



Are We Better Together?  
*Exploring Collaboration and Older Adult Services*

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# Background of the Study

The older adult population of those over the age of 65 has grown at a tremendous rate (*Niles –Yokum & Wagner, 2015; Uhlenberg, 2013; Wacker & Roberto, 2014*)

By 2030, seventy-two million Americans will turn age 65 or older (*Wacker & Roberto, 2014*)

Research shows that physical and cognitive abilities decreases with age, especially for those age 65 and older (*Administration on Aging, 2010; Pleis et al., 2010; Wolf et al., 2007*).

As ageing progresses, so does the prevalence of chronic diseases (*Pleis et al., 2010*)

# Background of the Study

Research has shown that many older adults experience vulnerabilities due to the irreversible effects of health challenges...

- ❖ Chronic Health Conditions

- ❖ Cancer, Diabetes, Hypertension, Heart Disease

- ❖ Neurological Illnesses

- ❖ Alzheimer's, Dementia, Parkinson



*Sources:*

*Bennett & Flaherty-Robb, 2003; Bowdie, 2010; Grudinschi et al., 2013; Knickman & Snell, 2002; Kohler, 2014; Kwak & Polivka, 2014; Stone, 2011; Wacker & Roberto, 2014*

# Background of the Study

Many older adults need long-term care or support services just to maneuver basic activities of daily living such as bathing, meal preparation, cleaning, and transportation.

*(CDC, 2013; Niles-Yokum & Wagner, 2015; Pleis et al., 2010; Stone, 2011; Wacker & Roberto, 2014; Wolf et al., 2007)*



# Older Adults in Arkansas

## Social and economic conditions

- Poverty: 11% vs 8.7% (*Aspire Arkansas, 2013*)
- Food Insecurity: 40% (*Senior Hunger in Arkansas Report, 2014*)
- Nonmetropolitan Area: 84% (*U. S. Census, 2010*)
- Shortage of Geriatricians (*America's Senior Health Ranking Report, 2016*)

## ★ Poor health

(*Borg et al., 2006; Gundersen & Ziliak, 2015; Wacker & Roberto, 2014*)

## ★ Problematic accessing services and resources

(*Arkansas State Plan on Aging, 2008-2011; Rural Profile of Arkansas, 2013*)





# The Older Americans Act of 1965

The guideline responsible for funding older adult in-home and community based services.

OAA is designed to advance older adult services and to safeguard their well being.



# Older Adult Services

- In-home services (cooking, cleaning, bathing, dressing, caregiver)
- Community-based services (transportation, congregate meals, socialization, legal, adult daycare, respite care)
- Home repair and maintenance
- Adult protective services
- Telephone
- Meals on Wheels



# Problem Statement

The number of older adults needing support services to manage daily living activities continues to grow beyond the funding provided by the Older Americans Act. Because of this shortage, the need to broaden available services are vital to support the quality of life for those who rely on services.





# Significance of the Study

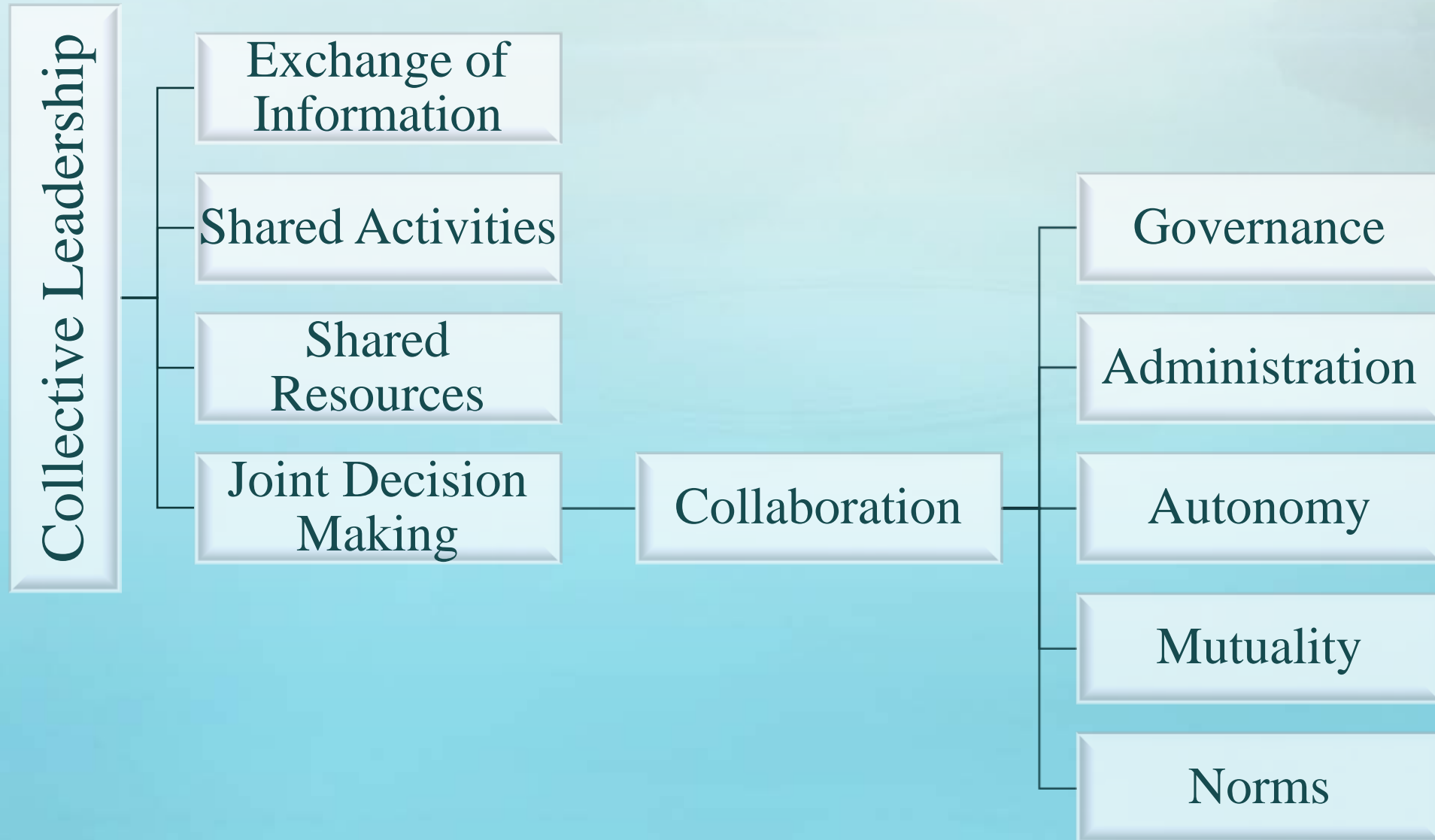
Collaboration is commonly used as a solution to address today's complex societal issues (*Gray & Wood, 1989, 1991; Huxham, 1996; Sun & Anderson, 2012; Thomson et al., 2007*)

- ❖ Explore the relationship between the dimensions of collaboration and the change in the number of services provided and the change in the number of clients served.
- ❖ Better inform how collaboration is assessed based upon the quantitative data.
- ❖ Investigate collaboration among Arkansas Area Agencies on Aging (AAA) and senior centers.

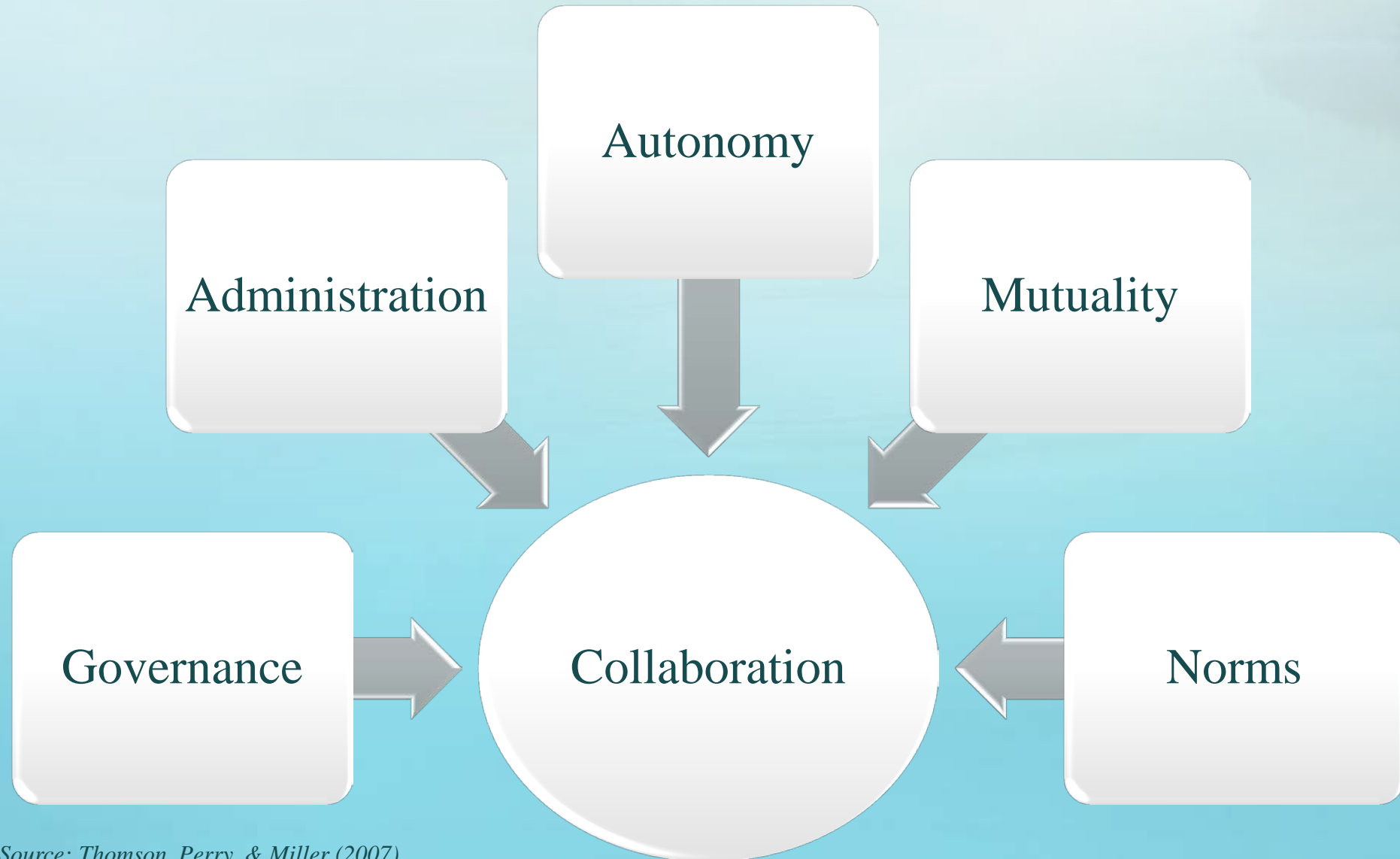
# Purpose of the Study

The purpose of this study is to assess Arkansas Area Agencies on Aging and senior centers to determine whether the dimensions of collaboration influenced change in the number of services provided and in the number of clients served.

# Conceptual Framework



# Dimensions of Collaboration



*Source: Thomson, Perry, & Miller (2007)*



# Research Questions

- **RQ1:** There was a significant difference in the change in the number of services provided based upon the collaborative dimensions of governance, administration, autonomy, mutuality, and norms?
- **RQ2:** There was a significant difference in the change in the number of clients served based upon the collaborative dimensions of governance, administration, autonomy, mutuality, and norms?
- **RQ3:** The years of collaboration and the number of partners predicted change in the number of clients served in a *specific* collaboration ?
- **RQ4:** The years of collaboration and the number of partners predicted change in the number of clients served in *all* the collaborations ?

# Overview of Methodology

- Quantitative Approach
  - Likert scale format (1 – *not at all* to 7 – *to a great extent*)
- Data was collected in one single time period
  - Qualtrics Survey Software
    - Collected and stored
- Imported into SPSS V24
  - Averaged the indicators assigned for each variable
  - Recoded variables (1 – *low* and 2 – *high*)

# Research Design

- Protection of Human Subjects' Rights
  - IRB approval
    - July 19, 2017
  
- Survey Distribution
  - Opened July 21<sup>st</sup>, 2017. Closed September 29<sup>th</sup>, 2017.
  - AAA and Senior Center Administrators
  - Informed consent cover letter & survey link via email
  - No self-identifying information collected/anonymous
  - No monetary cost were associated with the study

# Survey Instrument

*“Aging Provider’s Collaboration and Service Assessment”*

## Section 1: All Collaborative Partnerships

- Characteristics
  - Number of collaborations
  - Types of organizations collaborated with
  - How effective was collaboration?
  
- Collaborative Impact (increase, decrease, no change)
  - Clients served
  - Number of service locations



# Survey Instrument

## Section 2: A Specific Collaboration

- Characteristics
  - Purpose of collaboration
  - Years collaboration existed
  - Number of partners
  - How effective was the collaboration
- Process dimensions of collaboration (Thomson et al., 2007)
- Type of services provided (*without/with collaboration*)
- Collaborative Impact (increase, decrease, no change)
  - Clients served



# Data Analysis

# Data Collection Results

- Survey Response
  - 149 surveys distributed
    - 6 opted out
  - 83 surveys recorded
    - 51 fully completed
    - 31 were partially completed
    - 1 respondent declined to consent
  - 36% response rate

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Area Agencies on Aging	18%
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Senior Centers	82%
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# Data Collection Results



- Region I (*Northwest*) - 20%
- Region II (*White River*) - 9%
- Region III (*East*) - 8%
- Region IV (*Southeast*) - 6%
- Region V (*Central*) - 21%
- Region VI (*West Central*) - 8%
- Region VII (*Southwest*) - 8%
- Region VIII (*West*) - 20%



# Number of Clients Served

*(all collaborations)*

- 27-33 organizations reported a change in 5 services (*congregate & home delivered meals, socialization, information/referral, transportation*)
- 11-21 organizations reported a change in 7 services
- 4-9 organizations reported a change in 8 services.

Type of Services	Increase	Decrease	Change Reported
Adult Day Services	12	3	9
Adult Day Health Services	17	1	16
Adult Protective Services	9	2	7
Arkansas Senior Medicare Patrol	6	0	6
Chore Services	9	2	7
Client Representation	22	2	20
Congregate Meals	31	3	28
Employment Services	12	3	9
Home Delivered Meals	33	5	28
Homemaker Services	13	1	12
Information /Assistance (Referral)	33	0	33
Legal Assistance	10	1	9
Long-Term Care Ombudsman	5	1	4
Material Aid	12	1	11
Personal Care Services	22	1	21
Home Repair & Maintenance	6	1	5
Respite Care	13	1	12
Senior Centers (Socialization)	34	3	31
Telephone	16	0	16
Transportation	29	2	27

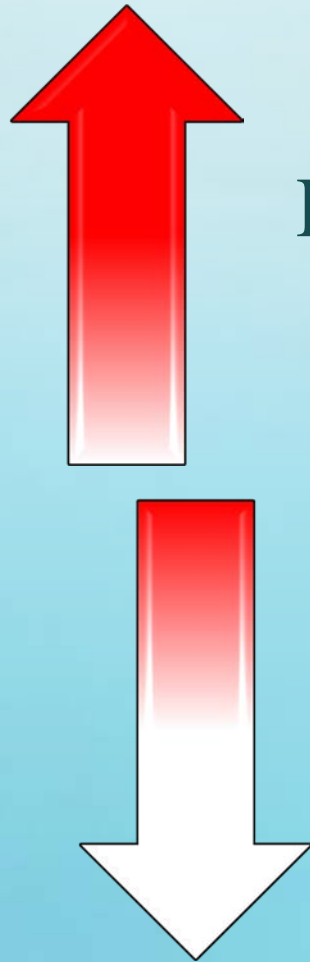
# Number of Services Provided

*(specific collaboration)*

- 20 organizations reported a change in 1 service *(information/referral)*
- 11-14 organizations reported a change in 8 services *(client representation, employment, home delivered meals, homemaker, legal, ombudsman, home repair, socialization, transportation)*
- 5-8 organizations reported a change in 10 services
- Telephone Services *(decreased)*

Type of Services	W/O Collaboration	With Collaboration	Change Reported
Adult Day Services	5	13	8
Adult Day Health Services	4	9	5
Adult Protective Services	9	14	5
Arkansas Senior Medicare Patrol	2	10	8
Chore Services	5	12	7
Client Representation	10	21	11
Congregate Meals	20	27	7
Employment Services	7	19	12
Home Delivered Meals	16	29	13
Homemaker Services	5	16	11
Information /Assistance (Referral)	12	32	20
Legal Assistance	5	19	14
Long-Term Care Ombudsman	4	15	11
Material Aid	3	12	9
Personal Care Services	7	15	8
Home Repair & Maintenance	3	14	11
Respite Care	6	12	6
Senior Centers (Socialization)	17	30	13
Telephone	14	13	-1
Transportation	18	26	8

# Dimension of Collaboration Results



High

Low

- High
  - Governance
  - Cohesiveness in shared arrangements
  - Administration
  - Clarity in the coordination of systems
  - Mutuality
    - Willing to share despite interest
  - Norms
    - Established trust
- Low (*invert scores*)
  - Autonomy
    - Committed toward the collective interest

# Results of Hypotheses Testing

- **RQ1:** There was a significant difference in the change in the number of services provided based upon the dimensions of collaboration (*governance, administration, autonomy, mutuality, norms*).
  - *Small effect size* (mutuality/norms)
- **RQ2:** There was a significant difference in the change in the number of clients served based upon the dimensions of collaboration (*governance, administration, autonomy, mutuality, norms*).
  - *Small effect size* (administration/norms)
  - *Medium effect size* (autonomy)

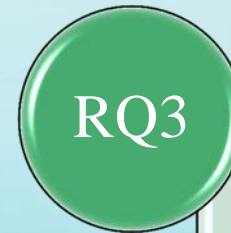
RQ1	RQ2
H1: Null Retained	H6: Null Retained
H2: Null Retained	H7: Null Retained
H3: Null Retained	H8: Null Retained
H4: Null Retained	H9: Null Retained
H5: Null Retained	H10: Null Retained

*Null Retained: There was not a difference*

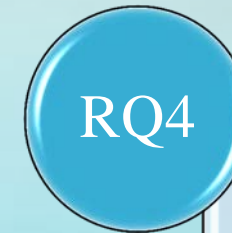
# Results of Hypotheses Testing

- **RQ3:** The years of collaboration and the number of partners predicted change in the number of clients served in a *specific* collaboration?

- *Number of years:*  $-.238$
- *Number of partners:*  $+.131$



H11:  
Null Retained



H12:  
Null Retained

- **RQ4:** The years of collaboration and the number of partners predicted change in the number of clients served in *all* the collaborations ?

- *Number of years:*  $+.017$
- *Number of partners:*  $-.078$





# Limitations

- The original survey was re-categorized into a 2-point scale
  - n was very small for low groups (autonomy, mutuality, norms)
- Only the person overseeing the organization were asked to participate
  - Responses based on observation or assumptions, not the actual experience
- Individuals was not surveyed within the same collaboration
- Response bias
  - Funders sent email to participants
  - High scores reported
- Survey instrument was not appropriate to measure collaboration

- Additional Data Needed
  - Agency status
  - Funding source (federal or state)
- Survey partners within the same collaboration
- Identify the collaborative activity (sharing resources, information, referrals)
- Longitudinal study
- Larger sample size
- Mixed-method approach

## Recommendations



# Conclusion

Given the need for resources, lack of service availability, and service options

- Nonmetropolitan regions were the least to participate in this research
- Problematic assessing services and resources  
*(Arkansas State Plan on Aging, 2008-2011; Rural Profile of Arkansas, 2013)*
- Older adults residing in nonmetropolitan areas experience multiple social needs *(AR Department of Human Services, 2016-2019; Arkansas State Plan on Aging, 2016-2019; Wacker & Roberto, 2014)*
- Poor Health

Because of these challenges....

- Older adults are more likely to relocate to areas where access to services is better *(AR Department of Human Services, 2008-2011; Struthers, 2005)*

# Conclusion

OAA services are vital to the social and economic needs of older adults in Arkansas.

- Congregate and home delivered meals
  - Address food insecurity, poverty, and provide nutrition to combat health conditions (*Borg, Hallberg, & Blomqvist, 2006; Gundersen & Ziliak, 2015; Wacker & Roberto, 2014*)
- Employment services
  - Address poverty, which explains the increase of older adults in the workforce (*Arkansas State Plan on Aging, 2008-2011; Rix, 2012; Wacker & Roberto, 2014*)
- Transportation and adult day health services
  - Access healthcare/specialty services in other areas due to the shortage of geriatricians (*United Health Foundation America's Senior Health Rankings Report, 2016*)

# Conclusion

- Respite care and adult day services
  - Assist family members that are caregivers of older family members to continue working (*Wacker & Roberto, 2014*)
- Chore, personal care, homemaker, telephone, and home repair services
  - Help older adults reside in their homes longer along with maintaining their independence (*O'Shaughnessy, 2011; Stone, 2011; Wacker & Roberto, 2014*)

# Conclusion

- Collaboration in the Older Adult Setting
  - Increased the number of services provided
  - Location
  - Nonmetropolitan areas are more problematic
  - Geographic area could potentially affect collaboration and interaction among organizations
    - *Assumption:* Metropolitan regions may benefit greater from collaborative efforts than nonmetropolitan regions



# Conclusion

- *Two-thirds* of respondents reported high scores in each dimension
  - To share decision-making and power (governance)
  - To plan, implement, and achieve goals together (administration)
  - To manage dual roles without compromising their agency's interest for the collective interest (autonomy)
  - The arrangements of combining resources and information were benefiting partners (mutuality)
  - Trust was established (norms)

*\*\*One-third* of respondents disagreed with these responses\*\*

Similar,

- 2/3 of respondents were from Regions I, V, and VIII combined
- 1/3 of respondents were from nonmetropolitan regions (II, III, IV, VI, VII)

# Conclusion



- ❖ OAA funding is dispersed based upon the number of older adults. Regions I and V contain the largest number of older adults.
  - ❖ Does this mean that they serve more older adults?
- ❖ Two-thirds of respondents: Regions I, V, & VIII. Similar, two-thirds reported high scores for the dimensions of collaboration
  - ❖ Could the success of collaboration depend upon economic factors? If so, this could suggest that the more resources readily available within the area, the more likely organizations are collaborating with each other, which increases the potential for interaction among organizations and the exchange of resources.

# Conclusion

- ❖ Dimensions of collaboration
  - Did not influence change in the number of services provided
  - Did not influence change in the number of clients served
- ❖ The years of the collaboration nor the number of partners predicted change in the number of clients served (*referencing a specific or all collaborations*)
- ❖ Respondents reported...
  - 19 of the 20 services offered increased
  - T-test confirmed a difference in services provided (*w/o and with collaboration*)
- ❖ In support of previous research
  - Collaboration was found as a method to expand the number of services provided (*Aalsma et al., 2014; Altpreter et al., 2014; Haggarty et al., 2012; Schmied et al., 2010*)
  - Collectively organizations can achieve more together (*Bryson et al., 2006; Crosby & Bryson, 2005; Forrer, Kee, & Boyer, 2004; Gajda, 2004*)

# THANK YOU

*“We must develop a network of leaders, drawn from all segments, who accept some measure of responsibility for the community’s shared concerns” (p. 324).*

~John W. Gardner

