



The OARS Legacy

By George L. Maddox, PhD

OARS, the Older Americans Resources and Services program, has earned a distinctive place in the Center's legacy with 35 years of research, education, and service that promote access to quality community-based long-term care for older adults. OARS was created within the Center for Aging and Human Development in 1972 in response to congressional concern about nursing home care of "questionable quality at high cost" soon after the passage of Medicare and Medicaid. The Duke Center was asked to explore community alternatives to institutional long-term care, and OARS was our response.

OARS anticipated important changes in the medical management of health and illness in later life. Its team of professionals was multidisciplinary and its focus on preventive and rehabilitative care that increases the capacity of older adults to function at home. The multidisciplinary Geriatric Evaluation and Treatment Clinic (GETC) was created to provide, when needed, comprehensive evaluation of older adults to guide them through the maze of specialty clinics characteristic of modern medicine. The perspectives of nursing, social work, physical therapy, and medicine combined to provide useful clinical and in-home evaluations and promote preventive care that would support aging at home.

The visibility and reputation of OARS was enhanced by its multidisciplinary procedure for assessing functioning in later life that was widely used in research on older populations. In both community and institutional settings, SOS (Services Outcome Screen), a short form of the Duke OARS functional evaluation, was widely used by social services agencies in North Carolina to assess the functional status of clients prior to the assignment of appropriate community services. OARS research indicated that perhaps 10 percent of older adults in institutional long-term care settings had functional capacity sufficient to return to the community. Also, a joint study with the U.S. General Accounting Office found that older adults in suburbs had poorer access to needed services than those in cities because services for older adults were centrally located for the convenience of professional caregivers.

In 1985 the support of foundations made possible the creation of the Long-Term Care Resources Program to promote care in the community, as well as the Leadership in an Aging Society program to enhance the next generation of leaders in community-based care for older adults. In the late 1980s, when federal policy and funding began to emphasize greater responsibility of states and communities to provide community-based alternatives to institutional care, the OARS emphasis on enhancing community-based care services became especially relevant.

In the 1990s the Kate B. Reynolds Charitable Trust

facilitated the development of the new Long-Term Care Resources Program at Duke with a grant to study whether the eight programs that the trust had supported to promote access to affordable, quality care were effective and, if so, why. The studies indicated that the programs had in fact made a difference in promoting community-based care. But equally important, the role of local leadership in promoting community-effective partnerships among providers was notable. The trust made a five-year, \$1-million commitment to the Long-Term Care Resources



George Maddox, PhD, Director, Long-Term Care Resources Program

Program to create what became the Aging at Home program. (ltc.duke.edu/occasional_8.htm)

Aging at Home was a successful three-pronged effort to improve the availability of appropriate care services in the long term. Aging at Home One stressed going to North Carolina communities as a marketplace of ideas about how local leaders perceived their problems and opportunities for providing community-based care. The response of communities was enthusiastic: 86 communities expressed interest, 36 were invited to submit proposals, and 11 communities were awarded support by a panel of experts. Ideas for responding to the needs for community caregiving were varied and innovative. Communities were eager to monitor and document how older adults were helped to age at home. While timely help from Duke was valued, the participating communities valued even more the benefit of sharing with each other the problems they encountered and the solutions that worked for them.

The success of the initial Aging at Home programs in improving community-based care suggested a new challenge. Community Alternatives Programs (CAP) that provide useful home care were missing in 12 of North Carolina's counties. Since counties were required to participate in the funding of CAP, boards of commissioners had to be persuaded. The success of Aging at Home One helped persuade commissioners in these rural, low-income counties to join the majority. Aging at Home Two was created and the state legislature and aging services leadership were pleased with the results.

Aging at Home Three continued to focus on counties where service managers demonstrated how additional resources could be used effectively to reduce unmet need for in-home care. Eighteen counties were supported by this initiative.

Monitoring of the three Aging at Home programs documented 6,742 referrals and 1,572 new clients for community-based services. Waiting times for services were reduced in all 41 of the counties served. The program's



philosophy of “Teaching and Learning” became widely recognized as a way to energize and empower home-care service providers. Three geographically strategic communities were designated as Teaching Communities to continue the tradition of Aging at Home and to serve as training sites for surrounding communities interested in community-based care.

The OARS legacy received national recognition in 2000 when the Robert Wood Johnson Foundation read the story of Aging at Home on the Aging Center Web site. The foundation found the idea interesting and chose it as a model for its national Community Partnerships for Older Adults program, an eight-year initiative that currently supports development of innovative long-term care services for older adults in 16 cities nationwide. Beverly Patnaik and George Maddox continue the OARS legacy by providing technical assistance to this program. The legacy is evident in an emphasis on how teaching and learning both informs and empowers community leadership. Timely technical assistance, particularly if one’s colleagues are involved, is important. Finally, documenting that a community program can make aging at home possible makes a significant difference in home care.

After 35 years, the legacy of OARS at Duke is alive and well. ■

This is the first in a series we will publish to inform our readers about the long and distinguished history of the Center.