



Aging & Disability  
Resource Center  
Lane County Pilot Site  
Formative Evaluation

Final Report  
December 2009

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**December 2009**



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## Executive Summary

An Aging and Disability Resource Center (ADRC) integrates aging and disability service systems so that individuals may have their needs met in one place. The ADRC model is designed to streamline access to services and acts as a clearinghouse of information on long-term supports and services in the community. In September 2008, Oregon's Department of Human Services, Seniors and People with Disabilities (SPD) Division received a three-year grant to implement a prototype ADRC in Lane County. The Community Planning Workshop (CPW) at the University of Oregon was contracted to conduct a formative evaluation of the ADRC. Formative evaluation is used to modify or improve products, programs, or activities, and is based on feedback obtained during planning and development. CPW conducted an online survey, 15 interviews, and 5 focus groups with potential users, caregivers, professionals, and partnering agencies to gather opinions on the planning, marketing, and outreach of the ADRC. Over 200 stakeholders provided input for the formative evaluation.

The purpose of this final report is to provide guidance for those responsible for implementing the ADRC. Participants gave input on how many facets of the ADRC should function and suggestions for how to market the ADRC to consumers and professionals in Lane County.

First, participants indicated some important characteristics that a public service agency should possess, which are: centralized information, a collaborative environment, individualized guidance for clients, outreach & education, and culturally competent staff with correct information. Participants from all outreach methods were excited about the concept of an ADRC. Almost all (92%) consumer survey respondents and 84% of professionals said they would use or refer a client to the ADRC after only reading a brief description of it. Almost all the partnering agencies interviewed thought the ADRC would augment the services they currently provide and would not have any negative impacts. Comments from professionals who were unsure about referring someone to an ADRC said that the following would encourage them to do so: needing to know about services the ADRC will provide, a proven record of reliability, if information is kept accurate and up to date, and the ease of accessing information.

Both consumers and professionals agreed that "ensuring people do not miss out on services that may be most appropriate for them," "making it easy to find information," and making the system easier to access are valued benefits of the ADRC. Many of the partnering agencies said that knowing that a centralized, one-stop-shop place that has critical information not only takes a burden off them, but also allows for effective transfer of clients.

The most common concern about the ADRC from partnering agencies was about duplication of services. These participants were cautious about the duplication of services and creating yet another silo of specialized Information & Resource (I&R) services. Another concern was that the ADRC might make referrals to the wrong agency (i.e. the agency does not provide the service that the client needs).

Participants said the name of the ADRC should be stigma-free, accessible and sound like a place you want to be; although, there was not wide consensus on what exactly the name should be. Most participants felt that the ADRC should not look like a government office, but rather like a homey coffee shop. Participants gave several suggestions about how to achieve this look and feel and other features that should be in the waiting area. Most notably, a coffee station, plants, televisions, an aquarium, computer stations, high couches that are easy to get in and out of, good lighting (in a natural or blue hue), lamps, and educational and fun reading materials. Participants also said they would prefer to be in a private location when talking with a representative about their needs.

All participants indicated that the ADRC needs to provide a variety of ways for people to access information which include: in-person using both appointments and walk-ins, over the phone using a 24-7 phone number with a live person who answers, and the internet using an easy to navigate website with complete information. Participants said they would use all these methods and which one would depend on the situation.

According to participants, having the right staff at the ADRC is important to ensure that clients feel welcome and get the correct information. Staff needs to be knowledgeable, friendly, caring, calm, non-judgmental, respectful, and able to provide clear and accurate information. Staff needs to be trained to help clients who are frustrated with the system and who don't know how the system works. Participants suggested that volunteers could be used to speak with clients and take some of the burden off of staff.

Nearly all participants said that the referral method would depend on the situation and the individual. For simpler referrals, just giving the contact information of the other agency will be sufficient but for more complicated situations the warm or facilitated referrals will be preferable. Most importantly, the ADRC staff needs to be able to identify the needs of their clients and use the referral method that is most appropriate for that situation.

Partnering agencies said the best way to collaborate with them was to: be reliable and easy to use, keep information current, have a mutual understanding with other agencies, not forget about for-profit organizations, collaborate with clients as well as agencies, and help agencies communicate with each other.

Only one respondent to the survey said it was "very easy" to find information about long term care and support services and few said it was "easy." Participants seem to want information about long term care and support services from a trusted source. The consumers look to their doctor or friends and family members; and professionals look to colleagues or clients. These methods are all word of mouth related. These results show the importance of early successes for the ADRC in establishing itself, providing good customer service, and being a place people talk about in a positive way. The internet was also ranked highly by both audiences [46% of consumers (not including meal site respondents), 24% (including meal site respondents), 70% of professionals]. This result indicates the importance of a web presence for the ADRC.

In terms of communication, professionals seem to prefer more low-cost, direct communication options, while consumers prefer written materials in places they frequent and communications from people they know. These differences highlight the importance of thinking about the audience when marketing and doing outreach and not having a blanket plan for all. Participants provided many suggestions on where and when the ADRC should advertise, where and how it should conduct outreach, and where and what kind of additional marketing strategies would be successful in reaching the target populations.

Information in this document, along with input from any advisory committees, should be used to guide current and future planning efforts for the ADRC.

### What is an Aging and Disability Resource Center (ADRC)?

An Aging and Disability Resource Center (ADRC) integrates aging and disability service systems so that individuals can have their needs met in one place. The ADRC model is designed to streamline access to services. It acts as a clearinghouse of information on long-term supports and services in the community to connect clients with the available resources that are the best fit for their individual situations. It assists a wide variety of individuals in obtaining long-term supports and services in the most desirable and appropriate setting. ADRCs and other single point of entry (SEP) systems are serving as the cornerstone for long-term care reform in many states by simplifying access to the system.

An ADRC serves as a highly visible and trusted place where people of all incomes and ages can turn for unbiased, reliable information on the full range of long-term support options. The ADRC markets its services to the community so that people know where to go and how to get in touch with people who can help them. Information will be provided to them with the goal of empowering them to make the best decisions for themselves or family members for whom they are seeking help. The primary audience for the ADRC is older adults of any income level, adults (aged 18 and older) with disabilities, and their families, friends, and caregivers (referred to as *consumers* throughout this report). The secondary audiences include physicians, hospital discharge planners, and other professionals who work with clients that might use the ADRC (referred to as *professionals* throughout this report). Lastly, there are providers of long-term services and supports that the ADRC will partner with (referred to as *partners* throughout this report).

In September 2008, Oregon's Department of Human Services, Seniors and People with Disabilities (SPD) Division received a three-year grant to implement a prototype ADRC in Lane County.

### What is the purpose of this project?

The purpose of this project is to conduct a formative evaluation of the planning, marketing, and outreach strategies for Oregon's pilot ADRC in Lane County. Information collected during this evaluation will inform current and future planning, marketing and outreach efforts for the ADRC.

The Department of Human Services, Seniors and People with Disabilities (SPD) has contracted with the Community Planning Workshop (CPW) at the University of Oregon to conduct this formative evaluation. During the fall of 2009 CPW collected and summarized qualitative and quantitative data from Lane County residents for this evaluation. The results of the data collection are presented in this report.

### What is the importance of conducting a formative evaluation?

Formative evaluation is used to modify or improve products, programs, or activities, and is based on feedback obtained during their planning and development. They are typically conducted for in-house staff who will implement proposed improvements. In this kind of evaluation small samples of the program's audiences can be sufficient to provide a pattern in the responses, rather than obtaining large random samples and using advanced statistical analysis. The purpose of the ADRC formative evaluation is to identify the range of issues, concerns, and opportunities stakeholder groups have in relation to the planning, marketing, and outreach of the pilot ADRC.

## Methodology

From October through December 2009, CPW conducted a series of data collection activities for the ADRC project. CPW conducted a combination of online surveys, personal interviews, and focus groups. CPW gathered information from potential users of ADRCs (the elderly and people with disabilities, family members, friends and caregivers), secondary audiences (physicians, hospital discharge planners, etc.), and partnering agencies (providers of long term services and supports). CPW used multiple methodologies to provide varied opportunities for stakeholders to give input and to gather information at different levels of specificity. For example, results of the consumer survey were used to ask more specific questions of participants in the consumer focus groups.

### Online Survey

To collect information from consumers, family and friend caregivers, and professionals who would refer clients to an ADRC, CPW worked with SPD and LCOG to create an online survey. A draft version of the survey was reviewed by the statewide ADRC Advisory Council for approval. A survey was used to gather information from more people than is typically possible with interviews and focus groups. The survey also allowed people to give their opinions in a confidential manner.

CPW sent a cover email that described the nature and importance of the survey along with the confidential nature of the research and a direct link and instructions on how to reach the survey using a web browser. Snowballing (i.e. forwarding the email to others in the recipient's contact list) was highly encouraged and was explained in the cover email. CPW also made a paper version available for those that requested a physical copy of survey to distribute. This was done to assist client populations that may not have internet access and to capitalize on the foot traffic many partnering agencies have in their offices. Paper surveys were also sent to Senior Meal Sites across the county.

The survey for the consumers consisted of 14 questions divided into sections regarding finding information, use of an ADRC, benefits of use, barriers to use, and demographics. The survey for the professionals consisted of 9 questions divided into similar sections regarding finding information, referral to an ADRC, benefits of use, and barriers to use. A total number of 174 respondents completed the survey (134 consumers and 40 professionals).

### Interviews

To gather in-depth information on the way the ADRC could best work with local agencies and service providers CPW conducted a series of interviews with this group. The interview method was chosen for the purpose of understanding the complexities and opportunities of providing services to seniors and people with disabilities. Partnering agencies are critical to the success of the ADRC and interviews allowed them the opportunity to fully explain their concerns in a one-on-one setting.

SPD coordinated with LCOG to provide a contact list of interviewees. CPW conducted 15 interviews with key partnering agencies. The majority of the interviews were conducted over the phone, while some were conducted in-person. CPW took each interview question and grouped responses into similar

categories or themes to see how often a particular response was given. CPW asked a series of five questions to the partner agencies relating to the potential establishment of the ADRC in Lane County:

- 1) What are the challenges facing your client population and the potential opportunities to overcome those challenges?;
- 2) What are the benefits of the ADRC model and how it would either improve or help maintain services the agencies currently provide?;
- 3) What are your concerns about the ADRC model and the possible negative impacts it could engender?;
- 4) What characteristics would make it an accessible/appropriate/available for clients and how best the ADRC could collaborate with the partner agencies?;
- 5) What does LCOG need to do to move forward with the project and what level of involvement would you like to have in planning and implementation of the ADRC?

## Focus Groups

The purpose of the focus group was to collect information on people's attitudes toward or opinions of the ADRC. CPW conducted five focus groups (two with partnering agencies and three with potential consumers). The focus groups provided an opportunity to ask questions brought up by the survey data and interviews. Members of the LCOG staff were invited to observe the consumer focus groups to facilitate greater understanding of the data.

The questions for consumer focus groups participants centered on acquiring more in-depth information on marketing and outreach strategies, the referral process, physical characteristics and operations of the ADRC, job titles, and the name of the ADRC. The questions for the partner focus groups centered on collaboration and partnerships, the referral process, marketing and outreach, and key success factors.

Participants discussed the topic, each offering different perspectives and insights on an issue. The interplay between participants allowed them to bounce ideas off of one another and to reach conclusions they may not have thought of on their own. CPW took information from participants and grouped responses into similar categories to identify any similarities and difference between audiences.

2 surveys, 15 interviews, 5 focus groups

Input from 206 stakeholders



## Findings

This section represents findings from all outreach methods used (surveys, interviews, and focus groups). Findings are organized by topic areas and presented with a reference of the outreach method it came from. The summary reports for each outreach method are included in the appendices of this final report for reference and additional information.

### EXPERIENCES AT PUBLIC SERVICE AGENCIES

In general, focus group participants relayed positive experiences at public service agencies within Lane County. Participants agreed that staff at local service agencies is knowledgeable, polite, friendly, and willing to assist. One participant stated, “I think people here have good public relations training,” highlighting that the staff she worked with was welcoming and quite easy to speak to. Participants also said that information and expertise is communicated to clients.

However, several participants mentioned that although information is communicated, it does not go far enough. One participant noted if you (consumer) know the right questions to ask you can get the answer, but staff isn’t as forthcoming with certain follow up information. People would like further clarity on services available because they are making important life decisions when choosing to go to a service agency.

Several participants also mentioned that privacy was a concern, especially when interacting with people over the phone and providing personal information online. Focus group participants mentioned a number of different topics related to the difficulties of aging, outreach methods of other organizations, and difficulties with the Medicare system.

The following characteristics were identified as key to success in public service agencies:

**Centralize Information:** Participants stated that it is important to have a single point of reference to avoid confusion.

**Creating a Collaborative Environment:** Participants stated that the system can be too bureaucratic or confusing. The alternative is greater collaboration to develop relationships with other people and help clients get more personal contact.

**Individualized Guidance:** Participants mentioned the need for individualized and customized guidance so they could make reasonable decisions about their future. In a time of stress, decisions can be made impulsively and not in the best frame of mind. A client might make a selection and then soon discover that it doesn’t fit and need to change something. Clients need guides to move forward effectively and in the current system.

**Outreach & Education:** Participants also noted that proactive outreach is encouraged to reach this population. One participant stated that it’s “like every senior person needs a class on how to age.” People are not prepared. One opportunity that was recommended was the use of practical education

#### Important Characteristics of Public Service Agencies

- Centralized Information
- Collaborative Environment
- Individualized Guidance
- Outreach & Education
- Culturally Competent Staff With Correct Information

about specified issues. This approach needs to be clear and understandable so that people are not confused about the information that is disseminated. The system should be simplified for clients.

**Culturally Competent Staff with Correct Information:** One participant mentioned a negative experience where someone who was not visibly disabled was told that the agency only helps people who are really disabled, underlining the importance of having the correct information about clients and culturally competent staff.  
(Consumer and Partner Focus Groups, Interviews)

## Use of the ADRC

Participants from all outreach methods were excited about the concept of an ADRC. Almost all (92%) consumer survey respondents and 84% of professionals said they would use or refer a client to the ADRC after only reading a brief description of it. Almost all the partnering agencies interviewed thought the ADRC would augment the services they currently provide and not have any negative impacts.

Comments from professionals who were unsure about referring someone to an ADRC said that the following would encourage them to do so: needing to know about services the ADRC will provide, a proven record of reliability, if information is kept accurate and up to date, and the ease of accessing information.

### BENEFITS OF ADRC

Both consumers and professionals agreed that “**ensuring people do not miss out on services** that may be most appropriate for them” and “making it **easy to find information**” are valued benefits of the ADRC. Consumers ranked “**cuts down on frustrations** when trying to find needed information and support services” highly and the professionals said that “**streamlines access to services**” was an important benefit. Although seemingly different benefits these two audiences agree that making the system and services easier to access is important to them. However, consumers and professionals disagreed on the importance of “**providing better coordination** among aging and disability service systems” (31% consumers, 60% professionals) and “allowing for **more informed decision making**” (39% consumers, 21% professionals).  
(Survey)

Many of the partnering agencies said that knowing that a **centralized, one-stop-shop place** has critical information not only takes a burden off them, but allows for effective transfer of clients. With the ADRC, there is the understanding that clients are going to get the right information quickly. Some of the partnering agencies specifically said that the **ADRC would augment the services they provide** and that the resource center

## Popular Benefits

### Consumers

- Ensures people do not miss out on services that may be most appropriate for them
- Makes it easy to find information
- Cuts down on frustrations when trying to find needed information and support services
- Allows for more informed decision making

### Professionals

- Ensures people do not miss out on services that may be most appropriate for them
- Makes it easy to find information
- Provides better coordination among aging and disability service systems
- Streamlines access to services

### Partners

- Knowing a centralized place has critical information
- Clients will get the right information quickly
- Simplifies the process by offering comprehensive resources in one place
- Takes the pressure off of agencies that are short staffed

would **help increase the number of clients in the system** and expose them to available services. Partners said that one of the biggest benefits of the ADRC was the potential to be a **central clearing house of information** and that the ADRC would simplify the process by offering a comprehensive resource of information in one place. The ADRC could also assist in **taking pressure off the agencies** that are short staffed and would have the capacity, working with partner agencies, to update services available, eligibility criteria, hours, etc. (Interviews)

#### Concerns about the ADRC model:

- Duplication of services
- Referrals to improper locations or providing wrong information
- Not being accessible to a variety of clients with different needs
- Consistency in funding sources
- Lack of understanding or sensitivity for people that need assistance
- Clients won't be provided enough guidance to navigate the system

#### CONCERNS OR COSTS OF THE ADRC

Partnering agencies were asked if they have any concerns about the ADRC model. The most common response was a concern about duplication of services. These participants were cautious about the **duplication of services** and creating yet another silo of specialized I & R services. I & R resources should integrate—not overlap—in order to benefit the greater good and maximize limited local/municipal resources. If ADRC operators will be utilizing other pre-existing I&R resources, it would be important to have coordination with these resources. The Workforce Partnership call center provides a parent helpline; however, there has been some duplication of services. This needs to be avoided by the ADRC if it wants to deliver efficient resources. Additionally, it would be confusing to an individual to be recommended towards the ADRC, 211Lane, or the Workforce Call Center. Each center may give the individual different information that adds to their confusion.

Several participants had concerns about providing **referrals** when there are not services present to serve particular needs or the ADRC providing **incorrect information** about other agencies and the services they provide. Other respondents were concerned about pulling resources away from existing S&DS services.

**Accessibility** was also a concern. There need to be measures incorporating multiple strategies to ensure accessibility to a diverse population. The ADRC should be physically accessible, with phone and online assistance. The physical location should not be only in Eugene but also in surrounding communities like Veneta, Creswell, Cottage Grove, and Oakridge with good parking availability.

Despite these concerns the majority of partnering agencies said there would be **no negative impact** in the way they deliver services. The ADRC would be a beneficial place to ask questions, sometimes very specific to client needs. It would be beneficial to have a more responsive resource that could answer questions quickly and easily.

## Desired Characteristics

Throughout all outreach methods participants stated their preferences for many characteristics that the ADRC should possess. This section is organized by characteristics with a summary of preferences below. Please note that different questions were used in different outreach methods and some audiences may not have been asked their opinion on some of the characteristics. For example, consumers were not asked about the best way to partner with social service agencies.

### NAME OF ADRC

Some participants were satisfied with the name Aging and Disability Resource Center and thought the words 'aging' and 'disability' were important descriptors for the title that alerted potential users what populations would receive services. However, other participants felt that those words have a stigma associated with them and that the name of the ADRC should be stigma-free, accessible and sound like some place you want to be. Additionally, some felt that the word 'resource' does not adequately convey the breadth of services one will receive at the ADRC and would opt for more active words like 'help' or 'solutions'. The word 'independence' was also popular among participants. (Consumer Focus Group)

In particular, participants stated preferences for the following terms and names:

- LifeLong Resource Solutions
- LifeLong Links
- Choices for Independence
- Help for Independence

### FACILITIES

#### DESIRED FEATURES OF THE OFFICE

Participants thought the look and feel of the ADRC should be inviting, warm, comfortable, appealing and safe. They thought the ADRC should not look like a typical government office but rather like a homey coffee shop. Some features specifically mentioned were a coffee station, plants, televisions, an aquarium, computer stations, high couches that are easy to get in and out of, good lighting (in a natural or blue hue), and lamps. The Barger Clinic was mentioned as having a nice waiting area. However, participants agreed that the architectural structure is not as important as the smile on the face of the person who greets you.

Participants said that having information/educational brochures and fun reading materials would be useful. One participant indicated that she would like to see scientific material and statistics like the ARC magazine and find out what's happening with others around the world. Other participants indicated that some of the material could be self help pertaining to the ADRC and the services it provides. One suggestion was to have a test or a checklist for people to figure out what they know about topics relating to long term care and support services. "That way people could figure out what they don't know and ask more informed questions." (Consumer Focus Group)

#### DESIRED LOCATION WHEN TALKING TO REPRESENTATIVES

The majority of participants indicated that they would prefer a private place or booth to confidentially talk to representatives. Participants agreed that they didn't want to hear everyone

else's problems and that would just stress people out more. There should be a small area where the staff person can take people into a private area.

Participants also mentioned that a semi-private booth would fine on some occasions. In past experiences at public agencies, one participant noted that he never felt he had total privacy, but he could communicate effectively. It was recommended to avoid putting people in a situation where they have to talk louder than they want to. (Consumer Focus Group)

## OPERATIONS

Many participants said that the ADRC needs to provide a variety of ways for clients to access information. Phone, internet, and walk-in were all suggested methods of providing access. Some participants said the ADRC needs to be transparent and publicly disclose which other organizations they are partnered with.

### HOURS OF OPERATION

In the survey 48% of consumers and 40% of professionals indicated the importance of having convenient hours of operation. Participants in the focus group were asked when those hours would be and had varied responses. People would preferably like to avoid heavy traffic times (work rush hour traffic). Participants indicated that a preferred time range would be from 9am to 3pm with some additional hours outside the normal 8am-5pm timeframe. Evening hours would be important for children who are calling on behalf of their parents. One participant suggested being open until 9pm one or two evenings a week. (Survey, Consumer Focus Group)

### APPOINTMENTS & WALK-INS

Many participants indicated the need for appointments as well as walk-ins and that they would utilize both depending on their need at the time. For example, if the issue was more complex and ADRC staff need time to gather information then an appointment would be preferable. But, if someone just needed some general information then they might use the walk-in when it was convenient and they were in the area. Several participants indicated that a range of 10am-2pm for walk-ins would be ideal. (Interviews, Consumer Focus Groups)

### PHONE NUMBER

Many respondents stated that there needs to be an effective phone service (**central call center**), as many people in the client population may not have access to a computer or have transportation available to reach the ADRC. Other states have found that using a central call center in unison with a website has been successful.

Participants mentioned that they would prefer to have a **1-800 number available 24/7** so clients can call whenever they

Many participants said the ADRC needs to provide a variety of ways for clients to access information including:

- In-person
- Phone
- Internet

need assistance. “The aging process is not one that can be put into hours of operation; it is not something we can control.” Participants also agreed that having a 24-hour number to call would help to ease concerns they might have about a particular matter. Then within that 24-7 availability there should be customized appointments during manageable hours.

Participants mentioned their desire for a **real human being**, no automated referrals. A person needs to be there to answer the phone or respond quickly to messages, ideally within 48 hours. The phone message system needs to be easy to navigate because seniors get frustrated when they have to press 1 for X, press 2 for Y, etc.

Several participants mentioned the “Ask a Nurse” program and the parent **help line** as similar to what the ADRC can offer. Both of these programs provided a place for a person to call and to be directed to the appropriate services. They use a warm referral model that the focus group participants liked. (Survey, Interviews, Focus Groups)

## WEBSITE

Many participants talked about the importance of having an easy to navigate website with complete information. The internet was also ranked highly by both consumers and professionals when asked how they find information about long term care and support services (46% of consumers (not including meal site), 24% including meal sites, 70% of professionals). Participants also noted that family or friends in another state who may try to access information about services in Lane County would also look to the internet first.

One participant mentioned that an ADRC website should include partner agency contact information and details about the services provided. The ADRC should create a website available to partnering agencies where they can look up information too. This would provide information that partnering agencies can use when people ask them questions. Further, educational events could be posted on the site for seniors to learn about the services they can access. The website might also include a blog or interactive component. Lastly, individuals and partnering agencies should also be able to ask questions by email.

## STAFF

### STAFF CHARACTERISTICS

According to participants, having the right staff at the ADRC is important to ensure that clients feel welcome and get the correct information. Staff needs to be knowledgeable, friendly, caring, calm, non-judgmental, respectful, and able to provide clear and accurate information. An ADRC staff person should be someone who cares deeply and has a lot of respect for his/her clients. The most popular benefit of the ADRC with survey respondents was knowledgeable staff who provide objective information (80% consumers, 87% professionals).

Staff needs to be trained to help clients that are frustrated with the system and don’t know how the system works. Clients frequently get upset when they don’t get the service they want. Staff needs to make information understandable to those who don’t know the system and social service jargon needs to be avoided.

The ADRC staff needs to be knowledgeable as well as culturally competent. The ADRC staff needs to know how to recognize the diversity in each client population and know how to

interact with people that have a disability as well as people that are older, and be able to respond to their different needs.

The complexity of the resource system must also be addressed by staff. Clients have to navigate a system that includes obstacles that are difficult to manage if they don't have the right information. Participants said that if an individual was not satisfied with their initial experience at the ADRC there could be an issue/problem in them returning. (Interviews, Partner Focus Groups)

#### JOB TITLES

Participants were asked to comment on a list of possible job titles for staff at the ADRC. Overall, preferences were mixed but all participants liked at least one of the job titles presented. Participants also generated other possibilities for consideration.

The titles of 'Resource Consultant' and 'Resource Specialist' were the most popular from the list. Participants also suggested the words 'counselor' or 'advisor' or 'guide' as possibilities for a title. 'Resource Guide' was specifically mentioned as an alternative to 'Resource Navigator'. 'Resource Navigator' and 'Information & Resource Specialist' were the least popular choices among participants. (Consumer Focus Group)

#### VOLUNTEERS

A couple of participants recommended that the ADRC utilize volunteers to increase its capacity for one-on-one interaction. One participant brought up the point that some people might come in just because they want to talk to someone. Volunteers to chat with people in the waiting area, and collect some preliminary information, could relieve some of the work of staff members. (Interviews, Consumer Focus Groups)

#### REFERRALS

During the conversations with consumers and professionals about referral types several important observations were brought up. Nearly all participants said that the referral method would **depend on the situation and the individual**. For simpler referrals, just giving the contact information of the other agency will be sufficient but for more complicated situations the warm or facilitated referrals will be preferable. Most importantly, the ADRC staff needs to be able to identify the needs of their clients and use the referral method that is most appropriate for that situation. The ADRC **cannot have a one size fits all referral process**.

Participants thought that people will forget all or some of what is discussed during a meeting with the ADRC staff. If the staff member writes down the questions the client asked, the answers to those questions, and how to follow up, then clients can have something to act on after they leave.

A number of participants in the consumer focus groups and 28% of consumer survey respondents indicated the importance of **privacy and protection** of their personal information. They were concerned that services would be taken away or their insurance rates would go up if they were thought to have a condition they were inquiring about but do not have or that their information would be made public without their knowledge. (Survey, Consumer and Partner Focus Groups)

**Warm Referral:** A 'live' three way conversation in the presence of the client (whether face to face or by telephone) in which the referring organization (the ADRC) introduces the client, explains what has already been done to assist the client and why the client is being referred.

- Several participants (both consumers and professionals) noted that they would like to have this option available. Sometimes clients need the right words to get the right outcome. A warm transfer might also be good in a situation involving more complexity or one in which the senior comes in by themselves and needs additional assistance.

**Facilitated Referral:** The client is helped to access the other services, for example, the ADRC makes an appointment with the other service on the client's behalf, asks the other service to make contact with the client(s) or a caller is transferred to the other service.

- Several participants in the consumer focus group stated that this method is desirable.

**Active Referral:** The ADRC, with the client's consent, provides the organization to which it is referring the client with information that it has collected about the client or with its professional assessment of the client's needs.

- Several participants in the consumer focus group mentioned they liked this method because they would not have to tell their whole story again or that information would not get lost along the way.

**Passive Referral:** The client is given contact information for appropriate service(s) and is left to make her/his own contact at a time that best suits the client.

- Some participants in the consumer focus group preferred this alternative because they do not want to give their personal information out to everyone. They felt that whenever they give contact information out they end up in someone's database and get telemarketing calls. As a result they challenge the need to give out certain pieces of information. However, it was noted that many people that will be using the ADRC are in a fragile state and might not follow up on the service on their own.

**Cold Referral:** The client is transferred to another service, without any immediate communication between the ADRC and the other service, for example, by putting the client into a call center queue.

- Participants in the partner focus group mentioned that a cold transfer to agencies as a recommended strategy. A cold transfer involves a phone call placed by a staff member initiating contact with another agency. However, participants said some people can't follow through with this type of transfer.

The ADRC cannot have a one size fits all referral process. The referral method is unique to each individual and situation.



## Other Characteristics for Increased Accessibility

Partnering agencies and professionals identified many challenges facing their client populations. Those include: a lack of financial resources, lack of knowledge about or ability to access services, lack of understanding about their eligibility for services, access to transportation, internet access, language barriers, and ability to navigate the system. Participants from all outreach methods mentioned many factors, in addition to the above findings, that would make the ADRC accessible to a wide range of potential consumers.

**Language barriers:** The ADRC staff needs to have the tools to deal with language barriers, in particular Spanish. One person brought up that it would be valuable to have connections with the University of Oregon in the case that ADRC staff was not be able to identify the language a client is speaking. Information should be available in both English and Spanish and staff should be personable and not intimidating to approach. (Interviews, Consumer and Partner Focus Groups)

**Recognize diversity within populations:** The ADRC also needs to recognize that there are differences within the older adults and people with disabilities groups and because of this they need to be marketed to differently. For example, someone who has had a disability their whole life is different from someone that is recently disabled. (Interviews)

**Location accessibility:** Many consumers said “they have health problems that make it hard for them to leave their home” or that “transportation is a barrier for them” (44% of consumers combined). One respondent stated that the ADRC should be available in Veneta, Creswell, Cottage Grove, Oakridge, and other smaller communities. One of the goals of the ADRC is ease of access. Multiple sites would be ideal as well or one site with several satellites (in existing locations). An example would be having a kiosk in Valley River Center that people know they can go to at certain times, on certain days. There needs to be a better use of the existing infrastructure. Participants also mentioned that having bus service is important as well as having ample parking. (Interviews, Consumer Focus Group)

**Go to clients:** Another respondent recommended that the ADRC have a traveling service component, and employees would go visit senior centers and other points of contact to make it more available to the community. Participants recommended off-site ways of accessing the ADRC that include: off-site counseling, doing home visits to help with the application process, and having a kiosk at places like grocery stores and malls. (Interviews, Consumer Focus Groups)

**Address mental health:** Three respondents mentioned the importance of addressing mental health needs and illness (bipolar, schizophrenia, dementia, etc.) with understanding. (Interviews, Survey)

**Education:** The majority of consumer survey respondents (53%) said that “not knowing what services they need” was a barrier to using the ADRC. This result indicates the importance of letting consumers know that one of the functions of the ADRC is to help them figure out the services they need.

## Collaboration with Partners

Participants commented on the need for the ADRC to coordinate and collaborate with existing agencies in the community. This coordination should lead to collaboration and a complete awareness of current systems so as not to duplicate services. Coordination should begin with standardized procedures and processes for the partnering organizations to interact with the ADRC; it needs to be the same for everyone. The majority of participants stated that the best way for the ADRC to be a good partner is to be reliable, easy to use and serve as an information source on services in the community.

However, the concern was raised that collaboration from the partnering agency side might be difficult due to time constraints. “Is there a sufficient amount of extra-time in organizations to dedicate to this project?” Another concern was, “Who is going to get cooperation between agencies?”

Lastly, it was noted that collaboration should not just be with partnering agencies but also with seniors, those with disabilities, and caregivers. The ADRC should spend time focusing on how to best serve and collaborate with them as well as agencies.

### Best Ways to Collaborate With Partners

- Be reliable and easy to use
- Keep information current
- Have a mutual understanding with other agencies
- Don't forget about for-profit organizations
- Collaborate with clients as well as agencies
- Help agencies communicate with each other

### WORKING RELATIONSHIP

Participants said the ADRC should work to complement the current services of partnering agencies. For example, rolling some work into ADRC, such as Medicare Part D enrollment. The ADRC may want to consult with 211Lane to determine how to best complement each other's services.

The majority of participants stated that the best way to collaborate with them is to **keep information current**. The ADRC could facilitate this information sharing through email or an online newsletter. The ADRC should have specialized information on how a variety of clients qualify for and obtain services, for example, veteran's benefits. One key benefit is simply letting clients know that their organization exists and who is appropriate to refer to their organization. One good way to partner with other agencies would be for ADRC employees to work directly with staff from other agencies who are better able to explain a client's needs.

A number of participants expressed a desire for a give and take relationship, with a **mutual understanding** of each other's programs, so that appropriate clients get referred between the agencies. They felt this shared understanding would help to avoid duplication of service so that each organization could do the most good with their time and money.

Interagency communication (900 nonprofits) is difficult but, one participant thought that the ADRC could **facilitate communication** between other service agencies. It was stated that the ADRC is like the hub of a wheel and the partnering agencies are the spokes. Communication between the hub and the spokes is important, but

so too is communication between the spokes.

Several participants recommended that **for-profit organizations** be included in collaboration with the ADRC. In particular, there are no or few nonprofit skilled nursing facilities in Lane County and these types of facilities should be included in what the ADRC recommends to clients.

#### INFORMATION SHARING

Participants said that the ADRC should facilitate a total partnership with other service agencies in Lane County. It should be a good source for information and be knowledgeable about the services available from partners in the area. A great place to start is to share information with the partnering agencies to enhance overall service in the community. The ADRC is in the unique position to gather information on who the key players are for each need.

Participants mentioned an **email list** as a way to share information. There are a lot of agencies and opportunities out there that clients may not know about. If an agency has important information, they could send it to the ADRC and they would send it out to everyone on the list. They should compile and send out a weekly email indicating what's new or what's going on. There would have to be some restrictions on what's appropriate to send though.

Participants also suggested **bi-annual meetings** with partnering agencies to help keep information current and organizations aware of other services available in the community. The ADRC could keep an information flow between agencies of what they are doing and what is going on. This would help avoid duplication by asking others what they are doing. This would also help organizations' ability to direct people to what they need in addition to just sending people to ADRC. Organizations could function as sub-ADRCs in certain situations, which could alleviate the work of the ADRC.

## Marketing & Outreach

### FINDING INFORMATION

Only one respondent to the survey said it was very easy to find information about long term care and support services and few said it was easy. Professionals who took the survey seem to be having a harder time finding and keeping information up to date than the potential consumers who took the survey (75% of professionals thinks it is difficult or very difficult to find information versus only 31% of consumers). However, 32% of consumer respondents have never tried to find this information and some might have difficulties if they did. These results show the importance of marketing for the ADRC and the challenge it faces of making information about long term care and support services easily accessible to a variety of people. (Survey)

### INFORMATION SOURCES

Participants seem to want information about long term care and support services from a trusted source. The consumers look to their doctor or friends and family members, and professionals look to colleagues or clients. These methods are all **word of mouth** related. These results show the importance of early successes for the ADRC in establishing itself, providing good customer service, and being a place people talk about in a positive way. This result underscores the importance of marketing directly to professionals to get the word out about the ADRC.

The **internet** was also ranked highly by both audiences [46% of consumers (not including meal site respondents), 24% (including meal site respondents), 70% of professionals]. This result indicates the importance of a web presence for the ADRC. It should be noted that this survey does not include input from family or friends in another state who may try to access information about services in Lane County and also look to the internet first.

Information Source	Consumers
Internet	24.2
Phonebook or Yellow Pages	39.1
Friends or family members	59.4
Doctor or Health Care Provider	58.6
Area Agency on Aging	24.2
Another Agency	12.2
Other	11.7

n=128

Information Source	Professionals
None, the information is delivered to me	2.7
Colleagues	86.5
Conferences, workshops, special training events	48.6
Internet searches	70.3
Word of mouth from clients who have found useful information	64.9
Other	18.9

n=37

Almost one-fifth (19%) of consumers and professionals said they look for information in other places than the choices provided. Both audiences wrote that they look to resource books like The Guide or OASIS' directory, to social workers, and to printed materials like brochures or the newspapers. Professionals also specifically mentioned LILA and White Bird as agencies they look to for information.

## MARKETING METHODS

Consumers and professionals differed in the way they would like to receive information about the ADRC. For consumers “brochures that are available in places consumers routinely visit” was at the top of the list (65%), far above the other choices. However, “brochures” was not a popular choice with professionals (3%). “Word of mouth” was also high on the list for consumers (47%). This result again indicates the importance of providing quality experiences to clients to gain repeat business.

Professionals would prefer to receive information via “email” (42%) or “presentations at staff meetings” (37%). Both of these methods are more personalized and suggestions to consider when the ADRC is getting its start in Lane County and needs to network with professionals.

Professionals seem to prefer more low-cost, direct communication options. While consumers prefer written materials in places they frequent and communications from people they know. These differences highlight the importance of thinking about the audience when marketing and doing outreach and not having a blanket plan for all.

It will also be important for the ADRC to recognize and address diversity within each audience as well as between audiences (see the conclusion of Appendix H for an example of this diversity).

### ADVERTISING

Advertising refers to the paid (or PSA) placement of persuasive material in some form of media. Participants in all outreach methods made suggestions about where the ADRC should advertise.

**Bus:** partner with RideSource and advertise in or on the side of buses. Buses are all over the community. The ADRC could do a sign on the inside of the bus advertising what it does and how to access it or on a billboard on the side of the bus. The EmX Line was specifically mentioned.

Consumers	
Brochures that are available in places that you go to routinely (e.g., your doctor’s office, the public library, senior centers, local grocery stores, the Mall)	64.8
Word of mouth from your friends, family members or people who have used the ADRC services	47.2
Advertisements on local radio or TV stations	37.6
Website links that come up when you search the Internet	16
Presentations from ADRC staff at your church, service club or other gatherings	24
Newsletters from senior centers	52.8
Mail	34.4
Other	3.2
n=125	
Professionals	
Email	42.1
Mail	2.6
Advertisement in a trade magazine	0.0
Brochures	2.6
Website links that come up when you search the Internet	10.5
Word of mouth from colleagues or clients	2.6
Presentations at staff meetings	36.8
Other	2.6
n=38	

**Radio:** Use radio spots or PSAs. Have a regular spot on the radio to answer questions or give information about a topic. Participants in the consumer focus groups said that NPR, KWAX, and MAGIC94 are the radio stations they listen to most.

**Television:** Use TV spots on local stations. Maybe do interviews or answer questions. Participants from the consumer focus groups said that PBS, CBS (KVAL), NBC (KMTR), and ABC (KEZI) would all be good stations to advertise the ADRC. One participant noted that KVAL is good about sponsoring community initiatives.

**Newspaper:** Participants suggested placing advertisement in publications like neighborhood / community newspapers (Willamette Weekly, Register Guard, etc.), senior newspapers and health directories. The Bob Welsh column was specifically mentioned as one to advertise near or have him write something about the ADRC.

**Timing:** Several participants stated that announcing the ADRC close to the weather report would be an effective time to reach the target audience.

## OUTREACH

Outreach refers to engaging with the community in person. Participants in all outreach methods made suggestions about how and where the ADRC should engage with the community.

**Kiosks:** The ADRC should have kiosks located around town where people can access information. There could also be a live body in the kiosk at certain times so people can ask questions. Kiosks could be in doctor's offices, the mall, nursing homes, etc.

**Fairs and Events:** Have an information booth at fairs, health fairs, and community events with lots of "cool things" to give away. In April there will be a health fair sponsored by SPIN that would be a good place to start. The Prefontaine races are another good option for being where people already are. One participant suggested giving out information at the Fire Department's Fill the Boot Campaign.

**Speakers:** Need to go around to where people gather and let them know about this new community resource. There you can give information and answer questions. It could also be a panel discussion about a topic that affects this population. Some places to definitely go are: senior centers, churches, and community organizations. Many faith communities also have publications that the ADRC might be able to advertise in. Participants also suggested speaking at service clubs like City Club and Rotary and do outreach at NAMI and Lane County Mental Health.

**Direct Outreach:** Participants agreed that outreach is a critical piece to referrals. Agencies should go to the key cities in Lane County and have an informational session to bring more communication/volunteer assistance. Agencies should be conducting more workshops and conferences to train volunteers so they can have the right information. Agencies like the AARP, which has a vast membership pool, could assist with the marketing and outreach by informing members that there is this new resource center.

## MARKETING

Marketing refers to other ways the ADRC communicates with users, partners, and professionals that are not covered by advertising and outreach. Participants in all outreach methods made suggestions about how the ADRC could market to consumers and professionals.

**Links on Website:** Put links to the ADRC website on existing websites like Lane 2-1-1 or those of partnering organizations. That will encourage people to use the websites back and forth.

**Doctor's Offices and Clinics:** Need to market to doctor's office because they often times see people they are not sure what do with especially if they don't have a case manager in the office. The ADRC should develop a strong relationship with hospitals and health care providers as a way to access the client population. Not only is this a good place to recruit potential clients, but the people who accompany them to the doctor's office could use that time to look at print information about the ADRC in the waiting room. Clinics also see younger people who might be caring for their parents; don't forget about this population.

**Coupons and Discounts:** Use coupons, discounts, or something free to get people's attention and bring them in to the ADRC or a booth at an event.

**Paper Handouts:** The ADRC should have different kinds of paper handouts and materials for people. Use brochures, prescription pads, or post-its at various locations. Having a prescription pad at the doctor's office that says to visit or contact the ADRC can carry a lot of weight. The doctor could give it out when she thinks it is appropriate. Post-its are an easy take home that can stick to something and not get lost. The post-it should have at least the name of the ADRC and the contact information.

**Flyers:** Participants suggested distributing fliers in the 2010 Census, general mail, or electric bills to get people's attention about the ADRC.

**Lasting Handouts:** Supplement paper handouts with some form of a lasting handout. Refrigerator magnets are a good option that has been used successfully in the past.

Possible locations for brochures are listed in the order of preference by focus group participants; those listed first were mentioned by the most people.

**Senior centers:** Nearly all participants stated that brochures should be placed at senior centers such as the Campbell Center.

**Doctor offices and waiting rooms:** Many participants stated that they would like to learn about the ADRC at while waiting at their doctor, a health clinic or other organization. Some examples given were Whitebird, LILA, ShelterCare, the Mission, and United Way.

**Libraries:** Many participants would like to see brochures at libraries. In particular, the Sheldon Branch or the downtown library.

**Grocery stores:** Some participants said that grocery stores would be a good place to put brochures because "everyone has to buy food." In particular, place brochures in purchase isles

where adult goods and services are sold (e.g., the aisle with senior vitamins or on bulletin boards). One participant mentioned that Trader Joes would be a good location.

**Senior housing:** Some participants thought that brochures would reach a lot of people in 55+ communities like Falcon Wood Village.

**Adult Education Centers:** Participants specifically mentioned OASIS, LCC Downtown Center, and OSU Extension Services as places to put information about the ADRC.

**Service Clubs / Organizations:** Some participants suggested giving materials to service clubs like Seroptimists, Kiwanis, Rotary, and Lions Clubs.

**Other Suggestions:** Participants were instructed to write their answers to the marketing related questions on index cards and then asked if there were any they wanted to share. Suggestions on these cards for brochures include: utility bills, malls, pharmacists, hospitals, lawyers offices and laundromats.

## MARKETING MESSAGES

Each audience the ADRC will be working with is unique. While some similarities exist across audiences marketing materials should be customized to speak to each group. The important benefits each group mentioned would be a good starting place for designing marketing messages for each audience. As with marketing methods, it will be important for the ADRC to distinguish the differences within each audience as well as among audiences (see the conclusion of Appendix H for an example of the diversity that exists within the consumer audience).

## CONSUMERS

During the consumer focus groups we observed that participants are worried about getting older and not knowing what to do. The complexity of the system and possibility of making a bad decision on benefits or services that was irreversible was daunting to them. The following benefits of the ADRC spoke to consumers and are likely to be successful marketing messages to this audience.

- Ensures people do not miss out on services that may be most appropriate for them
- Makes it easy to find information
- Cuts down on frustrations when trying to find needed information or support services
- Allow for more informed decision making



## PROFESSIONALS & PARTNERS

Professionals and partnering agencies agreed with consumers about many of the important benefits of the ADRC. Professionals and partners were excited about the possibility of having a central clearing housing of accurate information about services in the community. They felt that this service would take a burden off of them and be a valuable resource in the community. The following benefits of the ADRC spoke to professionals and partners and are likely to be successful marketing messages to this audience.

- Ensures people do not miss out on services that may be most appropriate for them
- Makes it easy to find information
- Streamlines access to services
- Provides better coordination among aging and disability service systems
- Keeps information current and in one place

## Conclusion

The Community Planning Workshop (CPW) at the University of Oregon gathered qualitative and quantitative data to conduct a formative evaluation of the ADRC pilot site in Lane County. CPW used surveys, interviews, and focus groups with potential users, caregivers, professionals, and partnering agencies to gather opinions on the planning, marketing, and outreach of the ADRC.

These outreach methods gathered information on the many facets of the ADRC including: perceived benefits, concerns, desired characteristics, how to best collaborate with partners, and marketing and outreach. Participants also offered opinions on how to make the ADRC accessible to a wide variety of clients with many different needs.

This document represents input from 206 potential users and partners of the ADRC. This information, along with input from any advisory committees, should be used to guide current and future planning efforts for the pilot ADRC.

## APPENDIX A: SURVEY INSTRUMENT

### Introduction

Oregon is joining the 48 states in the US that have an **Aging and Disability Resource Center (ADRC)**. This is an exciting opportunity made possible through a three-year grant received by the Oregon Department of Human Services Seniors and People with Disabilities Division.

The first local ADRC will be in Lane County. Right now, the **Lane Council of Governments Senior and Disabled Services** is planning how to make the ADRC a reality in Oregon.

**We need YOUR help with these efforts.** Information from this survey will be used to guide the planning, marketing and outreach efforts for the ADRC. Your input is very valuable to us as we move forward in this process.

**Thank you for taking the time to invest in this community resource!**

### A little about ADRCs:

An ADRC integrates aging and disability service systems into a single, coordinated system. It provides a seamless entry point to long-term care services and supports and is designed to empower users to make the best decisions for themselves or for their family members.

Here are some **services** that an ADRC can provide:

- An on-line database of public and private long-term care services and supports.

A trained and **professional staff** who can assess a user's situation and provide the following kinds of assistance:

- Help users understand options for long-term care services and supports.
- Refer users to programs and organizations that can meet their specific needs.
- Help users understand services or benefits that they may be eligible for.
- Help users apply for public services or benefits that they may be eligible for.

### Filter Question

**Question 1:** (This question had a skip logic embedded in it to direct respondents to one of two different sets of questions.) **Which of the following best describes how wish to respond to the survey?**

- I would use the services of an ADRC right now.
- I am caring for someone who would use the services of an ADRC right now.

- I am a professional who would refer someone to an ADRC (physician, hospital discharge planner, etc.)

### Survey for primary users and caregivers

**Question2: How difficult is it to find information about resources and services that will enable you (or your loved one) to be independent for as long as possible?**

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy
- I have never tried to find this information

Optional comment box here.

**Question 3: What sources do you rely on now for information about resources and services that will enable you (or your loved one) to be independent for as long as possible?**

- Internet
- Phonebook or Yellow Pages
- Friends or family members
- Doctor or Health Care Provider
- Area Agency on Aging
- Another Agency: which one?
- Other (please specify)

Optional comment box here.

**Question 3a** (This question is only for participants who selected “internet” in the above question and was available only on the online version): **Have you used any of the following websites to access information about resources and services that will enable you (or your loved one) to be independent for as long as possible? (check all that apply)**

- [www.thelane.info](http://www.thelane.info)
- [www.oregon.networkofcare.org](http://www.oregon.networkofcare.org)
- [www.laneseniorservices.org](http://www.laneseniorservices.org)
- [www.sdslane.org](http://www.sdslane.org)
- No, I haven't used any of these websites

**Question 4: Would you use an ADRC to get information about resources and services that will enable you (or your loved one) to be independent for as long as possible?**

- Yes
- No
- If no, why not?

**Question 5: Which of the following benefits of an ADRC are most important to you? (check the 3 most important)**

- Makes it easy to find information
- Allows for more informed decision making
- Ensures people do not miss out on services that may be most appropriate for them
- Provides better coordination among aging and disability service systems
- Cuts down on frustrations that occur when trying to find needed information and support services
- Provides objective information and assistance
- Manages taxpayer resources more effectively
- Reduces confusion
- Streamlines access to services

**Question 6: What would encourage you to use an ADRC? (check the 3 most important)**

- Convenient hours of operation
- Convenient locations for walk-ins
- 1-800 number or similar
- Easily recognized name
- Knowledgeable staff who provide objective information
- Short waiting times
- Easy to navigate website
- Other (please specify)

**Question 7: What barriers might prevent you from using the ADRC services? (check all the apply)**

- I have health problems that make it hard for me to leave my home (this question and the one following didn't go over well with Kay but I didn't understand why)
- I need transportation to and from my home
- I need someone to translate information for me so that I can understand it (e.g., hearing, vision, language)
- I am not sure what services I need
- I am concerned about providing my personal information
- I have difficulty using the telephone
- I do not have access to the Internet
- None of the above

**Question 8: How do you like to get information about new services in the community?  
(check all the apply)**

- Brochures that are available in places that you go to routinely (e.g., your doctor's office, the public library, senior centers, local grocery stores, the Mall)
- Word of mouth from your friends, family members or people who have used the service
- Advertisements on local radio or TV stations
- Website links that come up when you search the Internet
- Presentations at your church, service club or other gatherings
- Newsletters from senior centers
- Mail
- Other (please specify)

**Demographic Information**

This section is optional.

**Please estimate your total household income for 2008 before taxes.**

- Less than \$15,000
- \$15,000 - \$24,999
- \$25,000 - \$49,999
- More than \$50,000

**What is your gender?**

- Female
- Male

**What is your age?**

- Less than 35 years
- 35 - 54 years
- 55 - 64 years
- 65 - 74 years
- 75 years and older

**What is your highest education level?**

- Less than high school
- High school diploma or GED
- Some college
- College (4 years or more)

**What is your current marital status?**

- Married/domestic partner
- Separated
- Divorced
- Never married
- Widowed

**What is your race/ethnicity?**

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Black or African American
- Latino/Hispanic
- White / Caucasian (Non-Hispanic)

**Survey for secondary audiences who might refer someone**

**Question 2: How difficult is it to obtain and keep current and useful information about resources and services that will enable people to be independent for as long as possible?**

- Very difficult
- Difficult
- Neither difficult nor easy
- Easy
- Very easy

Optional comment box here.

**Question 3: What methods do you use now to search for this kind of information?**

- None, the information is delivered to me
- Colleagues
- Conferences, workshops, special training events
- Internet searches
- Word of mouth from clients who have found useful information
- Other (please specify)

**Question 4: What is the best way to market information about services and resources to you?**

- Email
- Mail
- Advertisement in a trade magazine
- Brochures
- Website links that come up when you search the Internet
- Word of mouth from colleagues or clients
- Presentations at staff meetings
- Other (please specify)

**Question 5: Would you refer a client to an ADRC for questions about resources and services?**

- Yes
- No
- Not sure

If no or not sure, why not or what other information would you need to help you make a decision.

**Question 6: What would encourage you to refer a client to an ADRC? (check the 3 most important)**

- Convenient hours of operation
- Convenient locations for walk-ins
- 1-800 number or similar
- Easily recognized name
- Knowledgeable staff who provide objective information
- Short waiting times
- Easy to navigate website
- Other (please specify)

**Question 7: What should the ADRC do to make its services available/acceptable/accessible to organizations like yours?**

Comment box here.

**Question 8: Which of the following benefits of the ADRC would be most important to the population you serve? (check the 3 most important)**

- Makes it easy to find information
- Allows for more informed decision making
- Ensures people do not miss out on services that may be most appropriate for them
- Provides better coordination among aging and disability service systems
- Cuts down on frustrations that occur when trying to find needed information and support services
- Provides objective information and assistance
- Manages taxpayer resources more effectively
- Reduces confusion
- Streamlines access to services

**Question 9: What kind of organization do you represent?**

- Hospital
- Doctor's office
- Public agency
- Nonprofit
- Other (please specify)
- Faith Community
- Licensed care provider (e.g., Adult Foster Home, Assisted Living, Nursing Facility)

## APPENDIX B: INTERVIEW SCRIPT

Warm-Up Question: What do you think is the biggest challenge facing your client population?  
What is the best way for that challenge to be overcome?

#	Topic:	Questions and Probes:
1	Benefits of the ADRC model	<p>What do you think the benefits of an ADRC for resources and services that enable people to be independent for as long as possible are for Lane County?</p> <p>How would an ADRC improve or help you maintain the services you currently provide?</p>
2	Concerns about the ADRC model	<p>What concerns do you have about the ADRC model?</p> <p>Would an ADRC have a negative impact on the way you currently deliver services? In what ways?</p>
3	Desired Characteristics of the ADRC	<p>What characteristics does the ADRC need to have to make it accessible/acceptable/available to your clients?</p> <p>How would the ADRC best collaborate with you?</p> <p>What would your ideal working relationship look like?</p>
4	Planning & Implementation	<p>What does LCOG/S&amp;DS need to consider as they move forward with the ADRC?</p> <p>What level of involvement would you like to have in planning and implementing the ADRC?</p>



## APPENDIX C: FOCUS GROUP SCRIPTS

### Consumers

#### 1) Icebreaker (10 minutes)

- a. We'd like to start with an icebreaker to get the conversation started. We have all had both positive and negative experiences when going to a public service agency. What is a positive or negative experience you, or someone you know, has had at a public service agency?
  - i. What made it a positive experience?
  - ii. What made it a negative experience?
  - iii. How do you think this situation could have been handled differently?

#### 2) Topic #1: Physical aspects of ADRC (15-20 minutes)

- a. Flip chart exercise (have each person state their preferred times to visit the ADRC, information is placed on the chart to view) During what hours are you most likely to visit a service agency like this?
  1. The ADRC information providers will be providing a detailed amount of information to users. What would you be most likely to use: appointments or walk-ins and why?
- b. The ADRC will be located on 10<sup>th</sup> and Willamette (Shaffer Building). We anticipate having other sites down the road or having people stationed at other organizations but we are going to start out downtown
  - i. We don't want the ADRC to look or feel like a government office. So, imagine you are walking into the ADRC. What does it look like? What would the seating/ waiting area look like? (seating types, reading materials, etc.)? What would make this environment desirable or comfortable to you?

*Seating types include coaches, chairs, benches. What about coffee or tea station. Television? Computer access?*

- ii. Where would you like to be when you are talking to a representative?  
[Private office, semi-private booths, etc.]

*-Transition to Next Speaker*

#### 3) Topic #2: Referrals (15 minutes)

- a. The purpose of the ADRC will be to help you get information on which services in the community you are eligible for and assist you in contacting them and applying. The ADRC will not be providing a direct service, but facilitating your access to the services available in the community.
  - i. Describe the various types of transfer with examples [with definitions on the flip chart].
  - ii. Which of these methods would you prefer?
    - 1. Is this variable depending on the situation?

4) Topic #3: Name (15 minutes)

- a. The ADRC is going to provide many services (read list of services from the half sheet that is provided for each participant).
- b. Does the name “Aging and Disability Resource Center” convey to you that you will receive all these services?
  - i. What kind of name or words would convey that to you?
- c. We want to find a name that is short, catchy, and memorable. Do you think Aging and Disability Resource Center fits that description?
- d. Probes:
  - i. Some have said that the name resource center doesn’t convey any actions, they don’t want the words “aging” and “disability” in the name, and center doesn’t convey the concept of multiple access points. Would you agree with any of those statements?
  - ii. Here are some other names that ADRCs around the country have used: South Carolina Access, Maryland Access Point, LifeLongLinks, Choices for Independence, and Minnesota Help Network. Do you prefer any of those names to Aging and Disability Resource Center?

5) Topic #4: Job titles (10 minutes)

- a. The people who work at the ADRC will be there to help you find information, navigate the system, and figure out what you need (all of the things listed on the ½ sheet). We have a list of potential job titles for the people who will help client. Please write down which job title is most appealing to you and why.
  - i. Resource Navigator
  - ii. Information & Resource Specialist
  - iii. Resource Specialist

iv. Resource Consultant

b. Which name was most appealing to you?

i. Probing questions:

1. Why was it the most appealing?
2. Did anyone else also think this was the most appealing?
3. Do these job titles sound like you will get the services described on the sheet?

6) Topic #5: Marketing & Outreach (5-10 minutes)

- a. On the survey lots of people said they would like to learn about the ADRC through brochures at places they routinely visit. Where would those places be? Write as many as you want on the blue card.
- b. People from the survey also said that the ADRC should advertise on local TV and radio stations. Which stations should they use? What times would be best for advertising? Write as many as you want on the yellow card.
- c. Does anyone want to share any of their ideas?

7) Conclusion

- a. Thank you for coming today. We appreciate you taking the time to help us with this.

## Partners

1) Icebreaker – 10 minutes

- a. We'd like to start with a little icebreaker to get this conversation started. We have all had both positive and negative experiences when going to a service provider. What is a positive or negative experience you, or someone you know, has had at a public service agency?
  - i. What made it a positive experience?
  - ii. What made it a negative experience?
  - iii. How do you think this situation could have been handled differently?

2) Topic #1: Collaboration/Partnerships (20 minutes)

Partnerships with you will be key in the success of the ADRC. We heard from someone in the interview that they would like to have a “total partnership” with the ADRC.

- a. What does the term “total partnership” mean to you? (scribe on flipchart)
- b. What can the ADRC do to be a good partner?

3) Topic # 2: Referrals (20 minutes)

Another concern we heard from you was about the referral process.

- a. In your ideal world, how would the referral process between the ADRC and you work?
  - i. Get them to be very specific about the ideal features. One example of an ideal referral is the “warm transfer,” where the ADRC staff member (in the case of making a referral by phone) stays on the line with the consumer and introduces them to the staff member at the other organization. Linda will give us examples of other kinds of referrals: cold, luke warm, etc.
  - b. What information would you like them to give about your organization?

4) Topic #3: Marketing and Outreach (20 minutes)

- a. Method #1: Open discussion (this part should be quick)
  - i. What have you done that was successful in reaching your client population? (Notetaker, be sure to capture who is saying what so we can parse out differences between populations)
  - ii. Is there an example that comes to your mind about another agency that had a successful marketing tactic?
- b. Method #2: Snow cards. Participants are given two snowcards to write on. The facilitator puts them up on the wall (we need to bring paper for this) and works to organize them with help from participants.
  - i. What would you recommend the ADRC do? What ways do you think would be best to market the ADRC to potential users?

5) Closing Activity - 5 minutes

(participants write their answer on a card and can choose to share with the group or not)

- a. Key Success Factors
  - i. What do you think is the most important thing for the ADRC to do to be a success in Lane County?

6) Conclusion - 5 minutes

- a. Thank you for coming today. We appreciate you taking the time to help us with this. Take the time to wrap up some of the day's findings.
  - i. If there are any questions/topics that were not brought up today that you think LCOG should answer or be aware of, please take the time to write them on the comment card provided?
  - ii. This information and that from other focus groups, interviews, and the survey will be summarized and given to LCOG to aid in the planning process for the ADRC. The final plans will be completed around April 2010.
  - iii. Thank you for coming tonight to help inform the planning process.

## **APPENDIX D: SURVEY SUMMARY REPORT**

### **PURPOSE**

To collect information from consumers, family and friend caregivers, and professionals who would refer clients to an ADRC, CPW worked with SPD and LCOG to create an online survey. A draft version of the survey was reviewed by the statewide ADRC Advisory Council for approval. The online survey provided an opportunity for these stakeholders to give their opinions about characteristics the ADRC should possess. For the purposes of the survey and this memo, primary audience refers to consumers and family and friend caregivers, and secondary audience refers to professionals who would refer clients to an ADRC.

The survey for the primary audience consisted of 14 questions divided into sections regarding: use of an ADRC, benefits of use, barriers to use, finding information, and demographics. A total number of 49 respondents completed this survey. As email addresses for this audience were not readily available, paper copies of the online survey were distributed to local assisted living facilities, partnering organizations, and meal sites across the county. The surveys from the senior meal sites are not included in this analysis due to delays in distribution. Those results will be presented along with these results in the final report.

The survey for the secondary audience consisted of 9 questions divided into similar sections regarding: referral to an ADRC, benefits of use, barriers to use, and finding information. No demographic questions were asked on this audience. A total number of 40 respondents completed this survey.

## RESPONDENT CHARACTERISTICS

The majority of respondents to the primary audience survey were white and female (98% and 82% respectively). Respondents were nearly evenly distributed across all income categories. Respondents were on the older side in regards to age, 67% were 65 years or older and 32% were 64 years or younger. The majority of respondents (94%) had some college or more education and there was an even split across the marital categories of married, divorced, and widowed.

The majority of respondents (62%) from the secondary audience survey represent a hospital followed by a public agency (16%), nonprofit (11%), and doctor's office (5%). One respondent represented a licensed care provider and one another entity they did not specify.

### Demographic Information for Primary Audience

Income	Primary
Less than \$15,000	18.9
\$15,000 – 24,999	24.3
\$25,000-49,000	29.7
more than \$50,000	27.0
<b>Age</b>	
Less than 35	2.2
35-54	15.2
55-64	15.2
65-74	34.8
75+	32.6
<b>Education</b>	
less than HS	2.2
HS/GED	4.3
Some college	45.7
College 4+	47.8
<b>Marital Status</b>	
Married	32.6
Separated	2.2
Divorced	30.4
Never Married	4.3
Widowed	30.4
	n=46

## USE OR REFERRAL TO AN ADRC

Respondents of both surveys were asked if they would use/refer someone to an ADRC to access services. The purpose of this question was to assess how popular the ADRC would be with both audiences after they read a brief description of the ADRC in the introduction.

**Table 1 : Use or Referral to an ADRC**

Response	Primary	Secondary
Yes	100.0	83.8
No	0.0	0.0
Not Sure	0.0	16.2
	n=48	n=37

The majority of respondents from both surveys would use or refer someone to an ADRC. Given that most respondents have little knowledge of the ADRC and the services it provides this result indicates that the ADRC will be well received by both consumers and the professional community.

However, almost one-fifth (16%) of the secondary audience was unsure if they would refer someone to an ADRC. Comments regarding what would encourage them to refer someone include:

- needing to know about services the ADRC will provide;
- a proven record of reliability;
- if information is kept accurate and up to date;
- and the ease of accessing information.



## BENEFITS OF AN ADRC

In this section respondents of both surveys were asked to select the three most important benefits they thought the ADRC offered and then to select the three most important characteristics the ADRC should have to encourage them to use the ADRC or refer someone to it. The purpose of this section was to find out what benefits and characteristics people think are most important and appealing for the ADRC to have.

**Table 2 : Important Benefits of an ADRC**

<b>Benefit</b>	<b>Primary</b>	<b>Secondary</b>
Makes it easy to find information	48.9	45.9
Allows for more informed decision making	51.1	21.6
Ensures people do not miss out on services that may be most appropriate for them	55.6	67.6
Provides better coordination among aging and disability service systems	20.0	59.5
Cuts down on frustrations that occur when trying to find needed information and support services	46.7	37.8
Provides objective information and assistance	33.3	18.9
Manages taxpayer resources more effectively	6.7	8.1
Reduces confusion	11.1	18.9
Streamlines access to services	24.4	45.9
Provides the opportunity (for clients) to speak with and get connected to others in my situation	4.4	8.1
	n=45	n=37

\*The most popular responses are highlighted. Percentages do not add to 100 because respondents were instructed to select three choices.

## Key Findings

### SIMILARITIES

- Both audiences agreed that “ensuring people do not miss out on services that may be most appropriate for them” and “making it easy to find information” are valued benefits of the ADRC.
- The primary audience ranked “cuts down on frustrations when trying to find needed information and support services” highly and the secondary audience said that “streamlines access to services” was an important benefit. Although seemingly different

benefits these two audiences agree that making the system and services easier to access is important to them.

## DIFFERENCES

- The primary and secondary audiences disagreed about the importance of “allowing for more informed decision making” with 51% of the primary audience ranking it in their top three and only 21% of the secondary audience doing so. This result suggests that potential users of the ADRC do not feel like they have all the information they need to make decisions about long term care and support services.
- Another notable difference occurred in the ranking of “providing better coordination among aging and disability service systems” (20% primary, 60% secondary). As the secondary (professional) audience will be working entirely through the administrative channels in the aging and disability service system and the primary audience will not, this result is not surprising.

These similarities differences should be considered when deciding on marketing messages for communicating with these audiences and in interactions with consumers and partners.

**Table 3: Characteristics that would encourage use of or referral to an ADRC**

Characteristic	Primary	Secondary
Convenient hours of operation	47.8	40.5
Convenient locations for walk-ins	30.4	29.7
1-800 number or similar	26.1	35.1
Easily recognized name	10.9	21.6
Knowledgeable staff who provide objective information	80.4	86.5
Short waiting times	30.4	40.5
Easy to navigate website	32.6	40.5
Knowing information will be kept confidential	23.9	8.1
It is culturally diverse/appropriate/competent	10.9	13.5
Other	2.2	0
	n=46	n=37

\*The most popular responses are highlighted. Percentages do not add to 100 because respondents were instructed to select three choices.

## Key Findings

### SIMILARITIES

- Both audiences rated the same characteristics in their top three that would encourage them to use an ADRC or refer someone to it.
- The most popular characteristic was knowledgeable staff who provide objective information (80% primary, 87% secondary) followed by convenient hours of operation (48%, 40%) and an easy to navigate website (33%, 40%).
- The importance of convenient locations and culturally competence were agreed upon by the audiences but not ranked highly.

### DIFFERENCES

- The audiences disagreed on the importance of knowing information will be kept confidential with 24% of the primary ranking it in their top three compared to only 8% of the secondary.
- The secondary audience thought that an easily recognizable name, 1-800 number, and short waiting times would be important characteristics of the ADRC but the primary audience did not rate them as highly.

The characteristics both audiences agreed upon are likely ones to aid in the success of the ADRC. The differences between audiences bring up interesting points between the priorities of consumers and those of professionals who would refer clients to an ADRC. These priorities will need to be weighed against the available resources when making planning and implementation decision for the ADRC.

## BARRIERS TO USING AN ADRC & ACCESSIBILITY

In this section respondents of the primary audience survey were asked what barriers might prevent them from using the ADRC and respondents of the secondary audience survey were asked what the ADRC should do to make its services accessible to the populations they serve. The purpose of this section was to assess the needs and perceived needs of future consumers of the ADRC.

**Table 4: Barriers to Using an ADRC**

Characteristic	Primary
I have health problems that make it hard for me to leave my home	21.3
I need transportation to and from my home	12.8
I need someone to translate information for me so that I can understand it (e.g., hearing, vision, language)	8.5
I am not sure what services I need	53.2
I am concerned about providing my personal information	14.9
I have difficulty using the telephone	8.5
I do not have access to the Internet	23.4
None of the above	36.2
	n=47

\*Three most popular responses are highlighted. Percentages do not add to 100 because respondents were instructed to select three choices.

### Key Findings

- Over a third (36%) of respondents reported having no barriers to accessing the ADRC.
- The majority of respondents (53%) said that “not knowing what services they need” was a barrier to using the ADRC. This result indicates the importance of letting consumers know that one of the functions of the ADRC is to help them figure out the services they need.
- Over one-fifth of respondents (23%) indicated that “not having access to the internet” was a barrier for them to use the ADRC and many respondents said “they have health problems that make it hard for them to leave their home” or that “transportation is a barrier for them” (34% combined). These results show the importance of having multiple ways to access information and the need to accommodate consumers with a wide variety of needs.

## Open-ended Question Methodology

Of the 23 questions across both surveys only one was open-ended. The secondary audience was asked what the ADRC should do to make its services accessible to their organization and clients. CPW took this open-ended question and grouped responses into similar categories to see how often a particular response was given. CPW then counted the number of times a response was given and put all responses into a high, medium, and low frequency distribution for comparison. The table for this question lists the comment, the number of times it was said (count), and the frequency category it falls into.

**Table 5: Making the ADRC Accessible to Client Populations**

Comment	Count	Frequency
Knowledge, friendly staff	6	High
Multiple ways to access information	6	
Disseminate information to professionals	5	
Convenient hours of operation	4	Medium
Phone number (with live person)	4	
Coordinate with other agencies	4	
Comfortable atmosphere	3	
Advertising and marketing	3	
Address mental health	3	
Off-site access	3	
Find the answer	2	Low
n=24		

Note: This was the open ended question of the survey.  
Some respondents had multiple answers.

High frequency responses for this question fell into the categories of knowledgeable, friendly staff, multiple ways to access information, and disseminate information to professionals. Respondents said that ADRC staff should be caring, friendly, and competent. Staff should also be knowledgeable and able to provide clear and accurate information in a timely manner. Staff need to make information understandable to those who don't know the system. Many respondents said that the ADRC needs to provide a variety of ways for clients to access information. Phone, internet, and walk-in were all suggested methods of providing access. Lastly, professionals thought that one way of making the ADRC accessible to their client population would be to disseminate information to them. Keeping professionals informed of changes in services through email updates, brochures, or presentations at staff meetings would be effective. One respondent said, "get information out to us."

Medium frequency responses to this question were varied. Many indicated the importance of convenient hours of operation, with some of those being out of the normal 8-5 time frame, and the need for a phone number (1-800 or similar) with a live person that answers or returns the call shortly. Other respondents mentioned the need for the ADRC to have a comfortable and inviting atmosphere that does not look like a government office. Both the reception and service areas should be open and welcoming. The ADRC should do presentations at senior centers, outreach activities at NAMI and Lane County Mental Health, and advertise to let people know

what services it provides. Three respondents mentioned the importance of addressing mental health needs and illness (bipolar, schizophrenia, dementia, etc.) with understanding. Lastly respondents recommended off-site ways of accessing the ADRC. Those include off-site counseling, doing home visits to help with the application process, and having a kiosk at places like grocery stores and malls.

Low frequency responses fall into the category of finding the answer. Respondents said that the focus should not be on ways to exclude clients from services but on making sure they receive services they are entitled to. If the staff does not know the answer to a question, they should be able to research it and share the results, no one should be referred to another agency because the ADRC doesn't know the answer.

## FINDING INFORMATION & MARKETING THE ADRC

Respondents of both surveys were asked how difficult it is to find information about resources and services that will enable people to be independent for as long as possible. Respondents were then asked how they find that information and what ways would be best to market that information to them. Since these audiences are distinct, each was given a different set of answer choices to those questions. The purpose of this section was to assess how difficult it is for people to find information about support services and what ways they think this information should be available.

### DIFFICULTY OF FINDING INFORMATION

**Table 6: Difficulty of Finding Information**

Range	Primary	Secondary
Very Difficult	4.2	11.1
Difficult	27.1	63.9
Neither difficult nor easy	33.3	16.7
Easy	6.3	8.3
Very Easy	0.0	0.0
I have never tried to find this information/I don't keep this kind of information	29.2	0.0
	n=48	n=36

### Key Findings

#### SIMILARITIES

- None of the primary or secondary audience said it was very easy to find this type of information and few said it was easy. This result shows the importance of marketing for the ADRC and the challenge it faces of making information about long term care and support services easily accessible to a variety of people.

## DIFFERENCES

- Professionals seem to be having a harder time finding and keeping information up to date; 75% of the secondary audience thinks it is difficult or very difficult to find information versus only 31% of the primary audience. However, 29% of the primary audience has never tried to find this information and some might have difficulties if they did.

## INFORMATION SOURCES

**Table 7 : Information Sources**

Source	Primary
Internet	45.7
Phonebook or Yellow Pages	37.0
Friends or family members	60.9
Doctor or Health Care Provider	63.0
Area Agency on Aging	39.1
Another Agency	13.0
Other	19.6
	n=46

**Table 8: Information Sources**

Source	Secondary
None, the information is delivered to me	2.7
Colleagues	86.5
Conferences, workshops, special training events	48.6
Internet searches	70.3
Word of mouth from clients who have found useful information	64.9
Other	18.9
	n=37

## Key Findings

- The source of information the primary audience is using most is their doctor or health care provider (63%). The secondary audience generally looks to their colleagues first to find information (87%). This result underscores the importance of marketing directly to professionals to get the word out about the ADRC.
- Respondents want information about long term care and support services from a trusted source. The primary audience looks to their doctor or friends and family members and the secondary audience looks to colleagues or clients. These methods are all word of mouth related. These results show the importance of early successes for the ADRC in establishing itself, providing good customer service, and being a place people talk about in a positive way.
- The internet was also ranked highly by both audiences (46% primary, 70% secondary). This result indicates the importance of a web presence for the ADRC. It should be noted that this survey does not include input from family or friends in another state who may try to access information about services in Lane County and also look to the internet first.
- Almost one-fifth (19%) of both the primary and secondary audiences said they look for information in other places than the choices provided. Both audiences wrote that they look to resource books like The Guide or OASIS' directory, to social workers, and to

printed materials like brochures or the newspapers. The primary audience also specifically mentioned LILA and White Bird as agencies they look to for information.

Were there any results from the skip to which local internet sites people recognized/used?

## MARKETING

**Table 9: Best Way to Market Information About New Services in the Community**

Method	Primary
Brochures that are available in places that you go to routinely (e.g., your doctor's office, the public library, senior centers, local grocery stores, the Mall)	78.3
Word of mouth from your friends, family members or people who have used the ADRC services	58.7
Advertisements on local radio or TV stations	34.8
Website links that come up when you search the Internet	26.1
Presentations from ADRC staff at your church, service club or other gatherings	32.6
Newsletters from senior centers	47.8
Mail	26.1
Other	2.2
	n=46

**Table 10: Best Way to Market the ADRC**

Source	Secondary
Email	42.1
Mail	2.6
Advertisement in a trade magazine	0.0
Brochures	2.6
Website links that come up when you search the Internet	10.5
Word of mouth from colleagues or clients	2.6
Presentations at staff meetings	36.8
Other	2.6
	n=38

## Key Findings

- The primary and secondary audiences differed in the way they would like to receive information about the ADRC. For the primary audience “brochures that are available in places consumers routinely visit” was at the top of the list (78%), far above the other choices. However, “brochures” was not a popular choice with the secondary audience (3%).
- The secondary audience would prefer to receive information via “email” (42%) or “presentations at staff meetings” (37%). Both of these methods are more personalized and suggestions to consider when the ADRC is just getting its start in Lane County and needs to network with professionals.
- “Word of mouth” was also high on the list for the primary audience (59%). This result again indicates the importance of providing quality experiences to clients to gain repeat business.



The secondary audience seems to prefer more low-cost, direct communication options. While the primary audience prefers written materials in places they frequent and communications from people they know. These differences highlight the importance of thinking about the audience when marketing and doing outreach and not having a blanket plan for all.

## **CONCLUSION**

Given that almost all respondents said they would use or refer someone to the ADRC there is a clear need in the community for this resource. The primary and secondary audiences agreed on many facets of how the ADRC should be implemented but also had some differing opinions on key areas that should be considered.

### **BENEFITS OF THE ADRC**

Valued benefits by both audiences were “ensuring people do not miss out on services that may be most appropriate for them” and “making it easy to find information.” Both audiences also agreed on benefits that would make the system easier to access and less frustrating.

However, the audiences disagreed on the importance of “allowing for more informed decision making” and “providing better coordination among aging and disability service systems.” These differences should be taken into consideration when deciding on how to market the ADRC. While marketing to partners and professionals, the “provides better coordination among aging and disability service systems” angle would be effective, but for consumers speaking to the benefits of informed decision making and obtaining the most appropriate services would be more effective.

### **CHARACTERISTICS OF THE ADRC**

The audiences agreed that the most important characteristics for the ADRC to have are knowledgeable staff who provide objective information, convenient hours of operation, and an easy to navigate website. The secondary audience thought that an easily recognizable name, 1-800 number and shorter waiting times are important, but the primary audience didn't rank them as highly. Similarities in benefits are likely to be key success factors of the ADRC while differences here should be discussed among decision makers to determine the most appropriate course of action.

### **BARRIERS TO USING AN ADRC & ACCESSIBILITY**

Many respondents in the primary audience are not sure what services they need, do not have access to the internet, or have physical or transportation barriers that would prevent them from accessing services. This result indicates the importance of letting consumers know that one of the functions of the ADRC is to help them figure out the services they need and providing multiple ways to access information.

The secondary audience recognized these barriers as well and indicated that providing multiple ways of accessing information was important to make the ADRC accessible to their client population. One suggestion given was to disseminate information to professionals. Knowledgeable, friendly staff was also a top priority for making the ADRC accessible to many populations.

## FINDING INFORMATION

No respondents from the survey said it is very easy to find information about long term care and support services and few said it was easy. The challenge for the ADRC will be to make finding information about long term care and support services accessible to many audiences so everyone can think this information is easy or very easy to find. When asked what sources respondents look to for this information both audiences ranked trusted sources (doctors or health care providers, friends or family members, colleagues, and clients) and the internet as their top choices. The result indicates the importance of early success for the ADRC to build good word of mouth and the importance of the ADRC's web presence.

## MARKETING

The secondary audience seems to prefer more low-cost, direct communication options of email and presentations at staff meetings. While the primary audience prefers written materials (brochures and newsletters) in places they frequent and communications from people they know. These differences highlight the importance of thinking about the audience when marketing and doing outreach and not having a blanket plan for all. The marketing messages for each audience will also need to be customized to fit with the characteristics and benefits that each indicated as important.

## **APPENDIX E: INTERVIEW SUMMARY REPORT**

### **PURPOSE**

CPW conducted 15 interviews with key partnering agencies and informants of the ADRC project. The purpose of the interviews was to gather in-depth information on relevant subject areas. Those areas included: benefits of the ADRC model, concerns about the ADRC model, desired characteristics of the ADRC, and involvement in the planning and implementation of the ADRC.

The majority of the interviews were conducted over the phone, while some were conducted in-person. This summary report shows results for all 15 of the interviews. The purpose of this report is to provide some interim information to the Lane Council of Governments (LCOG) to aid current planning efforts. A final summary report that includes information from the interview, survey, and focus groups will be submitted by the end of December.

### **METHODOLOGY**

Using qualitative data (interviews), CPW identified key themes and patterns in responses from partner agencies. The interview method was chosen for the purposes of understanding the complexities and opportunities of providing services to seniors and people with disabilities. CPW took each interview question and grouped responses into similar categories to see how often a particular response was given. CPW then counted the number of times a response was given and put all responses into a high, medium, and low frequency distribution for comparison. The table for each question lists the comment, the number of times it was said (Count), and the frequency category it falls into (high, medium, low).

## CHALLENGES AND OPPORTUNITIES

In this section, CPW asked partnering agencies about the challenges and opportunities facing their client population. This was a warm-up question designed to initiate conversation and engage interviewees in thinking specifically about the population they serve. CPW summarized the responses in list form to highlight the varied answers but we did not analyze this question like the others as this information does not directly relate to the stated purpose of the interviews.

<b>Challenges facing client population</b>
<ul style="list-style-type: none"><li>• Lack of funding sources</li><li>• Access to resources</li><li>• Lack of knowledge regarding resources</li><li>• Navigating the healthcare system</li><li>• Affordable assistance</li><li>• Marketing and outreach</li><li>• Inter-agency communication</li><li>• Personal incomes</li></ul>

### Challenges

The challenges facing many of the client populations the partner agencies share are varied. Many respondents highlighted the lack of financial resources that exist throughout the client populations. With budget cuts and increased costs, the people that once had access to services are not able to afford what they once could. There is also a need for affordable in-home assistance.

Another key challenge is the knowledge about resources that are available and the ability to access them. Clients do not understand the agency's role pertaining to providing service and decision making on eligibility. Marketing and outreach to clients is sometimes lacking and there is a need to publicize, conduct public service announcements, etc. Think about how to get information to a population with the average age of 71 years.

Access to resources was also a key challenge. If information is only available in a physical location, they actually have to be able to get there. Transportation becomes an important issue for clients. However, if information is only available online, they need internet access and be able to utilize it.

Navigating the health care system, specifically a subset of seniors who have health related issues, is a challenge. The considerable amount of time and effort that goes into finding adequate care was seen as a key hurdle to these clients.

**Opportunities to overcome challenges**

- Practical education
- Providing comprehensive assistance
- Collaboration amongst agencies/shared resources
- Simplifying the system
- Resource referral
- Enhanced resources

**Opportunities**

The partner agencies stated a number of opportunities available to serve clients in a better way. One opportunity that was recommended was the use of practical education about specified trainings. This could be a way to address the challenge of specifying what each organization can and will provide. This approach needs to be clear and understandable so that people are not confused about the information that is disseminated. The system should be simplified for clients.

There needs to be broader and more sustainable community partnerships/programs, shared resources, and resource development within the county. Interagency communication (900 nonprofits) is difficult. There is a significant level of contact amongst partnering agencies but not many opportunities where they can collaborate. Agencies could focus and specialize if they create an alliance to deliver services.

One respondent stated that their center does not provide comprehensive services, but currently tries to answer questions or pass them onto other organizations. The ADRC would help field questions not related to the center's activity service (housing, etc.). A good solution would be for individuals to have access to people who will take the time to meet and give them the whole gamut of options for assistance (energy assistance, food stamps, etc.).

## BENEFITS OF AN ADRC

What do think the benefits of the ADRC model are?

Benefits of an ADRC	Count	Frequency
One central location (clearing house) to find out about the services available	7	High
Provides better coordination and collaboration among aging and disability service systems	3	Medium
Streamlines access to services	3	
Ensures people do not miss out on services that may be most appropriate for them	3	
Having someone knowledgeable, not piecemeal staff.	2	Low
Resources and information geared toward beneficiary	1	
Provides objective information and assistance	1	

*Note: Some respondents had multiple responses*

### High Frequency

Many respondents stated that there was the potential for the ADRC to be a central clearing house of information. Some respondents expressed that people don't know where to go to find out the information they need. The ADRC would simplify the process by offering a comprehensive resource of information in one place. The ADRC could also assist in taking pressure off the agencies that are short staffed and would have the capacity, working with partner agencies, to update services available, eligibility criteria, hours, etc. This would make getting information more efficient and provide quicker service. One respondent emphasized the one-stop-shop philosophy: we may not know the answer but the ADRC will and they will take the time to help.

The ADRC may take on many forms (e.g., in-person consultation, internet resource, or telephone referrals). Some respondents expressed the need for all three capabilities to be under one network. Respondents emphasized that information can be accessed in many forms but no singular method will cover the totality of the need. The ADRC should be staffed to answer questions, both from users and partnering organizations in-person, over the phone, and via website.

### Medium Frequency

Respondents expressed that a lack of cohesive information sharing was available to clients. The ADRC would potentially offer more streamlined information to clients accomplished through stronger communication amongst agencies. With increased information sharing, agencies would be able to partner and create a "safety net" so no client is neglected or forgotten. With effective coordination, duplication of services would be avoided, thus keeping people from

getting passed on to different agencies. Greater collaboration was seen as something that the ADRC could facilitate to make the client population aware of resources in the community.

### Low Frequency

A few respondents mentioned the opportunity to make some changes amongst service providers. There is a need for more knowledgeable staff for direct assistance, not piecemeal staff that may lack needed expertise. Staff should be willing to direct people and help get them access to information and services. Users may need the one-on-one time rather than a telephone or internet resource. These resources and information should be geared toward providing the best possible assistance to the beneficiary.

### How would an ADRC improve or help you maintain the services you currently provide?

How will the ADRC improve or help you maintain services	Count	Frequency
Information referral and agency collaboration	7	High
Augment current services	4	Medium
Free up staff	2	
Streamline I&R service for aging and disabled persons	2	
Greater efficiency in processing data and information	2	
Supplemental organization to increase access and navigation by directing to other groups	1	Low
Help providers to meet people's need in a much better way	1	

*Note: Some respondents had multiple responses*

### High Frequency

The highest number of respondents believed the ADRC would best assist them as a referral service. They described that knowing that a centralized, one-stop-shop place has critical information not only takes a burden off them, but allows for effective transfer of clients. With the ADRC, there is the understanding that clients are going to get the right information quickly. Highlighting useful and well-functioning agencies that provide a "wrap around approach" which delivers complete services to the client could be a key component to the ADRC.

### Medium Frequency

Respondents mentioned that a resource center would augment their current services. The resource center would help increase the number of clients in the system and expose them to available services. By uncovering enhanced services offered by agencies within Lane County, gaps in the system would be identified. The ADRC could be a valuable resource in providing information and collaborating with partnering agencies doing similar work. Several agencies expressed the need for greater efficiency in tracking and organizing information, which would reduce costs. It would conceivably provide a supplemental, yet beneficial Information and Referral (I &R) resource for the targeted demographic.

### Low Frequency

Respondents expressed that the ADRC would simplify the navigation and access of resources in Lane County. It would potentially increase exposure to resources such as the “The Guide” for seniors.

## CONCERNS ABOUT THE ADRC MODEL

What concerns do you have about the ADRC model?

Concerns about the ADRC model	Count	Frequency
Duplication of services (I & R)	4	High
Access to resources	3	Medium
Accessibility to clients (location)	2	
Consistency in funding sources	2	
Personal service	2	
Client not satisfied with service	2	
Knowledge and sensitivity	1	Low
Not utilizing resources properly	1	
Lacking referral and response system	1	
Complexity	1	

*Note: Some respondents had multiple responses*

### High Frequency

A number of respondents were cautious about the duplication of services and creating yet another silo of specialized I & R services. I & R resources should integrate – not overlap – in order to benefit the greater good and maximize limited local/municipal resources. If ADRC operators will be utilizing other pre-existing I&R resources, it would be important to have coordination with these resources. The Workforce Partnership call center provides a parent helpline however there has been some duplication of services. This needs to be avoided by the ADRC if it wants to deliver efficient resources.

### Medium Frequency

Accessibility was described in detail by several respondents as a concern. There need to be measures incorporating multiple strategies to assure accessibility to a diverse population. The ADRC should be physically accessible, with phone and online assistance. The physical location should not be only in Eugene but also in surrounding communities like Veneta, Creswell, Cottage Grove, and Oakridge with good parking availability.

Several respondents had concerns about providing referrals when there are not services present to serve particular needs. Other respondents were concerned about pulling resources away from existing S&DS services. If staffs were busy with other projects, people would not get back to clients because of high case loads. It makes it difficult to get a call back for your case. We don't want resources taken away because the case load is too heavy.



Another concern brought up by a number of respondents was consistency in funding. How long will the project last if grant funding is not stable? Is the ADRC able to sustain itself beyond the grant period? There seems to be a lack of clarity in terms of how it would be funded and supported.

### Low Frequency

A few respondents said that there could be a lack of understanding or sensitivity for the people that need assistance. Also, if an individual was not satisfied with their initial experience at the ADRC there could be an issue/problem in them returning. Staff must be able to deal with people who have a disability or have aging concerns. An ADRC staff person should be someone who cares deeply and has a lot of respect for their client. The complexity of the resource system must also be addressed. Clients have to navigate a system that includes obstacles that are difficult to manage if they don't have the right information.

### Would an ADRC have a negative impact on the way you currently deliver services? In what ways?

Negative impacts of an ADRC	Count	Frequency
None	11	High
Overlap in service	2	Medium
Provides wrong information	1	Low
Law of unintended consequences	1	

### High Frequency

Most respondents said there would be no negative impact in the way they deliver services. The ADRC would be a beneficial place to ask questions, sometimes very specific to client needs. It would be beneficial to have a more responsive resource that could answer questions quickly and easily.

### Medium Frequency

Several respondents said there may be an overlap in service. Duplication could occur which leads to inefficiency in the overall system. It would be confusing to an individual to be recommended towards the ADRC, 211Lane, or the Workforce Call Center. Each center may give the individual different information that adds to their confusion.

### Low Frequency

Few respondents said that the ADRC needs to keep current information and the onus should be on partnering agencies to keep this information current. One respondent said partner agencies should be mindful of unintended consequences (e.g. more staff needed to handle more case loads).

## DESIRED CHARACTERISTICS OF THE ADRC

What characteristics does the ADRC need to have to make it accessible/acceptable/available to your clients?

Desired Characteristics	Count	Frequency
Accessibility	11	High
Knowledgeable personnel	7	
Updated service and agency information	6	
Varied assistance available (health insurance, Medicare, etc.)	5	
Central call center	5	
Walk-in and appointment structure	3	Medium
One-on-one staff, online resources	3	
Comprehensive resource database	3	
Physical layout should be appealing and appropriate	2	
Open to all	1	Low
Low cost	1	

*Note: Some respondents had multiple responses*

### High Frequency

One of the key issues brought up in many of the interviews was that of accessibility: the ADRC should be available by phone, online, and in-person. Many respondents stated that there needs to be an effective phone service, as many people in the client population may not have access to a computer or have transportation available to reach the ADRC. A person needs to be there to answer the phone or respond quickly to messages, ideally within 48 hours. The phone message system needs to be easy to navigate because seniors get frustrated when they have to press 1 for X, press 2 for Y, etc. Individuals and partnering agencies should also be able to ask questions by email. In addition, the ADRC should accept both drop-in clients as well as appointments. Information should be available in both English and Spanish and staff should be personable and not intimidating to approach. One person recommended that the ADRC utilize volunteers to increase the ADRC's capacity for one-on-one interaction.

A number of respondents commented on the physical accessibility of the ADRC. One common recommendation was that the office should not be located downtown as they felt that downtown can be intimidating or feel unsafe for seniors. Another recommendation was that it not be located in LCOG's Shaker building. Instead they recommended that it be located in a more suburban setting with lots of parking to make it more physically accessible. Transportation issues for older adults and people with disabilities need to be taken into account when selecting a location for the ADRC. One interviewee also stated that ADRC employees should be housed in one building rather than within individual organizations.

The majority of respondents stated that keeping information up to date is one of the most important characteristics of the ADRC. This includes staff contact information, phone numbers,

and emails. If a change in staff occurs, then the ADRC needs some way of knowing so that they don't direct a client down a dead end. However, information should include more than just the contact information for partnering agencies. There should also be information on the eligibility criteria, cost, and insurance coverage for the different services they are directing clients to. It is important to provide more detailed information because the client may get discouraged tracking down a service if they were misdirected. The ADRC needs to decide who is going to be responsible for data collection and updates.

The ADRC staff needs to be knowledgeable as well as culturally competent. Staff needs to be trained to help clients that are frustrated with the system and don't know how the system works. Clients frequently get upset when they don't get the service they want. The ADRC staff needs to know how to recognize the diversity in the client population and know how to interact with people that have a disability as well as people that are older, and be able to respond to their different needs. Staff needs to be friendly, calm, non-judgmental, respectful, and able to show that they care. Social service lingo needs to be avoided.

### **Medium Frequency**

The ADRC needs to be available to everyone in the community. It should be accessible to all clients and the broader population of Lane County and services shouldn't be limited based on income level.

The ADRC provides a variety of assistance that may include a comprehensive resource database with a blend of associated services, insurance, and Medicare enrollment information. One interviewee stated a desire to expand the SHIP program. The database should be easy to navigate and be available both online and with printed information. The ADRC could also promote health education by directing people to health classes, online information, and printed information. For example, the CDSMP curriculum needs to be more broadly marketed and available

A central call center would make the ADRC more accessible to clients. Many in the client population expect to do things over the phone because they don't have a computer. Other states have found that using a central call center in unison with a website has been successful. In Lane County 211 could be used as the hub for service information, and they would direct those calling about aging and disability services to the ADRC.

The ADRC should have an appropriate physical layout within the building, which should be appealing and feel safe. The building should have good lighting, in a natural or blue hue. Furniture and carpeting need to be laid out so that people can't trip over it and chairs should sit flat on the ground.

### **Low Frequency**

A few respondents stated that the ADRC should be free and open to everyone. The ADRC also needs to recognize that there are differences within the older adults and people with disabilities groups and because of this they need to be marketed to differently. For example, someone who has had a disability their whole life is different from someone that is recently disabled.

One respondent stated that the ADRC should be available in Veneta, Creswell, Cottage Grove, Oakridge, and other smaller communities. Another respondent recommended that the ADRC

have a traveling service component, and employee would go visit senior centers and other points of contact to make it more available to the community.

**How would the ADRC best collaborate with you? What would your ideal working relationship look like?**

Collaboration with your agency	Count	Frequency
Information and referral	11	High
Complement current services	8	
Keeping information current	6	
Marketing and outreach	4	Medium
Complete partnership	3	
Technical assistance and educational trainings provided	3	
Website that include partner agency contacts/services	1	Low
Financial assistance	1	

*Note: Some respondents had multiple responses*

**High Frequency**

The majority of respondents stated that the best way to collaborate with them is to keep information current. The ADRC could facilitate this information sharing through email or an online newsletter. The ADRC should have specialized information on how a variety of clients qualify for and obtain services, for example veteran's benefits. One key benefit is simply letting clients know that their organization exists and who is appropriate to refer to their organization. One good way to partner with other agencies would be for ADRC employees to work directly with staff from other agencies who are better able to explain a client's needs. The ADRC should facilitate a total partnership with other service agencies in Lane County. They should be a good source for information and be knowledgeable about the services available from partners in the area.

Bi-annual meetings with partnering agencies would help keep information current and organizations aware of other services available in the community. Keep an information flow between agencies of what they are doing and what is going on. This would help avoid duplication by asking others what they are doing. This would also help organizations' ability to direct people to what they need in addition to just sending people to ADRC. Organizations could function as sub-ADRCs in certain situations, which could alleviate the work of the ADRC.

The ADRC should work to complement the current services of partnering agencies. For example, rolling some work into ADRC, such as Medicare Part D enrollment. The ADRC may want to consult with 211Lane to determine how to best complement each other's services.

**Medium Frequency**

Several respondents brought up issues around marketing and outreach. The ADRC should create a website available to partnering agencies where they can look up information. This would provide information that partnering agencies can use when people ask them questions. Educational events could be posted on the site for seniors to learn about the services they can

access. The website might also include a blog or interactive component. In addition to a website, the ADRC needs to find a way to reach people that aren't affiliated with other agencies and don't have a case manager guiding them to the center.

### Low Frequency

A few respondents recommended that more classes and trainings be made available and that financial assistance be provided. One respondent mentioned that an ADRC website should include partner agency contact information and details about the services provided.

## PLANNING AND IMPLEMENTATION

### What does LCOG/S&DS need to consider as they move forward with the ADRC?

Planning and Implementation	Count	Frequency
Coordination and Collaboration	8	High
Sustainability	5	
Accessibility	5	
Marketing and Outreach	4	Medium
Updating Information System	2	Low
Staffing	2	

*Note: Some respondents had multiple responses*

### High Frequency

High frequency responses to this question fell into the categories of coordination and collaboration, sustainability, and accessibility. Respondents commented on the need for the ADRC to coordinate and collaborate with existing agencies in the community. Coordination should begin with standardized procedures and processes for the partnering organizations to interact with the ADRC; it needs to be the same for everyone. This coordination should lead to collaboration and a complete awareness of current systems so as not to duplicate services. However, the concern was raised that collaboration from the partnering agency side might be difficult due to time constraints. "Is there a sufficient amount of extra-time in organizations to dedicate to this project?" Another concern was, "Who is going to get cooperation between agencies?" It was stated that the ADRC is like the hub of a wheel and the partnering agencies are the spokes. Communication between the hub and the spokes is important, but also communication between the spokes. Lastly, it was noted that collaboration should not just be with partnering agencies but also with seniors, those with disabilities, and caregivers. The ADRC should spend time focusing on how to best serve and collaborate with them as well as agencies.

Several respondents said sustainability was important to consider. Many just mentioned the word sustainability but one expanded on this idea. Once the ADRC is in place, it should continue. It is important to develop systems that extend through the life of grants and other particular funds. Commitment and sustainability are paramount.

Respondents also reiterated the importance of accessibility. Some comments centered on the accessibility of information. People that go to resource centers need help and information;

materials must be accessible and in multiple languages. Also consider how people who are aging or with disabilities access and understand information. It will be important to check that they understand what service they are being directed to and how they can access it. The ability of the Latino population to access the ADRC is also important. This can be a difficult population to reach as it is very tight knit. However, there is a new bilingual publication out and trusted advocates or leaders in that community can help to network and get the word out about the ADRC.

### Medium Frequency

Medium frequency responses to this question were about marketing and outreach. The marketing efforts for the ADRC should not be overlooked. "The ADRC should be well marketed to make sure people know about it" and use it. One respondent said it is important to think about how to educate different centers and churches about the ADRC.

### Low Frequency

Low frequency responses covered the topics of updating information and characteristics of staff at the ADRC. The ADRC should have an ongoing updating process. A monthly email to make sure information is updated and correct; like "The Guide". In regards to staffing, having the right staff at the ADRC is important to ensure that clients feel welcome and get the correct information. Staff should be caring and be trained on how to work with this population.

### What level of involvement would you like to have in planning and implementing the ADRC?

Level of Involvement in Planning and Implementation	Count	Frequency
Advisory role	8	High
Keep informed	5	Medium
Help with information gathering	3	
General offer of help	3	
Speak about the ADRC to others	1	Low
Already very involved	1	
Minimal involvement	1	

*Note: Some respondents had multiple responses*

### High Frequency

The responses with the highest frequency were focused on having an advisory role of some sort. Several respondents said they would like to be involved at an advisory or consultation level. This role could take the form of a committee or some kind of coordination body and could include reviewing and commenting on plans and ideas.

### Medium Frequency

Medium frequency responses to this question include helping with information gathering, providing general help, and just wanting to be kept informed of what's going on. Some respondents mentioned that they would help gather information for this formative evaluation. This could be recruiting participants for focus groups or distributing the survey to their client

populations. Others said they would like to be involved, but did not specify how. Respondents mentioned the terms glad to help, happy to participant, and whatever they needed. Lastly, some respondents just want to be kept apprised on what's happening at each stage of implementation or receive updates on future planning meetings.

### **Low Frequency**

Low frequency comments to this question included various degrees of involvement and specificity. One respondent offered to speak on behalf of the ADRC in any way that would be helpful and could help interface between groups if needed. She would like to be involved in getting information out in a succinct way. Another respondent said they were already very involved in the development of the ADRC. Lastly, one respondent said they can't afford to be more than minimally involved in the development of the ADRC. However, this respondent did offer meeting space in their building if that would be helpful.

## **CONCLUSION**

Respondents indicated that the challenges facing many of the client populations are clearly present. The lack of financial resources, education about resources available, accessibility, and navigating the health care system are significant barriers. However, respondents also highlighted opportunities such as establishing better coordination amongst partner agencies, collaborating to deliver services, and creating a referral system.

A number of respondents noted that the ADRC could be a central clearing house of information. This "one-stop shop" would provide necessary information to guide clients through the system of service providers. Accessibility (strategic location) and which mediums are most desirable to provide information to clients are key issues. Though the majority of respondents noted that there is a willingness to assist other agencies, increased efforts of collaboration and coordination are still needed. Working together cooperatively assures an alliance of service providers which ultimately benefits the client population. Sustaining the ADRC not only in the short-term but in the long-term should be a priority. One respondent stated, "A resource like this is only as useful as those that are committed to making it work". Lastly, a number of respondents indicated that they would like to be involved in an advisory role in the development of the ADRC.

Utilizing the input of partner agencies is crucial for they are the ones who may be impacted most (along with clients) by its presence. The ADRC has potential to make the work of the partner agencies a lot more efficient but it may require staff and resources to be expanded. Ultimately, it will be the partner agencies that determine the parameters of service and how the ADRC will be optimally suited to provide the information.

# **APPENDIX F: CONSUMER FOCUS GROUP SUMMARY REPORT**

## **PURPOSE**

To collect information from potential users of the ADRC, CPW conducted three consumer focus groups, each lasting approximately 1.5 hours. The focus groups provided an opportunity for these stakeholders to discuss their opinions about what characteristics the ADRC should possess. The topics under discussion included the operating hours and physical characteristics of the office, the referral process, name of the ADRC, job titles, and marketing and outreach. A total number of ten (10) people attended the three focus groups: four (4) at the first focus group, five (5) at the second, and one (1) at the third\*.

\*The low attendance at the third focus group was likely due to unusually cold temperatures.

## **RECRUITMENT EFFORTS**

CPW recruited focus group participants using a variety of methodologies:

- Soliciting interest through the web survey;
- Posting fliers at Willamalane Senior Center, Ya-po-ah Terrace Assisted Living, Emerald Valley Assisted Living, and LILA;
- An announcement at a Lane Community College's Senior Companion Program's in-service day with an audience of approximately 75 people;
- Two (2) email invitations through OASIS' mailing list to 500+ people;
- Recruitment, during the second and third focus groups, in the areas surrounding the site of the focus group immediately before the start.

## **FOCUS GROUP METHODOLOGY**

The purpose of a focus group is to collect information on people's attitudes toward or opinions on an idea or a service, such as the ADRC. Participants discuss a topic to gain different information on an issue than a one-on-one interview might provide. The interplay between participants allows people to bounce ideas off of one another and to reach conclusions they may not have thought of on their own.

CPW took information from participants and grouped responses into similar categories to identify any themes that emerged during the focus groups. This memo is organized by the topics discussed at the meeting (see above). The script for the focus groups can be found at the end of this document in Appendix A.

## **POSITIVE/NEGATIVE EXPERIENCES**

As an icebreaker, participants in the focus groups were asked a question about any positive or negative experiences they, or someone they know, have had at a public service agency. The question was followed up with prompts about what made it a positive or negative experience and how they think the experience could have been handled differently if it was a negative experience. The purpose of this exercise was to ease people into the conversation and start thinking about the desirable characteristics of a public service agency.



In general, focus group participants relayed positive experiences at public service agencies within Lane County. Participants agreed that staff at local service agencies is knowledgeable, polite, friendly, and willing to assist. One participant stated, “I think people here have good public relations training,” highlighting that the staff she worked with was welcoming and quite easy to speak to. Participants also said that information and expertise is communicated to clients.

Several participants mentioned that although information is communicated, it does not go far enough. One participant noted if you (consumer) know the right questions to ask you can get the answer, but staff aren’t as forthcoming with certain follow up information. People would like further clarity on services available because they are making important life decisions when choosing to go to a service agency. Several participants also mentioned that privacy was a concern, especially when interacting with people over the phone and providing personal information online. One participant mentioned that a staff person gave wrong information and was disrespectful in one case when her daughter attempted to obtain a social service. In this case, the opinion of a public agency is a negative one even though this happened to a member of her family, not her.

**Centralize Information:** Participants stated that it is important to have a single point of reference to avoid confusion. One participant noted that many states have area agencies on aging that answer a variety question. One particular center, located in San Diego, was accessible online and via phone. Staff people were knowledgeable and prompt in conveying information. This place should be available in many different formats especially if clients do not have access to computers and/or do not utilize them.

**Creating a Collaborative Environment:** Participants stated that the system can be too bureaucratic or confusing. One participant noted that “Part A is a no brainer, but Part B is not.” The alternative is greater collaboration to develop relationships with other people and help clients get more personal contact. Having stronger ties with local resources (e.g., the University of Oregon) is imperative to giving a broader service perspective.

**Individualized Guidance:** Participants mentioned the need for individualized and customized guidance so they could make reasonable decisions about their future. In a time of stress, decisions can be made impulsively and not in the best frame of mind. A client might make a selection and then soon discover that it doesn’t fit and need to change something. Clients need guides to move forward effectively and in the current system.

**Outreach and Professional Development:** Participants also noted that proactive outreach is encouraged to reach this population. One participant explained that OSU extension contacted his family, probably through the alumni network. They offer classes about financial resources and help people make plans for your future and invite people to follow up sessions. They bring in lawyers, insurance agencies, morticians, etc. all into one place. This is seen a good model for integration and coordination.

## **ACCESSIBILITY**

Participants in the focus groups were asked questions about what would make the ADRC accessible in terms of business hours, phone access, the use of appointments of walk-ins, and

the overall atmosphere of the office. The purpose of these questions was to assess when potential clients of the ADRC are most likely to use the service and what characteristics of the physical location will make them feel most comfortable. Coming to a comfortable, safe, and welcoming environment will encourage consumers to access the ADRC and help provide good word of mouth.

## Operations

- **Hours:** When participants were most likely to visit the ADRC varied; however, it was clear that factors of transportation and access play a role. Participants mentioned that having bus service is important as well as having ample parking. People would preferably like to avoid heavy traffic times (work rush hour traffic). Participants indicated that a preferred time range would be from 9am to 3pm. Evening hours would be important for children who are calling about their parents. One participant suggested being open until 9pm one or two evenings a week.
- **Phone:** Participants mentioned that they would prefer to have a 1-800 number (available 24/7) so clients can call when they need assistance. “The aging process is not one that can be put into hours of operation; it is not something we can control.” Participants also agreed that having a 24-hour number to call would help to ease concerns they might have about a particular matter. Participants mentioned their desire for real human being, no automated referrals.
- **Walk-ins:** Participants, in general, liked the idea of walk-ins, but only under certain conditions. For example, one participant stated that appointments were better suited for the morning and that walk-ins should be left for later in that day. Another participant mentioned that early morning would be good for a phone conversation, but not for walk-ins. Several participants indicated that a range of 10am-2pm for walk-ins would be ideal.
- **Appointments:** Participants mentioned that appointments should be taken. Within that 24-7 availability there should be customized appointments during manageable hours. Others indicated the need for both appointments and walk-ins because sometimes the person working there might need some time to gather the information. One participant noted that the social security office has both appointments and walk-ins, and one has to wait either way.

## Physical Characteristics

- **Waiting Area:** Participants indicated that the waiting area should be a welcoming place. Having a coffee station, plants, and televisions were recommended. Several participants mentioned that a kiosk of information would be useful for consumers. Others indicated the ADRC should have computer stations to access information or pass the time. One participant mentioned that Barger clinic has an inviting waiting area.
- **Look and Feel:** Participants thought the look and feel of the ADRC should be inviting and warm. One participant mentioned that she would not like a large waiting room because then she would think she has to wait longer; “the point of the ADRC is to get

people information in an efficient manner.” Participants agreed that the architectural structure is not as important as the smile on the face of the person who greets you.

- **Reading Materials:** Participants mentioned that having information/educational brochures and fun reading materials would be useful. One participant indicated that she would like to see scientific material and statistics like the ARC magazine and find out what’s happening with others around the world. Other participants indicated that some of the material could be self help pertaining to the ADRC and the services it provides. One suggestion was to have a test or a checklist for people to figure out what they know about topics relating to long term care and support services. “That way people could figure out what they don’t know and ask more informed questions.”
- **Seating Types:** Participants suggested furniture that is comfortable and easy to get out of. Possibly using high couches that were firm yet comfortable. Low, modern furniture should be avoided. Several participants liked the model of a homey coffee shop with couches and lamps.

#### TALKING TO REPRESENTATIVES

- **Private Office:** A majority of participants indicated that they would prefer a private place or booth to confidentially talk to representatives. There should definitely be an option for a private space or be directed to one if needed. Participants agreed that they didn't want to hear everyone else’s problems and that would just stress people out more. One participant mentioned that when “we get older we become very ego-centric.” There should be a small area where the staff person can take people into a private area.
- **Semi-Private Booth:** Participants mentioned that a semi-private booth would fine. In past experiences at public agencies, one participant noted that he never felt he had total privacy, but he could communicate effectively. It would be recommended that one avoid being in a situation where you have to talk louder then you wanted to. The minimum would be the counter with the little walls on both sides. One participant said it would be nice if there were little private corners around where people could talk; that would be causal and not institutional.

#### REFERRALS

Participants were given the descriptions of five different types of referrals: passive, facilitated, active, cold, and warm. Definitions of these referral types were found in the Ohio, Spring, 2008 SART report. Participants were then asked which type they preferred and why. The purpose of this question was to gauge the preferences of potential users. Discovering referral preferences will better serve the ADRC’s clients in the community and ensure that they are getting their needs met in the best way possible.

- **Passive Referral:** The client is given contact information for appropriate service(s) and is left to make her/his own contact at a time that best suits the client.
  - The reason some participants prefer this alternative is that they do not want to give their personal information out to everyone. They felt that whenever they give contact information out they end up in someone’s database and get

telemarketing calls. As a result they challenge the need to give out certain pieces of information.

- One participant noted that if the ADRC had to get rid of one referral method it should be the passive referral because it can be incorporated into all the other methods. Many people that will be using the ADRC are in a fragile state and might not follow up on the service on their own.
- **Facilitated Referral:** The client is helped to access the other services, for example, the ADRC makes an appointment with the other service on the client's behalf, asks the other service to make contact with the client(s) or a caller is transferred to the other service.
  - Several participants stated that this method is desirable.
- **Active Referral:** The ADRC, with the client's consent, provides the organization to which it is referring the client with information that it has collected about the client or with its professional assessment of the client's needs.
  - Several participants mentioned they liked this method because they would not have to tell their whole story again or that information would not get lost along the way.
- **Cold Referral:** The client is transferred to another service, without any immediate communication between the ADRC and the other service, for example, by putting the client into a call center queue.
  - No participants commented directly on this referral type.
- **Warm Referral:** A 'live' three way conversation in the presence of the client (whether face to face or by telephone) in which the referring organization (the ADRC) introduces the client, explains what has already been done to assist the client and why the client is being referred.
  - Several people noted that they would like to have this option available. For example, if a senior comes in by themselves they will likely need the warm referral, but if someone comes in with a family member another method may be more appropriate.

During the conversations about referral types several other important observations were brought up:

- **Situational:** Nearly all participants said that the referral method would depend on the situation. For simpler referrals, just giving the contact information of the other agency will be sufficient but for more complicated situations the warm or facilitated referrals will be preferable. One participant mentioned that the ADRC should not try to make a one size fits all protocol because some people don't need the help of the warm referral. Most importantly, the ADRC staff needs to be able to identify the needs of their clients and use the referral method that is most appropriate for that situation.

- **Privacy and Protection:** A number of participants brought up the idea of privacy and protection of their personal information, especially about pre-existing conditions. They were concerned that services would be taken away or their insurance rates would go up if they were thought to have a condition they were inquiring about but do not have.
- **Impartiality:** Several participants noted that referrals should be impartial, and based on the individual's income and needs.
- **One-size doesn't fit all:** ADRC staff needs to be able to recognize the individual needs of their clients and explain the implications of each choice of service.
- **Disclosure and transparency:** The ADRC needs to be transparent and publicly disclose which other organizations they are partnered with.
- **Language barriers:** The ADRC staff needs to have the tools to deal with language barriers, in particular Spanish. One person brought up that it would be valuable to have connections with the University of Oregon in the case that ADRC staff was not be able to identify the language a client is speaking.
- **Record conversations in writing:** Participants thought that people will forget all or some of what is discussed during a meeting with the ADRC staff. If the staff member writes down the questions the client asked, the answers to those questions, and how to follow up then the client can have something to act on after they leave.
- **Volunteers:** One participant brought up the point that some people might come in just because they want to talk to someone. Volunteers to chat with people in the waiting area, and collect some preliminary information, could relieve some of the work of staff members.

## NAME

As the ADRC will provide many services, the focus group participants were asked several questions to determine if they felt the name "Aging and Disability Resource Center" conveyed to them that they would receive those services. Participants were also asked if the name was generally appealing to them or if they had a preference for a name without the words "aging" or "disability." The purpose of this question is to find out if people think they will receive the services they need if they come to the ADRC and if this name is attractive and memorable.

Focus group participants made several observations on the naming of the ADRC:

- **Use active words:** Many participants mentioned the importance of feeling like they will actively receive help at the ADRC. In particular, the words 'help' and 'solutions' may achieve this goal. Several participants felt that 'resource center' does say something meaningful as the ADRC will be a resource to the community and going there will lead to a solution. The word 'independence' was also popular among participants. People want to be independent. That gives a positive sense. I like that."

- **Accurately convey scope of services:** Several participants noted that ADRC doesn't adequately convey the scope of services available. The name needs to indicate a large range of services so that people know they are eligible to receive services at the ADRC. In contrast something should indicate that the ADRC is for adults, so that people do not come there expecting a service that isn't available at the ADRC.
- **Accessible name:** The name should make sense so that it can be easily located in the phone book or in an internet search. Several participants expressed a desire to keep ADRC at least as a subtitle to the name and that the words 'aging' and 'disability' should stay in the title so that people know they will be provided services for both.
- **Be wary of stigmas:** Some participants felt that the word "aging" has a stigma associated with it and the title should be stigma free. Another term that means aging would be more desirable. But, it was noted that a name like 'Long Term Care Resource Center' implies a nursing home facility.

In particular, participants stated preferences for the following terms and names:

- LifeLong Resource Solutions
- LifeLong Links
- Choices for Independence
- Help for Independence

## JOB TITLES

The people working at the ADRC will be there to help clients find information, navigate the system, and figure out what they need. Focus group participants were asked to pick which job title they liked best from a list of four possibilities. The purpose of this question is to find out which job title people perceive will be most helpful to them. An appropriate and informative job title is important because people need to perceive the ADRC staff as competent, knowledgeable, and accessible.

- **Resource Navigator:** Participants had mixed opinions about this job title. One person noted that it has "a real zing to it." However, other people felt the name sounds more like a webpage and might be too formal.
- **Information & Resources Specialist:** This job title also received mixed reviews. Several participants felt that the word specialist is clearer and more direct because most people know what it means. However, other participants felt that the title would be a deterrent as "everyone is called a specialist these days" and the title is overused. One person stated that the word specialist narrows the scope of the ADRC down too much, while another person liked this title because it narrowed down the scope.

- **Resource Specialist:** Participants felt that this is a simpler title, which is better, and implies that the resource is information. It is better than Information and Resource Specialist because it is shorter.
- **Resource Consultant:** One person felt this title empowers the person coming to the ADRC; “a specialist is someone you learn from and a consultant is someone you talk with.” Additionally, most people know what it means.
- **Other:** Participants also suggested the words ‘councilor’ or ‘advisor’ or ‘guide’ as possibilities for a title. ‘Resource Guide’ was specifically mentioned as an alternative to Resource Navigator.

## MARKETING AND OUTREACH

Results from the survey indicated that consumers would like to see information about the ADRC in “brochures at places they routinely visit” and “advertisements on local TV and radio stations.” To expound on these results focus group participants were asked where they would like to find brochures about the ADRC in the community and on which radio and television stations they would expect to hear about it. The purpose of these questions was to find out specific brochure and media placements for the ADRC’s marketing plan.

### BROCHURE PLACEMENTS

Possible locations for brochures are listed in the order of preferences by focus group participants; those listed first were mentioned by the most people.

- **Senior centers:** Nearly all participants stated that brochures should be placed at senior centers such as the Campbell Center.
- **Doctor offices and waiting rooms:** Many participants stated that they would like to learn about the ADRC at while waiting at their doctor, a health clinic or other organization. Some examples given were Whitebird, LILA, ShelterCare, the Mission, and United Way.
- **Libraries:** Many participants would like to see brochures at libraries. In particular, the Sheldon Branch or the downtown library.
- **Grocery stores:** Some participants said that grocery stores would be a good place to put brochures because “everyone has to buy food.” In particular in purchase isles where adult goods and services are sold (e.g., the aisle with senior vitamins or on bulletin boards). One participant mentioned that Trader Joes in particular would be a good location.
- **Senior housing:** Some participants thought that brochures would reach a lot of people in 55+ communities like Falcon Wood Village.
- **Adult Education Center / Parks and Recreation:** Participants specifically mentioned OASIS, LCC Downtown Center, and OSU Extension Services as places to put information about the ADRC.

- **Service clubs / organizations:** Some participants suggested giving materials to service clubs like Soroptimists, Kiwanas, Rotary, and Lions Clubs.
- **Suggestions written down but not discussed:** Participants were instructed to write their answers to these questions on index cards and then asked if there were any they wanted to share. Suggestions on these cards for brochures include: utility bills, malls, pharmacists, hospitals, lawyers offices and laundromats.

#### MEDIA PLACEMENTS

- **Television:** Participants said that PBS, CBS (KVAL), NBC (KMTR), and ABC (KEZI) would all be good stations to advertise the ADRC. One participant noted that KVAL is good about sponsoring community initiatives.
- **Radio:** Participants said that NPR, KWAX, and MAGIC94 are the radio stations they listen to most.
- **Timing:** Several participants stated that announcing the ADRC close to the weather report would be an effective time to reach the target audience.

#### OTHER MARKETING OR OUTREACH METHODS MENTIONED

- **Advertisements:** Participants suggested placing advertisement in publications like neighborhood / community newspapers (Willamette Weekly, Register Guard, etc.), senior newspapers and health directories. The Bob Welsh column was specifically mentioned as one to advertise near or have him write something about the ADRC.
- **Public transportation routes:** Participants suggested placing advertisements in public buses such as on the EmX line.
- **Flyers:** Participants suggested distributing fliers in the 2010 Census, general mail, or electric bills to get people's attention about the ADRC.
- **Media:** The ADRC should advertise on other organization's websites and in the Yellow Pages.
- **Outreach:** Participants suggested going to community events such as the "Fill the Boot" campaign by the Fire Department in Cottage Grove or going to where people already gather like making an announcement at the City Club.

#### CLOSING COMMENTS

At the end of the meeting participants were asked if they had any other topics they would like to discuss that weren't brought up at the meeting or if there was anything else they would like to say before leaving.



- A valuable service would be a list of trusted volunteers that could fix computers, cars, etc. for clients of the ADRC.
- The ADRC needs to be prepared to handle the large numbers of Baby Boomers, as well as returning war veterans that are going to need their services over the next few years.
- One person was concerned that LCOG would not have decision-making authority.
- A number of participants stated that they would like to be a part of continuing conversations with LCOG as they plan the ADRC and asked for contact information from LCOG.

## CONCLUSION

Focus group participants felt that the ADRC has the potential to provide a valuable service in Lane County. The ADRC would best serve its client population with centralized information, a collaborative environment with other service agencies in Lane County, individualized guidance, and outreach and professional development opportunities to empower their clients.

## OPERATIONS

Participants indicated that they would like the ADRC to be open at least between 9am and 3pm, but with extended hours several days a week and access via telephone. Both walk-ins and appointments are desirable depending on the needs of the individual. The waiting area should feel welcoming and have both informational materials and popular magazines for people to read as they are waiting. Furniture needs to be easy to get out of, for example, high couches that are firm yet comfortable. The majority of participants stated a preference for talking with representatives in a private place due to the nature of the topics they will be discussing, however; a semi-private area would be fine for some topics.

## REFERRAL PROCESS

When asked what referral type they would prefer out of a list of five, every participant stated that the method would depend on the situation. However, the majority stated that a warm or facilitated referral would be preferable so that they would not have to repeat their story multiple times. They also stated the importance of staff recording their conversation so that they could remember which services they had discussed and what would be appropriate for them.

## NAME AND JOB TITLES

Participants stated that the name of the ADRC might better convey the scope of services provided if it contained more active words like 'help' and 'solutions.' Participants also like the word 'independence' and thought most who will visit the ADRC want to be independent. Opinions were mixed regarding preferences for the job titles presented. Participants liked different parts of each and made additional suggestions for titles that incorporate words like 'guide,' 'councilor,' and 'adviser.'

## MARKETING

Finally, participants discussed where they would expect to learn about the services provided by an organization such as the ADRC. They indicated brochures would reach a large population at senior centers, doctor's offices and waiting rooms, libraries, grocery stores, and senior housing among others. Media advertisements would reach people through television on PBS, CBS, NBC, and ABC and via radio on NPR, KWAX, and MAGIC94, particularly during the news hour near the weather report. Participants also had several other suggestions about publications to advertise in or community organizations to network with.

Ultimately, the key factors to success for the ADRC will be to provide a welcoming environment and individualized attention that recognizes the unique needs of each client.

# **APPENDIX G: PARTNER FOCUS GROUP SUMMARY REPORT**

## **PURPOSE**

To collect information from partnering agencies, CPW conducted two focus groups. The focus groups provided an opportunity for these stakeholders to discuss their opinions about what characteristics the ADRC should possess. The topics under discussion included positive/negative experiences at public service agencies, collaboration and partnerships, the referral process, marketing and outreach, and key factors to success. A total number of seven people attended the two focus groups; three at the first meeting and four at the second.

The purpose of this report is to provide some interim information to the Lane Council of Governments (LCOG) to aid current planning efforts. A final summary report that includes information from the interviews, survey, and focus groups will be submitted by the end of December.

## **FOCUS GROUP METHODOLOGY**

The purpose of a focus group is to collect information on people's attitudes toward or opinions on an idea or a service, such as the ADRC. Participants discuss a topic to gain different information on an issue than a one-on-one interview might provide. The interplay between participants allows people to bounce ideas off of one another and to reach conclusions they may not have thought of on their own.

CPW took information from participants and grouped responses into similar categories to identify any themes that emerged during the focus groups. This memo is organized by the topics discussed at the meeting (see above). The script for the focus groups can be found at the end of this document in Appendix A.

## **POSITIVE/NEGATIVE EXPERIENCES AT A PUBLIC SERVICE AGENCY**

As an icebreaker, participants in the focus groups were asked a question about any positive or negative experiences they, or someone they know, has had at a public service agency. The question was followed up with prompts about what made it a positive or negative experience and how they think the experience could have been handled differently if it was a negative experience. The purpose of this exercise was to ease participants into the conversation by allowing them to talk about experiences first rather than opinions and to start their thinking about the desirable characteristics of a public service agency.

**What is a positive or negative experience you, or someone you know, has had at a public service agency?**

Focus group participants mentioned a number of different topics related to the difficulties of aging, outreach methods of other organizations, and difficulties with the Medicare system. One participant stated that it's "like every senior person needs a class on how to age." People are

not prepared. A navigator that is accessible to everyone will help people locate the services available to them. Follow up is important.

- **Few negative experiences:** The majority of participants stated that they have had no negative experiences and have been treated well and respectfully. One participant mentioned a negative experience where someone who was not visibly disabled was told that the agency only helps people who are really disabled, underlining the importance of having the correct information about clients and culturally competent staff.
- **Usage of a help line:** Several people mentioned the “ask a nurse” program and the parent help line as similar to what the ADRC can offer. Both of these programs provided a place for a person to call and get directed to the appropriate services. They used a warm referral model that the focus group participants liked. Participants brought up the question of how the ADRC will interact with 2-1-1 Lane.
- **Difficulty of navigating Medicare:** A number of people expressed concern about the difficulty of navigating Medicare and formulary plans; “there are over 55 Medicare plans available in Lane County.” Someone to help navigate people through Medicare enrollment would be helpful.

## **COLLABORATION / PARTNERSHIPS WITH THE ADRC**

Participants in the focus groups were asked two questions about how the ADRC can be a good partner with other organizations in the community. The first question asked about what the term “total partnership” meant to them and the second question focused on how the ADRC can be a good partner. The topic of collaboration was discussed to assess how the partnering agencies would like to interact with the ADRC and obtain vital information for LCOG to use when starting to form these relationships.

### **What does the term “total partnership” mean to you?**

In terms of a “total partnership” a number of participants expressed a desire for a give and take relationship, with a mutual understanding of each other’s programs, so that appropriate clients get referred between the agencies.

- **Mutual understanding:** One participant expressed an interest in having a document that lists all of the possible partners with the ADRC so that they could identify which they could best collaborate with. They felt this shared understanding would help to avoid duplication of service so that each organization could do the most good with their time and money.
- **Include for-profit organizations:** Several participants recommended that for-profit organizations be included in collaboration with the ADRC. In particular, there are no or few nonprofit skilled nursing facilities in Lane County and these types of facilities should be included in what the ADRC recommends to clients.

### **What can the ADRC do to be a good partner?**

The majority of participants stated that the best way for the ADRC to be a good partner is to be reliable, easy to use and serve as an information source on services to the community.

- **Information source:** Some service providers would function as customers of the ADRC as they will not only refer people but also provide information to their own clients. A great place to start is to share information with the partnering agencies to enhance overall service in the community. The ADRC is in the unique position to gather information on who the key players are for each need.
- **Develop relationship with health care providers:** The ADRC should develop a strong relationship with hospitals and health care providers as a way to access the client population. Not only is this a good place to recruit potential clients, but the people who accompany them to the doctor's office could use that time to look at print information about the ADRC in the waiting room.

## REFERRALS

Participants in the focus groups were asked two questions about how they what they would like the referral process to look like between themselves and the ADRC. The first question asked how the ideal referral process would work and the second question asked what information they would like the ADRC to give out about their organization. The purpose of this section was to gather input from partners about how they would like to receive referrals from the ADRC. Discovering the ways referrals are executed effectively will better serve partners and client populations by increasing partner and consumer satisfaction and enhancing coordination amongst service providers.

### **In your ideal world, how would the referral process between the ADRC and you work?**

Participants indicated multiple mediums (print, online, in person, email) would be ideal. The ADRC needs a full range to address individual access barriers. Participants described that the type of referral depends on the individual and the situation. There is a difference between an emergency versus something that will happen soon. There are many levels of need and urgency. Some are emergencies and need consultation, for example, a senior abuse situation or someone who has recently been discharged from the hospital. The capability of someone being able to determine this is important. The person who is giving the information must be informed and culturally competent.

- **Phone Transfer:** Participants mentioned that a cold transfer to agencies as a recommended strategy. A cold transfer involves a phone call placed by a staff member initiating contact with another agency. However, some people can't follow through with this type of transfer. Sometimes clients need the right words to get the right outcome. A warm transfer might be good in a situation involving more complexity. Warm transfers are typically done by putting the caller on hold and dialing the desired party/extension; they are then notified and, if they choose to accept the call, it is transferred over to the phone.
- **Using Multiple Sites:** One of the goals of the ADRC is ease of access. Multiple sites would be ideal as well or one site with several satellites (in existing locations). An

example would be having a kiosk in Valley River Center that people know they can go to at certain times, on certain days. There needs to be a better use of the existing infrastructure.

- **Direct Outreach:** Participants agreed that outreach is a critical piece to referrals. Agencies should go to the key cities in Lane County and have an informational session to bring more communication/volunteer assistance. Agencies should be conducting more workshops and conferences to train volunteers so they can have the right information. Agencies like the AARP, which has a vast membership pool, could assist with the marketing and outreach by informing members that there is this new resource center.
- **Email:** Participants mentioned an email list as a referral source. There are a lot of agencies and opportunities out there that clients may not know about. If an agency has important information, they could send it to the ADRC and they would send it out to everyone on the list. They should compile and send out an email weekly indicating what's new or what's going on. There would have to be some restrictions on what's appropriate to send though.

#### **What information would you like them to give about your organization?**

- **More Than Phone Number:** A community database that describes services. It should have core information like a list of programs, what the programs are within the agency, eligibility criteria, fees, and contact information. The financial piece is important. They need more than a pamphlet in some cases. There is help out there, but if you can't afford it you need to talk to someone. Similar to the *211 Lane* website which is comprehensive in its scope. One participant stated, "The ADRC should be like an information and referral service on steroids."
- **Kiosks:** The chamber of commerce idea (they have pamphlet about everything). Kiosks placed in strategic locations with agency brochures/information are useful. It gives clients the opportunity to be informed and select which agency is right for them.
- **One-Stop Shop:** We want to make sure people don't just keep passing the buck. It needs to stop here. The ADRC would simplify the process by offering a comprehensive resource of information in one place. The ADRC could also assist in taking pressure off the agencies that are short staffed and would have the capacity, working with partner agencies, to update available services, eligibility criteria, hours, etc.

## **MARKETING AND OUTREACH**

Participants in the focus groups were asked two questions about how the ADRC should market itself and where it should conduct outreach. The first question asked about successful strategies participants have used in their organizations or seen others use and the second question focused on specific strategies for the ADRC. The purpose of these questions was to gather new marketing ideas for the ADRC or confirm that selected strategies are appropriate.

### **What have you done that was successful in reaching your client population (or something you've seen others do)?**

\*These answers are categorized by audience (senior, disabilities, or both) depending on the organization that made the comment.

- **Coupons & Discounts:** Coupons and discounts to area merchants are popular among retirees. (Seniors)
- **Health Fairs:** Going to health fairs or having a health booth at a community event. The booth should offer free tests, blood pressure, bone density scans, etc. to entice people to it. (Seniors)
- **Magnets:** The "Ask a Nurse" campaign where everyone was given a refrigerator magnet was successful. The magnet had a website and phone number to call. (Both)
- **Word of Mouth:** Just sending emails, talking to people, telling everyone I know about whatever service. (Both)
- **Website:** Good for reaching family members of people who need services. (Both)
- **Postcard:** Send out a postcard to people who could use your service. Then follow-up with a phone call. This was successful for SHEBA.
- **TV:** spots like the "Cherish Every Child" ones were very popular and got incredible penetration.

### **What would you recommend the ADRC to do?**

Responses to this question are broken into three categories: advertising, outreach, and marketing. Advertising and outreach will make up part of the ADRC's marketing mix but not all of it. Advertising refers to the paid (or PSA) placement of persuasive material in some form of media. Outreach refers to engaging with the community in person. Marketing refers to other ways the ADRC communicates with users, partners, and professionals that are not covered by advertising and outreach.

#### **Advertising – use media**

- **Bus:** partner with RideSource and advertise in or on the side of buses. Buses are all over the community. The ADRC could do a sign on the inside of the bus advertising what it does and how to access it or on a billboard on the side of the bus.
- **Radio:** Use radio spots or PSAs. Have a regular spot on the radio to answer questions or give information about a topic.
- **TV:** Use TV spots on local stations. Maybe do interviews or answer questions.
- **Newspaper:** Have a weekly announcement in the Registered Guard. You could announce a monthly public meeting where you can provide information to people.

## Outreach – be out there with folks

- **Kiosks:** The ADRC should have kiosks located around town where people can access information. There could also be a live body in the kiosk at certain times so people can ask questions. Kiosks could be in doctor's offices, the mall, nursing homes, etc.
- **Fairs and Events:** Have an information booth at fairs, health fairs, and community events with lots of cool things to give away. In April there will be a health fair sponsored by SPIN that would be a good place to start. The Prefontaine races are another good option for being where people already are.
- **Speakers:** Need to go around to where people gather and let them know about this new community resource. There you can give information and answer questions. It could also be a panel discussion about a topic that affects this population. Some places to definitely go are: senior centers, churches, and community organizations. Many faith communities also have publications that the ADRC might be able to advertise in.

## Marketing – use options besides media to get the word out

- **Links on Website:** Put links to the ADRC website on existing websites like Lane 2-1-1. That will encourage people to use the websites back and forth.
- **Doctor's Offices and Clinics:** Need to market to doctor's office because they often times see people they are not sure what do with especially if they don't have a care manager in the office. Clinics also see younger people who might be caring for their parents; don't forget about this population.
- **Coupons and Discounts:** Use coupons, discounts, or something free to get people's attention and bring them in to the ADRC or a booth at an event.
- **Paper Handouts:** The ADRC should have different kinds of paper handouts and materials for people. Use brochures, prescription pads, or post-its at various locations. Having a prescription pad at the doctor's office that says to visit or contact the ADRC can carry a lot of weight. The doctor could give it out when she thinks it is appropriate. Post-its are an easy take home that can stick to something and not get lost. The post-it should have at least the name of the ADRC and the contact information.
- **Lasting Handouts:** Supplement paper handouts with some form of a lasting handout. Refrigerator magnets are a good option that has been used successfully in the past.
- **Be Hip:** The ADRC needs a better name. It should sound hip and like someplace you want to visit. Maybe you should try to separate it from SDS, just from a marketing stand point.

## KEY SUCCESS FACTORS

Participants in the focus groups were asked one question about what they think the most important thing is for the ADRC to do to be a success in Lane County. Asking this question



allows the focus group participants to reflect on the topics discussed at the meeting and identify the issues or ideas that are most important to them.

### **What do you think is the most important thing for the ADRC to do to be a success in Lane County?**

- **Steady funding source:** The ADRC needs to have a steady funding source so that the service does not go away just when people are starting to use it.
- **Provide something other organizations do not:** Help people figure out what services they qualify for and what they need to go a step beyond what Lane 2-1-1 provides. The ADRC also has to be comfortable getting assistance from others.
- **Good information:** The ADRC needs to know the answers and send people to places that are within their financial means.
- **Be positive, helpful, and honest:** Have the ADRC staff set up an appointment with someone else if they are not the right person to talk to about an issue, so that the consumer feels that calling the ADRC was worthwhile. The ADRC needs to deliver on what it promises to clients. It should let people know if a resource exists, or does not, instead of just passing people to another organization.
- **Warm referral:** The ADRC should introduce a client and their story to a representative from another organization to explain what services have already been provided and explain what the client needs from that organization. A warm referral will help ensure a client gets their needs met and their story does not get lost in the shuffle between organizations.
- **Follow up:** The ADRC should follow up to ensure that people are getting the services they need.

## **CONCLUSION**

Focus group participants felt that the ADRC has the potential to provide a valuable service in Lane County. An ideal partnership will be based on mutual understanding and a two-way flow of information. While the referral process between agencies would depend on the needs of the individual, one of the best ways would be a warm referral over the phone. A regular email from the ADRC would help partnering organizations keep up to date on what the ADRC has to offer. Participants felt that the best way to get information to potential clients is through a number of sources including print materials, educational events, and advertising through news media. Ultimately, the key factors to success for the ADRC will be to provide good information, positivity and helpfulness, and follow up to ensure that clients get the services they need.

## **APPENDIX H: SENIOR MEAL SITE SURVEY RESULTS**

### **PURPOSE**

The purpose of this appendix is to share results from the Senior Meal Site (SMS) surveys that were submitted to CPW on December 8, 2009. Due to delays in distribution, these surveys were not presented in the Survey Summary Report; however, they are presented in the Final Report. Results presented in the following tables represent responses from consumers without the Senior Meal Sites (Primary) and those from consumers and Senior Meal Sites combined (Primary +SMS). Limitations in the data analysis tools did not make it possible to analyze SMS data separately from the on-line survey respondents. However, differences between the two respondent groups can be estimated by observing changes in response categories when the SMS data are added in. As such, where they exist, significant differences between the Senior Meal Site respondents and other consumer respondents are highlighted.

### **SURVEY BACKGROUND**

The survey for the primary audience consisted of 14 questions divided into sections regarding: use of an ADRC, benefits of use, barriers to use, finding information, and demographics. Over 350 papers copies of the survey were distributed across the county (100 in the Eugene area, 250 to senior meal sites). A total number of 174 respondents completed this survey (49 from other than meal sites, 125 from meal sites).

**Table 1: Demographic Information for Consumers**

<b>Income</b>	<b>Primary</b>	<b>Primary + SMS</b>
Less than \$15,000	18.9	41.9
\$15,000 – 24,999	24.3	28.6
\$25,000-49,000	29.7	17.1
more than \$50,000	27.0	12.4
<b>Age</b>		
Less than 35	2.2	0.8
35-54	15.2	8.6
55-64	15.2	11.7
65-74	34.8	32.8
75+	32.6	46.1
<b>Education</b>		
less than HS	2.2	6.3
HS/GED	4.3	27.3
Some college	45.7	42.2
College 4+	47.8	24.2
<b>Gender</b>		
Female	82.0	80.0
<b>Race</b>		
White	98.0	93.0
<b>Marital Status</b>		
Married	32.6	23.4
Separated	2.2	0.8
Divorced	30.4	27.3
Never Married	4.3	5.5
Widowed	30.4	43.0
	n=46	n=124

SMS and other consumer respondents differed in income, age, education, and marital status. SMS respondents tended to have lower incomes, be older, have slightly less education, and be widowed.

**Table 2: Would you use an ADRC?**

Response	Primary	Primary + SMS
Yes	100.0	92.3
No	0.0	7.7
Not Sure	0.0	0.0
	n=48	n=130

More SMS respondents would not use an ADRC. The 8% who indicated they would not use an ADRC said it was because they didn't have the phone number, a computer, they didn't know why or because of their family. (No further explanation was given.)

**Table 3: Which of the following benefits of an ADRC are most important to you? (check the 3 most important)**

Benefit	Primary	Primary + SMS
Makes it easy to find information	48.9	49.2
Allows for more informed decision making	51.1	38.1
Ensures people do not miss out on services that may be most appropriate for them	55.6	49.2
Provides better coordination among aging and disability service systems	20.0	31.0
Cuts down on frustrations that occur when trying to find needed information and support services	46.7	46.8
Provides objective information and assistance	33.3	25.4
Manages taxpayer resources more effectively	6.7	11.1
Reduces confusion	11.1	20.6
Streamlines access to services	24.4	18.3
Provides the opportunity (for clients) to speak with and get connected to others in my situation	4.4	13.5
	n=45	n=126

SMS and other consumer respondents differed on the importance of some of the benefits the ADRC offers. Fewer SMS respondents said "allows for more informed decision making" and "provides objective information" were in their top three benefits of the ADRC. More SMS respondents put "provides better coordination among aging and disability service systems" and "provides the opportunity to speak with and get connected to other in my situation" in their top three.

**Table 4: What would encourage you to use an ADRC? (check the 3 most important)**

Characteristic	Primary	Primary + SMS
Convenient hours of operation	47.8	48.0
Convenient locations for walk-ins	30.4	39.4
1-800 number or similar	26.1	31.5
Easily recognized name	10.9	15.0
Knowledgeable staff who provide objective information	80.4	71.7
Short waiting times	30.4	33.1
Easy to navigate website	32.6	18.1
Knowing information will be kept confidential	23.9	27.6
It is culturally diverse/appropriate/competent	10.9	7.1
Other	2.2	0.0
	n=46	n=127

SMS and other consumer respondents also differed on the characteristics they desired from the ADRC. Most notably, SMS respondents rated the importance of an “easy to navigate website” less than other consumers did and “convenient locations for walk-ins” higher.

**Table 5: What barriers might prevent you from using the ADRC services? (check all the apply)**

Characteristic	Primary	Primary + SMS
I have health problems that make it hard for me to leave my home	21.3	19.7
I need transportation to and from my home	12.8	24.4
I need someone to translate information for me so that I can understand it (e.g., hearing, vision, language)	8.5	10.2
I am not sure what services I need	53.2	44.1
I am concerned about providing my personal information	14.9	21.3
I have difficulty using the telephone	8.5	8.7
I do not have access to the Internet	23.4	37.0
None of the above	36.2	28.3
	n=47	n=127

More SMS respondents have transportation barriers or do not have access to the internet than other consumers.

**Table 6: How difficult is it to find information about resources and services that will enable you (or your loved one) to be independent for as long as possible?**

Range	Primary	Primary + SMS
Very Difficult	4.2	9.2
Difficult	27.1	21.5
Neither difficult nor easy	33.3	26.2
Easy	6.3	10.0
Very Easy	0.0	0.8
I have never tried to find this information/I don't keep this kind of information	29.2	32.3
	n=48	n=130

SMS and other consumers did not differ significantly in their opinions in how difficult it is to find information about long term care and support services.

**Table 7: What sources do you rely on now for information about resources and services that will enable you (or your loved one) to be independent for as long as possible?**

Source	Primary	Primary + SMS
Internet	45.7	24.2
Phonebook or Yellow Pages	37.0	39.1
Friends or family members	60.9	59.4
Doctor or Health Care Provider	63.0	58.6
Area Agency on Aging	39.1	24.2
Another Agency	13.0	12.5
Other	19.6	11.7
	n=46	n=128

SMS and other consumer respondents differ in the ways they look for information about long term care and support services. SMS respondents do not use the internet as much as other consumers or the Area Agency on Aging. Word of mouth sources are still rated highly.

**Table 8: How do you like to get information about new services in the community?  
(check all the apply)**

Method	Primary	Primary + SMS
<u>Brochures</u> that are available in places that you go to routinely (e.g., your doctor's office, the public library, senior centers, local grocery stores, the Mall)	78.3	64.8
<u>Word of mouth</u> from your friends, family members or people who have used the ADRC services	58.7	47.2
Advertisements on local radio or TV stations	34.8	37.6
Website links that come up when you search the Internet	26.1	16.0
Presentations at your church, service club or other gatherings	32.6	24.0
Newsletters from senior centers	47.8	52.8
Mail	26.1	34.4
Other	2.2	3.2
	n=46	n=125

SMS respondents felt slightly less favorably than other consumers about getting information about new services in the community from brochures or word of mouth; but these choices still ranked highly as did newsletters from senior centers.

## CONCLUSION

Senior Meal Site respondents differed to varying degrees from other consumer respondents in many ways. SMS respondents tended to have lower incomes than other consumers, be older and have slightly less education. Additionally, more SMS respondents have transportation barriers that would prevent them from using an ADRC or do not have access to the internet. As such they do not find information about resources and services in the community through the internet as much as other consumers do or use the area Agency on Aging. SMS respondents also rated the importance of an "easy to navigate website" less than other consumers

More SMS respondents ranked "provides better coordination among aging and disability service systems" and "provides the opportunity to speak with and get connected to other in my situation" in their top three benefits of the ADRC. These benefits would make appropriate marketing messages for materials tailored to this audience.

These differences indicate a need to adapt marketing/outreach strategies and messages not only to specific audiences and but also to audience subsets. For example, strategies and messages could be tailored between consumers and professionals and also within consumer groups.

These results, along with those from all other data collection methods, are detailed in the final report.