The Evaluation of the National Long Term Care Demonstration

3. Recruitment and Characteristics of Channeling Clients

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The National Long Term Care Demonstration (channeling) was designed to provide coordinated community-based long-term care services to those older persons at high risk of nursing home placement. A key component of the program was the process established to accomplish this targeting effort. In this article, the outreach and eligibility procedures developed in the demonstration are described. Characteristics of channeling clients are compared to those of clients from other long-term care demonstrations, a national nursing home sample, and a simulated national sample of functionally impaired older persons. Results indicate that the channeling clients were quite frail, more so than the clients served in most of the other long-term care demonstrations, but were younger, slightly less disabled, and more likely to be married than a national sample of nursing home residents.

A major objective of the channeling demonstration was to serve frail older persons at risk of nursing home placement. To meet this goal it was necessary to establish program entrance procedures to ensure that the demonstration served those most in need. The importance of this objective had been reinforced for the channeling project by a series of other long-term care projects, which identified client selection as a critical area.

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This article focuses both on the demonstration's approach to recruiting applicants and on the characteristics of those individuals accepted into the program. The discussion of client recruitment will focus on the development of eligibility criteria, strategies for client identification, and the process used to screen and assess potential applicants. In the description of characteristics, we present a profile of clients accepted into the demonstration and then compare these individuals to three groups of interest: clients of other long-term care demonstrations, a national sample of nursing home residents, and a simulated national sample of the eligible population (Carcagno et al., 1986).

As noted, the evaluation of the channeling demonstration included a randomized experimental design, and it is the outcomes for the control group over the follow-up time period (presented in subsequent articles in this issue) that will ultimately address the targeting success of the demonstration. In this article, we focus on the characteristics of those individuals assigned to the treatment group at the start of the demonstration.

ELIGIBILITY CRITERIA

Channeling's eligibility criteria were developed on the basis of a review of medical eligibility criteria for nursing home admission under Medicaid in the channeling states and an examination of the literature on factors associated with institutional placement. This material was interpreted by a project advisory group which included federal and state officials, channeling project staff, and outside experts.

Major limitations in functioning were expected to be an important factor determining institutionalization, and this served as the major eligibility criterion for the demonstration. To be eligible, applicants had to have at least moderate disabilities in two or more of the physical activities of daily living (ADL), three severe impairments in the instrumental activities of daily living (IADL), or two severe IADL impairments and one severe ADL disability. Cognitive or behavioral difficulties affecting an individual's ability to perform activities of daily living could count as one of the severe IADL impairments. Although the minimum age for participation was 65, the functioning criteria were expected to identify a group substantially older than that.

Another requirement was that the client have at least two unmet needs in ADL or IADL. This was intended to guard against simply substituting channeling for community services already available and

being used. To ensure that the problems of potential clients were chronic, eligible applicants were required to have a prognosis based on the subjective judgment of the screeners that these needs would continue for at least six months. The unmet-need criterion could be met under a substitute criterion: that the informal support system—family and friends who provide care—was in danger of collapse (that would result in unmet needs). This criterion also required the subjective judgment of the screeners; however, as it turned out, in only a few cases (about 6 percent of clients) was it necessary to apply the alternative criterion (although an overwhelming majority were reported to have a fragile informal support system).

In an effort to expand community care alternatives to those in need, the demonstration did not have an income eligibility criterion, although higher-income clients were required to contribute to the cost of their services.

Finally, because channeling was designed to prevent unnecessary nursing home placements (rather than to deinstitutionalize the already institutionalized population), applicants had to reside in the community or, if institutionalized, be certified as likely to be discharged within three months. Table 1 summarizes the eligibility criteria used. (For operational reasons, residence in the catchment area and Medicare coverage were included as eligibility criteria.)

The targeting approach used in the channeling demonstration emphasized the recruitment of applicants experiencing high levels of disability, irrespective of client location. Demonstration planners had hoped that a high proportion of applicants might come from specific referral sources, such as hospitals or nursing home preadmission screening programs, but the channeling strategy intentionally did not mandate referral sources. For example, program entry was not linked to a nursing home preadmission screening process, an approach currently receiving considerable attention. The approach also did not attempt to deinstitutionalize nursing home residents; in fact, as noted, only those certified for discharge within 90 days were eligible.

REFERRAL SOURCES

Channeling sought referral sources and engaged in outreach activities to identify appropriate applicants. Hospitals, home health agencies, and social service providers were the major referral sources contacted by channeling. Some host agencies for the demonstration also served as major referral sources. Finally, channeling contacted nursing homes,

Table 1: Channeling Demonstration Eligibility Criteria

Age	Must be 65 or over.
Functional disability	Must have two moderate ADL disabilities, or three severe IADL impairments, or two severe IADL impairments and one severe ADL disability. (Cognitive or behavioral difficulties affecting individual ability to perform activities of daily living could count as one of the severe IADL impairments.)*
Unmet needs or fragile informal support	Must need help with at least two categories of service affected by functional disabilities or impairments for six months (meals, housework/shopping, medications, medical treatments at home, personal care), or have a fragile informal support system that may no longer be able to provide needed care.
Residence	Must be living in community or (if institutionalized) certified as likely to be discharged within three months; must reside within project catchment area.
Medicare coverage	Must be Medicare Part A-eligible (for the financial control model).

*The six ADL activities included bathing, dressing, toileting, transfer, continence, and eating. The seven IADL activities were housekeeping, shopping, meal preparation, taking medicine, travel, using the telephone, and managing finances. For the purpose of the IADL eligibility criterion, the first two and the last three IADLs were aggregated into two combined categories. Thus, there were four possible IADL areas under which applicants could qualify, plus the cognitive/behavioral impairment category which counted as one IADL item.

nursing home preadmission screening units, and providers or potential providers of direct services to channeling, but these did not turn out to be major referral sources. In addition to the formal agency contacts, most channeling projects used direct community outreach. In all, channeling projects reported receiving referrals from over 20 types of referral sources.

The largest major category of eligible referrals came from health services providers, particularly hospitals and home health agencies (see Table 2). A higher proportion of total eligible referrals came from these sources in the financial control sites than in the basic sites—26 versus 19 percent from hospitals, and 22 versus 11 percent from home health agencies.

Very few eligible referrals under either model came from nursing homes, nursing home preadmission screens, or nursing home waiting lists. Although the number of referrals directly from nursing homes was not expected to be large (in fact, as indicated, applicants had to be

Table 2: Referral Sources of Persons Screened as Eligible for Channeling (percent)

Referral Source	*Basic Case Management Model (%)*	*Financial Control Model (%)*	*All Sites (%)*
Health services provider			
Hospital	19.4	26.0	22.7
Home health agency	11.3	22.4	16.9
Nursing home*	2.4	1.6	2.0
Family/Friend/Self	34.8	22.1	28.4
Social service agencies			
Senior center/Nutrition	3.4	9.0	6.2
Casework/Case management	5.8	4.7	5.3
Welfare/Medicaid	5.1	2.3	3.7
Information and referral	4.5	0.8	2.6
Channeling outreach	1.0	2.8	1.9
Other†	12.2	8.3	10.3
Total	100.0	100.0	100.0

Source: Carcagno et al., 1986, Table VII.3.

Sample Sizes: basic model, 3,336; financial model, 3,386.

*Includes referrals from nursing home preadmission screens which accounted for 0.6 percent of total referrals, and nursing home waiting lists which accounted for 0.3 percent of total referrals.

†Includes referrals from physicians, homemaker services, home-delivered meals agencies, psychiatric facilities, counseling services, legal advocacy services, adult day care, and a category simply recorded as "other."

certified as ready for discharge within three months), nursing home waiting lists and preadmission screens had been anticipated to be more important referral sources than they turned out to be. The primary reason was that in the majority of sites a preadmission screen did not exist. A second reason was that, where screens did exist, they generally referred only those clients who were not disabled enough to be nursing home eligible. Finally, channeling projects did not aggressively pursue nursing home waiting lists because it was difficult to get access to those lists and because channeling staff generally felt that by the time individuals had decided to apply for institutional care, it was difficult to reverse the decision.

Physicians were also far less prevalent as referral sources than had been expected, accounting for about half of 1 percent of referrals (not shown). Channeling staff reasoned that physicians did not typically consider community care options because they were relatively unin-

formed about them and tended to weigh rather heavily the safety and 24-hour supervision advantages of nursing homes.

Family, friends, and self-referrals were the next most important source after health services providers, constituting about 28 percent of eligible referrals. Among family, friends, and self-referrals, referral by family members was by far the most common (eight out of ten, not shown).

Social service agencies (including casework/case management agencies, departments of public welfare, senior centers, and information and referral agencies) accounted for nearly one-fifth of all eligible referrals for all sites taken together. The yield from social service agencies probably was not higher because their clients tended to be less frail than the channeling eligibility criteria required.

The volume of eligible referrals was somewhat lower than initially anticipated, particularly in the rural sites, which had smaller elderly populations, and in the basic case management sites, which did not have the expanded community services to attract clients that the financial control model had. As a consequence, the period of case load buildup was extended another two to four months to enroll a sufficient sample for the evaluation.

SCREENING

The contacts on behalf of potential clients by service providers, friends or family members, and by the elderly individuals themselves, were made with the screening units of the projects, which were responsible for determining eligibility. As indicated in Carcagno and Kemper (this issue), this was done through a set of questions asked almost exclusively over the telephone; the interviews lasted 15–25 minutes. There had been concern during the planning phase that it might not be possible to screen adequately over the telephone. In fact, staff reported that the process generally worked well. They felt most confident with the measures of physical functioning, reporting that assessment of unmet need and fragile informal support was more subjective and thus more difficult to determine systematically, particularly over the telephone.

Over the life of the demonstration (including the period after the end of randomization for the research), 11,769 applicants were screened, 9,890 (84 percent) of whom were determined eligible. A review of the characteristics of those applicants determined eligible indicated that almost all (97 percent) were in fact eligible, based on the

functioning criteria as reflected in the screening data. By far the majority (86 percent) of sample members qualified solely on the ADL criterion (had at least moderate disabilities in two of the six ADL tasks). The rest qualified either on the IADL component alone (severely impaired with respect to three of the IADL tasks) or on an ADL/IADL combination. More than 90 percent qualified on the unmet-needs criterion. The rest of those eligible qualified on the fragile-informal-support alternative criterion.

At the baseline assessment, 80 percent of clients continued to be eligible. Fifteen percent continued in channeling even though they did not satisfy all of the formal eligibility criteria, based on case managers' judgments that continued participation would help them avoid institutionalization. Five percent were terminated because they were ineligible according to the baseline assessment.

CLIENT CHARACTERISTICS

Channeling clients experienced severe functional, health, social, and financial problems. Table 3 summarizes the major characteristics of the channeling treatment group at baseline. The following discussion also provides detail not shown in the table.

Functioning. Channeling clients reported major limitations in their functioning. Eighty-four percent at baseline needed help with one or more activities of daily living (ADL), and 22 percent needed help with all five. Problems with incontinence were reported by over half (53 percent), and over four-fifths reported needing assistance with walking or being unable to walk at all. Impairments in instrumental activities of daily living (IADL) were reported by virtually all channeling clients. On average, clients indicated that they needed help with over five of seven IADL tasks. Mental functioning as measured by the short portable mental status questionnaire (SPMSQ)—which asked clients such questions as their age, day of the week, and name of the U.S. president—was also limited for the typical channeling client at baseline. On average, clients missed between three and four of the ten items, and 34 percent were classified as having severe mental impairments (missing more than five questions).

Health. A large majority of channeling clients reported their overall health as fair or poor at baseline (83 percent). Clients reported debilitating medical conditions such as heart trouble (47 percent), stroke (29 percent), arthritis (71 percent), diabetes (21 percent), respiratory problems (25 percent), high blood pressure (43 percent), and

Table 3: Characteristics of Channeling Treatment Group at Baseline

	Basic Case Management Model	*Financial Control Model*	*All Sites*
Health and functioning			
Any disability in ADL (%)	83.4	84.2	83.9
Number of ADL disabilities (maximum 5)	2.7	2.8	2.7
Incontinent (%)	52.5	53.6	53.1
Any impairment in IADL (%)	99.5	99.8	99.7
Mental functioning (number incorrect on 10-item scale)	3.4	3.5	3.5
Days restricted to bed in last 2 months	19.5	20.1	19.8
Sociodemographic characteristics			
Living alone (%)	35.1	39.1	37.2
Age (years)	79.2	80.1	79.7
Ethnic group (% white)	75.6	71.1	73.3
Sex (% female)	71.9	70.6	71.2
Married (%)	31.9	32.9	32.4
Income and assets			
Monthly income ($)	567	572	570
Owns home (%)	44.7	38.9	41.7
No assets other than home (%)	59.4	55.1	57.2
Medicaid coverage (%)	20.4	23.7	22.1
Life quality			
Stressful life event in past year (%)	86.0	87.4	86.7
Often lonely (%)	27.0	25.7	26.3
No social contacts in past week (%)	9.4	10.2	9.8
Number of unmet needs (maximum 8)	3.3	4.0	3.7
Not very satisfied with life (%)	39.5	47.4	43.7
Wait-listed or applied to nursing home (%)	7.3	6.3	6.8
Unwilling to go into nursing home (%)	63.4	67.3	65.5
Prior service use			
Case management received (%)	8.8	16.9	13.1
Regular formal in-home care (%)	57.4	63.5	60.6
Regular informal in-home care (%)	92.5	92.0	92.2
Hospital admission, past 2 months (%)	47.2	49.9	48.7

Source: Carcagno et al., 1986, Tables VII.5, VII.9, VII.10, VII.12, VII.13, and VII.15.

Sample Sizes: Basic model, 1,638; financial model, 1,815.

paralysis (15 percent). Clients also reported that in the two months prior to entering channeling they had spent on average about 20 days restricted to bed most or all of the day.

Living Arrangement. Consistent with the demonstration eligibility criteria, most channeling clients were in the community at baseline. Approximately 12 percent of the clients were in a hospital at baseline. Few of the clients (less than 3 percent) were in a nursing home. Approximately 37 percent of the clients lived alone; the majority of the rest lived with either their spouse or spouse and children. In addition, 43 percent of the clients reported that one or more of their children lived within 30 minutes of the client's residence.

Demographic Characteristics. Channeling clients reported a mean age of 80 at baseline; the oldest client was 103. Seven out of ten channeling clients were female. Almost three-quarters of channeling clients were white, 23 percent were black, and 4 percent were Hispanic.

Income, Assets, and Insurance Coverage. Channeling clients were poor at baseline: 52 percent reported incomes below $500 per month and 57 percent reported no assets other than a home. Applicants to the financial control model were, as indicated, required to have Medicare coverage, but even in the basic sites almost all clients had Medicare coverage. Medicaid coverage was reported by 20 percent of the basic and 24 percent of the financial model clients.

Life Quality and Unmet Needs. A large majority of channeling clients (87 percent) reported experiencing a stressful life event in the year prior to application. Over 70 percent indicated the onset or worsening of a serious health condition, for example, and 38 percent reported the death of a close friend, relative, or spouse. Approximately 26 percent of the channeling clients reported being often lonely, and almost 17 percent reported at most one social contact in the week prior to the baseline.

Channeling clients were also asked to report unmet needs and, as discussed, this was one of the channeling eligibility criteria. Eight potential areas of unmet needs were examined (dressing, transfer, toileting, bathing, meal preparation, housekeeping, transportation, and medical treatments). Channeling clients reported on average over three unmet needs, with a high proportion of the clients reporting unmet needs with housekeeping (68 percent), bathing (66 percent), and meals (54 percent). Although a majority of the clients reported substantial unmet need, at the baseline assessment 24 percent in the basic case management sites and 13 percent in the financial control sites reported zero or one unmet need.

Prior Service Use. Service use prior to channeling was already substantial. An important minority of the channeling clients (9 percent in the basic case management sites and 17 percent in the financial control sites) reported that someone from a formal case management agency helped them arrange for services prior to the baseline. Nearly half reported a hospital admission in the two-month period prior to channeling, suggesting that an acute care episode may have precipitated application to channeling for many clients. In addition, 6 percent of the clients reported at least one admission into a nursing home during that two-month period. About two-thirds of the sample, however, responded that they would not consider moving into a nursing home.

Many channeling clients were receiving some formal services from the existing community care system, more in financial control sites than in basic sites: 57 percent of clients in the basic case management sites and 64 percent in the financial control sites reported receiving some formal in-home care at baseline, with the average amount per client reported to be slightly over seven hours of care per week. In-home care from family and friends was reported by a high proportion of clients. Ninety-two percent under both models reported receiving some informal care at baseline.

CHANNELING SAMPLE COMPARED TO OTHER LONG-TERM CARE POPULATIONS

This section compares the characteristics of the channeling sample with those of three other long-term care populations: the samples of other community care demonstrations; the national nursing home population; and a simulated national sample eligible for channeling based on the functional program eligibility criteria.

COMPARISON WITH OTHER COMMUNITY CARE DEMONSTRATIONS

A review of 14 community-based long-term care demonstrations similar to channeling found that all but one of these demonstrations developed eligibility criteria designed to narrow their target population to those at risk of institutional placement (Applebaum, Harrigan, and Kemper, 1986). Three major types of criteria were used. The first was documented service need—which was expected to be accompanied by a functional disability, although a specific level of impairment was not

specified. The second was documented service need plus a specified level of functional impairment. The third was identification of applicants through a nursing home preadmission screen, which included not only service need and measures of functioning but also application for nursing home admission.

Of the 13 demonstrations that attempted to serve those specifically at risk of nursing home placement, four used service need or indicators of it (for example, hospitalization, loss of caregiver) without a specified functional impairment criterion. Seven projects specified a functional impairment criterion although specific levels of disability varied by demonstration. Channeling is classified as part of this group, although the channeling functional impairment requirement was intended to be more stringent than those of its predecessors. Only two linked entry to a nursing home preadmission screen.

Compared to those of the other demonstrations, channeling clients generally tended toward the frailer end of the disability range. Channeling clients reported at least one ADL disability in the vast majority of cases (84 percent); this was higher than 12 of the 14 other demonstrations, and for only one sample was the percentage substantially higher (95 percent) than channeling. Virtually 100 percent of the channeling sample were IADL-impaired. In this respect, the channeling sample resembled those of six of the prior demonstrations, with more than 97 percent IADL-impaired. The information on incontinence is incomplete. For those demonstrations where it was measured separately, the channeling sample fell near the more impaired end of the range (53 percent, versus a high of 60 percent and a low of 22 percent). Finally, the channeling sample was more cognitively impaired than all but one of the other samples. The channeling sample averaged 3.5 answers wrong out of a possible 10; the other highly impaired sample averaged 3.6; the others ranged downward to 0.6.

With respect to demographic characteristics, prior demonstrations exhibited considerable variation. Channeling was generally in the middle on the percent white, female, and married. A smaller percentage were living alone than in all but three of the prior demonstrations, possibly reflecting the relatively high disability levels of the population rather than the availability of informal caregivers.

COMPARISON WITH THE NATIONAL NURSING HOME POPULATION

Channeling sought to serve those at high risk of nursing home placement. Comparison of selected channeling client characteristics with

those of nursing home residents nationwide indicates whether the channeling eligibility criteria produced a population similar to the population in nursing homes. Although similar characteristics are no guarantee that the channeling population was at high risk of institutionalization (and, in fact, the comparison is limited because nursing home statistics cover all applicants rather than just nursing home entrants), a population substantially different on characteristics believed to be associated with nursing home placement—such as functional disability—would suggest failure to target those at risk.

As Table 4 shows, channeling clients and the nursing home population in 1977 were both 71 percent female. However, major differences existed on age, race, and marital status. The channeling sample was younger than nursing home residents, with 28 percent of channeling clients over age 85 compared to 40 percent in nursing homes. A much higher proportion of the channeling sample was nonwhite (27 percent versus 7 percent), reflecting in part the higher proportion of minorities in the channeling sites than in the nation. The channeling sample also had a much higher proportion of individuals who were married (32 percent) compared to the nursing home sample (12 percent).

With respect to measures of functioning, a slightly higher proportion of nursing home residents was disabled on all but one of the ADL tasks, but a higher proportion of the channeling sample was impaired on the continence and mobility measures. The comparability of the latter two measures is subject to question because of differences in questionnaire wording. For example, the continence measure used in the channeling demonstration asked for accidents in the past week, while the nursing home questionnaire asked about patient difficulty without a time specification. This may have led to differences in measured incontinence.

That channeling clients were somewhat younger, more likely to be black, more likely to be married, and slightly less disabled suggests that channeling may have served a slightly different population than that served by nursing homes.

COMPARISON WITH THE NATIONAL ELIGIBLE POPULATION

To get some indication of the size of the national population meeting channeling's functional eligibility requirements and of ways in which channeling clients compared with the nationally eligible population, we were able to use the sample of frail elderly who participated in the 1982

Table 4: Channeling Sample Characteristics Compared to those of Nursing Home Residents (percent)

	Channeling (%)	*Nursing Home Residents (%)*
Age		
65-74	27.5	18.8
75-84	44.3	41.4
85 +	28.1	40.0
Percent female	71.2	71.2
Race		
White or other (not Hispanic)	73.3	92.6
Black (not Hispanic)	23.0	6.3
Hispanic	3.7	1.1
Married	32.4	11.9
ADL disability		
Eating	25.0	32.6
Toileting	56.3	52.5
Dressing	60.6	69.4
Bathing	78.8	86.3
Mobility impairment	81.5	66.1
Incontinent	53.1	45.3

Source: Carcagno et al., 1986, Table VII.7. The nursing home resident statistics are for 1977.

National Long-Term Care Survey. The survey was conducted on a nationally representative sample of 6,393 persons eligible for Medicare, who reported disability that had persisted for three months or longer in at least one ADL or IADL task (Macken, 1986).

The national data suggest that in 1982 about 1.3 million noninstitutionalized persons age 65 or over would have been eligible for channeling based on its functional criteria. This amounts to 4.9 percent of the noninstitutionalized elderly population. For comparison, the channeling project case loads, which ranged from 200 to 523, were less than 0.5 percent of the elderly population in the sites with the largest populations, and 1.1-1.6 percent in the three sites with the smallest ones.

Table 5 compares the characteristics of channeling clients with those of the subset of the National Long-Term Care survey sample who met channeling's functional criteria. The channeling clients were similar to the simulated national eligible population in age, functional disability, and receipt of informal care. Mean age for both samples was

Table 5: Channeling Sample Characteristics Compared to those of Simulated National Sample Functionally Eligible for Channeling

	Channeling Sample	*Simulated National Eligible Sample*
Mean age	79.7	78.5
Disability on ADL (%)		
Eating	25.0	20.6
Transfer	52.7	45.2
Toileting	56.3	41.3
Dressing	60.6	63.9
Bathing	78.8	86.2
Impairment on IADL (%)		
Meals	88.0	78.9
Housekeeping	97.4	68.3
Shopping	95.6	92.7
Money management	70.0	62.1
Telephone use	54.6	46.3
Incontinent (%)	53.1	53.8
Mental functioning (number incorrect 1-10)	3.5	2.3
Regular informal in-home care (%)	92	96
Monthly income ($)	570	644
Married (%)	32.4	46.1
Female (%)	71.3	63.0
Living alone (%)	37.2	16.6
Any formal in-home care (%)	60.6	33.9
Any hospital stays (% in last 2 months)	48.7	20.1
Any nursing home admissions (% in last 2 months)	5.9	0.9
On nursing home waiting list (%)	6.8	1.4

Source: Carcagno et al., 1986, Table VII.8.

just under 80. Not surprisingly, given the use of ADL to simulate the nationally eligible population, overall ADL disability status was similar; disability in eating, transfer, and toileting was somewhat higher for the channeling sample, and dressing and bathing somewhat lower. The incidence of incontinence was practically identical. Impairment on IADL was consistently higher for the channeling sample than for the simulated national eligible sample—considerably so for housekeeping.

The use of informal care was extremely high for both groups (92 percent for channeling, 96 percent for the simulated national eligible population), indicating the importance of informal care for the frail elderly.

The percent married, percent female, percent living alone, and mean monthly income all differed for the two samples. Channeling's sample was less likely to be married, more likely to be living alone, more likely to be female, and somewhat poorer than the simulated national sample.

The most conspicuous features of the table are the substantial differences in the use of formal services: in-home care, hospitals, and nursing homes. Channeling sample members at baseline (that is, *before* receipt of channeling services) were almost twice as likely as the national sample to be receiving formal in-home services, more than twice as likely to have had a hospital stay in the last two months, and more than six times as likely to have been in a nursing home. In addition, 6.8 percent of the channeling sample were on a nursing home waiting list, versus 1.4 percent of the simulated national eligible population.

The two surveys asked different questions on attitudes toward nursing home placement (not shown). About two-thirds of channeling clients reported that they would not move into a nursing home under any circumstances. Of the simulated national eligible population, 94 percent of those with an opinion said they agreed with the statement that people go to nursing homes only when there is no other place to live. Almost all (98 percent) agreed that it is better to stay out of a nursing home as long as you can.

The disparities in the actual use of hospitals and nursing homes prior to channeling provide support for the argument that persons often came to the attention of channeling because of some event (such as an acute care episode) that increased the likelihood that they would need more care. The occurrence of such an event may have been a factor differentiating those who applied for channeling from those who did not. The high level of receipt of in-home care suggests that many of those who applied were already connected with the existing service system.

Taken together, the systematic direction of the differences between the two groups suggests that channeling attracted applicants who differed from the general elderly population satisfying channeling's functional eligibility criteria. Channeling clients were more likely to have needs for postacute care, to receive formal care from the community care system, and to live alone than the simulated national population.

Whether they were at greater risk of institutionalization, however, cannot be determined.

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