

Final Report
2015

Consumer Satisfaction with Aging & Disability Resource Connection of Oregon: Round 4

Part 1: 2014 Survey Participants

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Part 1. 2014 Participants

ADRC Core Standards

This report is organized according to the *ADRC of Oregon Core Standards for Fully Functioning ADRCs in Oregon* (January 2013). Three of five core functions are evaluated in this report: Information, referral, and awareness (Parts 2 and 3); options counseling (Part 4); and streamlined eligibility determination for public programs (Part 5). In 2012, Oregon's ADRC Advisory Council approved ADRC standards based on consumer expectations related to the core functions of the ADRC. After reviewing findings from the 2011-2012 consumer satisfaction survey, the Advisory Committee established metrics, or standards, against which to measure program success. Success in meeting these standards is reported throughout this report.

Measures

The instrument used in 2014 has been used in the previous three survey rounds. Round 1 data were collected in 2011/12 (N=247), Round 2 in 2012 (303), and Round 3 in 2013 (N=298). In 2014, wording was modified for two questions that had been added in 2013. These questions concern confusion and memory loss. In 2014, the questions were worded: "During the past 12 months have you [has your family member] experienced confusion or memory loss that is happening more or is getting worse?" (Table 5), and "Have you [has your family member] received a diagnosis of Alzheimer's or related dementia" (Table 6). In 2013, the versions of these questions related to memory loss were asked only of those completing the long version of the survey. In 2014, all participants were asked to respond to these questions. The 2014 interview form is presented in Appendix A.

Sample

Two samples were obtained for this survey: ADRC Call Center and Options Counseling recipients. The first was a stratified random sample of people who had been in contact with the ADRC Call Center (n=1672). Those receiving Options Counseling (OC) were not included in this sample. A two-week period (October 1-15, 2014) was used to identify participants residing in areas served by established ADRCs, including ADRCs that had been part of the original pilot program (i.e., Lane County, Northwest Senior & Disabled Services, and Oregon Cascades West Council of Governments) and the Metropolitan Area ADRC serving Clackamas, Columbia, Multnomah, and Washington Counties. Because of the smaller numbers served in emerging ADRCs, a four-week period was used to identify those who had used the Call Centers in ADRCs serving Rogue Valley of Governments, Douglas County, and Coos County. Participants in these emerging ADRCs used Call Center services between September 15 and October 15, 2014. The sample size was chosen based upon response rates in previous years. Our target for completed interviews was 175 spread across the three types of ADRCs (60 completed interviews from Metro and Pilot ADRCs, and 55 from the emerging ADRCs).

The second sample consisted of everyone who had used Options Counseling services (N=319) between September 1 and October 15, 2014. The goal was to have 120 completed Options Counseling consumer interviews (45 completed interviews from Metro ADRC, 40 from the Pilot ADRCs, and 35 from the emerging ADRCs). This represented an 18% increase in sample size over the sample obtained in 2013.

Telephone Interviews were conducted by the Portland State University Survey Research Laboratory between October 29 and November 14, 2014; average length of interviews was nearly 20 minutes. The final combined sample of Call Center and Options Counseling consumers was 1,294. Of these, 915 were deemed to be eligible numbers, or 71% of the sample. Ineligible numbers included 11% of numbers that were nonworking or disconnected, 15 (2%) numbers that were located within social service agencies or individual providers. Interview Calls were made until 309 interviews were completed. Three completed interviews using the Call Center sample were later discarded because they were done with service providers. Interviews were not conducted with 302 individuals because the telephone numbers only reached answering machines. The refusal rate, based on eligible numbers, was 20%. Overall, the completion rate for eligible numbers was 34%. The distribution of completed interviews is presented in Table 1, Appendix B, with 204 completed interviews with Call Center consumers and 102 with Options Counseling consumers, achieving 115% and 85% of the target completed surveys respectively.

Of the 306 people surveyed, 222 (72%) were the consumers of services, defined here as the direct recipient of services. This is a similar percentage reported in previous years. The remaining 28% was made up of 74 family members, and 10 close friends or neighbors who had contacted the ADRC on behalf of someone else (Table 2). More neighbors and friends

participated in the 2014 than in the past. Because responses of friends and neighbors were similar to family members, these two groups have been combined in the analyses presented throughout this report. For simplicity we refer to “families” instead of family/friends/neighbors in reporting results. In this report, the term “participants” is used to describe the entire sample (i.e., both consumers and family members, or both OC and Call Center users). Otherwise, “consumers” refer to those in direct need of services (which might include caregiver support) and “family” refers to those who called on behalf of an individual.

Sample characteristics are consistent with those found in the past surveys. As in previous years, participants were predominately women (78% of consumers, 80% of family members). The mean age of consumers was 66 years of age compared to 58 years for family. The consumer age range was 26 to 92 years, with a similar, though slightly younger, age span for family (23 to 86). The median education level for both groups was the category “some college.” The median income for consumers was the \$10,000-20,000, which has been the same in all rounds of the survey. The median family income was in the \$30,000-40,000 range, the same as in Round 3. The sample continues to be dominated by Whites; only 14% of consumers and 12% of family members were people of color. When asked whether they had concerns with memory loss, 17% of consumers and 38% of family members answered affirmatively.

As described above, 102 of the participants were consumers or family members using Options Counseling services. Over half (58%) were served in the metropolitan area, 19% in the Pilot ADRC areas, and the remaining 23% lived in areas served by the emerging ADRCs. About 39% of Call Center consumers and family members were located in the areas served by the Pilot ADRCs, 33% were in the metropolitan area, and 27% were served by the emerging ADRCs.

Of those receiving OC services, 80% received a home visit (27% of the entire sample). A fairly larger number of Call Center consumers (37%) also reported a home visit (25% of the overall sample). All OC consumers and family members and Call Center consumers who reported receiving a home visit (n=177) were administered a long version of the survey which included questions about home visits, decision support and perceived outcomes related to their involvement with the ADRC (Table 3).

Needs

Participants were asked to describe why they were in contact with the ADRC. The interviewer then read a list of 16 reasons why people had contacted the ADRC in the past and participants were asked whether anything on the list had been a reason for them as well. The open-ended responses were similar to those in the list. As in previous surveys, participants had multiple needs.

More than two-thirds of participants, especially family members, contacted the ADRC to obtain information or advice. Well over half of the participants (61%) indicated they or a family member had physical health needs that resulted in a need for services. Approximately half of participants (48%) specified a need for help at home with tasks such as making meals, housekeeping, laundry or yard work. Thirty percent or more of participants indicated a need for personal care (41%), Medicaid assistance (39%), transportation (37%), help getting errands and shopping done (35%), and/or food stamps (30%). About one quarter of participants indicated needs related to medications (26%) or confusion or memory loss (23%). Between 12% and 19% reported needs related to paying energy bills (19%), help finding housing (19%), caregiver support (17%), dental care (17%), home modification (14%), moving into residential care (14%), or “other” needs (12%). Other needs included help with next steps, home sale questions, information about assessments, qualification for services, long-term care and good quality care, employment and reemployment, working with health professionals, dealing with abuse, and moving to and from Oregon.

I am in a situation of abuse; verbal abuse and they have eyes and ears on me so I no longer feel unsafe. I live with my daughter [and] we are very isolated.

I moved from Washington State and needed to see what was available here.

With few exceptions, the frequency that each need is reported has been similar across all years of the survey. These exceptions included the need for personal care which has increased steadily from 29% in 2012 when this variable was first quantified, to 41% in 2014. Similarly, need for help at home increased from 37% in 2012 to 48% in 2014 and needs related to shopping and running errands nearly doubled over those two years (18% to 35%). This may be related to the increase of needs related to physical health (54% in 2012 and 61% in 2014). The need for food stamps declined slightly from 35% to 30% over the two years.

Family members were significantly more likely to report a need for help at home than were consumers. Similarly, family members were more likely to report needs for personal care, getting help for caregivers, and moving a person into a residential care setting. Family members were also more likely to report confusion and memory loss. Family members, therefore, were contacting the ADRC on behalf of a consumer who required assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL). In contrast, consumers were more likely to be calling about financial concerns, including obtaining food stamps, or getting assistance with energy bills. Consumers and family members’ responses were similar for other categories of need. The number of needs was summed for each participant. Of a possible 16, the number of needs reported ranged from 1 to 16. The average number of needs reported was

5.12, with family members reporting significantly more needs (5.81) than consumers (4.86), (Table 4).

My mother had a couple of falls and was in the hospital and needed more care.

I was calling to find out what kinds of things are available for my mother-in-law, and to ask about Medicaid eligibility.

I need help with food stamps and electric.

I did not have enough money to pay the utility bills.

In 2013, a question was added about confusion or memory loss over the past year (Table 5). Twenty-nine percent of consumers answered affirmatively in both 2013 and 2014. The number of family (which includes neighbors and friends) responding yes increased from 48% in 2013 to 56% in 2014. As before, families were significantly more likely than consumers to report confusion and memory loss. Of those indicating the cognitive challenges, nearly one-quarter (23%) reported the consumer had received a diagnosis of Alzheimer's disease (Table 6).

Conclusions and Recommendations

Because the Portland metropolitan has the largest population, it is not surprising, that the Metropolitan ADRC served most of the OC consumers surveyed. It is interesting, however, that the pilot ADRCs served fewer OC consumers than the emerging ADRCs during this time period. The level of need is increasing, especially in the realm of activities of daily living (ADL) such as personal care services and instrumental activities of daily living (IADL) such as help around the house and shopping. This suggests that the ADRCs are connecting with people who need their services. Continued efforts are needed to assure that services match those needs, especially related to Options Counseling outside of the metropolitan area.