ABSTRACT

AGING SERVICES PROFESSIONALS’ VIEWS OF BARRIERS FACED BY MINORITIES IN ACCESSING THE LOCAL AGING NETWORK

by Dunisha Johnson

The purpose of this study is to examine the type of barriers that exist for minorities and limited English speaking persons in accessing the local aging network. In-depth interviews were completed with professionals of the local aging network in Dayton, Ohio. The participants included agency and program directors of local senior serving agencies in the area. Respondents discussed what they perceived as the barriers for minority elders in using the local aging network and provided recommendations about how the system could be improved. The findings of the research suggest that there is a lack of knowledge about how to best implement programs and services to meet the needs of minority elders.
AGING SERVICES PROFESSIONALS’ VIEWS OF BARRIERS FACED BY MINORITIES IN ACCESSING THE LOCAL AGING NETWORK

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by

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Dedication
I am dedicating this thesis to my son, Willis D. Johnson IV, who has given me a totally new perspective on life. His existence has allowed me to convey strength that I did not know I possessed. He has also provided me with a renewed spirit of unconditional love and optimism. Also, I dedicate this thesis to my mother, Yvonne Howard, who taught me to never give up and to keep God first in everything I do. To my dear friend Dr. James B. Ewers, family and my husband, Willis D. Johnson III in particular, for always challenging me to do great things and to “keep hope alive”. Finally, I dedicate this thesis in remembrance of Rev. Charles D. White, for teaching me the importance of education early in life.

Acknowledgements
I would like to thank my thesis committee for all of their time, comments and support during this process. A special thanks to Dr. Robert Applebaum for supporting me the entire way through this process as words can’t express my gratitude. I would also like to thank Dr. Suzanne Kunkel for sharing her expertise and for always being supportive and such a great listener. I want to also thank William Ciferri for assuring me that I can fulfill my goal of providing senior housing. I have been so blessed to have been surrounded by such great people.
Chapter I
Background and Statement of the Problem

Introduction

Providing high quality services for older people has become increasingly important in U.S. society. However, the question about how to both improve the quality of services and increase the utilization of aging network services by minorities and limited-English-speaking persons remains the subject of considerable debate. The aging network is undergoing major changes that will influence how services will need to be delivered in the future. Two major trends that will likely require the current system to change are: projections for dramatic increases in the older population, which will place growing demands on the current system; and population changes in composition, which will mean a more diverse aging population. These two trends, coupled with concerns that today’s delivery system does not adequately serve people of color indicate that the services of tomorrow will need to look different than today’s approach.

Demographic Changes

The racial/ethnic groups that will be discussed in this research are African Americans and Hispanics/Latinos with a focus on limited-English-speaking persons. By the year 2010 the US population of persons 65+ is projected to be 13% of the population, which is 40 million persons age 65+. By the year 2030, 71 million persons in the United State will be 65+, accounting for 19.7% of the population. Until recently African Americans were the fastest growing minority group in this country; however, the 2000 census reports that the fastest growing minority group is now Hispanics/Latino (United States Census, 2000).

Population projections for older adults indicate that the current service system in Ohio will need to be changed, especially for people of color. For example, according to the Scripps Gerontology Center’s Profile and Projections of the 60+ Population, by the year 2020, there will be 2.8 million individuals age 60+ in Ohio (this is a 44% increase). The minority population will grow at an even faster pace. According to Ohio’s Population Projections: 1995-2025, Ohio’s non-Hispanic White population will grow at a slower rate than all but six states, recording a 44 ranking out of the 50 states. In the same period the non-Hispanic African American population
change will record the 11th largest gain, while the Hispanic population change will record the 21st largest gain. The overall percentages for Ohio show, the non-Hispanic White population is projected to decrease by 1 percent, while the non-Hispanic African American population is projected to grow by 31.9 percent, and the Hispanic population is projected to grow by 97 percent by 2025 (United States Census Bureau, 2002).

Although Ohio’s older population is said to be, “less racially and ethnically diverse”, the older population in Montgomery County, the site for this study, is reported to be, “more racially and ethnically diverse” than Ohio’s overall older population (Mehdizadeh et., al, p.17) (see Table 1). These increases will place new and different demands on how services will need to be delivered.

Table 1

Race and Ethnic Distribution Among Population Age 60+, Montgomery County & Ohio, 2000

<table>
<thead>
<tr>
<th>Race</th>
<th>Montgomery County</th>
<th>Ohio</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Non-Hispanic</td>
<td>82.8</td>
<td>89.7</td>
</tr>
<tr>
<td>Black Non-Hispanic</td>
<td>15.3</td>
<td>8.4</td>
</tr>
<tr>
<td>Other Races Non-Hispanic</td>
<td>1.9</td>
<td>1.9</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.5</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Source: Mehdizadeh et., al. *Profile & Projections of the 60+ Population*

Another example of the changing demographics is a trend that is reported in the 2003 American Community Survey, which suggested that Ohio is gradually becoming more diverse (See Table 2). For example, in 2000, blacks were 10.9% of the aging population, while in 2003 the numbers had gradually increased to 11.5%. Although the increase is small, the data shows a trend of consistent growth of the minority population.
Table 2
Demographic Profile of Ohio
2000-2003

<table>
<thead>
<tr>
<th>Race</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>85.53%</td>
<td>85.36%</td>
<td>85.00%</td>
<td>84.90%</td>
</tr>
<tr>
<td>Black</td>
<td>10.90%</td>
<td>11.17%</td>
<td>11.22%</td>
<td>11.46%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>1.92%</td>
<td>1.96%</td>
<td>2.03%</td>
<td>2.04%</td>
</tr>
</tbody>
</table>

Source: US Census Bureau—2003

Scenario

Ethel Ortiz is a 71 year old Hispanic woman. She is currently living in one bedroom apartment located in a very low income inner city neighborhood. She speaks very little English and has very limited resources and access to people other than her daughter. Her daughter is a single mother and is raising 3 children; she doesn’t have much time to spend with her mother while working two jobs. Ethel’s income consists of $450 from social security, $75 in food stamps (per month) and she gets Medicaid insurance. With these sources of income, Ethel is struggling day-by-day to get by. As of last year, she is now the primary caregiver for her 3 year old granddaughter. Ethel has been caring for her grand-daughter despite her frailties, but she is in desperate need of some assistance and has no idea of how to access such service or who to call.

This scenario is an example of the complexity of needs that could be faced by older people of color. As the population of minority elders increases, so to will the complexity of these needs. With socio-economic disadvantages resulting in a range of complex needs, this example suggests that a more diverse aging population will require a more complex array of services. The aging service network needs to take into account these potential changes as it looks to the future. The study will return to this scenario when it examines system reform recommendations in the final chapter.
Access to Services for Older Adults and Minorities

Throughout this section access barriers will be discussed in the context of service delivery to older adults, to minorities and to minority elders. The literature review is designed to help in addressing the key research questions of the study that include: (1) what barriers do minority elders face in their efforts to receive services from the aging network? ; (2) What are the suggested solutions to the barriers identified for minorities accessing the local aging network?

This study is important because of the documented evidence indicating that minorities in general and older people of color specifically, face a range of access barriers in their attempts to receive health and human services. Studies have shown that minority group members underutilize services in the health, mental health, and long-term care fields (Baines, 1995). For example, “for the US there is a consensus among researchers that minority populations are poorly served by human and family services, compared to the majority of dominant populations” (Baines, 1995, p.1); underscoring the need for “culturally-sensitive” professional practice. Again, the needs of older adults are diverse, while the design of the aging network’s delivery system is not. Therefore, this research identifies the barriers faced by minority elders, along with suggestions and solutions that can be used to reduce these system limitations.

Barriers identified through a review of literature are presented in Table 3. A study developed for the Multicultural Coalition for Access To Family Services (Reitz, 1995) examined various social services, including human services, health services and mental health services in studies across Canada, the US, and Britain. The following are the most frequently identified barriers for minority elders:

- Language: lack of services in minority languages
- Information: lower levels of awareness of services within the minority community
- Cultural patterns of help seeking: minority groups may resist seeking services that they need
- Lack of culturally sensitive services: services (or the manner in which they are delivered) may not be appropriate for persons of particular cultural groups
- Financial barriers: lack of funds to access service
• Lack of service availability: location, schedule (or a service most needed by minority is not available to all)

Baines (1999), examined the obstacles to equality in health care and, in particular, issues for both purchasers and providers of health care. Some barriers for African Americans identified include:

• Language and cultural diversity (with provider and program ignorance)
• Racism
• Low socioeconomic status
• Lack of insurance
• Sedentary lifestyles
• Social surroundings that do not promote or reinforce positive health choices

Some of the barriers identified for Hispanics/Latinos are similar including: (Baines, 1999)

• Lack of awareness of needs
• Poor access to care
• Inadequate cultural insensitivity
• Lack of good research data
• Insufficient education, especially health education

Arean et al (2003), studied the Recruitment and Retention of Older Minorities in Mental Health Services. The research is based in the notion that older minorities are unlikely to ever receive effective interventions because of access and cultural barriers. The authors identify such barriers as, mistrust, stigma and burden (see Table 3).

The authors discussed that much of the mistrust in older African-Americans is rooted in the Tuskegee scandal and other discriminatory practices by medical researchers and providers in the first half of the 20th century. Lastly, the concern about participating in research is reported to be much higher among minorities than whites.

Other access barriers have been found in various social service delivery systems. For instance, much of the literature in the area of mental health identifies access barriers to care. For example, Heumann et al. (2001) identified “various provider-based and client-based limitations,
including, service delivery biases that prevent access to services, negative stereotypes on the part of providers, misinformation received by older people and providers, and fear by seniors of admitting an emotional problem or mental illness” (Heumann et al., 2001, p.195). The authors also identified a lack of trained professionals and a lack of professional experience concerning the mental health problems of elderly people as significant barriers to services.

Goldstein and Griswold (1998) discuss the importance of culture as a variable in the delivery of health care services, noting that the range of cultural variation in North America can impact mental health care, particularly for elderly people. The article identifies a lack of cultural competence as a barrier to identifying a mental illness. The barriers mentioned are, language differences, symptom presentations that are unique to a particular culture, lack of insurance that could prevent access to care, and health care providers who may be unable to distinguish culturally determined behaviors from psychopathology and may lack appropriate cross-cultural measures or scales for assessing mental health impairments. The authors suggest that primary care physicians should work closely with a geriatric psychiatrist to overcome barriers in identifying and treating mental illnesses in the aging population, because first their contact for health care is usually in a primary care setting. The recommended solutions to the identified barriers include, teaching cultural sensitivity in residency and continuing medical education programs. They also recommended that more attention to cultural sensitivity in research was needed to facilitate positive health outcomes.

Schoenberg and Coward (1998) compared the differences in attitudes about the use of community-based services among rural and urban elders. They found that rural elders were more likely to identify barriers to their use of community-based services. Such barriers included a lack of awareness of services, inadequate transportation, and perceived rigid program eligibility standards. Urban older adults mentioned far fewer barriers to the receipt of services.

Previous research has documented that, for minorities in the U.S., there is not equal access to health care services, educational, economic, social, vocational, legal, and political services and opportunities (Baines, 1999). Racial and cultural barriers continue to influence both to whom services are provided and the quality and appropriateness of those services. The stigma associated with racism is reflected in the common assumption that racial minorities are a ‘problem’--either they have problems or they are the cause of problems. As James discusses, organizations need to structurally respond to these changes: “racism operates within
organizational structures, shaping organizational culture, policies, programs, and procedures” (James, 1996, p.166).

The major service delivery barriers faced by older adults will be discussed in the next section. It should be noted that current problems are expected to persist and expand as this population continues to increase. Below are some of the barriers identified in a recent study of the Ohio Long-Term Care service delivery system by Ciferri et al. (2002):

- Inadequate information about services
- Availability
- Affordability

**Inadequate Information About Services**

Moon and colleagues (1998) in a study of the *Awareness and Utilization of Community Long-Term Care services by Elderly Korean and Non-Hispanic White Americans* found a number of significant factors that explained the lack of access to services and information. The study found that generally those aware of services were younger, more educated and of higher income than those who were not aware. More importantly they found that Korean American elders do use services when they are aware of them. Another important issue that this article addresses is the lack of informational guides and resources to accommodate limited English-speaking persons. The study reports that elders from other countries are unfamiliar with the complex American social welfare system, and recommend providing a resource information handbook in languages other than English. Finally, this study reports that health and social services are generally more accessible to and utilized by white elders, who are often more socio-economically advantaged than their minority counterparts. The study also challenges the success of the Older Americans Act in meeting its stated objective of increasing service availability to those minority elders and older people who are socio-economically disadvantaged. (Moon et al., 1998).

In discussing access to services it is extremely important to address the issues surrounding Information and Referral Assistance (I& A). In 1965, and in subsequent amendments, the Older Americans Act made funds available to provide Information and Assistance services through the Area Agency on Aging. The importance of such services is that it is the consumers’ initial contact with an agency or the aging service network. The initial
contact is important because if the consumer is not happy with the way their call is handled or is unable to understand the information, it will effect whether the consumer will choose to pursue services through the agency. Working in the intake department of a local area agency on aging provided the author with the opportunity to speak directly with consumers about their initial call into the agency. The final product of that project concluded that most of consumers were pleased with their initial contact with the agency and would recommend the program to a friend or colleague. However, the experience demonstrated the importance of the initial contact.

**Availability**

A major criticism of the aging services delivery system is the fragmentation and lack of coordination of the services offered in the network. Older consumers and their families are not sure who or where to call when they need assistance. One response to this problem is to use case management to coordinate services and to reduce unnecessary duplication of services in the long-term care system (Bogar, 1997). The role of case-management is critical to the area agencies on aging. Case managers are used to coordinate the array of services in the delivery system. The main components of case-management as identified by Applebaum and Austin (1990) are: 1) outreach 2) screening or intake and eligibility determination 3) formal assessment 4) care planning 5) service arrangement 6) ongoing monitoring and follow ups 7) formalized reassessment. It is important to note that case management is also known as a cost effective solution to maximize the impact of services (Gelfand, 1988, p.240).

James (1996) also suggests that the formal and bureaucratic atmosphere of some social and health agencies is another significant barrier to service. For example, agencies with staff that are often culturally insensitive with complex and confusing administrative forms, information printed only in English, a lack of flexible office hours, and alienated environments that discourage members of certain groups from using needed services have been identified as barriers to service (see Table 3).

“Stranded Without Options," released by the Surface Transportation Policy Project, in coordination with AARP and the American Public Transportation Association, concludes that as Americans grow older, our existing transportation network is unable to meet the needs of the nation's aging population, particularly as older people become less willing and able to drive. In this new national study, findings shows that more than one-half of all non-drivers age 65 and
over stay at home on a given day, many because of limited transportation options. This trend is particularly troublesome as the baby boom generation of Americans grows older. Some of the major findings are listed below:

More than 50% of non-drivers age 65 and older - or 3.6 million Americans - stay home on any given day partially because they lack transportation options. The following populations are more heavily affected:

- Rural communities and sprawling suburbs;
- Households with no car;
- Older African-Americans, Latinos and Asian-Americans.

Older non-drivers have a decreased ability to participate in the community and the economy. Compared with older drivers, older non-drivers in the United States make:

- 15% fewer trips to the doctor;
- 59% fewer shopping trips and visits to restaurants;
- 65% fewer trips for social, family and religious activities.

For trips outside their immediate neighborhood, public transportation is the only alternative to asking for a ride for many non-drivers. Where public transportation is available, older Americans make regular use of it.

- Public transportation trips by older non-drivers totaled an estimated 310 million in 2001; Older minority populations account for a significant share of these trips, with older African-Americans and Latinos more than twice as likely to use public transportation as their white counterparts.

**Affordability**

The financial circumstances of older people have improved dramatically, although there are wide variations in income and wealth. The proportion of people aged 65 and older in poverty decreased from 35 percent in 1959 to 10 percent in 2003, mostly attributed to the support of Social Security. In 2000, the poorest fifth of senior households had a net worth of $3,500.
($44,346 including home equity) and the wealthiest had $328,432 ($449,800 including home equity).

Although nationally the number of seniors at or below the poverty level has decreased, affordability is still a critical issue for low and moderate income older people. While the poverty rate for older people is comparable to the general population, the proportion of older people living below 150% of poverty is 23.9% and the percentage of older people living below 200% of poverty is 37.9% according to the 2005 Annual Demographic Survey (United States Census Bureau, 2005); these numbers are considerably higher than the population overall. Income data for minority elders shows an even greater disparity. For example, 26.5% percent of African American women live below the poverty rate, compared to 9.8% percent for white men. Again while poverty rates have been reduced for the overall aging population, there are large differences between the majority and minority populations in this area.

Wise (1988) examines an agency that provides services to individuals with disabilities to enable them to become employed. The objective of this study was to determine if there was discrimination against subgroups of the state’s vocational rehabilitation clients (by gender, race, and/or severity of disability classifications). Wise suggested in the findings that client data showed discrimination by gender, by race and by severity of disability. Wise concluded by discussing the differences in earned income as reflected by gender and race. For example, when clients were compared to the state’s total labor force, black rehabilitants earned 85% of the income white rehabilitants earned. Similarly, the average female rehabilitant earned only 72% of the income earned by the average male rehabilitant (Wise, 1988).

However the study by Baines (1999) concludes that at, “the institutional and individual levels of racism can determine both the quality and quantity of medical care (p.192). There is undeniable evidence that racism occurs from data on insurance coverage to medical treatment outcomes”. Baines’ (1999) suggestions/recommendations for these unethical imbalances are that, we must improve access to culturally competent primary care. Advising that this will take strong moral leadership and a national will that at this time does not exist.

**Conclusion**

Though there is not much literature on successes in delivering services to older minorities, there is considerable literature describing barriers to receiving services. Older
minorities in the context of service delivery have been overlooked for decades. The range of service delivery models discussed in this chapter should be examined, “in concert with the community to understand the access barriers that are specific to the target minority group and to the larger community in which the group resides” (Arean, 2003, p.37).

Considering the tremendous demographic growth of older minorities and limited English speaking people, delivering services to these groups will become even more demanding. Meanwhile, research in this area is much needed and will have great benefits as the current one-size fits all model adapts to the inevitable demographic changes that are now occurring in U.S. society.
Table 3 *Barriers Identified in Previous Research*

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Source</th>
<th>Barriers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Services</td>
<td>(1985) Handbook of Gerontological Services</td>
<td>Programs not reaching their target population. Lack of information about available services.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>(2001) Heumann, L. F., McCall, M. E., Boldy, D. P.</td>
<td>Delivery bias, negative stereotypes, misinformation, fear of stigma, lack of trained professionals</td>
</tr>
</tbody>
</table>
Chapter Two
Methodology

Introduction
A local Area Agency on Aging, funded by the State government and local levies, offers a unique opportunity for a qualitative study to identify barriers in accessing the services that they provide or fund. This project is designed to help understand the barriers faced by minorities and limited-English-speaking older persons in accessing service provided through the aging network. The research question this study seeks to answer is: what barriers do professionals working in the local aging network see for minority and/or limited-English-speaking seniors seeking to access services in the local aging network? This research will also include recommendations about how barriers can be eliminated or reduced.

Research Design
The qualitative design in the research is an exploratory approach. The overarching framework used in the design is the interpretative view, which focuses on the idea that there are multiple realities. “Social scientist believe that social reality is socially constructed and that the goal of social scientists is to understand what meanings people give to reality, not to determine how reality works apart from these interpretations” (Schutt, 2004, p.75).

Thus, that there is more than one ‘truth’ out there and that there are many different answers to a single question. The interpretative views also focus on meaning and the discovery of uncovered propositions. This approach has been chosen for this research because exploring barriers faced by minorities and limited English-speaking persons are difficult to assess. It would be difficult to survey minorities who have not entered the service system so a quantitative approach is not feasible. This approach not only allows for the opportunity for barriers to be identified, but to gain a more in-depth understanding of these issues, through careful inspection of the patterns that emerge across respondents.

This research design is considered emergent because the responses of those being interviewed can help drive areas of focus. Through this process of ongoing data collection the research will look for patterns of responses as well. The patterns that arise from the data are drawn out in the analysis. This practice is taken from the notion of inductive reasoning, which begins with collecting data that are later abstracted to generalizations about minority and/or
limited English speaking persons accessing service in the local aging network.

The data collection method involves in-depth interviewing with key informants. Key informants are defined as, “insiders or members of the group being studied, who are willing to act as a guide and interpreter of cultural mores, individual and group behaviors, jargon and language” (Rowles & Schoenberg, 2002, p.200).

Sample

A purposive sample was drawn from a range of senior serving organizations in the local area serving a predominately minority population of seniors. The criteria for the actual key informants included that the person within the organization be a senior administrator such as, the director, the assistant director, or program director. Access to the key informant information was gained through the Assistant Director of the Area Agency on Aging. The AAA identified 12 agencies and staff using the above criteria. To gain a better understanding of this issue, five senior serving organizations that were not serving predominantly minority groups were also identified. Nine key informants were identified and agreed to be interviewed as part of the data collection process. The reason for using key informants from non-minority senior serving organizations was that these organizations could also provide insights to barriers faced by minorities and limited English-speaking older persons in accessing services. Participants of the research study were sent letters informing them of the project and asking them for there involvement. After the letters were sent out a follow- up telephone call was made to schedule an interview. If the key informant agreed to participate, an in-person interview was scheduled.

Interviews

Key informant interviews were conducted face-to-face, lasting anywhere from an hour to an hour and one-half. The in-depth interviews were conducted using both structured response and open-ended questions, (See Appendix A). The same interview guide was used for each of the senior serving organizations in the study. Key informants, regardless of the type of agency they worked in, were questioned about barriers faced by minorities in accessing the local aging network. This exploratory approach assumes in a sense that the knower and the unknown are interdependent and that events are mutually shaped. This approach also helps to explain what meaning individuals give to their actions and what concerns them most. The researcher needs to
approach the interviews by being aware of their own bias and putting them aside.

**Study Respondents**

The participants in this research project included nine professionals who worked for a variety of senior serving organizations in the local area (See Table 4). Of the nine professionals, five were organization directors, two were senior service program directors, one was a senior housing manager and one was a senior service coordinator for a local community. Seven of the key informants worked in organizations serving predominantly minority elders, and two agencies served the majority population. The services provided by the seven minority-focused organizations included housing, caregiver respite, supports for grandparents, activities and resources to seniors. The other two included a senior center and a senior services program coordinator.

The two senior centers included programs such as activities and meals. The senior center that served primarily minority elders was funded with local funds, while the other senior center was funded through state and federal funds. The senior center that was funded by the state and federal governments offered trips and many free programs and activities for their seniors. The locally funded organization was unable to afford transportation for many of their seniors. Three of the respondent organizations served as support and/or resources organizations. These organizations provide resources such as, respite, caregiver support, companions and information about navigating the system. Two of the respondent organizations were community centers, offering programs for seniors. Some of the programs offered by community centers include exercise, meals, art and crafts. Also, there was one housing development organization. This organization offered housing for seniors 55+, who met a certain income criteria. Lastly there was one senior service community coordinator who managed the senior programs and services for a small area in the County. Table 2 provides an overview of the agencies and the key informants within those agencies who responded to the interviews.
<table>
<thead>
<tr>
<th><strong>Key Informant Title</strong></th>
<th><strong>Type</strong></th>
<th><strong>Focus</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>A senior center that is predominately, if not all Caucasian. The center serves residents in the city of Kettering providing activities, trips, social functions and informational resources. This senior center is funded by the state of Ohio and is a membership organization for residents living in the city of Kettering.</td>
<td>Faith-based</td>
</tr>
<tr>
<td>Senior services coordinator for the city of Kettering</td>
<td>The senior services coordinator for the city of Kettering. She is a very propionate person in the city of Kettering in the area of aging and services for seniors. She is a Licensed Social worker and works in various organizations planning and coordinating senior services.</td>
<td>Senior Services</td>
</tr>
<tr>
<td>Director</td>
<td>A senior center that is predominately, if not all African American. The center is run by the city of Dayton and if provides recreation activities and informational resources for seniors in the community.</td>
<td>Cultural</td>
</tr>
<tr>
<td>Program Director</td>
<td>A family kinship program that supports grandparents that are raising grandchildren in the home. Some of the services that are provided are helping navigating the system and support.</td>
<td>Grandparents (support)</td>
</tr>
<tr>
<td>Program Director</td>
<td>A program that offers support to family caregivers by providing seniors with a companion. The companions are seniors that are 60+ and are there to help lend a helping hand.</td>
<td>Friendships (support)</td>
</tr>
<tr>
<td>Senior Housing Manager</td>
<td>An organization that provides housing for seniors while promoting healthy living. It is also a meal site for residents and seniors in the community.</td>
<td>Faith-based</td>
</tr>
<tr>
<td>Director of Community Center</td>
<td>A center that services young adults and seniors. The center provides support for seniors by providing meals and social activities that improve the quality of life. The mission of this center is to promote wellness and to maintain autonomy within the home.</td>
<td>Community Services</td>
</tr>
<tr>
<td>Director</td>
<td>To promote independence and quality of life for Greene County senior citizens and caregivers by facilitating and supporting the implementation and continual improvement of a comprehensive and coordinated system of contact, care and support. (Also serves limited English speaking persons.)</td>
<td>Senior Services (support and resources)</td>
</tr>
<tr>
<td>Director</td>
<td>An organization that provides resources to the community for children and adults. Offering activities and other things for limited English-speaking people.</td>
<td>Navigator for limited English speaking people in the community</td>
</tr>
</tbody>
</table>
Data Analysis Procedures

The data from the interviews were based on detailed notes taken during the interviews. While the literature review helped shape the interview guide, it also aided in the data analysis process. For example the barriers identified by Ciferri et. al (lack of information/awareness, availability of services and affordability) were used to categorize responses. Although the categories were pre-defined, there was also a category for other barriers that were discussed during the interviews. Immediately after the interviews were completed the raw data were reviewed for any unclear points and notes that were taken during the interviews were clarified, while everything was still fresh. After the interview data were clarified and checked for any possible misunderstandings they were ready to be placed in the appropriate pre-defined categories. The interviews were then transferred to an excel spreadsheet and a brief description of the organization from which the data were collected was added.
Chapter Three
Research Findings

Introduction

The findings chapter is organized around the three major barriers described in the initial chapter including: information about services, availability and affordability. Previous literature has identified these as the most common barriers to receiving services. This chapter presents the results of the interviews with the nine key informants described earlier.

As noted in Chapter 1, accessibility to the local aging network was identified as the overarching barrier to using needed services. For example, all of the key informants identified access as a barrier for minorities and limited English-speaking seniors (see Table 5). However, when more specific questions were asked: such as, how/why accessibility is a barrier, the answers varied. Key informants reported an array of barriers that fit into the three main categories identified in the literature; a lack of information and awareness, problems of affordability of services, and concerns about service availability.

Information About Services

The data concerning information and awareness suggest that many of the seniors are not aware of the Area Agency on Aging and often times don’t know who to contact to get the information or services that are needed. All of the seven minority focused organizations identified the lack of information/awareness as a barrier (see Table 5). Respondents discussed the fact that, “many seniors don’t know where to go or who to call to get help”.

Of the nine key informants, only the two serving a less diverse group of seniors did not identify a lack of information/awareness as a barrier. The minority serving organizations identified consumer unfamiliarity with technology and a lack of marketing in their communities as the two major problems. Much of the discussion about lack of information or awareness revolved around the notion that the current technological system, such as automated telephone set-ups, is too advanced for seniors, which discourages them from using the system at all. For example, one key informant stated that, “many of our seniors get so confused when using an automated telephone system…they have to push all of them buttons and it just confuses them”. She also recognized that many seniors choose not to use technological advanced systems because they don’t understand them, trust them, or know how to use them. Four of the seven
<table>
<thead>
<tr>
<th>Org</th>
<th>Key Informant Title</th>
<th>Type</th>
<th>Information</th>
<th>Availability</th>
<th>Affordability</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Director</td>
<td>A senior center that is predominately, if not all Caucasian. The center serves residents in a very upscale community by offering activities, trips, social functions and informational resources. This senior center is funded by the state of Ohio.</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Senior services coordinator</td>
<td>A senior services coordinator for a small upscale community the city. She coordinates and plans programs and activities for seniors living in the community.</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Director</td>
<td>A senior center that is predominately, if not all African American. The center is run by the city of Dayton and provides recreation activities and informational resources for seniors in the community.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Program Director</td>
<td>A family kinship program that supports grandparents that are raising grandchildren in the home.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Program Director</td>
<td>A program that offers support to family caregivers by providing seniors with a companion.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Senior Housing Manager</td>
<td>An organization that provides housing for seniors while promoting healthy living. It is also a meal site for residents and seniors in the community.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Director of Community Center</td>
<td>A center that serves young adults and seniors. The center provides support for seniors by providing meals and social activities that improve the quality of life.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Director</td>
<td>An organization that promotes independence and quality of life for senior citizens and caregivers by facilitating and supporting implementation and continual improvement.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Director</td>
<td>An organization that provides resources to the community for children and adults. Offering activities and other things for limited English speaking people.</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
respondents that identified a lack of information/awareness as a barrier, mentioned that many of the seniors in their (predominantly minority) organizations have low educational levels and this could heighten the problems associated with lack of awareness. The fact that many minority seniors of this generation have lower educational levels could be the reason that the minority serving organizations identified lack of information/awareness as a barrier, while the two less diverse organizations did not.

Availability of Programs and Services

Only two key informants identified availability as a barrier for accessing services (see Table 5). However, one person in particular felt it was an enormous barrier for the African American Community. He discussed how the operations of the local aging system are designed, “not to get the services to the people but to maintain the bureaucracy …i.e. do you know how much a person receiving public assistance would get if the check came directly from Washington?” He was implying that the local aging network is not “really” structured to help those in need but to sustain the organization itself. For example, many social serving organizations put into place programs and services that will allow them to benefit rather than provide the best services for consumers. In the context of aging, this type of bureaucracy is known as the Aging Enterprise. The Aging Enterprise consists of organizations or businesses that serve older adults. This enterprise implicitly depends on the system in order to sustain its growth. For example, an organization might eliminate a program or service, regardless of the need, to attract private paying clients. Today our system is influenced by, “power and class, first; facts, second” (Estes, 1993 p.292).

Although the literature indicated that transportation was a major barrier to the receipt of services, respondents in this study did not report transportation as one of the larger problems faced by African Americans and limited-English-speaking seniors. Four organizations identified transportation as a major barrier. One key informant, talked about transportation as an issue, because many seniors don’t drive anymore. She mentioned that a new model of transportation was needed stating, “ideally there should be a senior taxi service”. Another organization serving minorities also discussed providing transportation strictly for seniors in the community. The other two respondents mentioned that many of the seniors in their organization, “just can’t afford the $2 transportation fee”, stating, “many of our seniors are struggling just to get by”. Some of
the other organizations that did not identify transportation as a barrier provide transportation for seniors participating in their organizations. These organizations provide transportation to seniors back and forth to meal sites and therefore, may be less aware of transportation barriers. In contrast, the two organizations serving predominately Caucasians discussed a stigma perceived by the clients about using public transportation systems.

**Affordability of Programs and Services**

In terms of affordability, many of the professionals spoke in general about seniors and their lack of funds. The majority of the professionals interviewed worked for non-profit organizations and the programs and services were often free. However, often when affordability was an issue it was not associated with the programs offered by the organization, but with other goods and services. For example, in the kinship organization, childcare expenses are the affordability problem, because grandparents’ caring for their grandchildren is one of the target populations that they serve. In the senior housing arena, paying for utilities was the affordability barrier. The two professionals serving predominately Caucasian seniors raised a different affordability issue, “we can’t get them to donate anything; we know they have money but they feel they should be taken care of and not have to pay for anything”. This respondent went on to talk about how society has perpetuated this idea that seniors shouldn’t have to pay for anything and should be taken care of, “they will actually get upset if we ask them to pay or donate for a program or something… we’re talking about disposable incomes”.

A major concern for respondents involved the PASSPORT program, which provides in-home services to older people and is supported by Medicaid, and has strict income and asset rules of participation. For example, one key informant discussed the Medicaid estate recovery laws as a barrier for accessing services in the local aging network. This law requires the state to recover the cost of services from the estates of Medicaid beneficiaries after the participant is deceased. This practice appears to be a major concern in the minority community. Despite this concern it should be noted that the PASSPORT program does have high minority participations rates. However, the high minority participation rates in the PASSPORT program could possibly be explained by the low percentage of minority homeowners.
Race as a Barrier

Unexpectedly, much of the data concerning barriers associated with racism and prejudice came from those professionals serving predominantly Caucasian seniors. One professional specifically mentioned prejudice and racial segregation as barriers faced by minorities and limited-English-speaking persons accessing services in the local aging network. Another respondent in that same geographic area (upper class and predominately Caucasian) discussed a lack of professional understanding concerning different cultures and the lack of knowledge about minority cultures as a barrier. She also mentioned that often times the Area Aging on Aging offers “Sensitivity to Aging” seminars and how she never gains anything from them, feeling as though people are afraid of offending others rather than being honest and frank. She felt that the seminars were a waste of time because people were afraid to say what really needs to be said, because it may offend others. She recommends that, “we need honest and frank people so that we can begin to understand cultural differences. For example, I know everything about Appalachians…well because there aren’t ever any in any of the seminars.” Concerns about racism and discrimination were mentioned rarely mentioned by the minority serving organizations. It is possible that the respondents serving minorities all assumed that the interviewer was already aware of the barriers concerning race.

Another barrier that was discussed by two of the organizations that identified additional barriers was pride on behalf of seniors. One key informant, in particular, suggested that many of the seniors today have a great deal of pride and feel that they should be able to take care of themselves. He mentioned that the seniors that he serves are, “too proud to ask for assistances”. Finally language as a barrier in accessing services was identified by two of the key informants that responded to this category. These organizations both work with Limited English- speaking persons and discussed how language has been a barrier within the organization. For example, “many times a senior will call and I can’t understand anything but their name, but if I were face to face I may be able to make out what they are trying to say, but if they are in need over the phone, it could be dangerous”.

Cross-Cutting Issues

Some of the responses appeared to be effected by the position the key informant held in their organization. For instance, of the nine respondents, more than half of them were
organization directors, and all except one identified a lack of information and awareness as barrier for accessing the local aging network (see Table 5). On the other hand, the remaining respondents, who included program directors and managers, identified affordability and information as a barrier for accessing the services in the local aging network. These findings suggest that the organization directors felt that a lack of information and awareness was a clear-cut barrier for access, while the program directors concerns were both a lack of information and affordability.

Another cross-cutting issue includes the differences between respondents serving the majority verses the minority population. Those serving the majority populations identified affordability as a barrier in a very different way than the minority serving organizations. For instance, the organizations serving the majority discussed affordability in the light of the seniors’ unwillingness to make donations to programs. The minority serving organizations discussed affordability as barrier because seniors were not able to afford needed programs and services. Affordability issues for seniors accessing services in the local aging network may differ by race, education, and income.

Limitations

The greatest limitation of this study is that it did not include consumer interviews. The consumer responses could have shed light on the barriers of accessing services from another perspective. Consumer interviews could have provided the Area Agency on Aging, with information for making service more accessible from the standpoint of those using the services. However, the professional standpoint is certainly important in agency decision-making. For example, often consumer satisfaction is not what drives an organizations growth, but rather the economic issues facing the organization. Another limitation of this study is that as a minority interviewer, the minority key informants may have held back mentioning or elaborating on certain issues assuming that I was aware of the barriers for minorities. On the other hand, the minority status of the interviewer also enhanced access and may have helped make respondents more comfortable in reporting their criticisms of the current system.
**Recommended Solutions**

Respondents identified a list of potential solutions to the barriers discussed in the chapter. These ranged from simple and well-defined solutions, such as hiring bi-lingual workers, to complex efforts such as re-structuring organizations to increase cultural competence. The final chapter will address the array of recommendations identified by study key informants:

- Better marketing in minority communities
- More simple marketing strategies
- More culturally competent professionals
- More culturally competent structures and policies
- Increased grant funding for services
- More bilingual staff/interpreters
- More church and community involvement
- More senior transportation services
Chapter Four
Implications for Practice, Policy and Research

Introduction

The findings from this research confirm that there are barriers in the local aging network that discourage minorities and limited English-speaking persons from using the system. The barriers faced by minorities in accessing service in the local aging network are similar to those identified by previous research. This chapter will present the implications of this research. First, the implications for practice will be discussed including how some of these barriers could be reduced. Next, a discussion on how current policies hinder minority elders in obtaining equal access will be presented. Finally, suggestions for further research will be examined.

Implications for Practice

The findings of this research point out that although the barriers to delivering quality services to older minorities are recognized, the system in many cases is failing to address these problems. Despite efforts to serve minority elders, the structure of the political and economical system is a serious barrier for equality for minorities. Some key informants discussed the need for more professional training about different cultures in order to better understand consumer needs and cultural beliefs. Other informants talked about the need for more cultural sensitivity on behalf of the professionals. Surprisingly, many of the above comments/suggestion came from Caucasian professionals working in less diverse organizations, highlighting the importance of professional training across the network. To ensure that professionals are trained in diversity/cultural competence there needs to be a shift in our current approach to professional education and training.

Some local program directors talked about the problems of outreach efforts in the local aging network not reaching minority communities. Other respondents discussed the need for more grass-root marketing, rather than the internet, to better make seniors more aware of the services available to them. For example, many respondents recommend that the local aging network use simpler marketing strategies such as, marketing more in local restaurants, churches and senior centers. Respondents suggested that the information about the local aging network is available, but the traditional marketing strategies used to inform seniors may need to be altered to reach the minority communities. Some reasons that the traditional efforts may not work for
the minority senior population is because of, the difference in educational levels, cultural beliefs
and values, and lack of trust in the health and services system. Some of the solutions to these
issues can be addressed by having more minorities involved in the marketing of programs and
services. It takes diversity beyond numbers to get managers and staff to see more than just race;
it helps them appreciate the benefit of diverse talent. This is important because until diversity
programs are connected to the successful planning process, organizations are not going to
incorporate diversity in to agency practice.

Another valuable suggestion drawn from this research is the need for more community
involvement. Many professionals working in predominately minority or low-income
communities feel that seniors would be more receptive to the community’s involvement. For
example, by disseminating information, resources or services through local community
programs, seniors would become more involved. One key informant mentioned, “We need to
expand federal dollars and get the churches more involved with offering resources”. It is
hypothesized that seniors would be more responsive to these outreach efforts, because they may
feel more comfortable and trusting in receiving service administered by organizations that are
more connected to the community, such as faith-based agencies. Moreover, a few respondents
acknowledged that informal networks are their greatest marketing strategy.

The findings of this research support the idea that having someone who shares similar
backgrounds with the seniors to distribute and explain the information in the minority
communities could be beneficial. This effort is worthwhile because seniors may be more
responsive when they feel that the person doing the outreach understands their situation. A
number of key informants indicated that this was a factor in even choosing to participate in this
study. For example, often times during the interviews, respondents mentioned that they would
not participate if the researcher had not been African American or a minority. This type of
familiarity is important to many of today’s seniors.

Lastly, the issue of language is noteworthy when considering the implications this
research has for practice. Printing everything in English and having only English-speaking staff
is outdated. Organizations are in search of bilingual professionals to accommodate the changing
demographics. Some program directors remarked that that they need a translator to better
accommodate the needs of some seniors. Encouraging more senior serving organizations to have
at least a couple of bilingual persons on staff, and to provide information in languages other than
English would also help the local aging network with outreach and service delivery.

With these recommended changes, Ethel Ortiz’s (Chapter 1 scenario) chances of getting the help she needs would increase. For, example simpler marketing strategies may give her or her daughter a better chance at locating some information about the local aging network. More culturally competent structures and polices could raise agency awareness about community demographics and increase the focus on who’s needs are unmet. More bilingual staff/interpreters could help to produce literature in other languages and make consumers feel more comfortable with the agency. Such actions could certainly increase the number of limited English–speaking persons using needed services.

**Implications for Policy**

The current service system is a long way from providing equal opportunities for minorities. Most social service organizations have adopted similar organizational structures resulting in a bureaucratic system that has been structured to benefit the majority. While discussing cultural dilemmas and the lack of understanding about different cultures and values, one of the few Caucasian key informants stated, “the system has been set up to cater to the traditional white family”. She was implying that the current system does not take into account cultural differences, but rather is set up to benefit the majority. She went on to further discuss, how more knowledge about cultural competence is very much needed to understand how to best administer services. Another macro policy implication is that the funding for the Older Americans Act needs to be increased, both to enhance the training in this area and to increase funding for needed services. This objective would not only enhance knowledge concerning cultural competence, but would also increase agency resources in an effort to deliver services to minority elders. For example, increasing Older Americans Act funds will allow for senior serving networks to understand how to structure an organization that is appealing to minorities, by offering the needed programs and services.

Until the above realities are acknowledged, it will be difficult for organizations at the state and/or local levels to change their approach to serving minority elders. However, requiring professionals to be educated and trained in areas of cultural competence could lead to a more positive change. This type of training will allow professionals to begin understanding cultural beliefs, values and experiences, which will help them deliver services to minority elders more
effectively. For example, incorporating diversity into the business plan of the organization and getting all employees to understand the imperative of diversity could have beneficial results. The more educated employees are about cultural competence and diversity, the more likely they are to build a delivery system that can serve a wide range of seniors. This approach may also lead to an increase in the utilization of the local aging network.

Furthermore, it is important to have support from the CEO, because they are the strategic leaders of the organization. They set the agenda for what plans or programs get implemented. According to Alleyne (2005), “although many CEO’s talk about the importance of diversity, in a survey of 1,700 human resource executives, only 30% of their companies had diversity officers who reported directly to the CEO, according to Novation/J. Howard and Associates” (p.102).

**Implications for Research**

One of the most important lessons of this study is that the use of aging services can be affected by who is presenting the information about services to seniors. Even professionals working in minority service organizations were influenced by who was involved in the study. For example, during the interviews a number of respondents indicated that their consent to participate in this research was partially due to individual characteristics of the researcher, rather than the organization sponsoring the research. They indicated that characteristics of professionals doing outreach for minority elders also had a large impact on how the information was perceived and used. Further research needs to find a way to understand what works for minorities and limited English-speaking people other than the traditional method of service delivery. Changing the service approach could have large-scale implications for the future of the network. Minority and limited English-speaking seniors would likely be more responsive to the local aging network, if those implementing services were able to better match services to consumer needs.

More research needs to be conducted on diversity training. Those working with such a vulnerable group of people should be trained and evaluated on their level of cultural competence. With a growing body of literature on this, professionals should focus on training staff in the area of understanding the differences among cultural beliefs and values in order to better serve minorities and limited English-speaking seniors.

Finally, because of the sensitivity surrounding issues of race and cultural differences, evaluating diversity in a business context can redirect management styles to be more effective
and results driven. Therefore, it is important to not only employ a diverse and cultural competent staff, but to evaluate individuals and track their progress. This raises the issue of how employees are trained. Evaluation is also a way to manage goals and objectives and therefore incorporating diversity into the strategic plans allows for developing diverse employees. Jim Johnson, the former chairman of Accenture says, “What gets measured gets managed” (Alleyne, 2005, p. 102).

Conclusion

There is much to learn about how to best administer services to minorities and limited English-speaking seniors, along with how to implement the programs and practices to meet their growing needs. The need for more culturally competent policies would assist the current system in its efforts to attract and better serve minority elders. It has taken U.S society a long time to consider justice and equal opportunities on behalf of minorities. It is important to continue to expand our knowledge and understanding of how to best deliver services to minority seniors.
References


Appendix A

Interview Guide
(key informant)

Note: These interviews will be primary open-end. That is, allowing the key informants to identify barriers in their own words. This format will allow me to probe when it is necessary in order to gain clarity/more detailed information.

• Briefly describe the organization?
  o Who does it serve?
  o Mission
  o Services that it offers for seniors?

• Working in this organization what are some of the difficulties that are associated with seniors accessing the services they need?
  o More specifically, what barriers do you see to be a problem for minorities and Limit English…?

• What if any barriers would you identify in using service through the Dayton local aging network?

(From the answers to the above questions I will probe, for more information and better understanding)

What barriers do you see in your organization to be associated with the following:

• Information about services/awareness
• Accessibility/transportation
• Availability of services
• Affordability
• Other ____________________________

• How would you recommend reducing the barriers that you have identified?
• Is there anything that you would like to add?
The overall interview will cover the following bases:

- Feelings about the local aging network: Tell me about your experience working with the local aging network?
- Tell me about any difficulties with seniors obtaining the services that they need?
- What do you see as the most frequent reasons seniors don’t use the aging services that are available to them?

I am aware that the answer to this question could lead to many different places but it will allow me to use probes to draw out the important themes.

Below are some of the general ideas that will be discussed in the interview.

Inadequate information
- Does the information about senior services appear to be adequate for senior?  
  - Probes: why/why not? What suggestion do you have for improvement?

Accessibility:
- Are the services provided by the AAA accessible to seniors?  
  - Probes: why/why not? What suggestions do to have for improvement?

Affordability
- How does the cost of services affect seniors you or not?

Availability
- What sources have you seen to be most helpful for seniors in obtaining the help they need?  
  - Probes: How have those sources been helpful?
- How do you see that seniors management to get around? (grocery store, senior centers, etc.)
- Is there any other agency or senior serving organization that you would recommend me talking to?
Appendix B

Informative Letter

Dear XXX

The Area Agency on Aging, PSA 2, is working on enhancing the accessibility of services to the community. Specifically, the agency is working to close service gaps for minorities and limited English speaking elderly persons by understanding possible barriers that may inhibit them from receiving services.

The Area Agency on Aging, PSA 2, is currently working with Dunisha Johnson, a graduate student from Miami University, who will undertake this project. Dunisha will collect the data for PSA 2 by conducting key informant interviews with leaders of community organizations in the Dayton area.

If you agree to participate, Dunisha will schedule a time to conduct the interview at your organization in approximately the next month. She will ask you about barriers faced by minorities and/or limited English speaking persons in accessing services in the local aging network. With your approval interviews will be audio-taped to improve accuracy.

In addition to interviewing you, we are also interested in speaking with approximately 5 older consumers from your agency regarding barriers to accessing services. The interviews will last anywhere from a half hour to 45 minutes. Dunisha will conduct them by phone, unless an in-person interview is necessary. All responses will be kept in strict confidentiality.

We hope that you will be able to assist us with this extremely important topic. The insights that you provide will be useful to PSA 2 in efforts to better serve the older population in Dayton, and to help remove/reduce barriers as much as possible.

Again, Dunisha Johnson will be calling soon to schedule an appointment. We thank you for your cooperation in this study.

Sincerely,

Pat Mayer
Appendix C
Consent to Participate

I understand that I am participating in a project about barriers for minorities and limited English speaking persons, in accessing services through the Dayton Area Agency on Aging. Dunisha Johnson a student at Miami University is currently working with the Dayton Area Agency on Aging and has explained the study to me. I understand that I will be interviewed by her and my answers will be kept confidential. I understand that my participation is completely voluntary, and that I may stop at any time. I also understand that the interview and my name will never be used in relation to any quotes. If I would like any further clarification about this study, I can contact the Office of Research and Scholarship at Miami University at (513) 529-3734 and/or Pat Mayer at the Dayton Area Agency on Aging at (937) 341-3044. I may also contact Mr. Johnson at (937)361-1888 or at mrzhoward@yahoo.com if I have any questions.

____________________   ______________________
Signature     Date