did not. It is possible that eligibility for assistance played a role, or that having a CM helped.

Table 2 Percent of Expressed Needs in the Primary Groups

Needs Not Met		Needs Met	
Expressed Need	Percent for Not Met	Expressed Need	Percent for Met
Utility Assistance - Electric	20	Multiple Needs	32
Self Neglect	11	Utility Assistance - Electric	13
Household goods & small appliances	9	Advocacy	10
*OTHER	9	Self Neglect	9
Advocacy	5	*OTHER	5
Home Repairs – Major	5	Household goods & small appliances	3
Multiple Needs	4	Caregiving Information about resources	2
Financial Assistance - Rent	3	Food – no food in house needs groceries	2
Food-Needs Assistance getting Groceries/can prepare own meals	3	Home Repairs – Minor	2
Home Repairs – Minor	2	Housing option assistance	2

***OTHER:** This category appears in the original data and could not be explained by any of the ES or CMs that were interviewed. It was a note to refer these elders to a specific CM at Sheltering Arms. We leave the category in this distribution because of the high frequency it represents especially in the groups of those whose needs were not met.

3. The Study's Sample

This study relies on data obtained from a convenience sample of elders who called the helpline during the study period of July 2010 and October 2010. All elders in the sample reported that their needs were not met when ES called them on follow-up. The ES also determined that these elders had the information they needed, but they had not acted on it to meet the need. The sample is a subset of the larger primary group of elder callers whose needs were not met for all reasons.

Exceeding our predictions about the willingness of elders to respond to a phone-based interview, elders who were contacted by the interviewer were happy to participate in the interview, with only 4 refusing. Mostly, elders said they were pleased to have a follow-up call and an interest expressed in their welfare.

4. Characteristics of the Sample Elders vs. Other Elder Callers

Sample elders, as a subset of other callers whose needs were not met during the study period, were first compared to the two primary groups (needs met, and needs not met). The purpose of this comparison was to identify possible distinguishing characteristics in the sample group. The following tables summarize these demographic comparisons and highlight areas where the sample is different.

a. Age:

The sample had slightly higher percentage of callers in age range of 60-64, a younger 'elders' group. The pattern of calls by frequency, however, does not differ from the primary groups, most calls came from people in the middle older group, aged 65 to 74.

Age	% Not Met	% met	% SAMPLE
60-64	24	24	35
65-74	45	44	45
75-84	26	29	16

b. Living arrangements:

Nearly half of the sample elders reported living with spouse or family members (45% combined) compared to elders in the two primary groups where the majority lived alone.

Living Arrangement	Not Met	Met	Sample
Alone	62	59	48
Family	25	22	29
Spouse	9	12	16

c. Ethnicity:

Most elders in both primary groups and the sample were African Americans. The sample had a higher proportion of white callers and fewer identified themselves as Hispanic than in the primary group. This category is unreliable, as many Latinos classify themselves as White, and we do not have a way to more accurately determine the ethnic origin of elder callers.

Ethnicity	Not Met	Met	Sample
African Am	57	56	58
White	28	25	35
Hispanic	13	15	6

6. Identified Needs

We compared the needs expressed by elders in the sample group to those expressed by elders in the two primary groups (needs met and needs not met), as they appear in Table 2 above. We found all groups called were most frequently asking for utility assistance such as helping with the electrical bill. The table below identifies the needs as they compare across the three groups. Essentially, there are no differences between the groups. It is important to note, however, that the presence of complex needs triggers a referral to a Case Manager. It is reasonable to assume that multiple needs among sample elders were resolved by the time the interview took place.

Table 3 Identified Needs by three groups

Need	Not Met	Need	Met	Need	Sample
Utility Assistance - Electric	20	Multiple Needs	32	Multiple Needs	0
Self Neglect	11	Utility Assistance - Electric	13	Utility Assistance - Electric	10
Household goods & small appliances	9	Advocacy	10	Advocacy	2
OTHER*	9	Self Neglect	9	Self Neglect	3
Advocacy	5	OTHER	5	OTHER	2

***Other:** In some cases notations were made by the ES to contact a case manager at Care for Elders instead of identifying the elder’s need. On review, no one seems to know why that entry was made, or what the intent was.

B. Observations on Elder Characteristics Data

There were no essential differences in demographic characteristics between elders of both primary groups: those whose needs were met, and those whose needs were not met for all reasons. Elders called from all areas of the city where older people live, not just from neighborhoods with higher concentrations of elders. Most callers were African American women and although their living arrangements varied, most lived alone.

The sample group varied slightly from the two primary groups. There were slightly more younger people in the sample, and more of them reported their racial background as white without indication of Latino background except for six, five of whom requested to be interviewed in Spanish.

C. Qualitative Data

1. Responses of Elders to Key Interview Questions

The initial qualitative analysis of the interview data first examined larger categories of responses. Table 4 below provides an overview of these responses which are grouped by the categories in questions that addressed similar topics.

This analysis presents aggregated responses by the majority of elders in the sample, and at times includes some other responses, if those are expressed by several people.

Analysis of Responses of Elders to Interview Questions

Table 4

Question (number) and general category or topic	Summary of Responses given by Elders
1., 2. & 3. First time callers and recollection of connection with Elder Specialists	Overwhelming majority of interviewed elders have called 2-1-1 before, and most of them remember being connected to Elder Specialists.
4. Did you try to find help in other ways?	Most people reported making initial efforts to resolve the issue by calling specific agencies, churches, or consulting friends or family members.
6. What did you do with that information?	All but 3 people said they followed up by calling the numbers they were given or going to see people. Three who said they did not follow up: one cannot remember, one prayed for help, and one was too upset to make calls and threw the numbers away.

7. Other ways to resolve the problems used?	28 tried a variety of methods including calling the utility companies, churches, the City, CPS, and others. 6 people relied on help from family members. 7 people did not get help from other sources.
8. What would have helped with follow through	Most people note that they did follow through on advice they received by making phone calls. Almost all talk about the difficulty in getting through or completing the task with one phone call. When they were not able to get responses they relied on help from others, although a few gave up on the process.
5. Who do you discuss concerns with?	Majority of responders said they discuss their concerns with family members. The few who did not said their children are busy or that they do not want to burden them. A small number said they talk with friends, several people mentioned caseworkers, and only a few said they talk to no one except God.
9. How did you find out about Hurricane Ike?	Television is the primary source of information cited as a source of news about an impending hurricane. About 25% of elders said they also relied on family, in addition to TV, and one said that the church was a good source of information.
10. How did you prepare for Hurricane Ike?	Many people prepared with extra water, canned food, and few people mentioned getting medication ahead of time. Roughly a quarter of elders prepared their home for wind and water by taping windows, blocking doors and taking in plants.
11. Did you feel prepared or under prepared? Did you feel safe?	A solid majority of respondents felt that their preparations were good and they felt safe through the storm. Most would not do anything differently. Three people reported they under prepared by underestimating the severity of the storm or the flooding that occurred. One person reported a very traumatic experience with Ike where rescuers passed her flooded home to help others. Others said that they were scared and were happy to have friends or family members with them.
12. Who should know about your need for help?	Nearly all who answered said that family members or friends needed to know. A few added that 2-1-1 and the evacuation list are important. One person suggested the Case Manager should know.
13. Did you have to move out of your home?	Most people did not have to move out of their homes. Only two reported having to leave after the storm due to water damage. About 30% of the elders left before the storm to be with family members.
14. What would you tell others to help them?	Most people said, "be prepared." To that there were many and varied additions such as listing items to obtain, gaining awareness if possible, checking on friends and neighbors, getting someone to stay with you, and trusting in God.
15. Other ways we can help?	25 people, more than 50% of the respondents, cited continued unresolved needs. Of those, most (8) had to do with house

	repairs or locating low-cost housing. Six people noted utility assistance needs, 5 asked for help to get food stamps, 3 wished for a Christmas basket and help with household management, 1 said she had no money to replace her broken TV. The interviewer submitted those requests with the names and contact numbers to the elder care team at United Way.
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2. Observations Based on Interview Data

a. Self-Presentation by Elders

As a group, the callers appear quite independent and resilient. Most recall several places where they tried to get help before calling 2-1-1. These include the food bank, city councilman’s office, Harris County offices, Salvation Army, and numbers out of the Senior Guidance Directory to name a few.

About 1/3 of all participants stated that they depend on themselves. *“We depend on ourselves, we have pride. We used to help others and now that I am ill I need to ask for help for myself.”* Only 3 people said they did not know who to call for help before calling the helpline.

b. Taking Action

In describing what they did with information they received from helpline staff (question #5), nearly all elders reported that they made phone calls, talked to multiple agencies, churches, or waited on their turn when funds were limited. In many cases the issues remained unresolved, and therefore they qualified them as part of the sample “needs unmet pending client’s action”. Participants do not sound passive or incapable of action, when they report their activities in trying to get help.

There are likely other reasons for the incongruity between their self-description and the categorization criteria.

Some of the elders gave clues. *“It was very hard. I had to call so many places and it got on my nerves.” Making the calls can be frustrating: “it gave me a headache,” “if they gave me better numbers it would have helped. Also if places would tell you yes or no more quickly and not make you wait and keep having to call again and again.”* Another caller said: *“less messages and more help would help.” “Connect me to a live person and give out the right number the first time.” “It was hard for me to make calls but I had to go get help.” “I made many calls and was told there was a waiting list for help.” “I tried to call for food stamps but I could not get through. I got frustrated and quit calling.”* In some cases the frustration led to inaction: *“I prayed to the Almighty and waited for help to come.”* Only one or two elders admit they *“can’t remember, I misplace things.”*

c. Resources

In discussing what other resources they may have used to resolve problems (question #6), some talked about turning to their children for help, or accepting their child’s support. Many talked about having to wait and some relied on God and prayer to help in the process. *“I ended up having to solve things on my own,”* said one elder although she was *“too upset to make any more calls.”* Only 2 people said, *“not sure what I could do.”* About 1/3 of elders in the sample considered their Case Managers to be the extra resource: *“my Case Manager is a social worker and she helped me. She is like a Godmother to me,” “the people at the Chinese Community Center were helpful and*

efficient and made me feel comfortable," "the 2-1-1 helpline staff was very nice and they prepared me for the wait. They were patient and caring."

d. Keeping Promises

Several people reported that they were promised a visit or return visit from a Case Manager or other representative of an agency (not always clear) who did not follow through. This sense of being "abandoned" comes up in response to several questions by a small number of elders, but it is an issue that stands out. One elder responded to the question of what we could do better by saying: *"to have people call back like they promised they would. If you cannot help just say no." "Don't make people wait and never call back." "Some people were nice and polite but they did not help fix the problems."*

e. Family interactions

Elders as a rule did not discuss interactions with their family members. Some stated that they lived with their daughters, others mentioned that they helped their husbands, and two identified they were caregivers. Family members were most prominent, however, when elders were asked with whom they discussed their concerns. Nearly all mentioned a son, a daughter, family or neighbor. A small number said they depend only on themselves, and a few more depend on God in addition to family members.

It appears that although elders are not willing to ask or even readily receive help from their children or family members, they trust family members as a source of support when they discuss concerns and worries.

The complex relationship with family is evident again when elders were asked who should know about their needs for help in case of emergency (Question #12). Thirty-six of the elders in the sample said that their son, daughter, or family should know. Others listed neighbors, "my Case Manager", and the City (for the evacuation list). Few elders identified their vulnerability in this category by saying, *"Not sure. I am alone."*

f. TV

Television in this population of elders is not just a source of entertainment. It appears to be the primary source of reliable information about emergency preparation. All elders in the sample identified TV as the place they learned about hurricane status. This is critical information for a population where limited funds may limit access to television, and therefore cut a vital source of information.

Perhaps it is worth noting that no one offered other vehicles of information such as radio, newspapers, and announcements made in community centers, etc. It is hard to tell if other means of information disbursement were useful. It seems clear from the way elders recall it, that transmission over TV is memorable.

g. Hurricane Ike

Looking at the group's responses to what sort of preparations were made before Hurricane Ike came ashore, elders were active in taking action and preparing *"the best way I could."* Nearly all prepared by buying extra water and canned or packaged food. A few bought ice and about a quarter reported getting extra medicines; one reported cooking ahead. Some taped the windows and bought batteries and a flashlight. Several elders noted their children helped them prepare and a few invited

friends or relatives to stay with them during the storm, and reported that it was comforting not to be alone. Only one individual in the sample recalled gathering important papers.

While 6 of the elders said they left town to be with family in other places ahead of the storm, 4 said they left after the storm. A few said that they did not prepare enough *“not too much”, “I couldn’t help myself”* and *“trusted in God”*. Five elders did not respond to this topic in the interview. One of the elders experienced a traumatic event of flooding: *“It was a terrible experience. We did not expect it to flood so much or the water to rise so quickly. The water came in up to our waist and we could not get to the attic. Boats came by but passed by us up and went on to the other areas, saying they would come back but never did... One of my neighbors died.”*

Although the number of elders in the sample who did not prepare was small, they may represent the most vulnerable of elders, those who say, *“I was not prepared enough ... I was scared and did not feel safe, I would call and try to get more help.”* Or *“I am alone, I have my son and he had a lot of problems.”* These are the elders in the community whose support network is so thin that it cannot be counted on even in cases of impending disaster.

h. Degree of Preparedness

More than 50 percent of elders in the sample said that they did what they could to prepare and felt safe during the storm, and most of them said they would not do anything different next time. The rest, however, felt that Ike provided an important lesson: *“I was OK and felt safe. I would prepare more,” “next time I would get help from someone,” “I was prepared but it was worse than I thought. I was afraid. I would try to go somewhere if I could.”*

Some elders faced difficult conditions: *“it was worse than expected,”* one said. Another said, *“I did what I could, no one can plan for 17 days without electricity. I would get more water. I needed more water.”* For others, the difficulties continue: *“I was OK but now I cannot afford home insurance any more.”*

Of the elders in the sample, 35 (of 48) did not move out of their home. Some chose to spend the time with family members and 2 had to evacuate. One of the elders who did not evacuate said she *“could not get out and go a shelter. No one came to see me.”*

i. Lessons Learned

Elders were asked what they would tell others about preparing for an emergency, as a way of summing up what they learned from Hurricane Ike. Most offered encouragement *“do your best, you can do it”* and *“don’t be afraid. It is better to stay than to leave.”* Almost all said *“prepare,” “stay calm and be prepared.”* One caller who said she managed well offered: *“Make sure that someone checks on the elderly before and after a storm.”* Another elder noted that, *“The city needs to help more. I still have blue tarp and still need home repairs and trees cut.”*

D. Focus Groups

Dr. Ilana Reisz conducted two focus groups that were recorded by note-taker for later analysis. The purpose of the groups was to corroborate the information gathered from elders, and to learn more about the elders from the professionals who interact with callers directly. The first focus group consisted of 10 Case Managers (CM) representing five organizations. The second focus group

involved five Elder Specialists (ES) all based at the United Way of Greater Houston. Figure 1 at the beginning of this report outlines the process followed by each group.

1. Elder Specialists

When elders call the 2-1-1 helpline, an operator determines their age (or the age of the person they are calling to assist). The ES is the individual with whom elder callers speak about their needs and the status of their conditions. ES have only phone contacts with elders, but are skilled at assessing the elders' conditions and determining the likelihood that they can act alone on information that will be given to them to help address their need. A few weeks to a month following this contact, the ES follows up with a phone call to elders they helped. This follow-up phone call helps to determine how well the process went, and if the issues are resolved or remain pending. Needs may remain unresolved for a number of reasons such as long waiting lists for the services, the caller did not qualify for the service, or the caller was unable to reach the agency whose number they were given.

The relationship with that ES is conducted by phone only, and elders are expected to follow suggestions or recommendations for contacting resources on their own.

2. Case Managers

When the Elder Specialist determines that a Case Manager should be involved with the client, they ask for the caller's permission, and then call the CM, to make the referral. This determination is made mostly when clients present complex issues, or when cognitive or physical barriers prevent the caller from seeking help independently. Unlike ES, Case Managers are able to conduct home visits and observe the clients directly as they assess quality of life needs, and help in setting the priorities for assistance. Once contact is established between the Case Manager and the client an ongoing relationship is established that many elders (judging from their responses to interview questions) come to value and rely on. The clients may call the CM directly, without having to return to the 2-1-1 line.

3. Comparing ESs and CMs

The following table (Table 5) is a side-by-side comparison of the responses the two groups (ES & CM) gave to key questions during their focus group meetings. There is a great deal of agreement in the perception of these different professional groups, although the nature of their relationships with elder callers is different.

Key words and phrases are bolded to help identify areas of agreement between the two professional groups, as well as to call attention to critical issues in the listing of system-related concerns (last question).

Table 5 Comparing Perceptions of ES and CMs

Questions	Elder Specialists	Case Managers
How would you describe a 'typical' caller?	Most callers are African American females between ages 60 & 70 who live on low incomes of \$600 to \$1000 a month . They tend to call for assistance with utility bills although they have needs that are deeper than the one they call for. With a recent downturn of the economy there has been a noticeable increase in Latino callers, and callers who are younger.	Low income, managing on social security and food stamps. Many have income between \$600 and \$700 a month . They are 'vulnerable' living one paycheck to another. Most are women (except Parkinson's Association clients who tend to earn more and are more often male). Clients have multiple needs and are overwhelmed. Many are African American or Latinos . Some have worked all their lives in jobs that did not pay into Social Security, and are therefore not eligible for benefits, or they are immigrants and also not eligible.
Do clients call more than once?	About 50% of clients have called before , or have been in contact with Adult Protective Services (APS). When first time callers call, they do so after hearing an ad on TV. There are always a few callers who know how to 'work' the system.	At least 40% of the callers have called multiple times . Once in contact with a Case Manager, they call a direct line to that manager instead of calling 2-1-1.
Do clients view their families as resource to help in managing the problems?	Most older adults don't want to be a burden to their children, so many don't ask them for assistance. Some even call for help so that they can get help in contributing to their families' bills. Families may be disconnected, or have their own financial problems. Clients tend to define help as financial assistance, not emotional or social support.	Often families are unable to help because they are overwhelmed themselves. A small number of families are not interested, others live far away and are not aware of the need for help or "just don't know what to do." Clients (especially Hispanic elders) do not want to burden their families and those living with their families want to be able to assist by sharing the cost.
How do you know that the client has understood the information?	Staff explore clients' needs by talking with clients and getting to know them. They assess their ability to understand the information and use it. About 1/3 of clients are referred to APS and another 1/3 to Case Management. Clients are asked to report back after they have completed the process, and a few do.	Most clients have multiple needs and Case Managers work with them on addressing each of those needs (in person). Case Managers ask some clients to repeat the information they received. "you can just tell when you make a home visit and see the client's face as she/he talks."
What makes a client interaction difficult?	[Was not discussed]	Rude clients, clients who feel entitled to services and expect a lot, clients with unrealistic expectations, expecting things to happen quickly. Some clients are not motivated.

<p>In your view are most elders dependent or independent in following up on advice they receive from you?</p>	<p>More elders are more dependent than independent. They run out of ideas and resources. Many have experienced barriers and need additional help. The majority cannot navigate the system.</p>	<p>Clients are not able to navigate the system on their own. The majority of clients want and need help. Clients must be willing to participate in Case Management. They cannot be passive. A small minority of clients ‘work the system’ by calling multiple agencies at the same time.</p>
<p>What are the major needs that elders call for?</p>	<p>Major needs are home repair and help with electric bills</p>	<p>Difficulty interacting with the system, inability to get responses or assistance for multiple problems. At times clients call for utility assistance or rent, but those are only the most immediate problems.</p>
<p>Are there still calls on Ike? What are they?</p>	<p>Still getting some calls about home repair related to Ike, unfinished roof repairs (due to unscrupulous contractors), but not too many. Most people are dealing with current situations – they talk about future concerns like the next hurricane.</p>	<p>There is ongoing impact in places where homes have not yet been repaired and there are insurance issues. A major problem for some elders is that they were relocated into apartments they cannot afford without housing assistance, which is ending. These elders must now relocate to a place they can afford.</p>
<p>Why don’t elders follow up on assistance they asked for and received?</p>	<p>Abilities vary from person to person. Some have knowledge of resources and are articulate and can resolve issues with information they get, but most do not. In some cases their children intervene and help resolve the immediate need.</p>	<p>Clients are generally not aware of community resources, or they are not able to navigate the resources on their own.</p>
<p>What are some system-related challenges?</p>	<p>Many clients have nothing. An unending situation of poverty and bills. Bills keep getting higher. No money for home maintenance. Food stamps have a long waiting list (about 6 months), and they only get a few dollars. Many consider it is not worth their effort. No transportation to get to appointments for applications. Many elders know the system is bogged down and don’t even try. Callers often can’t get through. If they use a cell phone, the process eats their “paid-for” minutes. Having to call back many times and being on hold for long time. Callers don’t know how to ask for what they need, they report being rushed or operators who are rude to them. Elders often don’t understand assistance</p>	<p>There is a ‘system issue’ that makes it hard for clients to follow through. Not enough money to help elders. Access to health care and cost of medications. Transportation (to get medications or go to the doctor). Residential support services to help clients stay at home and be independent – not enough money to pay for needed services. Living situations are too costly but it’s difficult to find the right alternative or to pay for institutional care. Challenges of undocumented elders who are not entitled to benefits and do not enough money to manage. Flexible Funding Pool really helps but does not address root causes of problems.</p>

	programs. Simpler application process would be helpful. More phone lines for agencies that provide assistance to elders. More staff to answer phones.	
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Elders and the professionals who work with them share many perceptions about the conditions that prompt calls for help. There are, however, differences in the process of recalling and reporting that appear when responses to the same questions are compared between the elders and the professional groups.

3. Why Elders Called

The interviewer asked elders why they placed the call to 2-1-1, and while over half of the callers did not remember the reason they placed the call without being prompted, others cited different reasons (listed below without regard to frequency). ES and CM had similar recollections of reasons for calls made by elders (**bold print**), and some areas of lack of agreement in recollection.

While the agreements are not surprising, the lack of agreement in recollection of reasons for the calls may speak of the more immediate priorities on the minds of elders when they call such as need for glasses or household goods, or it may relate to the loss of some memory in the intervening time between when elders made the call, and the interview sessions.

Table 6 **Reasons Elders Call for Assistance: Two Perspectives**

Elders listing of reasons for the call	ES and CM listing of why Elders called
Household goods	(no corresponding category was given)
Meals on Wheels	Need for food
Rent assistance	Legal assistance
Need glasses	Housing options
Home repairs (multiple callers)	Home repairs (roof, weatherization)
Need Information	Housekeeping help
Help others (neighbors, friends, family member)	Assistance with care
Need air conditioner	(no corresponding category)
House repairs after Hurricane Ike	Assist with placing information
Assistance with utility bills (multiple callers)	Utility assistance with electricity
Evacuation transportation	Help with transportation (during emergencies and at other times)

Bold print = agreement

V. FINDINGS

The study was designed to evaluate the difficulties that Houston's most vulnerable elders face in attempting to obtain resources to help them overcome urgent needs. In particular, we were interested to learn from elder callers and the professional specialists who help them, what systemic barriers exist that if corrected would ease the burden on the most vulnerable of older people in Houston. While this study relies on a small sample, the specificity of their recollections, and the support these recollections found in the reports of professional ES and CMs, lend credibility to the existence of serious barriers for elders whose economic and physical conditions place them at high risk for loss of independent functioning.

Findings are listed under each of the sub goals that guided this study:

Identify the actions and experiences of elders who have lived through Hurricane Ike, by exploring how they prepared and dealt with this emergency condition.

- The interviews took place approximately a year after Hurricane Ike, when much of the damage and chaos was mostly resolved. The memory of Ike, however, was still strong in the minds of many elders who, according to the study's principle interviewer, were eager to talk about it.
- Most recall learning about the developing storm from television. They knew about need for preparation of extra food and water and some remembered to prepare extra medications and other emergency supplies. Fewer talked about other preparation such as collecting important papers.
- Over a third of the elders left their homes before the storm, and most stayed with relatives. Of those who remained at home, most felt that they had taken proper steps to secure their stay. Only three (of 48) sustained severe damage to their homes, and two were isolated by long periods of loss of power. They remembered the events as traumatizing and their preparation insufficient to the severity of the storm.
- Even among elders who managed well, about a third said they would have appreciated a follow-up phone call or a personal check up from someone. These elders expressed a sense of being forgotten and having been left to manage on their own. No data is available to determine how many of these elders signed up for possible evacuation assistance, which is made available in a number of ways including through the United Way 2-1-1 helpline. Hurricane Ike did not lead to evacuations for most of elders in the city, and elders were left to manage on their own. Elders who survived the hurricane but found the aftermath long and difficult would have benefited from a mechanism that provided reassurance and opportunity for assistance.
- Most elders were not critical of disaster management. Few named the City, FEMA, and insurance companies as agencies that could have done more to provide support during and after the storm. Unfortunately, no specific examples were given about what kind of assistance would have helped.

Explore the perception of Elder Specialists and Case Managers about the process of assisting elders in getting information they need for their ongoing safety and independence.

- ES and CMs play different roles in their interaction with elders who call the helpline. Each professional group was interviewed separately, and expressed slightly different views about the elders they interact with, although they were in agreement on important points. When ES and CMs spoke about their experiences of working with elders, they did so without specific

reference to the elders in the sample group. Rather, their comments were drawn from their overall experiences of working with all elder callers. Their insights are particularly useful in learning the limitations and difficulties of accessing local resources on behalf of the elders they work with.

- ES reported that most clients were in dire need of assistance and were generally unable to navigate independently through the complex system of available resources. They felt that elders who failed to get help on their own may have encountered an *“overloaded and under-resourced system.”* In some cases, clients themselves had too many personal obstacles (loss of hearing or impaired memory, difficulty articulating their needs) to be able to manage unassisted. Elders, they said, try to manage, but give up when the wait is too long, or when they get no response after a few tries. They noted that some elders have nothing, and are too proud and embarrassed to ask for help.
- ES specialists describe the situation of elders as an *“unending situation of poverty with multiple bills...and the cost of the bills keeps getting higher.”* There is no money for home maintenance; there is *“no safety net.”* These elders are *“always on a fixed income living in homes in poor condition.”* ES guessed that approximately one third of the callers can manage on their own with information they get, the rest are likely to be referred to a CM or to Adult Protective Services.
- CMs see most of their clients as more dependent than independent. They did not think that they could manage on their own, and needed the specific intervention of CMs to help negotiate even the more basic arrangements such as assistance with utility bills or with rent so that they could remain in their homes a while longer.
- Professionals who assist elders to meet their needs know that they can only be as helpful as the services available. Sometimes clients are not eligible for services, or there is a very long waiting period to qualify for assistance. These are *“resources in name only”* - they exist in theory but are generally not available. Sometimes funding runs out, and no services are available until a new funding period begins – this requires multiple and frequent calls. Some problems can be resolved quickly (medications, food stamps, or energy assistance), while other needs are never resolved.
- CMs who know elders well through home visits felt that some of their clients are not following up because they forget what they have been told, or where they placed the information. Since many callers live in deep poverty, they have learned to manage in that state. Clients are satisfied when the most urgent needs are addressed. Then they drop off and do not call the CMs for a while, until another crisis presents itself. Most callers go from *“crisis to crisis,”* some *“manage”* by waiting for an emergency when a trip to the ER helps with the most urgent problem.
- ES and CMs believed that most elders in Houston do not know about the 2-1-1 helpline. They noted, however, an increase in reported unmet needs just as funds and supporting agencies are diminishing.

Examine the perception of elders who engaged with Elder Specialists and/or Case Managers about the barriers to following through on recommendations they sought by calling the Elder Specialists.

- Most interviewed elders did not remember the call they made for assistance when first asked (Question #1) but when the interviewer reminded them of the date and subject of the call, they were able to recall the interaction. Almost all interviewees felt positively about the people who assisted them on the helpline in both professional categories. They offered praise and expressed

gratitude without prompting by any question that asked them to evaluate the quality of their services.

- There is a large gap between the elders' presentations of their activities, and the accounts of the professionals who helped them. The large majority of elders in the sample group reported that they took actions using the information they received from ES or CMs. Most said they made multiple phone calls to a variety of agencies and community organizations. From their descriptions, it could be concluded that most elders were aggressively searching for solutions to their needs by making many phone calls and talking to multiple agencies. A few elders talked about their feelings of frustration at the bewildering process of phone calls, applications, and waiting for support, and even fewer elders said they were unable to help themselves. This self-presentation by most callers in the sample stands in contrast to the general impression formed from the accounts of ES and CMs of a generally dependent elder who cannot manage alone.
- While elders value their independence to a great degree, they were not aware of more than a few resources to help them manage to remain in their homes. Professionals said that barriers such as phone mailbox systems, eligibility requirements, or long waiting periods, often frustrate elders who try their best to act on information they received. Some elders come to rely on their relationships with the CMs, in particular, to continue to manage their independent lives.
- Approximately one third of elders complained of rudeness and dismissive attitudes by people at agencies that they reached by phone with requests for assistance. ES and CMs said that they knew about these complaints by elder callers, and reported that periodically they participated as witnesses to these calls in order to understand the barriers that elders experienced. When they listened to conversations between elders and agencies, professionals did not encounter poor behavior on the part of service providers. Although ES or CM did not discount the validity of reports of periodic rudeness, they attributed most to the irritation of elders as they fail to communicate or negotiate their needs effectively. Confusing requirements combined with difficulty in hearing and other impairments may lead to a frustrating, unsatisfactory outcome.

The Professional Perspective

Focus groups with Elder Specialists and Case Managers identified their clear understandings of the barriers that their elder clients face when they attempt to find assistance to meet basic needs. Their conclusions are summarized here:

- Home maintenance is a costly need for which there is little or no public money. There are also shortages in other service areas on which elders rely, such as medication assistance, transportation, and food.
- Food stamps have long waiting lists and provide only limited assistance that many elders consider not worth the wait.
- Transportation assistance requires appearance for appointment for application for which transportation is required. It is also difficult for elders to get transportation for routine trips for shopping, medical visits, medication purchases, etc.
- Many assistance programs are bogged down and have complicated phone processes that elders find difficult to manage. Elders increasingly using cell phones cannot afford to be placed on hold on the phone.
- Callers who may have communication, memory, or other challenges have difficulty in articulating their needs specifically and encounter what they perceive to be intolerant service providers. Dedicated elder specialists may be needed for some agencies who serve this segment of the population.

- Application processes are cumbersome and unique to each agency, although the information needed is nearly identical to those required by others. Simplification of the process would assist all elders.
- Living situations are increasingly more costly with few alternatives. Institutional care or aggregate living is expensive with limited options.
- Elders who are undocumented face a set of challenges that are most difficult to manage, as they are not entitled to any benefits.
- Flexible Funding Pool really helps, although it is limited and does not address root causes of problems.

VI. IMPLICATIONS

Available resources are managed by a diversity of public and private agencies and are vital to elders' ability manage independently in the community during times of stress. Communication is among these resources and the professionals who help elders effectively and efficiently identify ways to meet specific needs is critical to breaking down bureaucratic and other procedural barriers to urgently needed help. Elders, especially those who live solely on monthly Social Security payments, are often a crisis away from having to give up their independent living status, even when they are physically able to manage it. Postponing or avoiding aggregate care (assisted living or nursing homes) that are limited and expensive, vulnerable elders benefit from a robust support network that operates in their community and permits them the dignity of living on their own as long as they can. Our findings support the examination of the following recommendations for improvements in the process of supporting the needs of vulnerable elders:

1. Without the helpline, the information elders may find comes from varied and sometimes unreliable sources. At times even when directed by the helpline professionals, callers encounter complicated phone mail systems that lead to frustration and a sense of defeat. The helpline, although not yet known by all elders as a resource, is the closest mechanism to a reliable single portal for vulnerable elders.
2. The process of determining which resources may be appropriate is not simple. Some elders must apply and wait only to find out that they do not qualify. Eligibility mechanisms that are public may be helpful in sorting through the process and helping to set realistic expectations.
3. Some elders were promised that someone would contact them by phone or in person, and no one did. While these occurrences appear to be rare, they must be reduced by setting high standards for ethical and respectful behavior, and instituting follow-up procedures for service professionals who work with these vulnerable populations.
4. There are resources that appear to be there "in name only." Long waiting lists, insufficient funds, and poor infrastructure in some resource areas (including housing repairs and meal delivery) leave a population of elders without hope for assistance. Making the funding calendar and its status more public would help resource managers understand what chance their clients may have in accessing funds. A systemic review of the programs that are chronically under funded may yield alternatives for elders who are on long waiting lists.
5. A disabled adult child or incapacitated older adult must rely on the elder parent or spouse to help them in daily management and in accessing resources. Elders who carry this extra burden cannot navigate independently because they are limited by time and transportation requirements for their dependent family member. These elders, who are also caregivers,

- require an additional level of assistance such as an expedited service or process, transportation vouchers, and special lines for processing applications.
6. Elders who register for evacuation assistance prior to hurricanes would benefit from phone contacts after the emergency has passed, even if no evacuation was needed. As Hurricane Ike has shown, the period after the storm can be quite stressful and full of challenges and needs not foreseen by elders.
 7. This study highlights the fact that more elders had difficulty managing after Hurricane Ike passed than before or during the storm. The duration of some power outages (17 days), and the difficulty that some elders experienced in coordination of public sector agencies imposed another level of hardship on the most vulnerable elders, especially those who lack family and other social support networks. For many of these elders, a phone connection and periodic status checks would be a welcome signal of caring, if not an actual helping hand.
 8. Televisions are a vital source of information for elders especially if they are socially isolated. Pending emergencies and the ways to prepare for them are critical as elders prepare, usually well ahead of a brewing storm. Information specifically targeting vulnerable populations, such as phone numbers for water delivery, shelters in neighborhoods, etc., would be useful. In addition, with loss of power after the hurricane comes loss of information and connectedness. Elders remain cut off from this important information that may be crucial to their safety and survival.
 9. Flexible funding pools and electricity assistance programs appear to be insufficient for the need during peak months when some elders must balance the need for electrical power or repair of a leaky roof with other basic needs such as food, rent, and health-related costs. Additional funding to keep up with the growing population of elders who live in poverty will be required to manage this lifeline in the future.
 10. Assistance provided by ES, CM, and Adult Protective Services, constitute a vital service for the most vulnerable elders who want to remain independent in the community as long as possible. These services and the resources they may be able to access, are likely to be far more economical than any institutional alternatives necessitated by elders who lose their fragile footing on the marginal line they negotiate every day. Support of these services is in the community's best interest.
 11. A systemic review and mapping of all types and levels of assistance available to vulnerable elders from all sources (in public and private sectors) would benefit service providers, professionals who help elders navigate the maze of options and resources, and elders themselves.

Although the exact number of vulnerable elders in the Houston area is unknown, they are a rapidly growing segment of the population. Elders living in poverty, hunger, in poor health, and in inadequate housing, find themselves dependent on a loosely structured and chronically under-funded safety net that is increasingly difficult to navigate without assistance. The Elder Specialists and Case Managers who are accessed through a single phone call are elders' best hope for making reasonable use of whatever resources can be had. While this form of assistance does not offer a systemic solution, it is the closest approach to a single portal of resources that Houston's elders have at present. Developing a more easily navigable map of resources along with accountability for the information and resources, would help improve the experience for elders in need and the professionals who assist them.

VII. LIMITATIONS

This qualitative study uses the responses of 48 elders and 15 professionals (ES and CMs) who participated in interviews and focus groups as data for analysis to address the key question. The study period was brief to accommodate loss of memory between the times of the original call elders made to the helpline, to the time that the interview took place. As a qualitative study, no generalizations can be made on the basis of its findings that would apply to any other group of elders. The participants' experiences, however, may be instructive, and point to areas that could be improved to benefit all vulnerable elders, or lead to additional investigation.

ES and CMs report that the numbers of elders who appear not to follow up on advice has been falling steadily from the inception of the helpline services for elders. It is likely, although not documented, that with years of experience, the professionals have been able to improve their ability to assess more accurately elder callers' needs that call for support of CMs, and therefore better the likelihood of meeting their needs.

The category that placed elders into the sample may be the source of some confusion. Elders were categorized as "needs not met pending client action" after a follow-up call by ES to evaluate the outcome of their services. In tracking the number of people who fit into this category, there may have been some confusion initially which was corrected by United Way staff before this study began. The change in categorization, however, places in doubt any comparisons between numbers of elders in this sample and those reviewed by earlier studies.

VIII. ACKNOWLEDGEMENTS

We are indebted to the 48 elders who spent time and discussed their lives openly with the study's interviewers. The gift certificates they received were a small token of our thanks for their valuable contributions that we hope will help other elders in Houston and the region. We are most grateful to the Elder Specialists and the Case Managers who participated in focus groups that informed us about their daily challenges in service of vulnerable elders. They are clearly dedicated and passionate about the valuable service they provide. The United Way of Greater Houston provides the helpline that a growing number of elders have come to depend on, and without their commitment, elders would face far more difficult challenges.

APPENDICES

Appendix 1

DEMOGRAPHIC CHARACTERISTICS OF ALL ELDER CALLERS

a. Geography:

The distribution of zip codes of elder's residences revealed that, as past studies have, elder callers are not concentrated. For these groups of elders, there was no overlap.

Of the top 3 zip codes where most calls were generated, none were the same between the two groups.

Zip Code	Percent for Needs Not Met	Zip Code	Percent for Needs Met
77016	8	77033	6
77051	5	77021	4
77088	3	77004	4

b. Gender:

The expectation was that more women would call than men, and this sample demonstrates the ratio with distribution being equal in both groups.

Gender	Percent for Not Met	Percent for Met
Female	79	77
Male	21	23
Total	100	100

c. Household Income (per month):

The four most reported income categories were nearly the same for both groups. Income reported ranged between \$901 and \$1200, the percentages are essentially the same.

Income	Percent for Not Met	Income	Percent for Met
\$501 - \$750	29	\$501 - \$750	34
\$951 - \$1200	24	\$1201 - \$1500	18
\$751 - \$950	18	\$951 - \$1200	14
\$1201 - \$1500	9	\$751 - \$950	12

d. Age:

Age was distributed equally in the two groups.

Age	Percent for Not Met	Percent for Met
65-74	45	44
75-84	26	29
60-64	24	24
85+	6	4
Total	100	100

e. Living Arrangements:

Living arrangements were the same between the two groups.

Living Arrangement	Percent for Not Met	Percent for Met
Alone	62	59
Family	25	22
Spouse	9	12
Others	3	5
Spouse/Family	1	2
Total	100	100

f. Ethnic Diversity:

The two groups had nearly identical distribution in terms of ethnicity.

Ethnicity	Percent for Not Met	Percent for Met
African American	57	56
White	28	25
Hispanic	13	15
Asian (Specify)	1	1
Other/Unknown	1	2
Total	100	100

APPENDIX 2

Guiding Questions for the Interview

<p>1. Do you remember your call to 211 on ____? Prompt: <i>my notes show that you called on ____ (date) about ____ (subject)</i></p>	<p>2. <u>Was this your first time to call to 211?</u> If Not: What other questions or concerns did you call about?</p>	<p>3. Do you remember being connected with an elder care specialist (or an Enhanced I & R specialist) by the 211 operator to discuss your needs?</p>	<p>4. Before you made the phone call to 211, did you try to find help to address your need in other ways?</p>	<p>5. a. Who do you typically <u>Discuss</u> your concerns with? b. Whom do you generally <u>ask to help</u> you solve a problem or concern? Prompt: Family? Neighbor? City or County officials? Paid helper? <i>(Question of trust and availability)</i></p>
<p>6. After you received information from the ES or Enhanced I&R Specialist, what did you do with that information? Follow up (f/u): a. How did you use it? b. What information didn't you use? c. Why did you not use this information?</p>	<p>7. Were you able to resolve your problem in another way – so you did not need to pursue the resources the ES or Enhanced I & R Specialist told you about?</p>	<p>8. What would have helped you most to follow through on the information you received? Resolve the need for which you called? f/u: Is there anything we could have done that would have helped?</p>	<p>9. How did you find out about Hurricane Ike? Prompt: Radio? TV? Newspaper? Family? Neighbors and friends?</p>	<p>10. How did you prepare for Hurricane Ike? Prompt: House preparations? What supplies? Who to contact?</p>
<p>11. Do you think you under-prepared for Hurricane Ike? Or did you feel safe with your arrangements? f/u: What would you do differently today?</p>	<p>12. Who, in your opinion, should know about your need for help in case of emergency? f/u: Have you let them know?</p>	<p>13. Did you have to move out of your home due to Hurricane Ike? Explore: a. Before the storm hit? b. After the storm hit? c. What did you take with you?</p>	<p>14. What advice would you give neighbors and friends about being ready for emergencies?</p>	<p>15. What information about the concerns you called 211 about have you discussed with people close to you?</p>

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