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LOW-INCOME OLDER ADULTS PREPAREDNESS FOR LONG-TERM CARE: IN-HOME SUPPORTIVE SERVICES

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LOW-INCOME OLDER ADULTS PREPAREDNESS FOR LONG-TERM CARE:
IN-HOME SUPPORTIVE SERVICES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work
in the
School of Social Work

by
Zina Bascom
June 2018

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Approved by:

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ABSTRACT

As older adults live longer, the demand for supportive care will increase. Older adults will need a form of long-term care to manage their health and quality of life. As older adults age, they're susceptible to having one or more chronic conditions. In taking measures to manage the chronic conditions of many older adults, in-home supportive services is a supportive program that provides non-medical personal and instrumental services to help older adults with their activities of daily living. An In-home supportive service allows an older adult to receive assistance and remain comfortably living in his or her home. However, an older adult who are of low-income status may not receive this information on supportive services.

Therefore, this study was designed to assess the level of awareness low-income older adults have on In-home supportive services. This research design was quantitative focusing on measuring the level of awareness among low-income older adults. A survey instrument was created and given to older adults at a senior center of the County of San Bernardino. IBM SPSS Manual on Windows Software was used to input and analyze data. The findings of the study found a low level of awareness of the program called In-Home Supportive Services (IHSS) and participants understanding of in-home supportive services was unclear. This study provides recommendations for social workers to address the barriers of low-income older adults acquiring information on in-home supportive services.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

After retirement, many older adults may believe he or she will spend the rest of their life experiencing leisure activities. Older adults also may have the assumption that death will occur before the age of 80. In contrast to this, many older adults are living much longer. According to Ortman, Velkoff, & Hogan (2014) by 2050, the population of older adults aged 65 and older are estimated to be 83.7 million, double the amount of 43.1 million in 2012. With this calculated growth of older adults, many will need a form of Long-Term Care (LTC) service. LTC is on-going support from medical and social service disciplines to help people with chronic health conditions that hinder their ability to complete daily activities (McCall, 2001).

LTC is vital in managing chronic conditions in older adults. One form of LTC is in-home supportive services. In-Home Supportive Services is a supportive program that provides non-medical personal and instrumental services to older adults in their home. An older adult using in-home supportive services usually requires help with Instrumental activities of daily living (IADLs), that involves chores or running small errands, and activities of daily living (ADLs) meal preparation, grooming, and mobility assistance (Knickman & Snell, 2002). Services can be received through a community caregiving agency or the

governmental assistance program called In-Home Supportive Services (IHSS). This is a service many older adults may need by the age of 60 years old or older.

Unfortunately, many older adults are unaware of the cost of in-home supportive services and how one may be impacted by not receiving this service. For instance, in 2016, the average Nationwide cost for non-medical home care services is \$20 an hour, while in California the average range is from \$15 to \$26 an hour (Genworth Financial Inc., 2010; U.S. Census Bureau, 2016). In California, the average amount of money a single low-income older adult receives from SSI, as a beneficiary of the program, is \$895 per month as a cash benefit (Social Security Administration, 2017). Older adults in need of in-home supportive services will face financial hardship when the cost of living; according, to the UCLA Center for Health Policy Research (2009), informed that low-income older adults living in San Bernardino alone will need at least \$14,638 for a year to meet their basic needs. Estimated that's \$1,219 a month an older adult of low-income status must have to afford their basic needs.

For many low-income older adults, their primary source of income is Supplemental Security Income (SSI). The chance of receiving in-home supportive services is through Medicaid, Veteran benefits, and governmental assistance or from family members. Aside from income, in-home supportive services can increase an individual's physiological well-being. For instance, older adult recipients on in-home supportive services will reduce their unintended average of one less hospital visit (Health Quality Ontario, 2013). A slight

decrease in hospital visits, due to in-home supportive services, will reduce the result of more physical injuries, medical concerns, and lower the level of stress on family and friends (Care Gap Report, n. d.).

Older adults financial state determines whether they can acquire in-home supportive services. For instance, State and Federal government share powers on economic decisions that include social assistance programs like Medi-Cal. Governmental based home support such as IHSS is based on Medi-Cal eligibility. If a low-income older adult has the ability to remain in their home, he or she will avoid the cost of a nursing facility. For example, Information from the U.S. Department of Housing and Urban Development (2013) addressed that, from 2004 to 2007, in 2009 dollars, the average price for non-institutional long-term care was \$928 compared to a nursing facility of \$5,243. However, many low-income older adults are in the gap between making too much and too little of an income to qualify for Medi-Cal or pay for a community caregiver agency, which still leaves a homebound older adult-at-risk for institutionalization.

The cost for in-home supportive services also impacts an agencies' approach to providing this service to low-income older adults. For example, an agency such as Adult Protective Services (APS) can refer a client to a community caregiver agency to receive in-home supportive services. The older adult who is of low-income status calls for ADL services. The older adult is informed that an hour of assistance is \$20. The client may then refuse services because there SSI benefit check is only \$895 a month. The client has to pay rent,

utilities, food, medical supplies, and other bills that will often leave a client with less than \$50 for the remainder of the month.

Purpose of the Study

The purpose of this study is to identify the level of awareness low-income older adults, 60 years old and older, have on long-term care, in-home supportive services. Low-income older adults will be selected by whether their financial means meet the Federal Poverty Level (FPL) based on household income and family size. For instance, a one-person household that earns \$12,060 annually meets FPL guidelines (U.S Dept. of Health and Human Services, 2017). Including, if older adults are aware of IHSS and community caregiver agencies in the community for in-home support. As well as, the impact in-home supportive services have on the physiological well-being of older adults. This study will highlight the importance of education and identify areas that will help older adults understand services developed for them to keep them living in their home.

With this purpose in mind, this research study took a quantitative approach. This quantitative approach was to explore whether information on long-term care, in-home supportive services is reached in the older adult community. Including, to gain an understanding of how important in-home supportive services is to low-income older adults. Lastly, this approach can highlight areas for improvement in practice areas focusing on this population.

Significance for Social Work

This study addresses areas of practice that can be improved by social workers. The implications for social workers are to address areas of significance on a micro, mezzo and macro level of practice. On the three levels of practice, social workers will need to expand knowledge about LTC, in-home supportive services to older adults, their families, and through organizations. Literature does not provide substantial information on whether organizations educate older adults on LTC, in-home supportive services. In addition, social workers have an obligation to advocate, reform, and create programs, that will improve a person's well-being and one that enhances quality of life. Most importantly, the Chicago Tribune addressed (2011), by 2030, one out of five Americans will be older than 65 years of age and this calculates to a need of 70,000 social workers that specialize in aging. Social workers in organizations have a duty to educate, in general, about long-term care and specifically in-home supportive services.

Therefore, the assessment phase of the generalist social work model was used for this study. The approach was used to assess the level of awareness low-income older adults, 60 years old and older, have on long-term care, in-home supportive services. Whether participants are informed or educated on the cost of this service, its impact on physiological well-being and whether elders are knowledgeable on how to access these services. Findings from this study will uncover areas for improvement on the three levels of social

work practice. Therefore the research question to this study is how prepared are low-income older adults for Long-Term Care: In-Home Supportive Services?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter includes a critical review of long-term care, in-home supportive services; including, the important implications of having this IHSS and In-home support from community caregiver agencies. This chapter consists of subsections and will end with theory guiding conceptualization and a summary.

Preparedness for In-Home Supportive Services

As mentioned, by 2050 the population of aging adults is projected to be 83.7 million, double the estimation of 43.1 million in 2012 (Ortman, Velkoff, & Hogan, 2014). With this calculation of older adults living longer, there are implications to consider in caring for an older adult. For instance, according to Landers (2010), 90% of adults over the age of 65 years have at least one chronic condition, and nearly 70% have two or more coexisting conditions. Depending on the chronic conditions of older adults, many conditions can be managed with in-home supportive services. In-home supportive services can provide older adults assistance and the opportunity to remain living in their home. However, access to in-home supportive services is determined by income. Without the financial means or assistance to cover in-home supportive services, older adults may encounter greater health risks and (or) a lower level of quality of life.

Cost

There are two ways to receive in-home supportive services, through a community caregiver agency or through the governmental program called In-Home Supportive Service (IHSS). Services through a community caregiver agency vary based on the state and area. However, some community caregiver agencies can provide live-in care as well. The average cost for a minimum of three to four hours is between \$15 to \$25 an hour and a two-week deposit may be required (Caregiverlist, 2007). Nationally, the median monthly cost of services for a home care provider for 44 hours a week is \$3,813 (Genworth Financial Inc, 2016). As for live-in care providers, older adults in need of care throughout the entire day cost ranges from \$160 to \$250 a day (Caregiverlist, 2007). As many low-income older adults only receive about \$895 per month from SSI and have an annual income of \$1,219 to meet their basic needs, paying for supportive services seems unobtainable.

In contrast to a community caregiver agency, the governmental assistance program IHSS, pays for the cost of In-home care for eligible participants that are on Medi-Cal (Medicaid). One downside to the IHSS program is the share of cost (SOC) if a low-income older adult makes slightly more money. For instance, a single older adult residing in California, his or her income must be less than \$1,220 a month or annually less than \$14,640 (Paying for Senior Care, 2017); otherwise, a SOC is applied if income exceeds \$1,220 per month. SOC is an agreement by the eligible adult to pay a certain amount of

money a month toward their medical expenses before Medi-Cal pays (California Department of Social Services, 2017). Often, a low-income older adult, after paying SOC, still does not have sufficient means to meet their basic needs.

Health

Using early interventions such as in-home supportive services to manage chronic conditions can benefit older adults physiological well-being. For instance, in-home supportive services allow an older adult to remain in their home, older adults that are able to remain in their home maintain a sense of autonomy and control. Many older adults are accustomed to a certain lifestyle, and when an unexpected and anticipated change occurs, adjusting to a new lifestyle later in life can be difficult (Kane, Baker, Salmon & Veazie, 1998) on physiological well-being.

In addition to using in-home supportive services, older adults can enhance their well-being through provided social support. For instance, an in-home care provider that engages in social activities with an older adult is promoting an increase in physical functioning. Including, Uchino, Cacioppo, and Kiecolt-Glaser found (1996) that from a review of 81 studies there is an association between social support and positive effects on the cardiovascular, endocrine, and immune system.

Education

In a general sense, many younger older adults, around their early sixties, have not planned early on for their later years. Older adults may be reluctant to

plan because they are relying on the assurance of receiving social security for their post-retirement years. Unfortunately, a health-related problem can occur at any age and it's best to have an awareness and understanding of long-term care supportive services and the services available to this population. For instance, a 2007 U.S. Census survey of 959 Americans of ages between 21 and 75 years old found that while most Americans understand their risk of needing long-term care, they underestimate or are unaware of the actual costs for LTC (Raphael, 2008). Many Americans, especially older adults, have not anticipated the importance of learning and saving for later in life, which awaits the difficulty in caring for oneself as he or she ages.

Studies Focusing on Long-Term Care In-Home Supportive Services

Limited research was discovered on studying older adults and their awareness level on long-term care in-home supportive services. However, there were studies that promoted awareness and educational interventions among older adults and end of life. Hall, Petkova, Tsouros, Costantini, and Higginson (2011) emphasized the importance of health promotion and public awareness among the end of life care for older adults. Hall et al. (2011) stated health promotion creates change with public policies, supportive environments, community action and partnership within the community. Especially, Braun et al. (2005) highlighted, Kokua Mau, a state-wide campaign to improve awareness on end of life issues in Honolulu Hawaii. He informed Kokua Mau was created to

provide the aging community awareness and education on end of life. Once services were created, Kokua Mua had a strong turnout of people that were interested in the education on end of life care.

Another study promoting awareness focused on minority older adults. According to Chapleski (1989), in order for existing services to be used by older adults their needs to be an awareness of what services exist. Many older adults who have migrated from another country are less prone to receiving information on long-term care supportive services due to the difficulty of maneuvering through social welfare systems. For instance, “a number of studies indicated that minority elders, in general, tend to utilize services far less than their white elders” (Moon, Lubben, Villa, 1998, pg. 209).

Theories Guiding Conceptualization

The theory used to guide this study was social learning theory and an ageism approach. Social learning theory attempts to explain socialization and its effects on the development of self” (Crossman, 2017, 1). This theory claims that an individuals identity is not solely the development of their beliefs, but by the result of modeling oneself in response to the expectations of others (Crossman, 2017). Social learning theory was used to guide an understanding of how older adults have been socialized to relying on social security income; instead of planning, for long-term care, supportive services as the solution to aging in their

later years. This theory has helped to uncover the level of concern among older adults and their awareness of long-term care, in-home supportive services.

The ageism approach can be defined as discrimination toward the characteristics of older adults and the effects it has on older adults through age-related societal norms and the behavioral expectations of this population (Collins, 2014). For instance, ageism promotes the stereotypical idea that older adults will disengage from societal roles and responsibilities, such as caring for one's health. This approach to conceptualizing this study has helped to identify whether society has played a role in shaping older adults awareness of in-home supportive services.

Summary

Many older adults 60 years old and older will have one or more chronic conditions as they live longer. In-Home Supportive Services, an early intervention in managing their chronic conditions, can help maintain a quality of life at home. In-Home Supportive Services has many benefits that entail cost-saving measures and optimal significance to physiological health. The downside, many low-income older adults receive an income amount that deters them from paying for community caregiver agencies and often facing difficulty in obtaining IHSS if one's income is too high or low, placing them in that gap for services. Including many older adults may not be aware of this long-term care service, in-home supportive service. Low-income older adults that are not well informed may

experience difficulty maneuvering through organizations and being unprepared later in life. Social learning theory and the ageism approach has helped to guide an understanding of low-income older adults level of awareness.

CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter highlights the procedures in conducting this study. This study included a description of the study design, sampling, data collection, procedures, protection of human subjects and data analysis. A survey was used to gather information for this study, which is included in Appendix A.

Study Design

The purpose of this study was to identify how aware low-income older adults are about long-term care, in-home supportive services. This study used an exploratory research question to address if low-income older adults are aware of long-term care assistance and its value as he or she continues to live longer. A survey questionnaire was used to gather information on the level of awareness among low-income older adults. A quantitative approach was helpful in exploring how knowledgeable older adults are about the supportive care resources available to them in the community and through the government. Including, whether participants knew the significance of receiving physical assistance with their activities of daily living as he or she lives longer. The survey for this study was straightforward. Using this research method provided insight into identifying

areas that need improvement, such as focusing on education and understanding supportive services among the older adult population.

Although this research study provided insight, it had strengths and limitations. The survey design to gather information provided a quantifiable number of what older adults knew about in-home supportive services. Another strength was that the survey design accommodated to older adults, by an increase in font size and a limited number of questions on the survey to keep the attention span of older adults. As for limitations, if the sample size of participants were larger this would have strengthened the study. Including, there were a few participants that left questions on the survey unanswered. Another limitation, the researcher entered the Likert Scale incorrectly on the survey. Also, the language barrier was a limitation as translating the survey in Spanish was difficult, even with assistance.

This study aimed to answer this question regarding low-income older adults and long-term care, In-home supportive services 1) What is the level of awareness on long-term care, In-home supportive services among low-income older adults?

Sampling

The sampling method was non-probability, purposive sampling. Focused on receiving participation from participants that were 60 years of age or older and selected by economic status and family size to use the FPL as a guide.

Participants were selected from a senior center. The sample size amounted to 31 participants, which included older adults that received financial assistance from family members, working blue-collar jobs, and (or) on governmental assistance such as Supplemental Security Income (SSI).

Data Collection and Instrument

Data was collected through a constructed survey. The survey collected demographics on participants' age, gender, ethnicity, income, family size, level of education, and source of income (See Appendix A). Appendix A includes the developed survey designed specifically made for this study. Questions within the survey consisted of IHSS information and community caregiver agencies.

This developed survey was created with the guidance of another developed survey provided by Dr. Chang, the research coordinator, and advisor for California State University, San Bernardino. This developed survey was created because there was not an existing survey focusing on older adults and their level of awareness on In-home supportive services.

Using this method had strengths and limitations. A strength is that the survey was customized to this population. This survey can further research on the level of awareness on in-home supportive services. Another strength is that the survey was easy to administer to this population. This survey method will provide useful information that a researcher can use to further studies. A limitation was the unavailability to use a pre-existing survey.

Procedures

Prior to data collection, an approval to have older adults participate in this study was obtained from the Community Services Supervisor from the senior center. After approval, a schedule was created with the Community Services Manager of the senior center for visitation days. Data collection occurred on Fridays for three weeks. Participants were often in the front and throughout the senior center. Participants were introduced to the study and completed the informed consent first (See Appendix B) and then the survey. The survey took 5 to 10 minutes to complete. Participants were thanked for taking part in this study. Education, information, brochures, and cookies were provided to participants that took part in the survey and had questions afterward. Data collection occurred on February 16th, 23rd, and March 2nd.

Protection of Human Subjects

Participants of this study were assured that their identity would remain anonymous and personal information confidential. As participant's names were not identified in any of the research notes or documents. Participants were asked to sign the letter X on the informed consent form and to read the form thoroughly before participating. The informed consent included a description of the study, the benefits and risks of participation, the length of time, and that this study is strictly voluntary. Data from the survey was entered into IBM SPSS by numerical coding, which allowed the anonymity of participants.

Data Analysis

For data analysis, data was collected, coded and entered into IBM SPSS, statistical analysis software to analyze the data. Coding kept the anonymity of participants and provided a quantifiable analysis. Descriptive statistic was used to describe participants' characteristics. Characteristics of participants were broken down identifying the percentage rate of older adults participation. Frequency tables were used for statistical measures on demographic characteristics and the survey questions. The survey questions predominately asked about In-home supportive services through the County and in-home supportive services in the community. The survey question responses were a Likert Scale assigned ordinal values of strongly agree, agree, neutral, strongly disagree, and disagree. The data analysis identified variations between age, gender, education and economic status related to the knowledge of in-home supportive services.

Summary

This chapter included the research methods on how the study was conducted. This chapter explained the process for the study design, sampling, data collection, procedures, protection of human subjects, and data analysis. These research method provided the researcher with an idea of the level of awareness low-income older adult have with long-term care, in-home supportive services. Overall this chapter's section provided a good procedure for

understanding how well informed older adults in the community are on in-home supportive services.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the results of the study. Demographic information and participants responses to the survey questions are provided. This quantitative approach helped to show the results of older adults knowledge of in-home supportive services and community support services.

Presentation of the Findings

The sample size included thirty-one participants (n=31) that completed the survey. Out of the thirty-one participants, 48% were female, 45% were male, and 7% responded as other. In regard to ethnicity, 35% of the participants were Hispanic or Latino American, 29% were Black or African-American, 26% were Caucasian American, and 10% were of another ethnicity not included on the survey, the response was other. Of the thirty-one participants, 32% were between 66 and 70 years old, 29% were between 60 and 65 years old, 26% were between 71 and 75 years old, and 13% were between 76 and 80 years old or older. With respect to the level of education among participants, 37% had some college background or an Associates Degree, 17% were college graduates, and 17% were graduates or professionals, 13% had some high school education, and 13% were high school graduates, 3% responded other.

In terms of annual income, 42% of the participants had less than \$12,060, 28% had about \$16,001 to \$21,000, 24% had \$25,001 or higher, 3% had \$12,061 to \$16,000, and 3% had \$21,001 to \$25,000. With respect to the household size of the participants, 71% lived with one to two people, 25% lived with three to four, and 4% lived with five to six. In terms of income source, participants were asked to respond yes or no on whether they received income from the following sources, a job, social security retirement benefit, a pension, supplemental security income, 401K or IRA, social security disability, financial assistance from family or income from another source.

Of the participants, 80% responded no and 20% responded yes to receiving income from a job; 60% responded yes and 40% responded no to receiving income from social security retirement benefit; 80% responded no and 20% responded yes to receiving income from a pension; 90% responded no and 10% responded yes to receiving supplemental security income; 97% responded no and 3% responded yes to receiving income from 401k or IRA; 87% responded no and 13% responded yes to receiving social security disability income; 100% responded no to receiving financial support from family; and 87% responded no and 13% responded yes to receiving income from another source. Table 1 (see Appendix C) provides demographic percentages.

On Table 2 (see Appendix C) the survey questions measured low-income older adults knowledge on In-home supportive services and community services. Of the thirty-one participants, 81% either strongly agreed or agreed with the

statement, "IHSS provides assistance to individuals who are blind, disabled, or over the age of 65 years old or older." About 19% of the participants were neutral on this statement. About 78% of the participants either strongly agreed or agreed with the statement, "IHSS provides services on house cleaning, meal preparation, grooming, and transportation assistance." 22% of the participants were either neutral or disagreed with this statement.

A half of the participants 53% were either neutral or disagreed with the statement, "The County of San Bernardino provides an IHSS program." About 47% of the participants either strongly agreed or agreed with this statement. More than half of the participants 62% were either neutral or disagreed with the statement, "IHSS is based on Medi-Cal eligibility." About 38% of the participants either strongly agreed or agreed with this statement. Approximately 57% of the participants either strongly agreed or agreed with the statement, "The IHSS program allows a family member to be a recipients provider." About 43% of the participants were either neutral or disagreed with this statement. Almost three-fourths of the participants 70% either strongly agreed or agreed with the statement, "IHSS is a vital program to low-income older adults." Roughly 30% of participants were either neutral or disagreed with this statement.

In regards to community agencies providing home care support, a half of the participants 52% either strongly agreed or agreed with the statement, "Community agencies provide in-home supportive services to older adults." About 48% of the participants were either neutral or disagreed with this

statement. Roughly 38% of the participants were neutral with the statement, “In-home supportive service increases hospitalization.” About 35% of the participants either strongly disagreed or disagreed with this statement and 28% of the participants strongly agreed or agreed. Approximately 61% of the participants either strongly agreed or agreed with the statement, “Information allows people to utilize community resources and IHSS services.” About 39% of the participants were either neutral or disagreed with this statement.

Summary

This chapter presented the results of the study on demographic information and the participant’s responses to the survey. Information in this chapter provided an idea of low-income older adults awareness level on in-home supportive services.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter's content is a discussion of the key findings presented in chapter four and its significance to existing literature. This chapter will also include limitations of the study, and recommendations for social workers working in this population of low-income older adults. The chapter will end with a conclusion.

Discussion

The purpose of this study was to assess the level of awareness low-income older adults have on in-home supportive services. This study focused on IHSS, a governmental program, and in-home supportive services within the community. From data analysis, four key findings are addressed. The study identified that half of the participants in this study were unsure or unaware that the County of San Bernardino provides an IHSS program. Unfortunately, there is no existing literature that explains this outcome. Although, from my experience in working with older adults: it is evident that a barrier to awareness is language. Language is a barrier for low-income older adults receiving direct education on in-home supportive services. For instance, Rich and Hsiao (2011) examined how IHSS can improve language barriers among limited English proficiency (LEP)

individuals and general barriers among low-income persons. Rich and Hsiao (2011) identified that in dealing with these barriers areas to improve are translating IHSS information into Spanish and to use language that low-income older adults can understand, and to eliminate jargon.

The study also found that over half (62%) of the participants had limited knowledge that IHSS is based on Medi-Cal eligibility. In order to qualify for IHSS, a recipient must have Medi-Cal health insurance. Sadly, there was no research found that assessed the knowledge low-income older adults have on IHSS and home care services. However, to speculate, this may be due to limited access to direct education and technological literacy. For instance, in order to receive access to direct education low-income older adults need transportation assistance. Assistance with transportation cost and routes of travel may help an older adult receive access to direct education on home care services. According to Transportation for America (2011) millions of older adults will need driving alternatives just to gain knowledge on community resources that will help older adults sustain their independence in the home.

In terms of technology, a significant number (77%) of older adults indicated that they would need assistance learning new technology and education of the process of using technology (Smith, 2014). With this in mind, it's difficult for older adults, young and old, to gain knowledge on in-home supportive services if one does not understand how to use a computer and assistance to

teaching computer use is not readily present, which makes it difficult to identify what in-home supportive services is.

Another finding of the study was the varied responses from participants of the statement, "In-home supportive services increases hospitalization." (38%) of participants were unsure, (35%) either strongly disagreed or disagreed, and (28%) either strongly agreed or agreed with this statement. These varied responses highlight the differences in awareness about in-home supportive services. An in-home supportive service provides assistance to older adults that have difficulty with one or more activities of dialing living. In addition, an In-home supportive service allows an older adult to remain living in his or her home with the goal of reduced hospitalized visits and long-term care placement. According to Prior, Bahret, Allen and Pasupuleti, (2012) home-based care has been an effective means of an intervention strategy toward maintaining the health of seniors and decreasing re-hospitalization and emergency department visits.

The study also revealed that low-income older adults believe information does allow people to utilize resources. Over half of the participants (61%) either strongly agreed or agreed that more information on in-home supportive services and community services on home care would increase their knowledge and encourage low-income older adults to use services. In order for low-income older adults to use in-home supportive services, they need to be aware of existing services.

Limitations

This study includes a few limitations. Although thirty-one participants participated by filling out the survey, a larger sample size of participants would have strengthened the study. The study focused on receiving participation from the senior center, instead of reaching out to the larger older adult community. Another limitation is the reliability and variability of the instrument used in this study. The researcher could not find an existing instrument to use with this population. Therefore, this researcher created the instrument and this may compromise the studies findings. Additionally, participation among different ethnic groups was low. This researcher had an interpreter to assist with the participation of older adults whose primary language is Spanish. However, the interpreter was only able to assist one day out of the three to collect participant's responses.

Recommendations for Social Work Practice, Policy, and Research

This study found that low-income older adults face barriers to acquiring information on in-home supportive services. One way older adults can receive information is through education. Education is the gateway to information; therefore, a recommendation for social workers on a micro level of practice, is to spend 10 minutes more during in-home care visits providing education on home care services. Social workers that are able to spend 10 minutes more can help an older adult and their families understand what services are available. After a

social worker provides the information, the social worker can have the older adult and (or) family members explain the information that was given to them in order to assess their level of awareness and understanding.

On a macro level of practice, there are a few recommendations. First, there is a need for more research that addresses the barriers to low-income older adults gaining an awareness of services available to them. These barriers among low-income older adults include transportation, language, and technology. Second, social service organizations can create a new job position that educates older adults and their families on services. For instance, this position would consist of an employee entering the home of older adults and their families and providing an educational in-service. The employee would provide a presentation to educate on long-term care services, how to prepare, and how to apply. Early education on what services are available and applying early for these services may prevent complications later on.

In regards to policy, social workers on a national level can promote, advocate and lobby to increase funding for programs that address the needs of low-income older adults. As mentioned earlier, technology is one of the barriers that low-income older adults face toward gaining awareness on services available to them. If policies within social service agencies allowed for an increase in funding for technology use among low-income older adults, this may help the awareness level of older adults and use of services. As an example, an agency called LivHome has a program called LivHome Connect that provides

tablets to some older adults. This innovative idea allows older adults to stay connected with their care professionals allowing for opportunities to educate them on services, to provide clarity on any concerns and to ensure healthcare conditions are maintained.

Conclusion

Chapter five included key findings from the study and addressed limitations and provided recommendations for social workers. The chapter highlighted that low-income older adults are aware of in-home supportive services; however, they are not aware of how to access the service and its intended purpose. The findings of the study found that half of the participants were unsure IHSS is provided by the County of San Bernardino. Also, findings of this study presented varied responses from participants on whether in-home supportive services increase the chance of hospitalization. This shows that many older adults do not understand in-home supportive services purpose. With this, implications for social workers are to advance research, inform and educate older adults and their families and promote funding for services that will help the awareness level of low-income older adults. Social workers can improve the awareness level of low-income older adults on each level of social work practice.

APPENDIX A
SURVEY

Thank you for your participation in this survey measuring the level of awareness for in-home supportive services among older adults. Your answers will guide better services for this population in the future. This survey will take 5 to 10 minutes to complete. Be assured your identity will remain anonymous. Please circle what applies to you.

Demographics Information

A. What is your Gender?

1. Male
2. Female
3. Other: _____

B. What is your Ethnicity?

1. White
2. Hispanic/Latino
3. Black/African American
4. Asian/Pacific Islander
5. Other: _____

C. What is your age?

1. 60-65
2. 66-70
3. 71-75
4. 76-80+

D. What is your highest level of education?

1. Some High School
2. High School Graduate
3. Some College/Associate Degree
4. College Graduate
5. Graduate or Professional
6. Other

E. What is your annual income range?

1. Less than \$12,060

2. 12,061-16,000
3. 16,001-21,000
4. 21,001-25,000
5. 25,001 or higher

F. How many people live in your household including you?

1. 1-2
2. 3-4
3. 5-6
4. 7+

G. What are your sources of monthly income? **(Circle more than one if applicable)**

1. Income from a job
2. Social Security Retirement Benefits
3. Pension
4. Supplemental Security Income (SSI)
5. Savings Including 401K, IRA etc.
6. Social Security Disability Income (SSDI)
7. Financial support from family
8. Other

Survey Questions

H. A program called In-Home Supportive Services (IHSS) provides assistance to individuals who are blind, disabled, or over the age of 65 years old.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

I. IHSS provides services that include house cleaning, meal preparation, grooming and transportation.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

J. The County of San Bernardino provides an IHSS program.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

K. IHSS is based on Medi-Cal eligibility.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

L. The IHSS program allows a family member to be a recipient's provider.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

M. IHSS is a vital program to low-income older adults.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

N. Community agencies provide in-home supportive services to older adults.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

O. In-Home Supportive Services increases hospitalization.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

P. Information, allows people to utilize community resources and IHSS services.

1. Strongly Agree 2. Agree 3. Neutral 4. Strongly Disagree 5. Disagree

Thank you!
Please return your survey to the researcher

Survey created by Zina Bascom.

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess low-income older adults level of awareness on long-term care, in-home supportive services. The study is being conducted by Zina Bascom, a graduate student, under the supervision of Dr. Janet Chang, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

Purpose: The purpose of the study is to assess low-income older adults level of awareness on long-term care, in-home supportive services.

DESCRIPTION: Voluntary participants will be given a survey to complete demographics and questions on, what he or she knows about In-Home Supportive Services (IHSS), and In-home supportive services in the community.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous. Code names/numbers will be used on all research notes.

DURATION: It will take 5 to 10 minutes to complete the survey.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: Participants will receive an educational lecture and handout resources.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Chang at (909) 537- 5184.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2018.

This is to certify that I have read the above and I am 18 years or older.

Place an X mark here. _____

Date _____

909.537.5501

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The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C
DATA TABLE 1 AND 2

Table 1

Demographics	N (Frequency)	Valid Percent %
Gender		
Male	14	45
Female	15	48
Other	2	7
Ethnicity		
White	8	26
Hispanic/Latino	11	35
Black/ African American	9	29
Other	3	10
Age		
60-65	9	29
66-70	10	32
71-75	8	26
76-80+	4	13
Education		
Some High School	4	13
High School Grad.	4	13
Some College/Associates	11	37
College Graduate	5	17
Graduate or Professional	5	17
Other	1	3
Annual Income		
Less than \$12,060	12	42
\$12,061-16,000	1	3
\$16,001-21,000	8	28
\$21,001-25,000	1	3
\$25,001 or Higher	7	24
Household Size		
1-2	20	71
3-4	7	25
5-6	1	4
7+	0	0

<u>Source of Income</u>		
Income from a Job		
No	24	80
Yes	6	20
Social Security Retirement Benefit		
No	12	40
Yes	18	60
Pension		
No	24	80
Yes	6	20
Supplemental Security Income		
No	27	90
Yes	3	10
Savings including 401K, IRA, Etc.		
No	29	97
Yes	1	3
Social Security disability Income		
No	26	87
Yes	4	13
Financial Support from Family		
No	30	100
Yes	0	0
Other		
No	26	87
Yes	4	13

Table 2

Variable	N (Frequency)	% Percentage
A program called In-Home Supportive Services (IHSS) provides assistance to individuals who are blind, disabled, or over the age of 65 years old.		
Strongly agree	13	42
Agree	12	39
Neutral	6	19
IHSS provides services that include house cleaning, meal preparation, grooming, and transportation.		
Strongly agree	12	39
Agree	12	39
Neutral	6	19
Disagree	1	3
The County of San Bernardino provides an IHSS program.		
Strongly agree	9	30
Agree	5	17
Neutral	15	50
Strongly Disagree	1	3
IHSS is based on Medi-Cal eligibility.		
Strongly agree	6	21
Agree	5	17
Neutral	16	55
Disagree	2	7
The IHSS program allows a family member to be a recipient's provider.		
Strongly agree	8	27
Agree	9	30
Neutral	12	40
Disagree	1	3

IHSS is a vital program to low-income older adults.		
Strongly agree	8	27
Agree	13	43
Neutral	8	27
Strongly Disagree	1	3
Community agencies provide in-home supportive services to older adults.		
Strongly agree	5	17
Agree	10	35
Neutral	13	45
Strongly Disagree	1	3
In-Homes Supportive Services increases hospitalization.		
Strongly agree	2	7
Agree	6	21
Neutral	11	38
Strongly Disagree	4	14
Disagree	6	21
Information, allows people to utilize community resources and IHSS services.		
Strongly agree	7	25
Agree	10	36
Neutral	9	32
Strongly Disagree	2	7

REFERENCES

- Braun, K.L., Zir, A., Crocker, J., & Seely, M.R. (2005). Kokua mau: A statewide effort to improve end-of-life care. *Journal of Palliative Medicine*, 8(2), 313–323.
- California Department of Social Services (CDSS). (2017). Share of cost. Retrieved from www.cdss.ca.gov/agedblinddisabled/res/FactSheets/IHSS_Share_of_Cost_Color.pdf
- Care Gap Report. (n.d.). Care crisis: The senior care gap in America. Retrieved from http://fightfor15homecare.org/care-gap-report/#_edn1
- Caregiverlist. (2007). Hourly and live-in care services and rates. Retrieved from <http://www.caregiverlist.com/rates>
- Chapleski, E. E. (1989). Determinants of knowledge of services to the elderly: Are strong ties enabling or inhibiting? *Gerontologist*, 29(4), 539- 545.
- Collins, N. (2014). A brief introduction to the social theory of ageing and ageism. *Old Age Psychiatrist*, 59, 1-3.
- Crossman, A. (2017). Social learning theory: An overview. Retrieved from <https://www.thoughtco.com/social-learning-theory-definition-3026629>
- Genworth Financial Inc. (2016). Genworth 2016 annual cost of care study: Costs continue to rise, particularly for services in home. Retrieved from <http://newsroom.genworth.com/2016-05-10-Genworth-2016-Annual->

Cost-of-Care-Study-Costs-Continue-to-Rise-Particularly-for-Services-in-Home

- Hall, S., Petkova, H., Tsouros, A. D., Costantini, M., and Higginson, J. World Health Organization. (2011). Palliative care for older people: Better practices. Copenhagen, Denmark: WHO Regional Office for Europe
- Health Quality Ontario. (2013). In-home care for optimizing chronic disease management in the community: An evidence-based analysis. *Ontario Health Technology Assessment Series*, 13(5), 1–65.
- Kane R. A., Baker M. O., Salmon J., Veazie W. (1998). Consumer perspectives on private versus shared accommodations in assisted living. American Association of Retired Persons, Washington, DC
- Knickman, J.R., & Snell, E.K. (2002). The 2030 problem: Caring for aging baby boomers. *Health Services Research*, 37(4), 849-884.
- Landers, S. H. (2010). Why health care is going home. *N Engl J Med*, 363(18), 1690-1691.
- LivHome (2018). Helping seniors stay safe, secure, and connected. Retrieved from <https://www.livhome.com/care-technology/>
- McCall, N. (2001). Long term care: Definition, demand, cost, and financing. In N. McCall (Eds.), *Who Will Pay For Long Term Care? Insights From The Partnership Program* (pp. 3-33) Ann Arbor, MI: Health Administration Press

- Moon, A., Lubben, J., Villa, V. (1998). Awareness and utilization of community long-term care services by elderly Korean and Non-Hispanic White Americans. *The Gerontologist*, 38(3), 309-316.
- National Association for Home Care and Hospice. (2010). Basic statistics about home care. Retrieved from http://www.nahc.org/assets/1/7/10HC_Stats.pdf
- Ortman, J. M., Velkoff, V.A., & Hogan, H. (2014). An aging nation: The older population of the United States: Population estimates and projections. *U.S Census Bureau*
- Prior, M.K., Bahret, B.A., Allen, R. I., & Pasupuleti, S., (2012). The efficacy of a senior outreach program in the reduction of hospital readmissions and emergency department visits among chronically ill seniors. *Social Work in Healthcare*, 51(4), 345-360
- Rich, A., Hsiao, K. (2011). *Improving language access to keep California's older adults at home: An examination of the in-home supportive services program*. Washington, DC: National Senior Citizens Law Center.
- Smith, A. (2014). *Older adults and technology use*. Washington, DC: Pew Research Center.
- Social Security Administration. (2017). Supplemental security income (SSI) in California. [PDF] Retrieved from <https://www.ssa.gov/pubs/EN-05-11125.pdf>

- Transportation for America. (2011). Aging in place, stuck without options: Fixing the mobility crisis threatening the baby boom generation. Retrieved from <http://t4america.org/docs/SeniorsMobilityCrisis.pdf>
- Uchino B. N., Cacioppo J. T., & Kiecolt-Glaser, J. K., (1996). The relationship between social support and physiological processes: A review with emphasis on underlying mechanisms and implications for health. *Psychological Bulletin* 119, 488-531.
- UCLA Center for Health Policy Research. (2009). Elder economic security standard index. Retrieved from <http://healthpolicy.ucla.edu/programs/health-disparities/elder-health/EIRD2009/Documents/San-Bernardino.pdf>
- U.S. Department of Health and Human services. (2017). Poverty Guidelines. Retrieved from [WEB] <https://aspe.hhs.gov/poverty-guidelines>
- U.S. Department of Housing and Urban Development. (2013). Evidence matters. Retrieved from <https://www.huduser.gov/portal/periodicals/em/fall13/highlight2.html>