

National Association of Area Agencies on Aging 2007 Aging Network Survey



STATE ANALYSIS: OKLAHOMA

Scripps Gerontology Center

Suzanne Kunkel, Abbe Linscott, & Jane K. Straker

April 2008



Background

With a grant from the Administration on Aging (AoA), the National Association of Area Agencies on Aging (n4a) partnered with Scripps Gerontology Center to conduct the 2007 Aging Network Survey of all Area Agencies on Aging and Title VI Native American programs in the nation. The survey was designed to assess AAA and Title VI involvement in services and programs consistent with AoA's Choices for Independence. As part of the 2006 reauthorization of the Older Americans Act (OAA), this initiative seeks to modernize the current long-term care system using the following principles:

- Enabling consumers to remain in their own homes through the provision of home and community-based long-term care;
- Empowering consumers to stay active and healthy through disease prevention and health promotion services;
- Streamlining access to home and community-based services; and
- Enhancing organizational capacity of the aging network for home and community-based long-term care systems.

Structured around these principles, the survey was launched in June of 2007 to all AAAs (Title VI programs received the survey at a later date). Data collection concluded in December of 2007 with over 80% of AAAs responding.

Overall, the aging network has a high degree of involvement in long-term care systems, and many are providing programs and services that are consistent with the goals of Choices. For example:

- about half of area agencies are providing some consumer-directed service options
- over 50% are involved in evidence-based health promotion
- nearly two-thirds have programs to facilitate transition from nursing homes to the community
- over 80% provide case management
- over half are involved in a Medicaid home-care waiver program

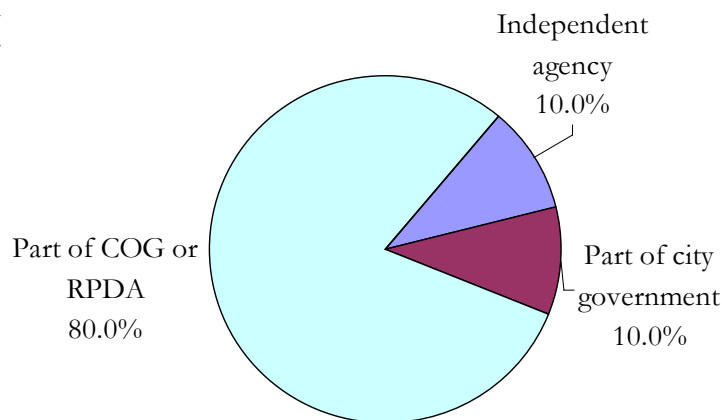
The results from this initial survey provide a baseline snapshot for the aging network. The surveys will be conducted annually so that we can measure our progress and so that n4a can tailor its technical assistance efforts to the changing needs of the network. To ensure that the information from these surveys will be as useful as possible, we are providing state-level reports to all states in which a high proportion of area agencies responded. In your state, 10 area agencies responded, for a response rate of 90.9%. (Having a high rate and number of responses is necessary to safeguard confidentiality and to have valid data.) The data in this report reflect the non-missing responses of those 10 agencies. These reports are intended to be one source of information for benchmarking and strategic planning for the aging network.

Organizational Capacity

There was a great deal of variability in budget and client numbers that skewed the data and made the overall average very high. Average budget and average number of clients served are strongly affected by several very large organizations, so the median number is more telling of the status of the aging network.

	National	State
Budget (in millions)		
Average (mean)	8.9	2.7
Median	3.8	2.5
Proportion of budget from OAA		
Average (mean)	41.9	70.0
Median	38.0	75.0
Clients		
Average (mean)	8607	4798
Median	3020	4048
Area Served		
Urban	5.8	0.0
Suburban	7.6	0.0
Rural	49.5	80.0
Mixed	37.0	20.0

State AAA Structure



National AAA Structure

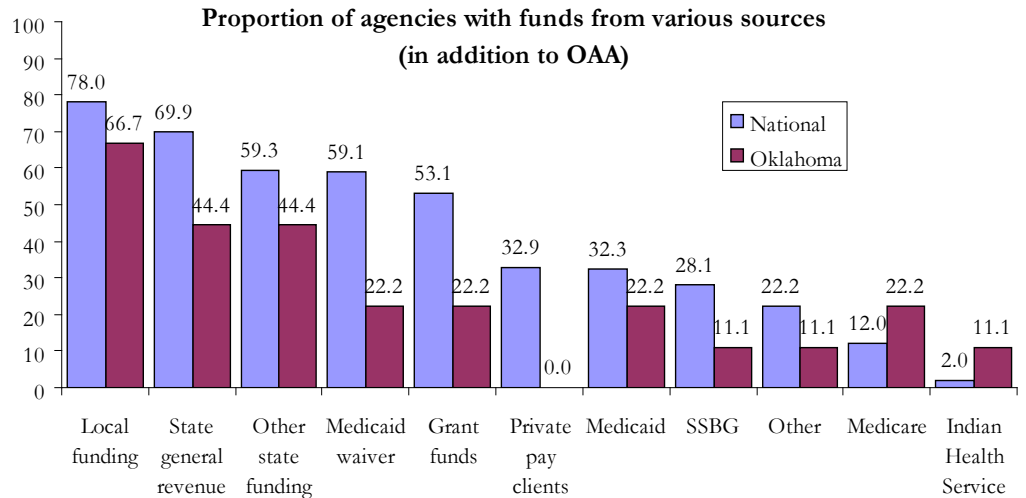
The most common structures for AAAs in the nation are independent agency (37.4%), part of county government (26.6%), and part of COG or RPDA (25.6%).

n4a Aging Network Survey

STATE ANALYSIS: OKLAHOMA

Funding Sources

Participants were asked to indicate which funding sources they use in addition to OAA funding. The most common sources of funding for the nation are from the state general revenue and local funding, while the most common funding source for your state is local funding. This figure shows the proportion of agencies, both nationally and within your state who use selected funding sources in addition to OAA funds.



Involvement in *Choices* Related Activities

Participants were asked to rate their level of progress on sets of items related to the *Choices* principles. The possible responses were: Have this in place, Have made progress, Plan to work on this but have not begun, Would like to work on this but cannot, or Do not plan to work on this. The following shows the proportion of agencies nationally and within your state that said that they had made progress or have a program in place on items related to the *Choices* for Independence principles.

	National	State
Enabling Consumers to Remain in their own Homes		
Assessing consumer satisfaction with their services.	93.1	100.0
Asking consumers about their service preferences.	89.4	88.9
Assisting consumers in directing their own services.	70.8	60.0
Assisting consumers in planning in advance for long-term care.	69.6	66.7
Developing policies and procedures for cost-share clients.	60.8	0.0
Streamlining Access to Home and Community-Based Services		
Electronically maintaining information about clients and their services.	92.3	80.0
Improving our Information and Referral/Assistance System.	90.5	80.0
Electronically maintaining client health information.	88.3	44.4
Electronically maintaining provider information.	86.2	30.0
Positioning our organization as the single point of entry for long-term care in our area.	64.2	50.0
Enhancing Organizational Capacity for Home and Community-Based LTC Systems		
Developing a system to provide home and community-based services to older adults.	92.8	70.0
Having culturally competent staff.	83.7	80.0
Building systems for quality assurance and program monitoring.	83.2	80.0
Acquiring board/governance support for home and community-based service provision.	76.2	40.0
Conducting a needs assessment in our area.	74.2	90.0

www.scrippsaging.org scripps@muohio.edu (513) 529 2914
 396 Upham Hall, Miami University, Oxford, Ohio 45056

To print/download this research brief or the full report go to:
<http://www.scripps.muohio.edu/research/publications/N4AOklahoma>

For other Scripps reports go to: <http://www.scripps.muohio.edu/research/publications.html>



Funding for this document was made possible (in part) by grant 90AM3126 from the Administration on Aging. The views expressed in these materials do not necessarily reflect the official policies of the Department of Health and Human Services, or represent official Administration on Aging policy.